STATES OF JERSEY

TOBACCO CONTROL STRATEGY 2010 – 2015

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by the Minister for Health and Social Services

STATES GREFFE

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REPORT

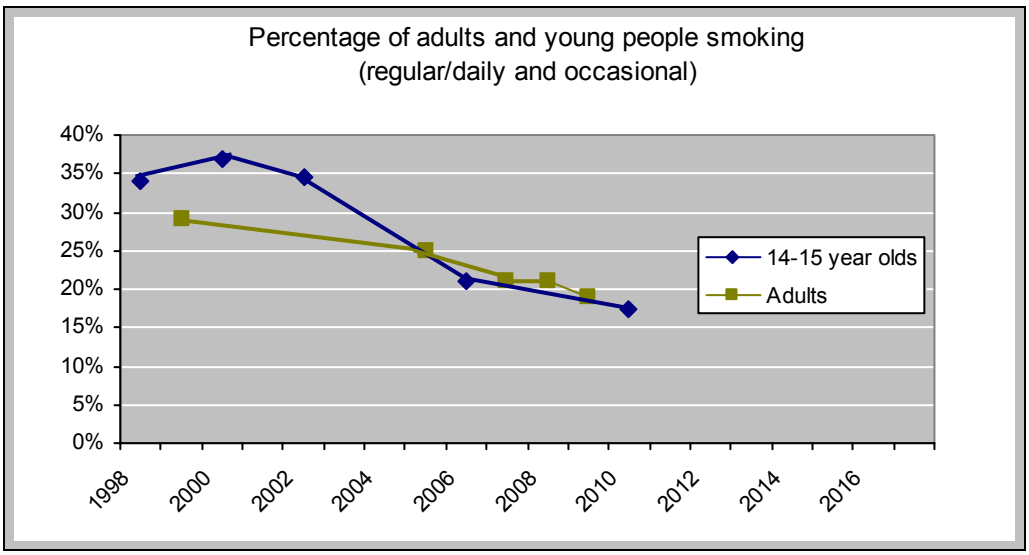
A Tobacco Strategy for Jersey 2010 – 2015

Our vision is of a smokefree future. It is a future, where our Island is free from the harms of tobacco use and where islanders lead long healthy lives. A future free from tobacco use will mean our children will not have their lives shortened unnecessarily from smoking-related illnesses.

There has been a fall in the number of people who smoke in Jersey. The existing tobacco strategy has been very successful to date, seeing smoking prevalence decrease from 29% to 19% for adults and from 35% to 17% for 14 – 15 year olds during the last 7 years. The cumulative and coordinated efforts have helped save many lives. The key lesson learned is that by joining legislative, fiscal and educational initiatives together we can make a difference to public health.

Over the last decade, a similar reduction in prevalence has been achieved in England with reductions from 28% to 22% in smoking. The current annual cost saving from the reduction in smoking prevalence is estimated to be £380 million[1].

Figure 1: Percentage of adults and young people smoking



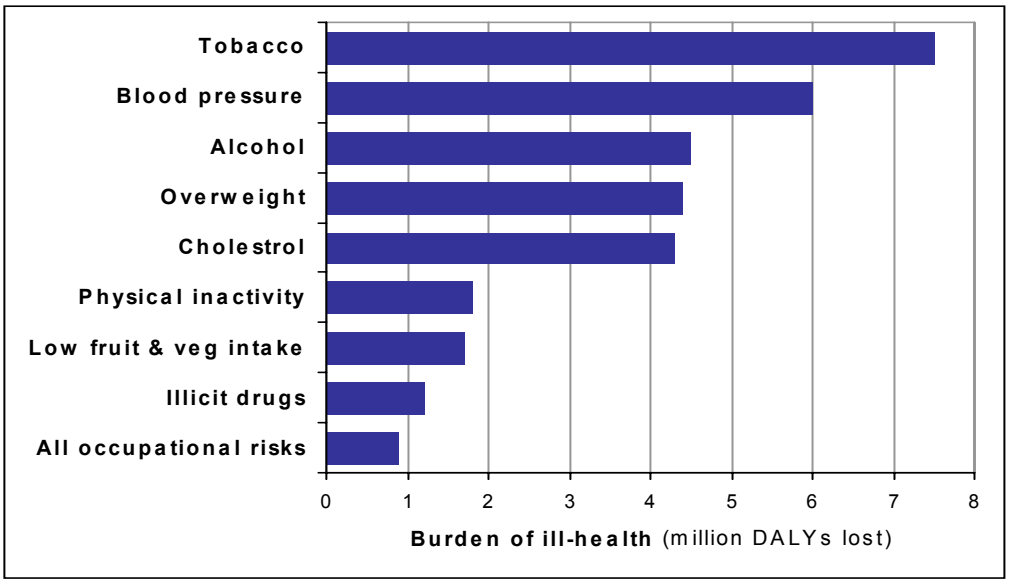
Source (Public Health Intelligence Unit)

