



**Newcastle Healthy School Programme
Response to the DH Consultation on
the Future of Tobacco Control**

September 2008

Newcastle Healthy School Programme Position Statement

Newcastle's Healthy School Programme is a partnership between Newcastle City Council's Children's Services Directorate and Newcastle PCT's Health Improvement Team. To date 80% of the city's schools have attained National Healthy School Status which exceeds the national milestone target for December 2009. For a number of years Newcastle Healthy School Programme has supported schools to take a holistic whole school approach to tackling the tobacco and has engaged schools in a programme which goes beyond the requirements related to smoking found in the National Healthy School Programme criteria.

Newcastle Healthy School Programme works in close partnership with Smoke Free Newcastle and Fresh – Smoke Free North East, undertaking action at a local level to implement the regional tobacco strategy and business plan.

We welcome the Government's consultation on the future of tobacco control and the commitment to a comprehensive national tobacco strategy.

Smoking remains the biggest cause of ill health, early death and health inequality in Newcastle. The smoking prevalence rate is 32% (Community Health Profile, 2007) (1), which is considerably above the national average. In one ward of the city prevalence is even higher at 51%. This undoubtedly influences young people's take up of smoking and we feel that in order to ensure that a new generation of young people do not become addicted to this lethal habit the government needs to take further action now. Newcastle Healthy School Programme would like to see protection of young people as the focus for new legislation, which we would hope will be included in this year's Queen's Speech.

In this response we address those questions which we feel will have most influence on reducing smoking among children and young people.

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? Moreover, what else should the government and public services do to deliver these rates?

On the basis of a comprehensive new tobacco strategy, which is monitored, evaluated, regularly updated, Newcastle Healthy School Programme feels that ambitious targets for smoking prevalence among young people would be achievable.

Such targets are supported by the significant decline in smoking prevalence in England following the implementation of smoke free legislation (2), and the recent decline in the proportion of children smoking (3). Newcastle Healthy School Programme would like to see progress towards meeting the targets reviewed regularly to determine if a review of the overall strategy is required.

Newcastle Healthy School Programme would welcome new national smoking prevalence targets for young people as follows;

- 4% prevalence for the 11-15 year group by 2015

- 9% prevalence for the 16-17 year group by 2015

However given that smoking prevalence amongst young people under the age of 16 is concentrated in those aged 13 -15 years, Newcastle Healthy School Programme would welcome additional new separate gender specific targets for 13 and 15 year olds. Additionally it feels that a separate target for 16-24 year olds would be of benefit given the high smoking prevalence in this age group. Such data would provide a clearer picture of predicted smoking prevalence rates which would inform the targets to be set for 2020 and beyond. We feel consideration should be given to the following targets:

- 5% prevalence in 13 year old females by 2015, with a fall to 4% by 2020.
- 3% prevalence in 13 year old males by 2015 with a fall to 2% by 2020.
- 15% prevalence in 15 year old females by 2015 with a fall to 10% by 2020.
- 10% prevalence in 15 year old males by 2015 with a fall to 8% by 2020.
- 20% prevalence in 16-24 year olds by 2015 with a fall to 15% by 2020.

Newcastle Healthy School Programme would also welcome targets for the exposure of the population and particularly children to second hand smoke in the home and in private vehicles (Cross reference consultation question 12). Currently it is estimated that at least 50% of children in Newcastle live in households with at least one smoker. We feel that comprehensive action is required to reduce this number further. Newcastle Healthy School Programme would welcome a target for the number of smoke free homes operated by smoking households with children, where both parents smoke to be set at 25% by 2015.

Newcastle Healthy School Programme feels that it is crucial that PCT's and local authorities continue to prioritise tobacco control and include it in their LAA's. It would help in terms of monitoring children and young people's smoking rates, if the government make it a requirement that Children's Trust's set smoking reduction targets in their Children and Young People's Plans.

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

Newcastle Healthy School Programme feels that there needs to be a much improved strategy to tackle smuggling at national, regional and local level, with tougher targets for a continued reduction in the market share of counterfeit and illicit tobacco. We support the draft 'North of England Cheap and Illicit Tobacco Health Action Plan' (4) and feel that this model should be rolled out across the UK.

Newcastle Healthy School Programme supports the proposals set out in paragraphs 2.38 – 2.39 and encourages the UK Government to lobby for and sign up to, a strong illicit trade protocol as part of the international FCTC treaty on tobacco. The UK must sign the EU anti-smuggling agreements in line with all other EU member states.

