



Tobacco Consultation
Department of Health
Room 712
Wellington House
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London
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8 September 2008

Dear Sir/Madam

Consultation on the Future of Tobacco Control

The Pharmaceutical Society of Northern Ireland welcomes the opportunity to respond to this consultation in so far as it applies to Northern Ireland and the UK-wide application of relevant legislation and initiatives. The Society considers the proposals in the document as an important signal of intent for further concerted government-led action to address the problem of tobacco use particularly given its continued status as the greatest single contributor to health inequality.

The Society has considered the proposals contained in the consultation document and makes the following principal comments:

Part A: Reducing smoking rates and health inequalities caused by smoking

- The Society suggests that where information available to health authorities indicates a particular prevalence of smokers within a defined area, locally-targeted programmes to increase the uptake of smoking cessation services and nicotine replacement therapies be instituted, making full use of the local pharmacy network.

Part B: Protecting children and young people from smoking

- The Society supports the consultation document's recommendations for controlling the display of tobacco in retail environments, restricting the sale of tobacco from vending machines, enforcing plain packaging and prohibiting the sale of packs of 10 cigarettes

- The Society also recommends the Government give further consideration to the role of pharmacy in school education and accordingly highlight some useful examples from Northern Ireland's Building the Community Pharmacy Partnership Programme.

Part C: Supporting smokers to quit

- Pharmacists have a particular role to play in the future delivery of smoking cessation services as they are the most accessible of all healthcare professionals, available for the public to visit and receive professional health advice without an appointment in high street and community settings. This is particularly pertinent given, as the document notes, smoking is substantially greater amongst people without access to a car.
- However, in order to further increase the availability of smoking cessation services in pharmacies, the Society suggests the appropriateness and feasibility of ring-fenced funding for smoking cessation services within trust budgets be investigated.
- The Society supports the comments made in the consultation document in relation to the success rate of smoking cessation services and recommends a communications drive by the NHS to promote the availability of the service to the public in their local pharmacy.

Part D: Helping those who cannot quit

- The Society supports a harm reduction strategy for those members of the public who find it impossible to quit smoking. Pharmacists have a strong role to play in helping smokers access the use of medicinal nicotine and alternative nicotine products and should be the focus of delivery of these services.

The Society is content for the contents of this consultation response to be made public.

Yours sincerely,



Mark Nelson

Chair of the Practice Committee

Pharmaceutical Society of Northern Ireland

The Pharmaceutical Society of Northern Ireland is the regulatory and professional body for pharmacists in Northern Ireland. It exists to register, regulate and develop pharmacists and to promote the pharmacy profession within Northern Ireland, ensuring public safety and addressing public concerns. The Society currently maintains a register of over 1800 pharmacists and over 500 premises registered within Northern Ireland.

* This response has been prompted by correspondence (12 June 2008) from Heather Rainey of the Health Improvement Branch at the DHSSPS in Northern Ireland inviting the Society's comment on the proposals for the future of tobacco control.

DH and DHSSPS Consultation on the future of Tobacco Control: September 2008

Part A: Reducing smoking rates and health inequalities caused by smoking

Question 1: What smoking prevalence rates for all groups (children, pregnant women, routine and manual workers and all adults) could we aspire to reach in England by 2015, 2020, and 2030, and on what basis do you make these suggestions?

What else should the Government and public services do to deliver these rates?

The Pharmaceutical Society of Northern Ireland do not judge it as appropriate to comment on target attainment specifically for the NHS in England, but would instead encourage the Department of Health, Social Services and Public Safety in Northern Ireland to adopt a similar approach to tackling smoking prevalence e.g. clearly setting out the desired outcomes of policy on tobacco use as well as the timescales and strategy by which it will be achieved.

To achieve reduced levels of smoking prevalence will require concerted action and best use of the health professional workforce. As the consultation document recognises, smoking cessation services have a crucial role to play.

