STATES OF JERSEY

A TOBACCO STRATEGY FOR JERSEY

Lodged au Greffe on 15th July 2003
by the Health and Social Services Committee

STATES GREFFE

PROPOSITION

THE STATES are asked to decide whether they are of opinion –

to refer to their Act dated 18th November 1999, in which they approved a five-year Substance Misuse Strategy, which included the intention to take action on tobacco after considering measures taken in other countries, and -

(1) to endorse the strategy for concerted and co-ordinated action to reduce the harm to individuals and the community caused by the use of tobacco dated 2nd April 2003 and to approve the key strategic aims and objectives set out in the Tobacco Strategy for Jersey, namely –

(a) to monitor smoking-related diseases, smoking prevalence and the impact of the tobacco strategy;

(b) to promote and support a comprehensive smoking-cessation programme;

(c) to restrict smoking in workplaces, States' buildings and other public places;

(d) to reduce the number of young people starting to smoke;

(e) to protect non-smokers from passive smoking and promote non-smoking as the social norm;

(f) to develop a media strategy to further raise public awareness of the dangers of smoking;

(g) to employ fiscal and legislative measures in order to address the demand for, and the supply of, tobacco products including –

(i) increasing impôts duties on tobacco products over and above the level of inflation each year;

(ii) increasing the penalties regarding breaches of existing legislation relating to tobacco products;

(iii) enforcing existing legislation relating to tobacco products;

(iv) banning local tobacco advertising;

(v) extending the law regarding tobacco sales to minors by increasing the age of purchase from 16 to 18;

(vi) introducing legislation to ban smoking in public eating places; and

(vii) introducing legislation regarding the siting of vending machines selling tobacco products;

(2) to request the Health and Social Services Committee, in conjunction with the Finance and Economics and Home Affairs Committees and any other Committee concerned, to take steps to bring forward for approval as appropriate the necessary legislative and policy changes referred to above; and

(3) to request the Health and Social Services Committee to report to the States within a period of three years on the progress of the implementation of the strategy.

HEALTH AND SOCIAL SERVICES COMMITTEE

REPORT

Background

In 1999 the States approved a Strategy to Reduce the Harm Caused by Substance Misuse 1999-2004 entitled, '*Responding to Substance Misuse*', which covers psychoactive substances including tobacco.

The Health and Social Services Committee has taken a lead on the implementation of a Tobacco Strategy for Jersey. This document presents detailed proposals for concerted and co-ordinated action on tobacco throughout Jersey by all sectors of the States in partnership with other agencies.

The need for a tobacco strategy

Smoking is the single biggest cause of preventable death in Jersey. About 200 smoking-related deaths occur every year in the Island. Half of life-long smokers will die prematurely, losing on average 7 to 8 years of life. The evidence for the harmful effects of passive smoking continues to grow. In spite of these facts, smoking among children, in particular, continues to increase.

Local data confirms that 28% of women and 29% of men smoke. In the case of young people, 26% of 14-15 year old females describe themselves as smokers compared with 24% of males in the same age group.

Aims

The Tobacco Strategy sets out to reduce the total harm caused to individuals and the community by the use of tobacco. By employing a range of measures to influence supply, to reduce demand and to provide positive incentives that reinforce non-smoking as the norm, the strategy will make a significant contribution to the overall health of the population.

The strategic aims are to –

- reduce the uptake of smoking, tobacco consumption and the number of people smoking;
- protect non-smokers from environmental tobacco smoke (passive smoking);
- promote, throughout the community, the adoption of health-enhancing behaviours with non-smoking seen as the social norm;
- engage, inform and support smokers and non-smokers;
- ensure that the laws/voluntary agreements regarding tobacco are rigorously and effectively enforced.

Proposals

Monitoring smoking and the impact of the tobacco strategy

Reliable, up-to-date baseline information relating to smoking behaviour should be available to inform priorities, monitor progress towards achieving strategic targets and to evaluate the impact of the strategy. Information collected should include smoking prevalence data, attitudes to smoking and the tobacco strategy and other relevant information to enable the evaluation of the strategy.

Proposed actions include monitoring smoking behaviours of young people through routine surveys, routine collection of smoking status of all patients seen within primary and secondary care settings, and adult health and lifestyle surveys to routinely ask about smoking habit and attempts to quit.

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.

Restrictions on smoking in workplaces, states buildings and other public places

Adequate smoking policies in workplaces and public places protect non-smokers from passive smoking, promote smoking-cessation (or at least reduce consumption), and set an example to children and patients in appropriate settings. An adequate smoking policy is one which fully protects non-smokers' rights to smoke-free air, for example by introducing a totally smoke-free environment or ensuring smoking is restricted to designated smoking areas only.