Part B. Protecting children and Young People from Smoking

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

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

Newcastle Healthy School Programme recognises that it is important that measures taken to reduce youth smoking are done so within the context of a broad population based

tobacco control strategy. Tobacco education and prevention must not be undertaken in isolation but where put in place it needs to be holistic in approach and seek to engage young people and others significant to them, as much as possible. This is the approach we have taken to date in Newcastle and we would like to see some of our best practice and learning rolled out across the country.

Whilst education and prevention tobacco education programmes have been shown at best to delay onset to smoking, they still play an important part in an overarching tobacco control programme. Newcastle Healthy School Programme have worked with Health Care Trusts and Children's Services directorates across Northumberland and Tyne and Wear for a number of years to run a progressive holistic Smoke Free School Award (5) programme. The Awards recognise and reward schools for demonstrating excellence in tobacco education and prevention, set within the context of a health promoting school. They are held in two stages.

The Standard Award recognises schools who have a smoke free site policy which applies to all people at all times, including off site visits. Newcastle Healthy School Programme would like to see the National Healthy School Programme (NHSS) criteria (no 1.6) related to the smoke free site strengthened. Recent guidance issued by the NHSS indicate that criteria 1.6 on the smoke free site policy, only apply up to 18.00 hours and not after that time or on weekends when the school may be hired out for external functions. This can potentially undermine school smoke free site policies, giving a mixed and inconsistent message which does not help in de-normalising tobacco use. We feel that the current DH/DCFS review of the NHSS re-accreditation/re-validation process provides an opportunity to include strengthened criteria related to smoking like those used in the Northumberland and Tyne and Wear Standard Smoke Free School Award. We feel strongly that a smoke free site policy should apply to the whole school site (excepting the caretaker's house), at all times to all people regardless of whether pupils are on site or not.

The second level of the Award; 'Gold' recognises schools who take a whole school approach to smoking prevention, education and cessation. Schools must evidence specific criteria to demonstrate that they tackle tobacco in a holistic way. This provides an exemplar standard for schools to address tobacco issues and a consistent approach across the area. Such a holistic model demonstrates in practice how the school's ethos, policies, services, environment, curricular and extra curricular activities all work together to foster health and wellbeing for all pupils.

Newcastle Healthy School Programme would also welcome updated DCSF advice and guidance on effective tobacco education and prevention for schools which is demonstrated through the National Healthy School Programme.

Recent NICE guidance on mass media and point of sales measures to prevent the uptake of smoking by young people (July 08) (6), recommends the development of mass media campaigns targeted at young people be developed. Newcastle Healthy School Programme would endorse the need for mass media campaigns, of sustained duration, but feels it is important these are developed in close consultation with young people themselves to ensure they reach the target group most effectively. It will also be essential that the campaigns developed use the wide range of media used by young people including for example, social networking.

A national youth advocacy mass media programme on tobacco would be welcomed by Newcastle Healthy School Programme. Evidence from 'The Florida Truth' campaign, (7, 8)

has clearly impacted on youth prevalence in the USA. In 2008, the Newcastle Healthy School Programme developed and piloted an innovative theatre in education programme for Key Stage 4 pupils in 9 secondary schools in the city. This focussed on the tobacco industry, and evaluation results show that this approach engaged both pupils and teachers effectively in a subject often neglected with this age group (9, 10). It raised their awareness of the tobacco industry and the tactics it uses to recruit and retain smokers. Taking a new angle to tobacco education by focussing on the industry rather than the individual, is one which Newcastle Healthy School Programme feels should be explored further nationally for 12- 16 year olds. This will help to set a context for a developing youth advocacy programme.

The ASSIST (11) peer education programme has produced some encouraging results for reducing youth prevalence and Newcastle Healthy School Programme would like to see this rolled out further to more schools across the UK with central investment.

Newcastle Healthy School Programme also supports the following measures to assist in reducing the demand for and availability of tobacco products to young people;