Maintaining Momentum

This is not a time to rest on our laurels. Most smokers start young and once addicted people often need specialist help to stop. Smoking kills half of all long-term users and remains the biggest preventable cause of premature death in Jersey[2] (figure 2). Locally, every year an estimated 355 years of life are lost prematurely due to cancers of respiratory organs - mostly the lung – which are closely related to tobacco use.

[1] Action on Smoking and Health:(2009): Beyond Smoking Kills, protecting children and reducing inequalities: Action on Smoking and Health.
[2] Alcohol Related harm in Europe – Key data. Factsheet. October 2006. European Commission, Health & Consumer Protection, Directorate-General.

Figure 2: Burden of ill health (Disability Adjusted Life Year's)



Source: European Commission. Health & Consumer Protection

Protecting children's health is a high priority for everyone. Hospital data indicates around 400 babies are discharged home from the maternity ward each year to a household where at least one person smokes. The harmful effects of passive smoking for children include: cot death, meningitis, asthma and glue ear. A careful review of the evidence and greater clarity of potential benefits for extending existing smoke free regulations need to be completed.

Smoking also has a cost to local industry. This cost is often hidden, in terms of reduced productivity of workers, increased sickness and absenteeism, cleaning and maintenance. A fit and healthy workforce is good for the Island as a whole as it should give the island a competitive edge when attracting new business and investment.

The case for further action is clear. This strategy proposes three areas for action. They are –

1. Reduce the number of children and young people taking up smoking.

2. Protect families and communities from tobacco related harm.

3. Motivate and assist every smoker to quit.

The actions under each priority are consistent with tobacco control policy in England and the European Convention of Tobacco Control. Due to previous successes in reducing the number of smokers in Jersey, this strategy sets new and challenging targets for lowering the number of adults and children who smoke. Meeting these targets will help realise the vision of a smoke free Jersey, which will enable us all to live longer and healthier lives.

Objective 1: Prevent children taking up smoking

Children are most likely to take up smoking during their teenage years. It is estimated that someone who starts smoking at the age of 15 is three times more likely to die of smoking-related cancer, than someone who starts in their late 20s. In Jersey the number of young people who describe themselves as 'smoking regularly', doubles between the ages of 13 and 16 years of age. There are more young girls who take up smoking during their adolescent years then boys.

Proposed Action:

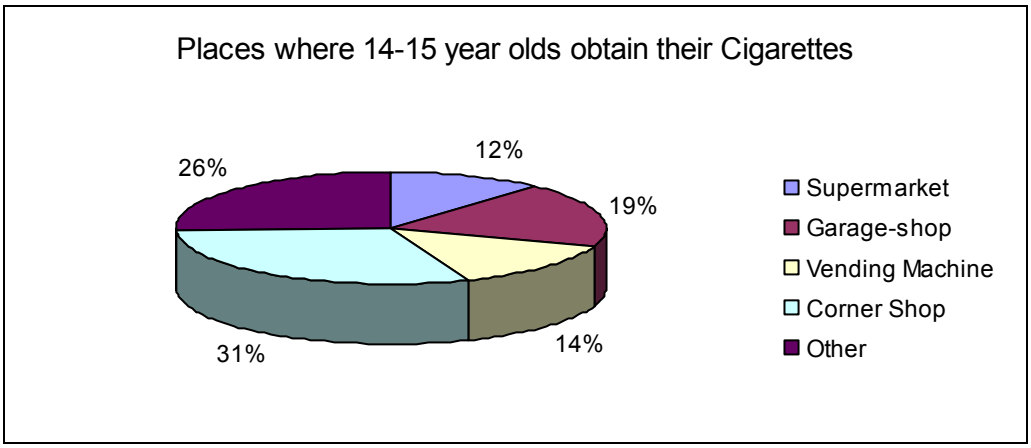
1. To reduce the affordability of tobacco: Economic models show that a 10% increase in price leads to a 2% drop in smoking prevalence across the population[3]. There is considerable evidence to show that making tobacco less affordable is an effective way of reducing the prevalence of smoking, particularly for children and young people.