The States should take a lead role in increasing the coverage of smoke-free public places. This should involve implementation of smoking policies in their own premises and by developing partnerships and encouraging employers, managers and owners of leisure, eating, drinking and transport facilities to do the same.

The strategy aims to give legal protection to non-smokers in public eating places by seeking to prohibit all smoking in public places which serve food – restaurants and hotels serving food, public houses and bars that serve food, cafés, snack bars, tea shops and canteens.

Educational approaches and enforcement of legislation on illegal sales to children

To reduce the number of young people starting to smoke, it is proposed to work in partnership with schools and other educational establishments to provide support for education programmes which discourage children and young people from taking up smoking.

Sales of tobacco to children under the age of 16 years are illegal in Jersey. However, the legislation is widely ignored and very poorly enforced. Local evidence suggests, for example, that 22% of children as young as 12-13 years old who smoke buy their cigarettes from shops.

There is some evidence that campaigns to enforce legislation and educate retailers reduce illegal sales. Over 90% of parents do not want their children to smoke, and campaigns to reduce illegal sales are likely to be popular and well supported.

Health and Social Services, Home Affairs and the Economic Development departments will work together to introduce initiatives aimed at reducing illegal sales of tobacco products to minors, and it is proposed to update the penalties for such offences.

The strategy will also seek to increase the age at which the law permits tobacco products to be purchased from 16 to 18 years of age.

Public awareness, mass media and publicity campaigns

Knowledge about the ill-health effects of smoking is of great importance in encouraging smokers to quit. Media coverage of the links between smoking and ill-health are strongly associated with reductions in smoking

prevalence. Even more importantly, media publicity has been shown to be vital in shaping public opinion and ultimately influencing decision-makers.

It is intended to build on the existing good publicity, with consideration given to paid-for advertising and professional media coverage of the issues. There is evidence that major advertising campaigns are very effective and cost-effective in promoting cessation.

Fiscal and legislative measures

Tobacco taxation is known to be effective in the control of tobacco-related disease and smoking prevalence. Higher taxes induce some smokers to quit and prevent other individuals from starting. They also reduce the number of ex-smokers who return to cigarettes and reduce consumption among continuing smokers. The health case for increasing tobacco taxes is clear and well expressed in a 1999 report by the World Bank.

In 1996 the States agreed to steadily increase the relative price of tobacco products, over and above the level of inflation annually to the year 2000. This strategy will urge the States to extend this principle during the forthcoming years.

The strategy will seek to ensure that existing legislation, namely the Restriction on Smoking (Jersey) Law 1973, which particularly concerns the prohibition of smoking on public transport and the sale of tobacco products to minors, is consistently and rigorously enforced.

New legislation is also proposed to provide for a total ban on all public advertising of tobacco and tobacco products in Jersey.

Conclusions

It is stressed at the outset that tackling tobacco, on an Island-wide basis, requires a broad, all-embracing, partnership approach. Although the Health and Social Services Committee will act as both a catalyst for change and the lead Committee on this matter, the commitment of other States' Committees and others will be essential for that the strategy to be effectively delivered.

The strategy describes an extensive package of measures that need to be brought about together. These include comprehensive support for those who wish to give up smoking, restrictions on smoking in work and public places, media campaigns, educational initiatives and effective enforcement of existing legislation, together with fiscal measures and new legislation to ban tobacco advertising.

The strategy will be monitored to review its effectiveness by systematic data on smoking and smoking-related disease.

Resources to implement the Tobacco Strategy are available through the existing funding for the Substance Misuse Strategy, approved by the States in 1999.

Financial/manpower implications

There are no additional financial or manpower implications for the States in this proposition. The funding to implement the Tobacco Strategy will be drawn from the budget provided for the Substance Misuse Strategy.

A TOBACCO STRATEGY FOR JERSEY 2003 to 2007

Executive Summary

1. Smoking tobacco is the single biggest cause of preventable death and disease in Jersey. Our current response is inadequate. The States' Strategy to Reduce the Harm Caused by Substance Misuse 1999 – 2004 entitled, 'Responding to Substance Misuse' covers psychoactive substances, including tobacco. The Health and Social Services Committee have indicated that they wish to take a lead on the implementation of the Tobacco Strategy.

2. There is robust scientific evidence that:

   - **Tobacco smoking is a major cause of health inequalities, ill health and premature death.**
   - **Half of life-long smokers die prematurely; smoking causes some 200 deaths each year in Jersey.**
   - There is an increase in smoking in Jersey among children and young people.

