

Smith L (Lee-Anne)

02-35

From: Glen J (John)
Sent: 28 February 2007 10:47
To: Smith L (Lee-Anne)
Subject: FW: Consultation Response



TIG Response to
Towards a Futu...

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-----Original Message-----

From: Connelly, Helena [mailto:helena.connelly@wlt.scot.nhs.uk]
Sent: 28 February 2007 10:44
To: Glen J (John)
Subject: Consultation Response

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John

Please find attached a response on behalf of West Lothian Tobacco Issues Group

Regards

Helena

<<TIG Response to Towards a Future without Tobacco.doc>>

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West Lothian Tobacco Issues Group's
Comments on Recommendations of
The Smoking Prevention Working Group's report
"Towards a future without tobacco"

West Lothian Tobacco Issues Group (TIG) welcomes the opportunity to comment on the recently published report by The Smoking Prevention Working Group, *"Towards a future without tobacco"* and has considered its recommendations. TIG is grateful to the Working Group for their significant work and the consideration they have given to producing this document. The members of TIG are on the whole in agreement with their findings and recommendations.

Our comments on individual recommendations are arranged under the following headings,

- **Action to date**
- **Targets**
- **Reducing availability**
- **Making things happen**
- **What is missing?**

Action to date

The members of TIG are pleased to note that Ministers have acted promptly on the Group's **recommendations 8 and 9** and **13 to 16** which will impact on young people's access to cigarettes. We have also indicated our support of **recommendation 7** separately by means of our response to the consultation on draft legislation and related Regulatory Impact Assessment. TIG believe that raising the minimum legal age for purchasing tobacco from 16 to 18 can only enhance the effects of smoke free legislation.

TIG would like to take this opportunity to highlight that they are of the opinion that it is key to include **recommendation 7** as part of a wider package of tobacco control measures that will reduce the availability and consumption of tobacco among older children and young teenagers. TIG would also emphasize the need for comprehensive enforcement resources and strategies to in place prior to any minimum age increase.

TIG is also delighted to note that the Executive have already accepted in principle, subject to the outcome of this consultation, **recommendation 31**. Members of TIG would add their full support for the 5 year action plan proposed in **recommendation 31**.

Targets

While TIG welcomes the new targets in **recommendations 1 and 2** we support the view that priority should be given to commissioning research to add to the existing knowledge base as stated in **recommendation 3**. We

would, however, urge that sufficient time is allowed for any projects to be established and evaluated, as the members of TIG are of the opinion that a longer time frame than that of the ASH/HEBS pilot projects is required before the true effects are seen and can be fully evaluated.

While we accept that rigorous evaluation is required as **recommendation 4**, we would also urge the Executive to accept 'softer' indicators of behaviour change as signs of a shift in attitudes especially when working with young people within our more deprived communities.

Reducing availability

The members of TIG fully support **recommendations 5 and 6** and view them as key factors in the implementation of **recommendation 7**.

Recommendation 10 is also supported by TIG as banning the sale of packs of ten could disproportionately affect those from the most deprived communities. Until more information on young peoples buying habits is known banning packs of ten maybe unhelpful and therefore support **recommendations 11 and 12**.

We support **recommendations 13 to 16** and reiterate our support for the Executives prompt action. TIG are happy to lend their support to these recommendations in the knowledge that they will also impact on smoking prevalence of the adult population as well as reducing availability of tobacco to young people.

TIG also supports **recommendations 17 and 18**. It is vital that all possible is done to offset the well resourced and sophisocated efforts of the tobacco industry to recruit young smokers. TIG feels that **recommendation 19** is key to this aim. Introducing out-of-sight sales for tobacco, ending the consistent sight of branded packets of cigarettes that dominate the till areas of the majority of Scotland's shops. This would also have a major impact on relapse rates of those who are attempting to quit, as seeing their brand behind the till can often be a trigger for relapse.

Discouraging young people from smoking

The members of TIG when setting their strategic goals and action plans have always given work to reduce the uptake of tobacco among young people a high priority. They therefore welcome and support **recommendations 20 and 21**. They view in particular **recommendation 21** as a key step in achieving the targets in **recommendations 1 and 2**. TIG wish to stress the important role tobacco education and prevention work has on young peoples smoking habits. Despite the current funding available, for cessation work targeting this age group, targets to reduce smoking rates are unlikely to be achieved without additional significant financial investment from the Executive for prevention and education work.

The smoke-free legislation introduced in Scotland on March 26th 2006 has increased public awareness of the health risks associated with smoking and TIG anticipates this will help in the reduction of smoking prevalence in Scotland. It will do this by influencing the social acceptability of smoking as

'the norm' in both adults and young people. This can only be enhanced by **recommendations 22 to 24 and 28** and therefore TIG is in favour of them being actioned, as they will continue to build on the transition to a smoke free society in Scotland.

TIG are keen to support an approach that views school no smoking policies as a positive step towards improving the health and well being of its population rather than a punitive tool often aimed at those affected by other issues as highlighted in **recommendation 25**. They are therefore pleased to support **recommendation 25** but would further recommend that smoking cessation workers specialising in working with this vulnerable client group would be a useful addition to the service.

TIG again support **recommendation 26** particularly as 'The Health Promoting University' is offered as a framework for it to be achieved.

Targeting areas of social deprivation has always been a priority in the work of TIG and its members appreciate how vulnerable young people in these communities are. Existing cessation services already target these areas and while some progress has been made in cessation, this in itself is not sufficient and preventative and education work is essential in protecting young people from the dangers of smoking. The members of TIG anticipate that **recommendation 27** will be a useful step in reducing the uptake of smoking in these deprived communities.

TIG has always been proactive in finding innovative interventions for young people and as such hosted one of the pilot services. While these did not achieve the anticipated outcomes some valuable lessons were learned. TIG would therefore fully support **recommendation 29** and again would urge that sufficient time is allowed for any projects to be planned, established and evaluated, as we anticipate a longer time frame than previously allowed is required before the true effects of these projects can be fully evaluated.

While we accept that rigorous evaluation is required as **recommendation 4**, we would also urge the Executive to accept a framework which allows for 'softer' indicators of behaviour change as signs of a shift in attitudes, especially when working with young people within our more deprived communities.

Making things happen

TIG is pleased to see that young peoples' opinions are to be sought regarding this document and as such give support to **recommendation 30**.

Adequate resources need to be in place to allow a substantial increase in tobacco education, prevention and cessation services for young people in order to capitalise on the likelihood of reducing smoking prevalence in young people.

What is missing?

TIG is disappointed to note the absence of any recommendations for either research approaches or support services for cannabis users within this document.

Anecdotal evidence would suggest that cannabis is often the gateway to tobacco use for young people and in an attempt to gather evidence of cannabis use a 'snap shot survey of all new clients attending drug services in West Lothian between October 2004 and March 2005 was undertaken. It demonstrated that half of all new clients reported that they used cannabis, either as their main drug or as one of several drugs. Of these 28% were under the age of 19 years. This highlights the need for tobacco and cannabis use in relation to young people to be addressed and we note its absence from this document with regret.

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