

**Smith L (Lee-Anne)**

02-46

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**From:** Glen J (John)  
**Sent:** 01 March 2007 09:58  
**To:** Smith L (Lee-Anne)  
**Subject:** FW:

**JOHN GLEN**  
**Tobacco Control Team**  
**Public Health & Substance Misuse Division**  
**Area 3 E**  
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-----Original Message-----

**From:** Ben McKendrick [mailto:mckendrickb@bhf.org.uk]  
**Sent:** 28 February 2007 16:29  
**To:** Glen J (John)  
**Subject:**

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Hi John,

As discussed please find a copy of BHF Scotland's response to the two consultations.

We are very happy for all of the content to be made public.

Let me know if you need any further information.

Kind regards

Ben McKendrick  
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## SCOTLAND

### CONSULTATION ON SMOKING PREVENTION WORKING GROUP REPORT: TOWARDS A FUTURE WITHOUT TOBACCO

- Response from BHF Scotland

British Heart Foundation (BHF) Scotland is the nation's heart charity, saving lives through pioneering research, patient care and information. Our vision is that, within a generation, we will create a world where people do not die prematurely of heart disease.

Smoking increases the risk of developing Coronary Heart Disease (CHD). Mortality from CHD has been found to be around 60% higher than in non-smokers. It is estimated that smoking causes around 30,600 deaths from cardiovascular disease (CVD) across the UK each year.<sup>1</sup>

We therefore welcome the opportunity to respond to this important consultation document on the Smoking Prevention's Working Group Report, which will take the fight against tobacco a step further.

**Overall, the Action Plan has the full support of BHF Scotland.**

We make comments on some of the specific recommendations in the report below:

*Recommendation 5. 'Ensure that much greater efforts are made to enforce the prevailing legal age of purchase. These should include: the use of proof of age; active test purchasing; prosecution with heavy fines and education of retailers and trading standard officers'*

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<sup>1</sup> BHF Coronary Heart Disease Statistics 2006

Agreed. BHF Scotland believes that the proposed change to the law over the minimum age for the sale of tobacco is an excellent opportunity to review the enforcement of the existing law in this regard. It is very important that retailers in particular are made aware of their responsibilities and the likely penalties to which they will be subject if they breach them.

*Recommendation 6. 'Introduce a negative licensing scheme to enable vendors who repeatedly sell cigarettes to under-age customers to be prohibited from selling tobacco products.'*

BHF Scotland would prefer to see a positive tobacco licensing system which advocates the strongest possible penalties for those retailers who fail to comply with the law. However, we accept the Working Group's concerns around resources and that there needs to be further research in this area.

However, requiring all retailers wishing to sell tobacco to obtain a licence will reduce the number of shops selling tobacco, in particular for those shops where tobacco constitutes a small proportion of sales.

We believe the sanctions available under a positive licensing system would provide more of an incentive for retailers to adhere to the law. In addition, this would allow for a central register to be maintained of tobacco retailers, which could be used to facilitate the provision of educational information. Finally any revenue raised from the scheme could be reinvested in enforcement. While our preference, therefore, would be for a positive licensing scheme, we accept that evidence in this area needs to be presented before such a scheme is embarked upon.

*Recommendation 7. 'Amend the current offence of selling tobacco products to anyone under the age of 16 by raising the minimum age to 18. There should be a sufficient delay between amending the legislation and its implementation to prepare both customers and retailers for a smooth transition. Its impact should be carefully evaluated.'*

See separate consultation response

Recommendation 8. *'Urge the UK Government annually to increase the price of tobacco products at a rate faster than inflation.'*

Agreed. This is something BHF has called for at a UK level, and has our full support. We believe the price of tobacco products should rise at a faster rate than the rate of the average rise in incomes.

Price control is well established as a means of reducing tobacco consumption, and is recognised as such by the World Health Organisation. BHF Scotland supports the view that the price paid for tobacco products should rise at a higher rate of growth so that, over time, they become less affordable.