3. In choosing interventions for the Island-wide strategy, account has been taken of the evidence for effectiveness and the applicability and feasibility of the initiative within Jersey.

4. This strategy puts forward detailed proposals for action.

5. The strategy proposes improving data collection by: monitoring smoking-related diseases, smoking prevalence, smoking-related behaviour and attitudes and the impact of the Tobacco Strategy.

6. Recommendations and action plans are provided under key headings, namely:

   - **The routine collection of relevant data.**
   - **A comprehensive system of cessation support for smokers in Jersey.**
   - **Restrictions on smoking in workplaces, States' buildings and other public places.**
   - **Educative approaches plus the strengthening and enforcement of legislation on illegal tobacco sales to children.**
   - **Reducing the number of young people starting to smoke.**
   - **The use of paid and unpaid mass media campaigns and publicity.**
   - **Co-ordinated approaches to ensure that fiscal and legislative measures are appropriately employed.**
   - **Protecting non-smokers from passive smoking and promoting non-smoking as the social norm.**

7. In essence the strategic framework involves a package of measures which tackle both the supply of tobacco and the demand for tobacco products.

8. In order to achieve the effective implementation and monitoring of the strategy, a tobacco strategy alliance should be established with membership drawn from those best able to contribute towards the delivery and monitoring of the strategy.

9. The Substance Misuse Strategy, approved by the States in 1999, addresses tobacco. Consequently, the funding to implement the Tobacco Strategy will be drawn from the budget provided for the Substance

Misuse Strategy.

Introduction

Smoking is the single biggest cause of preventable death in Jersey. It is estimated that in the region of 200 smoking-related deaths occur every year. Half of life-long smokers will die prematurely, losing on average seven to eight years of life. The evidence for the harmful effects of passive smoking continues to grow. In spite of these depressing facts, smoking among children, in particular, continues to increase.

Locally gathered data confirms that 28% of women and 29% of men smoke. Young people (aged 14-15) have a higher level of smoking than adults, with some 34% describing themselves as smoking 'occasionally' or 'regularly'. In the case of young people there is a marked difference between the genders, with 36% of 14-15 year old females describing themselves as smokers compared with 32% of males in the same age group. Data regarding the smoking status of expectant mothers is currently inadequate. Figures for 2000, however, at first booking appointment, are as follows: current smokers 18%, unrecorded / unknown, 14%, never smoked 47%, former smokers 21%. At the time of delivery the 2000 figures were: current smokers 9%, unrecorded / unknown 1%, non-smokers 90%.

Tackling such an epidemic requires determined, concerted and co-ordinated action throughout the Island via broadly based partnerships. The States' Strategy to Reduce the Harm Caused by Substance Misuse 1999 – 2004 entitled, 'Responding to Substance Misuse' covers psychoactive substances, including tobacco. The Health and Social Services Committee have indicated that they wish to take a lead on the implementation of the Tobacco Strategy. However, it must be stressed at the outset that tackling tobacco, on an Island-wide basis, requires a broad, all-embracing, partnership approach. Therefore, although the Health and Social Services Committee will act as both a catalyst for change and the lead Committee on this matter, the commitment of other States' Committees and others will be essential in order that the strategy can be effectively delivered.

This document presents detailed proposals for concerted and co-ordinated action on tobacco throughout Jersey by all sectors of the States in partnership with other agencies.

Aims and Principles of the Strategy

The Tobacco Strategy sets out to reduce the total harm caused to individuals and the community by the use of tobacco. By employing a range of measures, some to influence supply, others to reduce demand and some to provide positive incentives that increasingly reinforce non-smoking as being the norm in Jersey, the strategy will make a significant contribution to the overall health of the population.

THE STRATEGIC AIMS ARE TO:

- Reduce the uptake of smoking.
- Reduce tobacco consumption.
- Reduce the number of people smoking by promoting smoking cessation.
- Protect non-smokers from environmental tobacco smoke (passive smoking).
- Promote, throughout the community, the adoption of health-enhancing behaviours with non-smoking seen as the social norm.
- Engage, inform and support smokers and non-smokers.
- Ensure that the laws/voluntary agreements regarding tobacco are rigorously and effectively enforced.