- Agree with the Treasury and Resources Department an appropriate tax escalator which would last for the period of the strategy.
- Explore the implications for Jersey of the European Union decision to implement tax harmonization on tobacco products in 2011

2. To reduce the availability of tobacco: Children acquire tobacco from a number of different sources. Local surveys show that garages, corner shops and vending machines are the most frequent sources of tobacco for children. Other sources may include family members.

- Prohibit the sale of tobacco by vending machines.
- Examine different approaches to reducing underage sales.
- Explore the impact of duty-free sales on under-age smoking.
- Prohibit tobacco advertising at point of sale.

Figure 3: Places where 14–15 year olds obtain their Cigarettes



Source (Public Health Intelligence Unit)

[3] Jha P, Chaloupka FJ: (2009) Curbing the Epidemic: Governments and the Economics of Tobacco Control. World Bank.

3. Increase awareness of the harm caused by Tobacco. When communicating to young people we need to consider the potential for new technology and media to create new methods of passing on information about the harm of taking up smoking and the benefits of a smoke free future. This includes differentiating between messages that target boys and girls.

- Implement social marketing approaches that target young people.
- Support peer education approaches to delivering key messages about tobacco.

Objective 2: Protect Families and Communities from Tobacco related harm

Smoking is now no longer the norm. The implementation of smoke free legislation means that virtually all workplaces and public places are free of the hazard of second hand smoke. There is emerging evidence of the harmful effect of second hand smoke in other confined spaces such as cars and homes.

Proposed Action:

Consideration needs to be given to the benefits of extending existing smoke free legislation. In order to achieve this we need to –

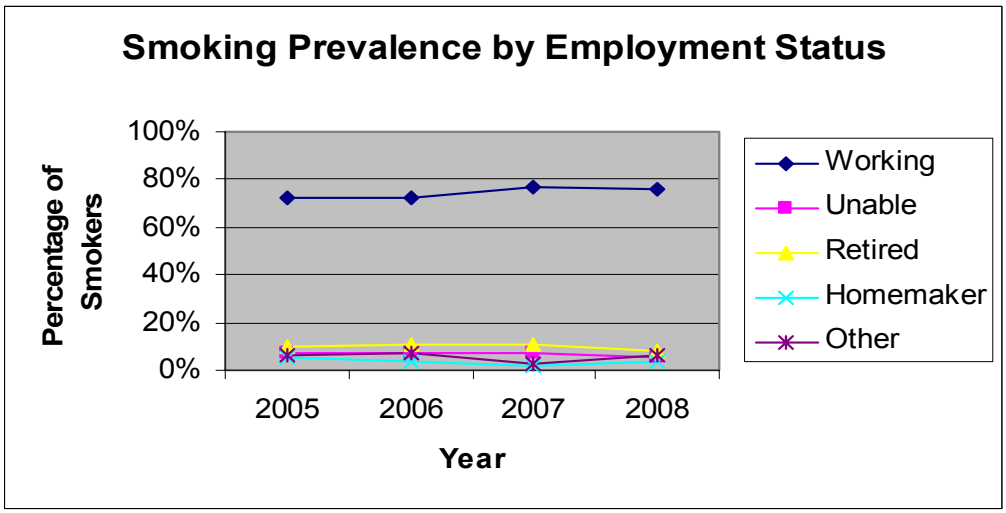
- Assess and review the evidence for extending smoke free legislation to other public spaces.
- Assess and review the evidence for extending smoke free legislation to all motor vehicles'.
- Work with community groups to help people make their homes, cars and play spaces smoke free.
- Work with Transport and Technical services to reduce the unwanted effects of tobacco related litter.