- The removal of point of sale advertising (see questions 7,8, 10)
- Prohibiting tobacco sales from vending machines (see question 9)
- Plain packaging – removal of all brand descriptions and misleading information on tar and nicotine yields (see questions 7,8, 10)
- Increasing the price of cigarettes at above the level of inflation
- Outlawing the sale of packets of 10 cigarettes which are mainly purchased by young people (see question 11).
- Stronger measures to curb smuggling (questions 4 and 5)
- The introduction of a positive licensing programme with the penalty for any retailer who sells cigarettes illegally to have their licence removed. This would not only strengthen control of underage sales but would also help retailers by enabling unlicensed sales of tobacco to be tackled more effectively e.g. car boot sales. Positive licensing would also reduce the number of outlets selling tobacco and so help to de-normalise tobacco use.
- Action taken to reduce positive images of smoking in the media, including the classification by the British Board of Film Classification of films, videos and digital media containing smoking as 18 years or above. The introduction of mandatory warnings prior to and during the screening of films and television programmes portraying positive images of smoking. Evidence from the USA, shows that internationally distributed films from the USA and India show that portrayals rarely identify the drawbacks of smoking (12) and that the intensity of smoking has not reduced in line with prevalence rates (13,14). Newcastle Healthy School Programme would welcome action to tackle this issue.
- The development and implementation of a programme aimed at informing those involved in the production of entertainment media of the potential damage done by the depiction of smoking.

Newcastle Healthy School Programme also feels that education; prevention and cessation programmes should be rolled out to key organisations engaged with young people aged 16-24 year olds because of the high smoking prevalence rates in that age group. The new National Healthy Colleges Programme (DCSF) provides an opportunity to include standards related to tobacco. Additionally the DH 'You're Welcome' initiative to provide welcoming environments for young people accessing sexual health services also provides

an opportunity to provide young people with brief interventions on both stop smoking and/or second hand smoke (Cross reference consultation question 14).

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

Newcastle Healthy School Programme would support such a move. The advertising of tobacco accessories can act as a prompt and reminder about smoking. More smokers are now using hand-rolled tobacco (12% in 1996 to 22% in 2006) (15). We would support a move to place all tobacco products and accessories out of site at the point of sale. It is noted that Imperial Tobacco have used the Rizla brand to sponsor motor racing, thereby maintaining a link between sport and smoking, despite UK and EU law which prevents tobacco sponsorship of sport (16).

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

Newcastle Healthy School Programme strongly supports 'Option 3' to require retailers to remove tobacco products from display.

The strong evidence to show that tobacco advertising and promotion encourages children to smoke (17) has underpins the UK law banning most forms of tobacco advertising. Tobacco packaging is now the principle means by which tobacco companies are able to promote their brands and point of sale displays act as a form of tobacco advertising. Every time young people visit a shop selling tobacco products, they are exposed to these prominent visual walls of 'adverts' which negate effects to de-normalise tobacco use.

Newcastle City Council's Trading Standards Service on behalf of the DH/LACORS have recently 'mapped' and photographed point of sale advertising in 21 shops across the city, all of which were in the vicinity of secondary schools. Whilst relatively compliant with current legislative requirements these point of sale displays are increasingly becoming more sophisticated and attractive. For example, Perspex boxes containing a brand of cigarettes were found hanging from the ceiling in one shop near a school, with the clear purpose to draw more attention to these brands than others.

The average size of the point of sale displays in the 21 shops surveyed was 1.56 metres high by 1.34 metres wide. 100% of these were placed behind the till area. Thus the opportunity to see cigarette packets on a visit to a retail outlet is very high and gives a message of the normality of smoking. 52% of the displays promoted one particular brand over another, with one retailer saying that they receive an incentive of £100 from Lambert and Butler each year to host this brand for a 5 year period. Newcastle Healthy School Programme is also concerned that point of sale displays are often located next to confectionary displays which do prove attractive to children and young people. In the local survey 38% of the point of sale displays were located within one metre of confectionary products.

The removal of both point of sale advertising and introduction of plain packaging (Question 11) would not prevent an adult smoker's ability to buy tobacco products, but will help to remove the temptation of children to try to buy them. We note that in Iceland, point of sale advertising was made unlawful in 2001 and between 1995 and 2003 the proportion of 16 and 17 year olds who reported that they had ever smoked fell from 61% to 46% (17).

The impact on the retail trade from this measure should be low, judging from the evidence presented in Para 3.32. The tobacco industry has the means and resources to assist tobacco retailers in managing the change in the UK. It currently pays for point of sale displays in many retail outlets so any change in how tobacco products can be displayed should not prohibit such financial support in the future

Price is a key factor in determining whether young people access tobacco. Newcastle Healthy School Programme feels that there should be a minimum price set for cigarettes to assist in reducing youth smoking.

Question 9: Do you believe that 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?

Newcastle Healthy School Programme supports **Option 3**; a total ban on the sale of tobacco products from vending machines.

Although vending machines account for a small proportion of overall cigarette sales, a disproportionate number of young people under the age of 18 obtain cigarettes from this source. This is because the machines are not always well supervised and children can access them relatively easily. Although data is not yet available, since the raise in age of sale legislation to 18, unsupervised vending machines could become a more significant source of under age sales.