THE FOLLOWING PRINCIPLES UNDERPIN THE STRATEGY:

- Intervention should, wherever possible, be based on robust evidence of effectiveness.
- The strategy should be anti-smoking but not anti-smoker.
- Initiatives should reinforce non-smoking as the social norm.
- All smokers have the right to receive smoking cessation advice and support.
- All non-smokers, especially children, have a right not to be exposed to tobacco smoke. Where this conflicts with the choice of smokers to smoke, the rights of non-smokers should prevail.
- Children, in particular, should be free from exposure to tobacco advertising and promotion.
- The strategy should first target those with the highest prevalence of smoking and smoking-related disease.
- Effective partnerships, with relevant agencies, will be forged in order to implement the strategy.

Overview of Strategic Interventions

Where funding is necessary it will be secured from the budget provided within the Substance Misuse Strategy 1999 – 2004. The States will, in 2004, consider a new substance misuse strategy which will continue to address and fund tobacco issues. Furthermore, a number of the initiatives identified within this strategy will require minimal funding, as in many cases it will be possible to implement action by ensuring that effective partnerships are developed and maintained via the proposed tobacco strategy alliance. Thus existing human and financial resources can be maximised in order to tackle tobacco.

TABLE 1 – A BRIEF OVERVIEW OF STRATEGIC INTERVENTIONS

Intervention	**Justification**
Monitoring smoking prevalence, smoking related diseases, smoking-related behaviour and attitudes and the impact of the strategy.	Essential to inform priorities, set and monitor progress to achieve targets and evaluate the impact of the strategy.
Systematic provision of smoking cessation advice and support.	A cost-effective means of promoting smoking cessation.
Extend the provision of non-smoking areas within public places especially: • **Workplaces** • **States' Buildings** • **Schools, Youth Clubs, Nurseries, Children's Homes and other childcare/educational establishments** • **Public transport, pubs, cafés, restaurants and other leisure and sport outlets.**	Protection of non-smokers from passive smoking. Workplace bans – may reduce consumption and promote cessation, especially if introduced with smoking – cessation support. Educational establishments' smoking policies – may reduce uptake by children; smoking policies in any educational establishment are important to set an example to children and to other employers. Eating establishments should be smoke-free to protect the majority who do not smoke.
Strengthen and enforce legislation on illegal sales to children.	A valuable source of publicity. If legislation is enforced it is likely to at least delay the onset of smoking in children.
Public awareness, mass media and publicity campaigns.	Effective in promoting smoking cessation, seen by a very large proportion of the population and capable of influencing the opinion of key decision-makers and the public.

Employing appropriate fiscal and legislative measures ensuring that the costs and the restrictions placed on tobacco products are regularly and rigorously utilised.	Reinforcing the health-damaging impact of tobacco and contributing to an Island in which non-smoking is the norm.
Ensuring appropriate and timely educational input for children and young people. With particular emphasis being given to those aged 9 – 11 years.	The majority of smokers take up the habit as teenagers. Local data suggest that the transition from primary to secondary school is a high risk period.
Ban public advertising of tobacco in Jersey.	Promoting non-smoking as the social norm.

Detailed Strategic Proposals

THE ESTABLISHMENT OF A TOBACCO STRATEGY ALLIANCE

A Jersey tobacco strategy alliance will have multi-agency membership and will be responsible for overseeing the implementation and monitoring of the strategy. The co-ordination of this group would be the responsibility of Health and Social Services and membership would be drawn from all those able to contribute to the strategy including States' departments and voluntary organisations.

This group will report to the Health and Social Services Committee on a regular basis and produce an annual report for the Health and Social Services Committee, within which details of achievements, constraints, developments etc. relating to the strategy will be presented.

MONITORING SMOKING-RELATED DISEASES, SMOKING PREVALENCE, SMOKING-RELATED BEHAVIOUR AND ATTITUDES AND THE IMPACT OF THE TOBACCO STRATEGY.

Reliable, up-to-date baseline information relating to smoking behaviour should continually be available. This information should be used to inform priorities and monitor progress towards achieving strategic targets and to evaluate the impact of the strategy. Information collected should include: smoking prevalence data, attitudes to smoking and the tobacco strategy and other relevant information to enable the evaluation of the strategy.

Information pertaining to the following groups will be required:

1. General adult population.
2. Specific target groups, such as: pregnant women, disadvantaged/socially excluded groups (e.g. low income groups, single parents).
3. School children and young people.

Process measures in order to gauge the impact of the strategy would include monitoring:

1. The coverage of smoke-free workplaces, States' Buildings and other public places.
2. The amount of media coverage of tobacco-related issues, particularly in relation to the Island-wide tobacco strategy.
3. The availability and uptake of smoking cessation support services.
4. The number of prosecutions resulting from breaches of legislation regarding tobacco advertising, sales to minors and smoking in restricted environments.