In terms of the future development of smoking cessation services the Society recommends:

- where information available to health authorities indicates a particular prevalence of smokers within a defined area, locally-targeted programmes to increase the uptake of smoking cessation services and nicotine replacement therapies be instituted, making full use of the local pharmacy network;

- an investigation of the appropriateness and feasibility of financial assistance schemes to help pharmacy premises create consultation rooms for the purposes of smoking cessation services;
- a new communications drive by the NHS to promote the availability of smoking cessation services to the public in their local pharmacy;
- consideration be given to the role of pharmacy in school education programmes; and,
- the commissioning of research into what factors are preventing some smokers from using smoking cessation services.

Question 2: What more do you think could be done to reduce inequalities caused by tobacco use?

Where information available to health authorities indicates a particular prevalence of smokers within a defined area, locally-targeted programmes to increase the uptake of smoking cessation services and nicotine replacement therapies be instituted, making full use of the local pharmacy network.

Question 3: Do you think the six strand strategy should continue to form the basis of the Government's approach to tobacco control in the future?

Are there other areas that you believe should be added?

The Society view the six strand strategy as a useful basis of the Government's approach to tobacco control.

One area the Society suggest the Government may consider adding to this strategy is in explicitly reducing the *demand* for tobacco products.

Question 4: How can collaboration between agencies be enhanced to contribute to the inland enforcement against illicit tobacco?

The Society does not feel this area of the consultation is within its area of expertise to comment upon.

Question 5: What more can the Government do to increase understanding about the wider risks to our communities from smuggled tobacco products?

The Society suggest that alongside a television campaign, poster advertising in areas where illicit tobacco sales take place could be effective e.g. pubs, bars and nightclubs.

Such advertising should also highlight that illicit tobacco can be even more injurious to personal health, in terms of its substance content, than tobacco from legal sources

Part B: Protecting children and young people from smoking

Question 6: What more do you think Government could do to:

- Reduce demand for tobacco products among young people?
- Reduce the availability of tobacco products to young people?

In terms of reducing demand for tobacco products among young people the Society recommends the extension of school visits by pharmacists to educate young people of the dangers of smoking. However such programmes do require long term and sustained funding streams.

In Northern Ireland a number of successful projects of this nature have been conducted by the Building the Community Pharmacy Partnership, such as the “First Steps on Health for Young People” Programme in Dungannon¹.

The Society suggest in addition that sports clubs be targeted for educational visits as a means of successfully transmitting anti-smoking messages to young people.

In terms of reducing the availability of tobacco products to young people the Society support the Government’s policies to introduce:

- legislation prohibiting the sale of cigarettes in packets of 10;
- further controls on the display of tobacco products in retail environments;
- further controls on the sale of tobacco from vending machines; and
- plain packing of cigarettes

¹ <http://www.cdhn.org/bcpp/projects/viewdetails.asp?projectID=37>

Question 7: Do you believe there should be restrictions on the advertising and promotion of tobacco accessories, such as cigarette papers?

The Society view this proposal as sensible in the context of the wider proposals suggested for the future of tobacco control.

Question 8: Do you believe there should be further controls on the display of tobacco products in retail environments? If so, what is your preferred option?

We are particularly interested in hearing from small retailers and in receiving information on the potential cost impact of further restrictions on display. What impact would further controls on the display of tobacco have on your business, and what might the cost be of implementing such changes?

The Society supports the proposals for further controls on the display of tobacco products in retail environments but recognise there will be financial considerations for retailers that should be addressed before introduction.

Question 9: Do you believe there should be further controls on the sale of tobacco from vending machines to restrict access by young people? If so, what is your preferred option?

The Society supports further controls on the sale of tobacco from vending machines as an effective means to restrict access to cigarettes by young people.