Newcastle Healthy School Programme believes that banning the sale of tobacco products from vending machines would make it harder for children to purchase cigarettes. Many countries already prohibit the sale of tobacco from vending machines and the World Health Organisation has recommended a total ban on tobacco sales from vending machines.

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

Newcastle Healthy School Programme fully supports the introduction of plain packaging for tobacco products. Although no jurisdiction has yet implemented a law requiring plain packaging, research suggests that it would help deter young people from taking up smoking because smoking would lose its appeal (18).

There is evidence from around the world that the tobacco industry uses branding and pack design to attract young smokers. They invest considerable resources in making tobacco packaging alluring and eye catching, much of which will appeal to young people. They pay film companies to place their products in films, which in themselves are often watched by young people. The brand therefore becomes associated with a particular film or film star. Newcastle Healthy School Programme believes that tobacco packaging remains one of the few methods open in the UK to the industry to market its products to new and existing customers. By introducing plain packaging we believe this would have a significant effect on reducing tobacco sales. Each tobacco pack is an advert that smokers carry around with them and display to others as often as 20 times a day. Brand colours misleadingly communicate qualities such as low tar, which it would be illegal to state explicitly. Even though the products are often in reality indistinguishable in terms of taste, brand families are developed, each with different packaging to enable the tobacco industry to maximise display space i.e. its advertising. Branding on the pack is used to convey status, sophistication, manliness or femininity which attracts young people.

Newcastle Healthy School Programme believes that plain packaging would not only impact on reducing uptake of smoking among young people but it will also reach adults. It is noted that it is also important that the packaging of tobacco products such as 'roll your own' are included in any forthcoming legislation for plain packaging. We believe that the tobacco product package should have on it the brand name, health warning, pictorial health warning, NHS stop smoking service helpline number and mandatory consumer information. Further it is important that the health warnings should be on display on both the front and back of the packaging to prevent retailers placing the packets with the non warning side only showing, as a means of making packaging look more attractive.

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?

Newcastle Healthy School Programme recognises that price is a key factor for young people buying cigarettes. Packs of 10 are cheaper than those of 20's and smaller packs are easier for young people to conceal from adults. Newcastle Healthy School Programme therefore believes that the minimum pack size should be increased to 20 to make them less accessible and attractive to young people.

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.

Newcastle Healthy School Programme believes that more could be done by both Government and individuals to reduce children's exposure to second hand smoke. We would like to see the following action taken;

- Mass media campaigns aimed at parents/grandparents and carers about the health effects of second hand smoke. In particular the duration of risk should be emphasised to overcome the perception that second hand smoke is only dangerous to the very young and not those in older childhood or even adulthood. These campaigns should focus on enclosed places such as homes and cars.
- Commission research into effective ways of helping parents/carers to stop smoking and to prevent children's exposure to smoke if parents/carers choose not to stop smoking
- Ensure that brief intervention training on second hand smoke becomes a mandatory part of training for health professionals working with families in the acute and primary care sector, and professionals working within Children's Services who have face to face contact with parents/carers.
- Development and promotion of a National Smoke Free Homes Award which formerly recognises those with completely smoke free homes. This would be particularly important to home childcare providers.

Part C: Supporting Smokers to Quit

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

Newcastle Healthy School Programme would support research to;

- Provide a clearer understanding of current knowledge, attitudes and behaviour of 16-24 year olds
- Test innovative, carefully designed ways of protecting and dissuading young people in disadvantaged areas from smoking
- Examine the effectiveness of smoke free home and car policies

Further any new measures introduced as a result of the National Tobacco Strategy should be subject to rigorous evaluation to establish their impact and cost effectiveness.

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

- **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?**

Stop smoking programmes for young people under the age of 18 have generally been ineffective across the country. Young people tend not to access primary care services and those at most risk of using tobacco may have poor attendance at school. It is therefore important to have wider access points to stop smoking support services for young people who do wish to stop. Newcastle Healthy School Programme feels that there is an opportunity to invest more widely in training those who work with young people in informal and formal settings, in brief and intermediate interventions. For example, youth workers and school nurses could play a key role in signposting and supporting young people into local services. These services must be young people friendly and Newcastle Healthy School Programme feels investigation needs to take place about whether the DH 'You're Welcome' sexual health services programme, could be extended to incorporate stop smoking support or whether its principles can be applied to smoking cessation services for young people.

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