



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

TOBACCO CONTROL STRATEGY FOR NORTHERN IRELAND

CONSULTATION

RESPONSE QUESTIONNAIRE

January 2011

Background

Smoking remains the single greatest cause of preventable illness and premature death in Northern Ireland and is also the leading cause of health inequalities in our society. While considerable progress has been made in the past twenty years to reduce the number of people who smoke, prevalence rates still remain too high, particularly among those from socially or economically deprived groups. Latest research shows that 24% of males and 24% of females aged 16 and over currently smoke; among manual workers the figure is 31%.

The draft Tobacco Control Strategy has been developed to replace the Department's five year Tobacco Action Plan 2003 -2008. While the new Strategy will continue to target the whole population it will focus on three main groups;

- children and young people;
- pregnant women who smoke, and
- disadvantaged people who smoke.

The new Strategy's key objectives are to have fewer people starting to smoke, more smokers quitting and greater protection for the population from tobacco related harm.

Purpose

This questionnaire has been designed to support the consultation process relating to the draft Tobacco Control Strategy. It seeks your views on the Strategy, and should be read in conjunction with the draft Strategy document.

The consultation questionnaire

The questionnaire can be completed by an individual stakeholder or member of the public, or it can be completed on behalf of a group or organisation.

Q1. Do you agree that the Strategy provides strategic direction for tobacco control over the next ten years?

Yes

No

If you answered "no" to this question please outline the reasons for your answer.

Chapter 1 – Why do we need a tobacco control strategy?

Q2. Are the relevant factors outlining the need for a new tobacco control strategy fully covered?

Yes

No

If you answered "no" to this question, please outline any additional factors which you believe to be an influence.

Chapter 2 – Aim of the strategy

Q3. Do you agree that the overall aim of the strategy should be to create a tobacco-free society?

Yes

No

If you answered "no" to this question please outline the reasons for your answer.

Q4. Do you agree with the three key objectives proposed and also that focus should remain on the areas listed? (paragraphs 2.2 and 2.3)

Yes No

If you answered “no” to this question please outline the reasons for your answer.

Q5. Do you agree that the correct priority groups have been identified? (paragraphs 2.5 to 2.13)

Yes No

If you answered “no” to this question please outline the reasons for your answer.

Chapter 3 – Fewer people starting to smoke

Q6. Do you agree that the relevant factors required to prevent youth smoking are fully covered in paragraph 3.4?

Yes No

If you answered “no” to this question please outline the reasons for your answer and/or provide other suggestions.

The prevention of youth smoking is an area requiring even more attention i.e. more research and analysis. No matter how much teachers and parents discourage smoking, a proportion of children would still want to “break the rules

A positive licensing scheme may allow those with enforcement responsibilities to better monitor the performance of retailers in terms of under age sales.

Chapter 4 – More smokers quitting

Q7. Do you believe that this chapter provides comprehensive information on the range of support services required to help smokers to quit?

Yes No

If you answered “no” to this question please outline the reasons for your answer and/or provide other suggestions.

The strategy would benefit from clearer indications of how government intends to target cessation services particularly on disadvantaged groups.

With regard to pregnant women who smoke –brief intervention treatment should if possible be extended to include Health Visitors and Midwives. NICE and the Scottish Guidance recommend the routine use of Carbon Monoxide monitoring as part of the initial antenatal screening procedures undertaken by midwives, so that the issue of smoking is part of a routine assessment at the start of pregnancy.

Chapter 5 – Protecting people from tobacco smoke

Q8. Do you agree that the information set out in paragraphs 5.6 to 5.12 covers what more needs to be done in relation to protecting people from tobacco smoke?

Yes No

If you answered “no” to this question please outline the reasons for your answer and/or provide other suggestions.

The issue of exposure of children to tobacco smoke in cars and in the home is mentioned briefly in paragraph 5.6, but could perhaps be given more prominence in the interests of public education. For example, the importance of exposure of children to tobacco smoke where the space is very confined (at home or in a car) and indeed residual smoke in car upholstery may present some risk also.

Chapter 6 – Making it happen

Q9. Do you agree with the proposals for developing and managing the accompanying Action Plan as set out in paragraphs 6.2 and 6.3 of the strategy?

Yes No

If you answered “no” to this question please outline the reasons for your answer.

It is not clear from the document if the current level of funding (£5 million over two years) will be maintained/increased over the next ten years.

Equality Implications

Before completing this section, please refer to Appendix 2 which refers to equality of opportunity, and the guidance regarding this produced by the Equality Commission for Northern Ireland.

