

A FIVE YEAR TOBACCO ACTION PLAN

SUMMARY OF RESPONSES TO THE CONSULTATION

INTRODUCTION

- 1.1 'A Five Year Tobacco Action Plan' document was issued for public consultation in August 2002. The Plan, which was developed by an inter-sectoral Working Group, provides a framework for collaborative working across Government departments, the statutory and voluntary sectors, as well as with business and in local communities. It seeks to combine an overview of the background, scale and nature of the problem with a comprehensive programme of action to reduce the harm caused by tobacco use.
- 1.2 3961 copies of the consultation document were distributed and the Plan was also available via the DHSSPS website. Copies of the document in languages other than English, or in alternative formats such as on audio cassette or in large type were made available upon request. No such requests were received.
- 1.3 The consultation period ended on 15 November 2002, although responses received after this date were also considered. 93 responses to the consultation were received. Most respondents (83) completed or part-completed the questionnaire issued with the Action Plan.
- 1.4 Responses received included representation from the education sector, local councils, the voluntary sector, organisations and individuals representing the HPSS. A list of respondents is attached at Annex A.
- 1.5 Overall there was broad support for the content of the Action Plan. The consultation responses are summarised in Section 2 of this report. Some

respondents requested that their comments be treated in confidence other comments can be obtained from:

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Additional copies of this report, including alternative and other language versions, should be requested from the above address.

- 1.6 The Tobacco Working Group is grateful to all those who responded to the consultation exercise.

CONSULTATION DOCUMENT

2.1 **Chapter 1** of the Action Plan explains the rationale behind the Plan. The remainder of the document is structured in line with the objectives set out in **Chapter 2**. **Chapter 3** outlines action to prevent smoking; **Chapter 4** sets out action to help smokers to quit; **Chapter 5** addresses measures to protect non-smokers; **Chapter 6** summarises the action to be taken, by whom and the timescale; and **Chapter 7** examines the roles and responsibilities of the key players and also covers issues such as research and resources. In addition **Annex 1** looks at International and European measures; **Annex 2** outlines good practice in smoking cessation; **Annex 3** addresses equality implications; **Annex 4** sets out membership of the Working group; and **Annex 5** lists details of useful contacts.

2.2 Specific consultation questions were posed on each Chapter and the main comments received are summarised below.

Q1. Do you agree with the overall aim of the Action Plan? If not, what do you think the overall aim should be?

2.3 Whilst the majority of respondents (91%) agreed with the aim to create a tobacco free society, others thought the aim was unrealistic. Health and Social Services (HSS) Boards and Trusts (2 Boards, 3 Trusts, plus others) in particular, suggested that it would be more realistic to have an aim of ‘working towards a tobacco free society where tobacco is less acceptable, less accessible and less desirable’. Many respondents also questioned if it was realistic for the aim to be achieved within the five-year timescale of the Action Plan. The need to provide resources and to develop preventative programmes was stressed.

Q2. Do you agree with the objectives set out in paragraph 2.2? If not, why?

- 2.4 The overwhelming majority of respondents (97.5%) agreed with the objectives set out in the Plan. Some respondents suggested that the second objective should be amended to read “helping smokers who wish to quit, with provision for assistance to stay stopped”. A number of consultants, HSS Boards and Trusts and voluntary organisations advocated the introduction of legislation regarding advertising and promotion. The issue of funding was also raised.

Q3. Do you agree with the target groups identified in paragraph 2.8? If not, why?

- 2.5 Most respondents (96%) agreed with the priority groups, with some respondents suggesting additional groups for consideration. Some respondents suggested clarification was needed on what was meant by ‘disadvantaged’ adults. Others considered that specifying target groups contradicted the current aim of the Strategy and questioned ‘how can we exclude any groups in creating a tobacco free society?’ while some suggested that all adults, including the over 65s, should be targeted. Only one respondent disagreed with prioritising pregnant women.
- 2.6 Three additional priority groups were proposed by representatives including those from HPSS organisations, individual consultants, pharmacists and nursing and voluntary organisations:
- (i) young women;
 - (ii) those aged over 65 years; and
 - (ii) those with smoking-related diseases who would benefit from stopping smoking.

Q4. What are your views on the targets specified in paragraph 2.9?

