

Smith L (Lee-Anne)

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From: Glen J (John)
Sent: 01 March 2007 10:25
To: Smith L (Lee-Anne)
Subject: FW: Consultation Response: Towards A Future Without Tobacco

JOHN GLEN
Tobacco Control Team
Public Health & Substance Misuse Division
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-----Original Message-----

From: Fiona Moore [mailto:fionaworkhome@yahoo.co.uk]
Sent: 28 February 2007 23:58
To: Glen J (John)
Cc: fiona.moore@lhb.scot.nhs.uk
Subject: Consultation Response: Towards A Future Without Tobacco

This email has been received from an external party and
has been swept for the presence of computer viruses.

Dear John,

Please find attached a response to the above report on behalf of myself and NHS Lothian Smoking Cessation Service's stop smoking specialists for young people.

I trust that this will arrive in time for the deadline? My computer clock states that it's several minutes before midnight! Please acknowledge receipt.

Any queries, please do not hesitate to contact me using the contact details in the letter.

Kind regards,

Fiona Moore.

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28 February 2006

Enquiries to: Fiona Moore, NHS Lothian Smoking Cessation Co-ordinator
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John Glen
Scottish Executive Health Department
Tobacco Control Division
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Dear Mr Glen

Re: Consultation on Smoking Prevention Working Group Report: Towards a Future Without Tobacco

Thank you very much for the copy of this report to which I am responding on behalf of myself and the NHS Lothian Smoking Cessation Service's stop smoking specialists for young people.

We are pleased to see the Scottish Executive's recognition of the harmfulness of tobacco on young people and the comprehensive and multi-angled approach needed to tackle this effectively. The 31 recommendations in this report are well argued with a clear and up-to-date evidence base being given for them. As a package they offer a real opportunity to reduce the numbers of young people taking up and continuing to use tobacco and we believe the recommendations should be taken forward.

We would however like to comment on the following issues under each heading:

"Targets" and "Research" recommendations 1-4

The statistics, on which smoking prevalence amongst young people are based, are derived from the SALSUS survey conducted in schools and do not accurately represent the full extent of smoking prevalence as the majority of excluded and truanting pupils are smokers and therefore would not have undertaken the survey. Although targets will be measured against figures of the previous survey taken in the same manner, this is nevertheless worth bearing in mind.

"Reducing availability" recommendations 5-19

We welcome the recommendation of greater efforts to enforce the legal age and its suggestions. Although bringing the age of sales in line with that of alcohol, there may be difficulties of rigorously enforcing a negative licensing scheme and it is extremely important that adequate financial resources are allocated in order to ensure comprehensive enforcement.

We would also support the proposal of raising the minimum legal age as this would send out a stronger message re the health risks of tobacco and the government's commitment to a range of measures to reduce the toll of tobacco-related illness and premature death, as well as bringing this age into line with that of alcohol.

It should also be clarified whether 'age of purchase' will also become a legal issue as at present, unlike alcohol, it is illegal to sell cigarettes to minors but not illegal for minors to

purchase them – we would recommend that this is brought into line with alcohol purchases and also becomes illegal for minors to purchase.

It is potentially a positive move, amongst a range of other measures such as increased tax on and price of cigarettes, to have the sale of packs of ten cigarettes banned in order to reduce the affordability of cigarettes by young people, but it should also be acknowledged that young people nowadays have large amounts of disposable income and that often they 'pool' their funding to buy cigarettes together.

In connection with recommendation 18, we would also recommend research into the extent of tobacco product placement as there are anecdotal perceptions from stop smoking specialists and young people alike that there is increased glamourisation of smoking on TV although the networks and channels through which this may be occurring is unclear.

"Discouraging young people from smoking" recommendations 20-29

Whilst we recognise that the aim of the media campaigns targeting young people is prevention, it would be worth considering research into the effect that they have on young smokers' behaviour and whether this leads to or contributes to them giving up smoking.

We would like to have seen the recognition of cannabis use and its strong links with tobacco use amongst young people. Although alluded to, it does not offer recommendations on how this could be addressed eg via training for teachers in how to recognise and manage instances of cannabis use.

We were disappointed to read of the 'poor outcome of the pilot smoking cessation services' as we feel that, despite not achieving the outcomes anticipated, this does not reflect the valuable lessons which were learned from these projects such as the need for longer development time and the longer timescale before the beneficial effects of these projects can be fully realised as well as the positive outcomes of the prevention-oriented projects.

We agree that a carefully designed evaluation framework is vital, but we would suggest the adoption of qualitative evaluation outcomes (eg attitudinal shifts) in addition to the quantitative targets, particularly for those working with vulnerable and disadvantaged young people. These could be discussed and developed in conjunction with smoking cessation specialists and smoking cessation co-ordinators.

"Making things happen" recommendations 30-31

We are pleased that young people, as well as those working with young people, are being consulted in a meaningful and productive way on the issue of raising the age. We would hope that this will include young smokers as well as young non-smokers.

An action plan, with clear steer and guidance of who or which organisations/sectors/bodies have responsibility for or should be involved with each action, combined with sufficient financial resources to take these recommendations forward, would be particularly welcomed.

In summary, NHS Lothian Smoking Cessation Service's stop smoking specialists for young people welcome this work and in particular the focus on disadvantaged communities and offers the possibility for the NHS, local authorities and other partners to work for and with

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this group of young people who often have a variety of disadvantages and risk-seeking behaviours.

Yours sincerely

Fiona Moore
NHS Lothian Smoking Cessation Co-ordinator