It is acknowledged that there may currently be gaps and deficiencies within the existing data collection processes. These should be remedied and it is anticipated that Health and Social Services, through Public Health Services, would take a lead on this.

AIM: TO MONITOR SMOKING-RELATED DISEASES, SMOKING PREVALENCE AND THE IMPACT OF THE TOBACCO STRATEGY – ACTION PLAN A COMPREHENSIVE SYSTEM OF CESSATION SUPPORT FOR SMOKERS

Strategic Objective	**Action**	**Partnership**	**Time scale**
Routine data collection	Monitor smoking behaviours of young people through routine surveys.	ES&C H&SS Exeter University	Immediate
	Routine collection of smoking status of all ongoing patients seen within primary and secondary care settings.	H&SS GPs FN&HC	Immediate/ongoing
	Adult health and lifestyle surveys to routinely ask about smoking habit and attempts to quit.	H&SS E&SS	Ongoing

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.[1]

Smoking cessation advice and support needs to be tackled with the same commitment and structural organisation as afforded to other measures which endeavour to promote the health of the whole population. Thus co-ordinated, consistent and comprehensive approaches are required. In order 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. Therefore, this proposal is based upon the concept of a minimum standard of cessation intervention being provided within all clinical settings, whenever staff come into contact with smokers. The minimum standards for smoking cessation interventions are:

- Systematic recording of smoking status of all patients.
- Brief advice to quit to all smokers, especially from GPs, Consultants and medical specialists.
- Offer of help/ongoing support from a trained smoking cessation advisor.
- Where appropriate, recommendation of nicotine replacement therapy (NRT).

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 enquire about smoking status, give brief advice to quit and offer access to trained smoking cessation advisors to all smokers at appropriate clinical encounters. There is evidence that simply introducing a system of systematic recording of smoking status triples the likelihood of a cessation intervention taking place.[2]

AIM: TO PROMOTE AND SUPPORT A COMPREHENSIVE SMOKING CESSATION PROGRAMME – ACTION PLAN

Strategic Objective	**Action**	**Partnership**	**Time scale**
To support the development of improved smoking cessation services provided by health professionals	Develop best practice guidelines	H&SS E&SS	Immediate/ ongoing
	Encourage professionals to routinely recommend NRT and to provide appropriate support	GPs Pharmacists H&SS FN&HC	Immediate/ ongoing
	Develop smoking-cessation services in both primary and secondary care settings for both patients and staff	H&SS GPs FN&HC	Immediate/ ongoing
	Identify and prioritise the training needs of all those working locally with smokers, especially those working with young people and pregnant women	H&SS GPs FN&HC ES&C	Ongoing
	Provide training to support staff working with key audiences e.g. pregnant women	H&SS FN&HC	Ongoing
	Provide regular up-dating for all those involved in smoking cessation services, including dissemination of evidence-based practice	H&SS FN&HC	Ongoing
	Investigate the introduction of subsidised/free NRT	H&SS E&SS	Immediate/ ongoing
	Develop a system of data collection which captures the uptake, success rate etc. of cessation services	H&SS	Immediate/ ongoing
	Ensure multi-agency participation in smoking-cessation events, e.g. No Smoking Day	H&SS FN&HC	Ongoing
Raise awareness of the smoking cessation services available	Provide relevant and accurate information to smokers, particularly young people and pregnant women	H&SS FN&HC	Ongoing
	Ensure relevant information is available in other languages	H&SS ACET	

RESTRICTIONS ON SMOKING IN WORKPLACES, STATES BUILDINGS AND OTHER PUBLIC PLACES

Adequate smoking policies in workplaces and public places protect non-smokers from passive smoking, promote smoking-cessation (or at least reduce consumption),[3,4,5] and set an example to children and patients in appropriate settings. There is also a strong legal imperative for their introduction – employers who fail to do so are highly vulnerable to legal action from non smoking employees.[6] For the purposes of this strategy an adequate smoking policy is one which fully protects non-smokers' rights to smoke-free air, for example by introducing a totally smoke-free environment or ensuring smoking is restricted to smoking designated areas only.

The States of Jersey should take a lead role in increasing the coverage of smoke-free public places. This should involve implementation of smoking policies in their own premises and by developing partnerships and encouraging employers, managers and owners of leisure, eating, drinking and transport facilities to do the same. Particular emphasis should be accorded to the following: States' Buildings, hospital settings, workplaces, schools, youth clubs, colleges, childcare establishments and children's homes, public transport, leisure/sport centres and other leisure facilities.

The strategy will enact legislation which provides for a total ban on smoking in all public places which serve food in Jersey.