- 2.7 Respondents were split on whether the targets are realistic. 25 respondents considered them to be achievable with 14 considering them not to be sufficiently challenging. In addition 5 respondents considered that the targets for children should be higher. Some respondents did not agree with a target approach.
- 2.8 Some respondents acknowledged that pregnant women were a difficult group to reach, although 4 respondents considered the target should be higher. Conversely some HPSS organisations considered the target too high.
- 2.9 Some respondents considered that targets should also be set for:
- (i) young people aged 16-19 years; and
 - (ii) young girls.
- 2.10 In addition, HSS Boards, Trusts and voluntary organisations suggested that disadvantaged areas/ adults should be targeted and commented that the provision of additional resources are essential if targets are to be met, particularly in the context of other emerging regional strategies and policies. One HSS Board suggested that a target should be set to address smoke free environments.

Q5. What are your views on the range of measures set out in paragraph 3.1 to prevent people, particularly children, from starting to use tobacco?

Q6. What are your views on what more needs to be done to prevent people, particularly children, from starting to use tobacco as set out in paragraphs 3.18 – 3.26?

Q7. What are your views on the proposed actions set out at the end of Chapter 3? Are there any other actions you consider should be included?

- 2.11 Considerable overlap was found in the evaluation of responses to questions 5, 6 and 7. For this reason a composite summary has been completed.
- 2.12 The majority of respondents broadly agreed with the range of measures and actions set out in Chapter 3 of the Action Plan. Many suggestions were put forward and some of these, particularly those relating to education and public information, will be given further consideration by the Implementation Group, which will be established following publication of the Action Plan to take forward the agreed action points. For example, promotion of non-smoking role models for children, use of community centres, strong information campaigns to include risks of passive smoking and dangers to people with pre-existing conditions and mailshots to every household.
- 2.13 There was widespread support for the banning of tobacco advertising. There was also strong support for stricter enforcement of existing legislation on sales of tobacco to children with a few respondents suggesting the development of guidelines for retailers. Others suggested legislation to tackle the issue of smoking in public places. The retail sector raised concerns over the forced adoption of such measures.
- 2.14 All four HSS Boards were in favour of more research to establish why young people smoke and how to address the problem. One HSS Board considered that the measures did not address the issue around smuggling.
- 2.15 A small number favoured the banning of tobacco vending machines and increasing to 18 the age at which tobacco can be purchased. Some respondents proposed adopting other countries' models of good practice. Others, including 3 HSS Boards, considered tobacco education should be broadened to include issues such as addiction, finance and the environment/

relationship to health and fitness/beauty. The issue of funding was also raised by some respondents.

Q8. What are your views on what more needs to be done to support smokers, particularly the priority groups, to quit as set out in paragraphs 4.10 –4.14?

Q9. What are your views on the proposed actions set out at the end of Chapter 4? Are there any other actions you consider should be included?

- 2.16 A composite summary of the responses to questions 8 and 9 has been completed.
- 2.17 Overall there was widespread support for the measures and actions in Chapter 4. Various suggestions were put forward but many related to operational or implementation issues and these will be considered by the Implementation Group (see paragraph 2.12) in taking forward the agreed action points. For example, issues relating to smoking cessation in workplaces, hospitals, schools including support for workers, smoke rooms, time off, innovative approaches for young people, reward programmes in schools and provision of services in the community. Other issues raised were outside the remit of the Working Group such as high price and tax policies and the price of NRT.
- 2.18 Some dental respondents highlighted the link between smoking and oral health and suggested that the dental profession should be allowed to prescribe NRT. Similarly, there was some support for nurses and pharmacists also being allowed to prescribe NRT. A number of respondents indicated that NRT patient group directives must be implemented and suggested the inclusion of the development of guidelines on the use of NRT for young people under 18. Other respondents considered that the price of NRT should be lowered.
- 2.19 Some respondents highlighted the need for research with all HSS Boards considering there was a need for data on the smoking/ chewing habits of those

from an ethnic minority background. Some respondents pointed out that although the other two target groups were referred to in paragraphs 4.10-4.14 there is no specific reference to young people.

- 2.20 The issue of sustained funding for smoking cessation services and the need for additional resources was also raised.

Q10. What are your views on what more needs to be done to protect non-smokers, particularly children, from tobacco smoke as set out in paragraphs 5.10 – 5.13.

