

STATES OF JERSEY

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A TOBACCO STRATEGY FOR JERSEY (P.109/2003): SECOND AMENDMENT

**Lodged au Greffe on 19th August 2003
by Deputy A. Breckon of St. Saviour**

STATES GREFFE

A TOBACCO STRATEGY FOR JERSEY (P.109/2003): SECOND AMENDMENT

At the end of paragraph 1(b), insert the words “including financial assistance for those seeking to stop smoking”.

DEPUTY A. BRECKON OF ST. SAVIOUR

REPORT

The Health and Social Services Committee say in their Report at page 5–

“A comprehensive system of cessation support for smokers

A key component of any strategy to reduce smoking prevalence is the provision of effective cessation support for smokers. Surveys have repeatedly shown that over two-thirds of smokers want to stop smoking and that about three-quarters have tried.

Smoking cessation advice and support needs to be tackled with the same commitment and organisation as other measures which promote the health of the population. To achieve this it is intended to introduce systems which ensure that a minimum standard of smoking cessation intervention, including trained support for all those who want it, is delivered at every opportunity within both primary and secondary care settings.

The cornerstone of any smoking cessation plan should be the routine provision of brief intervention and follow-up in primary care. Therefore, it is the responsibility of all health professionals (particularly doctors) to inquire about smoking status, give brief advice to quit and offer access to trained smoking cessation advisors to all smokers.”

I believe to be effective any strategy must include the ability of general practitioners to prescribe items which assist people to stop smoking.

Low-income smokers could be prohibited from having the opportunity to try a course of action that includes, say, nicotine patches because of the cost – while on the one hand we seem more than willing to increasingly tax the smoker we do not assist at the other end those who may wish to quit.

I believe any costs would be covered by longer term medical cost savings.

The Health and Social Services Committee’s report mentions –

“effective cessation support for smokers”.

“Therefore, it is the responsibility of all health professionals (particularly doctors) to inquire about smoking status, give brief advice to quit and offer access to trained smoking cessation advisors to all smokers.”

I believe that to be more effective, this should also translate into positive assistance in the form of practical low-cost products to lessen and remove the addiction to nicotine.

Declaration of interest

I smoked from being a teenager – for nearly 30 years– until 18th January 1999 – when I smoked my last cigarette.

I was weaned off the weed with the assistance of nicotine patches which then cost about £17 for a 7-day supply – I was on patches for about 15 weeks.

Financial and manpower implications

There are no manpower implications for the States arising from this amendment.

While there is a short-term financial implication of a minor nature arising from the amendment in terms of the provision of smoking-cessation assistance offered, it is believed that there is a more important longer term saving to be derived from those health services relating to the treatment of smoking-related illnesses, which will decline

as a result of the take-up by smokers participating in the smoking-cessation programme.