Non-smokers form the majority of the adult population in Jersey. The findings of the Jersey Health Survey 1999 indicated that 29% of those aged over 18 were current smokers. Furthermore, under existing Jersey Health and Safety legislation employers have a duty of care for employees and must take all reasonable steps to ensure the health, safety and welfare of all employees and any others who may be affected by their work activities.

The Health and Social Services Committee intend to give legal protection to non-smokers in public eating places by seeking to prohibit all smoking in public eating places. Advice from the Law Officer's indicates that any definition of a public place can be specified within the primary legislation, in order to reflect the intentions of the legislation in question. In this case the proposed legislation will define a public eating place as any establishment – restaurant, hotel, public house, bar, cafe, snack bar, tea shop, canteen – within which meals are frequently sold for consumption on such premises.

It is recommended that the Health and Social Services, Education Sport and Culture, Policy and Resources and Employment and Social Security Committees take the lead in promoting smoke-free workplaces and other public places. A senior manager (e.g. Health Promotion Officer, Environmental Health Officer or Health and Safety Officer) should be responsible for promoting the implementation of such policies and ensuring that mechanisms are in place to monitor coverage of smoking policies throughout the Island.

A new code of practice, is currently under consideration in the UK, (which will help to address the issue of smoking within workplaces). Furthermore, Employment and Social Security or Health Protection should establish and publicise a phone line to allow staff to complain (anonymously if they wish) about exposure to passive smoke in the workplace. Such complaints should trigger follow-up by an Environmental Health Officer or Health and Safety Officer with relevant information being sent to the employer.

AIM: TO RESTRICT SMOKING IN WORKPL ACES, STATES BUILDINGS AND OTHER PUBLIC PL ACES – ACTION PLAN

Strategic Objective	**Action**	**Partnership**	**Time scale**
Furthering appropriate no smoking policies in all educational establishments, workplaces, States' buildings and other public places	Literature and support to establishments	ES&C H&SS	Ongoing
Encourage and support the development of smoking policies within workplaces and Residential Homes	Contact and visit establishments, to assist in policy development/ implementation	E&SS H&SS BMI H&SS	Immediate/ ongoing Immediate
Enact legislation that provides for a total ban on smoking in all public places which serve food in Jersey	Draft Legislation	Hospitality Association Licensed Premises Law Officers	

EDUCATIVE APPROACHES AND ENFORCEMENT OF LEGISLATION ON ILLEGAL SALES TO CHILDREN

Sales of tobacco to children under the age of 16 years are illegal in Jersey. However, the legislation is widely ignored and very poorly enforced. Local evidence suggests that children, under the age of 16, report purchasing tobacco products from shops.[7] Indeed, of 12-13 year old smokers 22% report that they buy their cigarettes from shops and of the 14-15 year old smokers 58% state that they purchase their cigarettes from shops.

There is some evidence that campaigns to enforce legislation and educate retailers reduce illegal sales.[8,9] Also, over 90% of parents (including 85% of smokers) do not want their children to smoke.[10] Therefore campaigns to reduce illegal sales are likely to be popular and are likely to produce much positive publicity. Accordingly, the strategy requires that action on enforcing existing legislation and education of shopkeepers about the law should be implemented Islandwide. Key States' departments (Health and Social Services, Home Affairs and Economic Development) will work together in order to introduce appropriate initiatives aimed at reducing illegal sales of tobacco products to minors. Furthermore, the States of Jersey should update the penalties imposed for such offences. The initial advice from the Law Officers' Department is that an amendment to existing legislation of this kind can be achieved relatively quickly, once an Act has been received from the relevant Committee.

The strategy will seek to amend existing legislation regarding the sale of tobacco products to minors – by increasing the age at which the law permits tobacco products to be purchased from 16 to 18 years of age.

The minimum age for purchasing or drinking alcohol in Jersey is currently 18 years although there are certain exceptions to this law. Medical opinion holds that the adverse health consequences of tobacco smoking are several times greater than those related to alcohol. Given the highly addictive nature of tobacco and the fact that most smokers take up the habit before the age of 18 the Health and Social Services Committee recommends that the Restriction on Smoking (Sales of Cigarettes to Children) (Jersey) Regulations 1992 be amended to increase the age specified for the purchase of cigarettes and tobacco products from 16 to 18 years.

There are many factors which interact or influence whether or not children smoke; table 2 summarises these.