Q11. What are your views on the proposed actions set out at the end of Chapter 5? Are there any other actions you consider should be included?

- 2.21. A composite summary of the responses to questions 10 and 11 has been completed.
- 2.22 Overall there was broad agreement for the proposed actions set out in Chapter 5. Almost 1 in 3 respondents indicated support for a ban on smoking in all public places, including restaurants, pubs, hospitals and workplaces. Others considered that smoking policies should be mandatory in public places. The issue of smoking at entrances to hospitals and other public buildings was raised by some respondents. Some respondents considered that the proposed actions were too weak.
- 2.23 Three HSS Boards and some voluntary organisations considered that paragraph 5.2 of the Action Plan should be strengthened to make it clear that the right to smoke free air must take precedence over the rights of those who wish to smoke. A number of respondents considered that the wording of actions were too weak for example, the terms ‘to promote’ and ‘to encourage’.
- 2.24 Some of the points raised related to operational or implementational issues and these will be given further consideration by the Implementation Group (see

paragraph 2.12), for example, enforcement of no-smoking policies in particular buildings. Others were within the competency of the EU.

- 2.25. Support was expressed for the introduction of an Approved Code of Practice on Passive Smoking in the Workplace with the needs of entertainment and bar staff being highlighted.

**Q12. Do you agree with the proposed target dates set out in Chapter 6?
If not, why?**

- 2.26 44 of the 76 respondents who answered this question broadly agreed with Chapter 6. The main issues raised relating to target dates included timescales too long/too short and no specific date set for training. There was support for the nomination of an anti-tobacco co-ordinator by councils and a suggestion that the target date should be brought forward.

Q13. Do you agree that an Implementation Group should be established to take the Action Plan forward?

- 2.27 All those responding to this question supported the establishment of an Implementation Group with representation from a wide range of organisations including all branches of health professionals, community groups and smokers. The role of the Implementation Group was also questioned. Two Health and Social Services Boards and some voluntary organisations suggested that the Chair should be a high profile person with whom the public and young people could identify.

Equality

Q 14: What are your views on the assessment as set out in Annex 3?

Q 15: Do you think the Plan will have an adverse impact on any of the groups identified in paragraph 1.1 of Annex 3? If yes, please state the group or groups and any adverse impacts that you feel the proposals are likely to have on them.

Q 16: Please state how these adverse impacts could be reduced or alleviated in the proposals

Q 17: If you feel the adverse impacts cannot be alleviated within the current proposed actions, please suggest alternative actions that could be considered to reduce the differential impact on the group or groups.

2.28 The response to questions 14 – 17 was lower than the response to questions 1-13. Of the 93 responses:

38 did not complete Q 14;

33 did not complete Q 15;

63 did not complete Q 16; and

70 did not complete Q17.

2.29 Of the 54 respondents who completed Q14, 41 indicated that they were satisfied with the overall assessment in Annex 3. In response to Q15, 5 respondents indicated that the Action Plan would have, and 34 respondents indicated that it would not have an adverse impact on any of the section 75 groups. The groups highlighted included religious belief, political opinion, race, age, men and women and persons with a disability, particularly those with mental ill health, however, no specific adverse impact was specified. Although some respondents had identified a group or groups as being disadvantaged (Q15) they did not always put forward suggestions as to how the adverse impacts could be reduced. Conversely some respondents who had not identified a group or groups as being disadvantaged did put forward suggestions to alleviate any adverse impacts. Suggestions included smoking cessation programmes to be set in the context of other programmes such as mental health and single parent issues, environmental bans, increased pricing, awareness of disability and mental health issues and long term use of nicotine patches.

2.30 A small number of respondents put forward alternative actions to reduce the differential impact on the group or groups. However, these mainly related to health and safety issues, which would apply to the whole population rather than specifically to any of the S75 groups.

Human Rights

Q18: The Action Plan is intended to contribute to the promotion of rights for a wide proportion of the population. To what extent do you think that the Plan promotes human rights?

**Q19: Are there any aspects where potential violations may occur?
Please indicate whom this impacts on.**

2.31 Of the 93 responses:

34 did not answer Q18; and

58 did not answer Q19.