Objective 3: Motivating and assisting every smoker to quit

Getting the right information at the right time at the right place is the key to helping people to quit. Just over a thousand smokers contacted the service during 2009. Demand for the service remains high with waiting lists during busy parts of the year. On average twenty stop smoking clinics are run each week with between 12 – 16 people seen in each clinic.

Locally, the majority of smokers are working, a smaller yet consistent number of smokers describe themselves as retired, homemakers or unable to work. The challenge for the service is to ensure it is accessible and easy to use in the different contexts of smoker's everyday lives.

Figure 4: Smoking Prevalence by Employment Status



Source (Public Health Intelligence Unit)

Proposed Action:

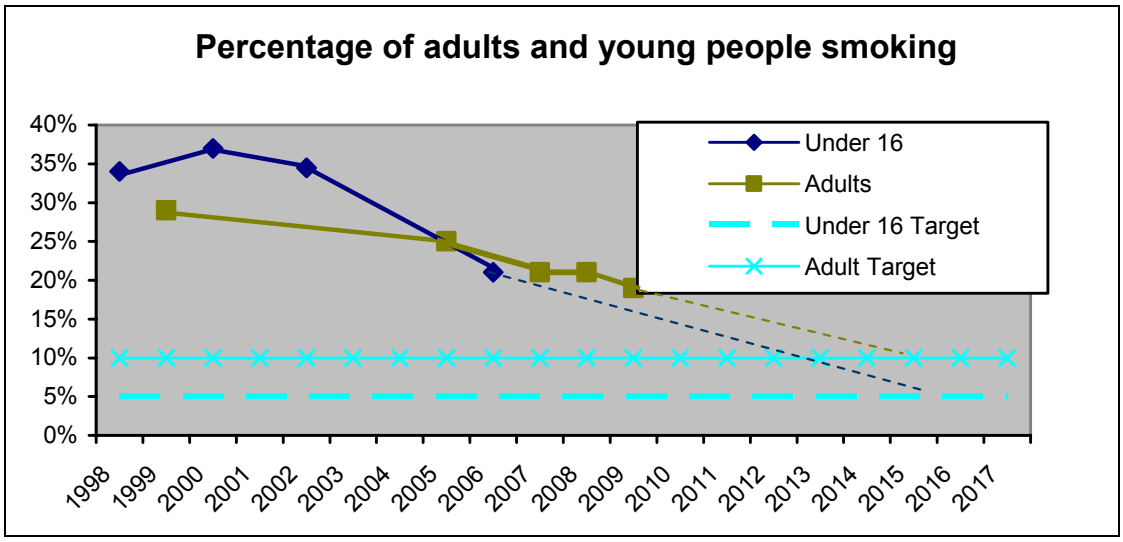
Expand the reach of the Help 2 Quit service without compromising its quality and success rate. In order to achieve this we need to –

- Develop service level agreements with general practice and community pharmacists to extend the reach of the cessation service.
- Explore opportunities for public private partnership to deliver smoking cessation in the workplace.
- Develop and implement a marketing strategy to promote the smoking cessation service.
- Develop targeted cessation services for key groups such as pregnant women, ethnic minorities, mental health service users and prisoners.

Key Measures for Success

Five year Headline target –

- Reduce the prevalence of smoking in adults to 10%.
- Reduce the prevalence of children under 16 years old who smoke to under 5%.



Source (Public Health Intelligence Unit)

Five year indicators for success –

- Increase the proportion of smokers contacting cessation services from 7% to 20%.
- Increase the number of smoke free homes to which babies are being discharged.
- Extend the reach of all Help 2 Quit to key target groups.
- Reduce to nil the number of under aged purchases as reported in the child health survey.

Strategy Delivery

The Public Health Department will lead the implementation of the actions outlined in this strategy. The formation of a tobacco alliance will serve as a way of engaging key States Departments and other stakeholders to secure success.