TABLE 2: FACTORS WHICH INFLUENCE YOUNG PEOPLE TO SMOKE

Personal Factors	**Socio-Cultural Factors**	**Environmental Factors**
Academic achievement Alienation from school Rebelliousness Self-esteem Independent-mindedness Resistance/Refusal skills Self-efficacy Being white and female Dissatisfaction Stress Intentions to smoke Favourable attitudes towards smoking Beliefs about smoking Tendency towards other 'problem behaviours' e.g. other drug use Body image	Parental smoking (girls more than boys) Siblings smoking Family stress Poor relationships with parents Friends smoking Peer influence	Material circumstances e.g. housing tenure Availability of cigarettes Price relative to income Advertising Enforcement of legislation Smoking policies
Adolescents report that their reasons for experimentation include:		
Curiosity, Boredom, Anger, Relaxation or as a coping strategy		

AIM: TO REDUCE THE NUMBER OF YOUNG PEOPLE STARTING TO SMOKE – ACTION PLAN

Strategic Objective	**Action**	**Partnership**	**Time scale**
To work in partnership with schools and other educational establishments to further initiatives to discourage children and young people from starting to smoke	Provide training where required to support/ encourage school-based education programmes	ES&C H&SS	Ongoing
	Schools, colleges and youth clubs to develop, implement and monitor effective smoking policies	ES&C	Ongoing

	Develop mechanisms for consulting with young people and involving them in the implementation of initiatives	ES&C Young people	Ongoing
	Monitor smoking behaviours through routine surveys of young people	ES&C H&SS Exeter University	Immediate

AIM: TO PROTECT NON-SMOKERS FROM PASSIVE SMOKING AND PROMOTE NON-SMOKING AS THE SOCIAL NORM – ACTION PLAN

Strategic Objective	**Action**	**Partnership**	**Time scale**
Reduce illegal sales to children	Introduce a comprehensive retailers' award scheme	H&SS Economic Development Home Affairs ES&C	Immediate/ ongoing
	Explore the introduction of a proof-of-age card/smart cards	ES&C H&SS Home Affairs Economic Development	Immediate/ ongoing
Reduce the number of people exposed to tobacco smoke in the environment	Secure media coverage of the issues and the retailers' award scheme	H&SS	Ongoing
Enforce and strengthen existing legislation re. sales to minors	Amend the legislation	Home Affairs Economic Development	Immediate/ ongoing
Encourage and support the development of smoking policies within workplaces and Residential Homes	Contact and visit establishments, to assist in policy development/ implementation	E&SS H&SS BMI	Immediate/ ongoing
To extend the number of public places and catering establishments that provide no-smoking areas and enable consumers to have informed choice	Draft new legislation, contact and visit establishments, to assist in policy development, implementation and monitoring of legislation.	H&SS Licensed premises Jersey ASH Hospitality Association	Immediate/ ongoing

PUBLIC AWARENESS, MASS MEDIA AND PUBLICITY CAMPAIGNS

There are a number of reasons for including efforts to generate media publicity as part of this strategy. Among smokers who quit, health reasons are the most commonly cited motivation. Maintaining knowledge about health effects is therefore of great importance. Large-scale media coverage of the links between smoking and ill health are strongly associated with reductions in smoking prevalence. Even more importantly, creating media publicity has been shown to be vital in shaping public opinion and ultimately influencing decision makers.[11]

Throughout Jersey there is already much ongoing work to generate unpaid media publicity. This is carried out by a combination of efforts from the Health Promotion Unit, Jersey ASH and others.

It is recognised that while it is possible to achieve publicity with a very limited budget, to achieve even greater impact and sustain a message, more consideration needs to be given to paid-for advertising and professional media coverage of the issues. There is evidence that major advertising campaigns are very effective and cost-effective in promoting cessation.[11] Such campaigns will vary from major Island-wide campaigns to specific initiatives linked to the Tobacco Strategy, such as promoting an Island-wide Smokers' Quitline, 'Quit and Win' competitions, No Smoking Day publicity, complaint lines regarding both illegal sales of tobacco products and smoking policies and local documentaries exploring relevant issues.

AIM: TO DEVELOP PUBLIC AWARENESS, MASS MEDIA AND PUBLICITY CAMPAIGNS – ACTION PLAN

Strategic Objective	**Action**	**Partnership**	**Time scale**
To further raise awareness of the health risks from smoking and passive smoking	Develop a media strategy to raise public awareness	H&SS Jersey ASH Media	Ongoing

EMPLOYING FISCAL AND LEGISLATIVE MEASURES

Tobacco taxation is one of the most important measures known to be effective in the control of tobacco-related disease and smoking prevalence. The health case for increasing tobacco taxes is clear and well expressed in a 1999 report by the World Bank.[12] Evidence shows that price increases on cigarettes are highly effective in reducing demand. Higher taxes induce some smokers to quit and prevent other individuals from starting. They also reduce the number of ex-smokers who return to cigarettes and reduce consumption among continuing smokers. On average a price rise of 10% on a packet would be expected to reduce demand for cigarettes by about 4% in high-income countries. Children and adolescents are more responsive to price rises than older adults, so this intervention has a significant impact on them.