Q10. Following a preliminary screening exercise, the Department has concluded that a full Equality Impact Assessment is not necessary, given that no adverse impacts on any of the Section 75 groups were identified. Do you agree with this assessment, and that the needs of the Section 75 categories have been fully addressed in the proposals?

Yes No

If you answered “no” to this question, please state the group or groups which you believe would be adversely affected, and provide details of any supporting qualitative or quantitative evidence.

Further Comments?

Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the Tobacco Control Strategy for Northern Ireland.

- In Chapter 2 (Aim of the Strategy) three priority groups have been identified (children and young people, disadvantaged people and pregnant women). While these groups should receive a special focus, it is important not to neglect other groups and indeed the general population.
- The document addresses the ongoing question of why children and young people take up smoking (? Experimenting/to feel grown up/peer pressure/advertising pressure etc.) and further work is needed to tease out the underlying reasons and motives. In films many heroes and heroines are still portrayed as smokers. However, if education is carried out in a heavy-handed manner it could be counter-productive. Role models (sports personalities, other celebrities etc) appear to be a valuable way of getting the anti-smoking message across to young people.
- The document addresses the difficult area of smoking in those with psychiatric disorders. While this vulnerable group should certainly have at least as much smoking cessation advice and support as the general population, a significant proportion would find it very difficult to quit. For those in institutions, there should be adequate provision of smoking areas for those who are completely unable to quit. Chapter 1 includes a statement (from the Royal College of Psychiatrists Position Statement 2010) ‘smoking occurs at much higher rates in this population group (mental health disorders) with almost half of total tobacco consumption and smoking related deaths occurring in those who suffer from a mental disease’. The latter estimate seems extraordinarily high, and perhaps a very inclusive definition of mental health disorder was used.
- In Chapter 5 there is discussion about extending smoke-free areas (which was started with the smoke free legislation in April 2007) ‘there have been concerns raised about smokers congregating at the entrance to buildings, in particular hospitals’. It is necessary to decide how to address this problem, perhaps initially by increasing public awareness rather than with more legislation at this time.
- Smoking cessation services – the document highlights that setting up these services is only of value if they produce results. The number of people setting a date to quit is of limited value – many people may be encouraged to set a date to quit but quickly relapse. Monitoring and audit of these services is essential to ensure they are cost-effective.
- The Public Health Agency will be responsible for implementation of the strategy, while working in conjunction with the Department and various organisations. The challenge for the Agency will be to see that the allocated funds are used to good effect, and that the desired results are achieved.
- Raising the price of cigarettes (increased tax) – the advantages have been mentioned i.e. putting cigarette prices beyond the range of certain groups including children. However, twenty cigarettes currently cost over £7.00. For poorer people who do not wish/are unable to stop smoking, this may worsen the ‘poverty trap’. It may also serve to increase illicit tobacco sales.

- ‘However further work is required in terms of ensuring that the training is effectively applied and that the relevant professionals are taking advantage of the opportunities when they are presented to them’ – this indicates an awareness that professionals, admittedly often busy, could be doing a lot more in this area.
- Banning of vending machines – this would be an important step forward (certainly where a machine is not under constant supervision by an adult).

**Please return your response questionnaire.
Responses must be received no later than 5pm on 22 April 2011.
Thank you for your comments.**

CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation online via this response questionnaire, by e-mail or post.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: publichealth@dhsspsni.gov.uk

Post: DHSSPS
Health Improvement Policy Branch
Room C4.22
Castle Buildings
Stormont Estate
Belfast, BT4 3SQ

Telephone: (028) 90520533

Responses must be received no later than 5pm on Friday 22 April 2011.

I am responding: as an individual
 on behalf of an organisation
 (please tick a box)

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Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at:

<http://www.informationcommissioner.gov.uk/>).

Appendix 2

Section 75 of the Northern Ireland Act 1998 requires the Department to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

In keeping with the above statutory obligations and in accordance with guidance produced by the Equality Commission for Northern Ireland, the Department has carried out a preliminary equality screening exercise to determine if the Tobacco Control Strategy is likely to have a significant impact on equality of opportunity and should therefore be subjected to an Equality Impact Assessment (EQIA). The Department has concluded that an EQIA is not appropriate for a number of reasons, including;

- the preliminary screening showed no evidence of adverse impact on the different groups; and
- the Tobacco Control Strategy should help to promote equality of opportunity and good relations.

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