The majority of respondents who completed Q18 considered that the Plan promoted human rights. A few considered that it did not recognise, or dismissed, the rights of smokers. The majority (62 %) of respondents did not complete question 19. Of those who completed it – 9 did, and 15 did not, consider that there were violations. The 9 who considered there were violations indicated that these related to smokers, older people and people exposed to ETS in the workplace and public places.

Q20. Any additional comments

2.32 38 respondents completed question 20. The majority of issues raised had already been raised in the responses to the previous questions. These included adequate aim not achievable, well thought Plan, funding, high prices, provision of facilities for smokers, banning of smoking in public places, smuggling, prescribing of NRT by dentists and needs of people with a disability in residential homes.

ANNEXE A

A Five Year Tobacco Action Plan – Consultation responses

Action Cancer
Action on Smoking and Health (ASH) (NI)
Armagh and Dungannon Health & Social Services Trust
Belfast City Hospital Trust
British Medical Association, NI Committee for Public Health Medicine and
Community Health
Cancer Research UK
Comber Drugs Awareness Group (CODAG)
Douglas, Mr Boyd, MLA, East Londonderry
Down District Council
Down Lisburn Trust
Eastern Health and Social Services Board
Environmental Health, Fermanagh District Council
Environmental Services, Craigavon Borough Council
Fogarty, Dr Declan, Consultant Anaesthetist, Royal Victoria Hospital
Foyle Health and Social Services Trust
Gilfillan, Dr R, GP
Gordon, Derek, Hospital Consultant
Gray, Dr Peter, GP
Green, Dr Caroline, Dental Associate
Health and Safety Executive NI
Health and Safety Executive NI, Employment Medical Advisory Service
Health and Social Services Trusts in the Western Health and Social Services Board
area
Hewitt, Mr Philip, Health Education Advisor, North Eastern Education and Library
Board
Hillan, Mrs Sheelagh, Director, J J Daly & Co Ltd. (Pharmacy)
Homefirst Community Trust, Equality Unit
Hussey, D R, MLA, West Tyrone
Johnston, J R, Consultant Anaesthetist, Royal Victoria Hospital
Kapur, Julie, Research Nurse, Belfast City Hospital
Limavady Borough Council
Lynch, Dr N, GP
Macmillian Cancer Relief
Magee, Mr Thomas
Maguire, Dr Terry, Maguire Pharmacy
Mater Hospital
McAloon, Dr Jarlath, Consultant Paediatrician, Antrim Hospital
McDermott, Dr Lorraine, Crumlin Medical Practice
McFarland, Estelle, Consultant Psychiatrist, Homefirst Trust
McNamee, Peter, Consultant, Belfast City Hospital
Moles, Dr K W, Consultant Physician
Morgan, Mr Dermott, Dental Surgeon
Musgrave Park Hospital
NI Council for Postgraduate Medical and Dental Education

NI Regional Health Promoting Hospitals Network
North and West Belfast Health & Social Services Trust
Northern Health and Social Services Board
Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)
Northern Ireland Public Service Alliance (NIPSA)
Northern Ireland Tourist Board
Rowe, Dr Kathy, School of Nursing, QUB
Rowney, Dr James, Finaghy Health Centre, Belfast
Roy Castle Lung Cancer Foundation
Royal College of Nursing
Royal College of Psychiatrists (NI Section)
Sargent Cancer Care for Children
School of Nursing, University of Ulster
South and East Belfast HSS Trust
South Eastern Education and Library Board
Southern Health and Social Services Board
Spiritual Assembly of the Baha'is of Londonderry
Strabane District Council
Students, BTEC National Diploma in Care/Health Studies, Omagh College
The Federation of the Retail Licensed Trade NI
The Nexus Institute
The Northern Ireland Federation of Housing Associations
Tobacco Control Group, Eastern Health and Social Services Board
Tohani, Dr V K, Consultant, Southern Health and Social Services Board
Ulster Cancer Foundation
Ulster Community and Hospitals Trust
Westcare Business Services
Western Education and Library Board
Western Group Environmental Health Service, Omagh Council
Western Health and Social Services Board
Western Health and Social Services Board Smoking Cessation Counselling Providers
Western Health and Social Services Board Tobacco Control Group
Willis, Mr Richard, Environmental Health Officer, North Eastern Health Board, ROI
Wilson, Dr Carol, Consultant Cardiologist, Royal Victoria Hospital

Details of those respondents, who indicated they wished their response to remain confidential, have not been included in the above list.

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