In 1996 the States of Jersey agreed to steadily increase the relative price of tobacco products, over and above the level of inflation annually to the year 2000, in order to contribute towards a reduction in the level of smoking-related diseases and deaths and to prevent the uptake of smoking among children. Despite this commitment it is clear that fiscal policy alone is inadequate. Given the impact of price rises, however, this strategy will urge the States of Jersey to extend this principle throughout the coming years.

In the first instance the strategy will seek to ensure that existing legislation regarding smoking, namely the Restriction on Smoking (Jersey) Law 1973 which particularly concerns the prohibition of smoking on public transport and the sale of tobacco products to minors, is consistently and rigorously enforced. The provision of new legislation will subsequently be considered. Furthermore, increases in the penalties relating to existing legislation regarding tobacco will be considered with a view to increasing the penalties imposed.

This strategy will introduce legislation which provides for a total ban on all public advertising of tobacco and tobacco products in Jersey.

The UK government have introduced a ban on tobacco advertising, a measure introduced in Guernsey in 1997. The Health and Social Services Committee intend to follow the UK and others on this matter. Legislation will be drafted which will make it an offence to publish, distribute or display any tobacco advertisement in Jersey.

AIM: TO EMPLOY FISC AL AND LEGISL ATIVE MEASURES IN ORDER TO ADDRESS THE DEMAND FOR AND SUPPLY OF TOBACCO PRODUCTS – ACTION PLAN

Strategic Objective	**Action**	**Partnership**	**Time scale**
Ensure that the cost of tobacco products increases annually over and above the level of local inflation	Customs and Excise and H&SS to liaise in order to suggest an appropriate taxation levy	Customs & Excise H&SS F&E	Annually
Increase the penalties regarding breaches of existing legislation pertaining to tobacco products	Law Officers to advise on amending existing legislation	Law Officers H&SS Legislation Committee	Immediate
Enforce existing legislation relating to tobacco products and investigate statutory provision for test purchasing	Liaison between key players – Police and Trading Standards Officers	Home Affairs Economic Development	Immediate/ ongoing
Ban local tobacco advertising	Draft Legislation	H&SS Law Officers	Immediate/ ongoing
Extend the law regarding tobacco sales to minors by increasing the age of purchase from 16 to 18	Draft Legislation	H&SS Law Officers	Immediate/ ongoing
Introduce legislation to stop smoking in public eating places	Draft Legislation	H&SS Law Officers	Immediate/ ongoing
Introduce legislation and penalties regarding the siting of vending machines selling tobacco products	Liaison between Economic Development and retailers/vending companies	Economic Development CIMCAT	Immediate

Monitoring and Evaluation

The tobacco strategy alliance will be responsible for the ongoing monitoring of the tobacco strategy. They will report to the Health and Social Services Committee on a regular basis and publish an annual report detailing progress.

It is acknowledged that the success of such a strategy, in terms of reducing the years of life lost, will only be evident in the longer term. However, there are a number of short and medium-term indicators that can be used in order to demonstrate any changes. These include:

- A reduction in the percentage of adult smokers.
- A reduction in the percentage of young people smoking.
- A reduction in the percentage of pregnant women smoking.
- The uptake of smoking cessation services.
- Increases in the number of establishments with a no-smoking policy.
- Increases in public places/buildings that are non-smoking.
- Increases in prosecutions relating to illegal sales to minors.
- Increases in media coverage of smoking-related issues.
- Increases in the number of health care professionals trained in smoking cessation techniques.
- The number of retailers participating in the retailers' award scheme.
- Increases in the number of catering establishments providing for non-smokers.
- An increase in the recording of patients' smoking status.

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GLOSSARY AND ABBREVIATIONS

ACET	Aids, Care Education and Training
BMI	BMI Healthcare (States of Jersey Occupational Health Service)
CIMCAT	Channel Islands Monitoring Committee on Advertising Tobacco
ES&C	Education, Sport and Culture
E&SS	Employment and Social Services
F&E	Finance and Economics
FN&HC	Family Nursing and Home Care
GPs	General Practitioners
H&SS	Health and Social Services
Jersey ASH	Jersey Action on Smoking and Health
NRT	Nicotine Replacement Therapy
P&R	Policy and Resources

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