The evidence presented in the consultation document demonstrates that too many young people are sourcing tobacco from vending machines. Therefore the Society does not support option one: maintenance of the status quo. The Society are concerned by the research cited in the document that mechanisms on tobacco vending machines to restrict underage access (Option Two) are often not effective and therefore support Option Three: Prohibition of the sale of

Question 10: Do you believe that plain packaging of tobacco products has merit as an initiative to reduce smoking uptake by young people?

tobacco products from vending machines.

Yes. The Society believes plain packaging of tobacco products would be a very effective means of reducing the “brand appeal” of cigarettes to young people and would help “de-normalise” smoking.

Question 11: Do you believe that increasing the minimum size of cigarette packs has merit as an initiative to reduce smoking uptake by young people?

Yes. The Society believe that increasing the minimum size of cigarette packs would be an effective initiative in reducing smoking uptake by young people by helping to put cigarettes out of easy financial reach. The Society is encouraged by the research findings used in the consultation document to support this suggestion.

Question 12: Do you believe that more should be done by the Government to reduce exposure to second hand smoke within private dwellings or in vehicles used primarily for private purposes?

If so, what do you think could be done?

Where possible, please provide reference to any relevant information or evidence to accompany your response.

The Society recommends to the Government that the best means to reduce exposure to second hand smoke within private dwellings or in vehicles used primarily for private purposes is the continued, and enhanced, use of educational programmes of activity to heighten the public's understanding of the dangers of second hand smoke, including:

- the use of pharmacy outreach programmes, such as those conducted by the Building Community Pharmacy Partnership in Northern Ireland, with appropriate and sustainable funding streams
- communication by television advertising, information leaflets and bill board posters.

However the Society can foresee potential road safety concerns in terms of drivers smoking whilst in control of a vehicle i.e. in a similar fashion to the use of mobile phones.

Part C: Supporting Smokers to Quit

Question 13: What do you believe the Government's priorities for research into smoking should be?

The Society recommends the commissioning of research into what factors are preventing some smokers from using smoking cessation services, and what factors are driving some individuals who have previously quit to lapse back into smoking.

Question 14: What can be done to provide more effective NHS Stop Smoking Services for:

- Smokers who try to quit but do not access NHS support?
- Routine and manual workers, young people and pregnant women – all groups that require tailored quitting support in appropriate settings?

The Society recommends the Government investigates the further promotion of community pharmacy-led smoking cessation services in:

- the workplace by working with the representatives of employers and the local community pharmacy network;
- sports clubs frequented by young people;
- the provision of antenatal services

The Society also recommends advertising of smoking cessation services targeted specifically to manual workers, young people and pregnant women. It is important such advertising strongly conveys the risk of smoking to individual health, and those connected to the individual.

Question 15: How can communication and referral be improved between nationally provided quit support (such as the website and helplines) and local services?

The Society recommends national websites and helplines keep an up to date register of local pharmacy-provided smoking cessation services with sufficient levels of information on the local pharmacy e.g. name of pharmacist, telephone number and opening hours.

Question 16: How else can we support smoking cessation, particularly among high-prevalence or hard-to-reach groups?

The Society recommends that where information available to health authorities indicates a particular prevalence of smokers within a defined area, locally-targeted programmes to increase the uptake of smoking cessation services and nicotine replacement therapies be instituted, making full use of the local pharmacy network.

The Society also recommends that further examination be conducted into the possibility of increasing smoking cessation services within places of work. This will involve liaison with employers and the pharmacy profession.

Part D: Helping those who cannot quit

Question 17: Do you support a harm reduction approach and if so can you suggest how it should be developed and implemented?

The Society supports a harm reduction approach for those who find it exceptionally difficult to quit smoking. For these people Nicotine Replacement Therapy is an effective means to reduce health risks as a result of nicotine dependence.

The local pharmacy network has particular strengths in providing “health in the high street”, or other community settings, and is particularly accessible for the socially disadvantaged highlighted in the consultation document as a social group in need of distinct attention in future tobacco control policy.

The focus of delivery for nicotine replacement therapy should therefore be through the local pharmacy network.