Recommendation 11 *'Commission research to ascertain the extent to which young people in Scotland purchase cigarettes in packs of 10.'*

We believe that more evidence is needed to assist with policy decisions around smaller packets of cigarettes- this proposal therefore has our full support.

Recommendation 17. *'Reinforce the UK Government's intention to require graphic photographs of smoking-related diseases to be displayed on cigarette packets.'*

The BHF knows that graphic images can and do prompt people to take steps to quit smoking. Our 'fatty cigarette' campaign, which ran during 2004, clearly demonstrated the value of hard hitting imagery accompanying stop smoking messages. This campaign prompted many smokers to seek cessation support through NHS helplines, and post-campaign evaluation showed that the visual impact of the advertisements made the most significant contribution to the success of the campaign.

We are aware that pictorial warnings on tobacco packs have been similarly effective in other countries, in reducing the numbers of cigarettes smoked and increasing knowledge of the health risks associated with smoking, including coronary heart disease. In particular we note evidence of the effectiveness of picture warnings recorded in Australia and Canada, as acknowledged in the consultation document.

The area devoted to the picture warning should be at least 50% of the pack surface (including the black border) but preferably 90%, as is the case in Australia. We would also prefer visual warnings to be placed on both sides of the tobacco packaging. We therefore urge the Scottish Executive to work with the UK Government to push the European Commission to allow for pictorial warnings to be placed on the front of tobacco packs as well as the rear, and for warnings to take up a larger surface area of the tobacco pack.

*Recommendation 19. 'Prohibit the display of cigarettes at the point of sale, to be replaced by a simple list of the brands available and their prices (See paragraph 3.39).'*

Agreed. A full and comprehensive ban on all forms of tobacco advertising and promotion is crucial. This should include ending the opportunity to advertise at the point of sale, which the Tobacco Advertising and Promotion Act 2002 did not rule out.

*Recommendation 20. 'Building on previous work by Health Scotland and the Health Education Board for Scotland, an on-going, multi-stranded media campaign should be designed and implemented to discourage the uptake of smoking by young people of any age. One strand should have a strong focus on developing messages and using media that will have resonance with girls and young women in disadvantaged circumstances. Another should target young people in their late teens (See paragraph 6.2).'*

Ongoing efforts to inform all members of the public about the damaging consequences of smoking to their health are needed. This should be complemented by freely and readily available smoking cessation services and support.

In addition, we would also suggest that NHS Health Scotland and other agencies consider implementing a social marketing campaign targeted at young people. The BHF has significant experience in designing and implementing campaigns designed to encourage behaviour change, for

example the Department of Health funded, extremely successful 'fatty cigarette' campaign which ran during 2004. We would be happy to work with and assist NHS Health Scotland on future work to prevent young people from taking up smoking.

*Recommendation 27. 'Research studies should be commissioned to test innovative, carefully designed ways of protecting and dissuading young people in disadvantaged areas from starting to smoke or becoming regular smokers.'*

Agreed, the disparities between smoking rates in the most deprived and most affluent communities needs to be addressed. Inequalities in health are a significant factor in cardiovascular disease, so BHF Scotland particularly welcomes this approach.

*Recommendation 30. 'Given that implementation of the recommendations in this report would largely affect young people, a representative sample of young people should be consulted to seek their views on the recommendations.'*

Agreed, it is crucial that young people feel they are part of this process and that things aren't being imposed upon them.

*Recommendation 31. 'The recommendations in this report should be used by the Scottish Executive as the basis for developing a fully resourced five year Action Plan, with built in performance measures subject to monitoring by the Scottish Ministerial Group for Tobacco Control.'*

Agreed: resourcing these proposals is crucial to their success, as will be adequate evaluation of them. An Action Plan will ensure that the focus of the various agencies involved will be firmly on delivery.

Ben McKendrick  
Policy and Public Affairs Manager