



# Kent Alliance on Smoking and Health

Working in partnership to address  
tobacco control issues across Kent

Tobacco Control Strategy  
2007 – 2009

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# Overview

The Kent Alliance on Smoking and Health (KASH) is a partnership between organisations in Kent that are involved in tobacco control issues, for example smokefree environments, stop smoking support, underage tobacco sales, counterfeit tobacco products and tobacco smuggling. KASH is a multi agency alliance hosted by Eastern and Coastal Kent Primary Care Trust (PCT), carrying out work across the whole of Kent. It is a progressive alliance and is continually developing its role. It seeks to include

additional organisations as well as strengthen the involvement of existing partnerships. The alliance currently consists of representatives from the Eastern and Coastal Kent and West Kent Stop Smoking Services, the 12 local authorities in Kent, Kent County Council Trading Standards and Kent County Council Education as well as other agencies dealing with tobacco control issues. The full list of representatives can be found in Appendix 1.

This Strategy outlines the areas of work that KASH is involved in and will support over the next two years. It provides a framework of action that can be used by alliance members to plan and inform their work, as well as giving a focus to tobacco control work across Kent. The Strategy also gives the public and wider health community an insight into the work of a tobacco control alliance. This Strategy will be reviewed in 2008.

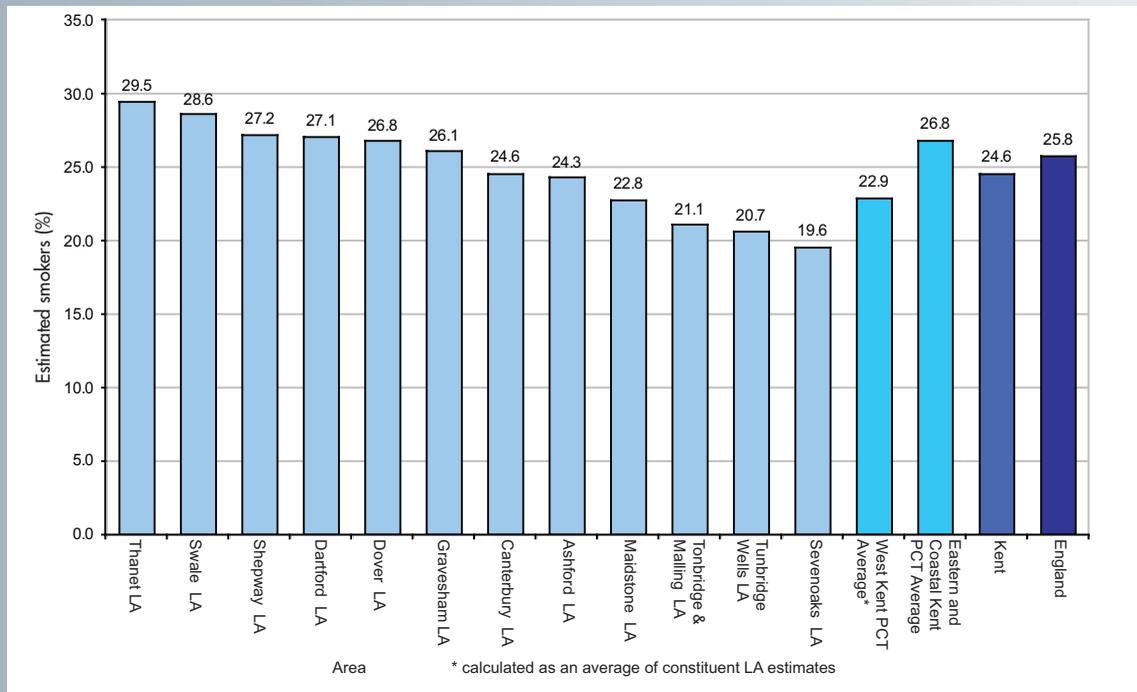
# Smoking in Kent

## 1.1 Smoking prevalence

According to the Community Health Profiles 2006 (APHO and the Department of Health 2006), the prevalence of smoking in Kent is 24.6%, which is lower than the national average smoking prevalence of 25.8%. In Kent, the highest smoking prevalence rates are in Thanet and Swale, with 29.5% and 28.6% respectively. Tunbridge Wells and Sevenoaks have the lowest smoking prevalence rates in Kent with 20.7% and 19.6%. Prevalence rates for each local authority area and estimated prevalence rates per Primary Care Trust area are shown in Figure 1.

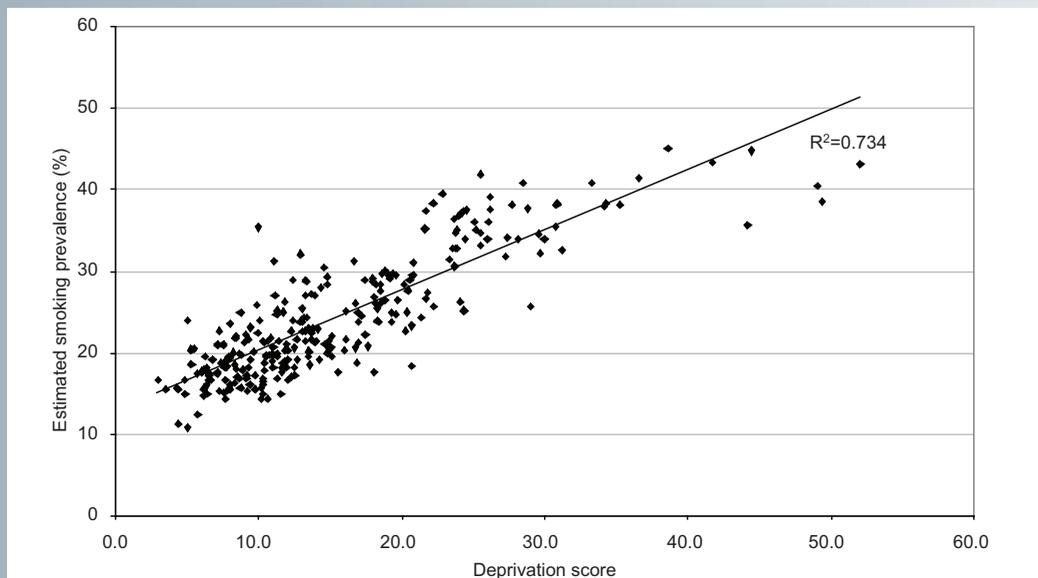
Figure 2 shows the relationship between deprivation and smoking in Kent. The trend line on the chart suggests that there is a positive correlation between ward level deprivation and smoking prevalence in Kent County Council area. Meaning that where deprivation is the greatest in Kent, smoking rates are the highest.

**Figure 1. Estimated Prevalence Rates**



Source: Community Health Profiles 2006, APHO and Department of Health. © Crown Copyright 2006

**Figure 2. Correlation between Smoking and Deprivation**

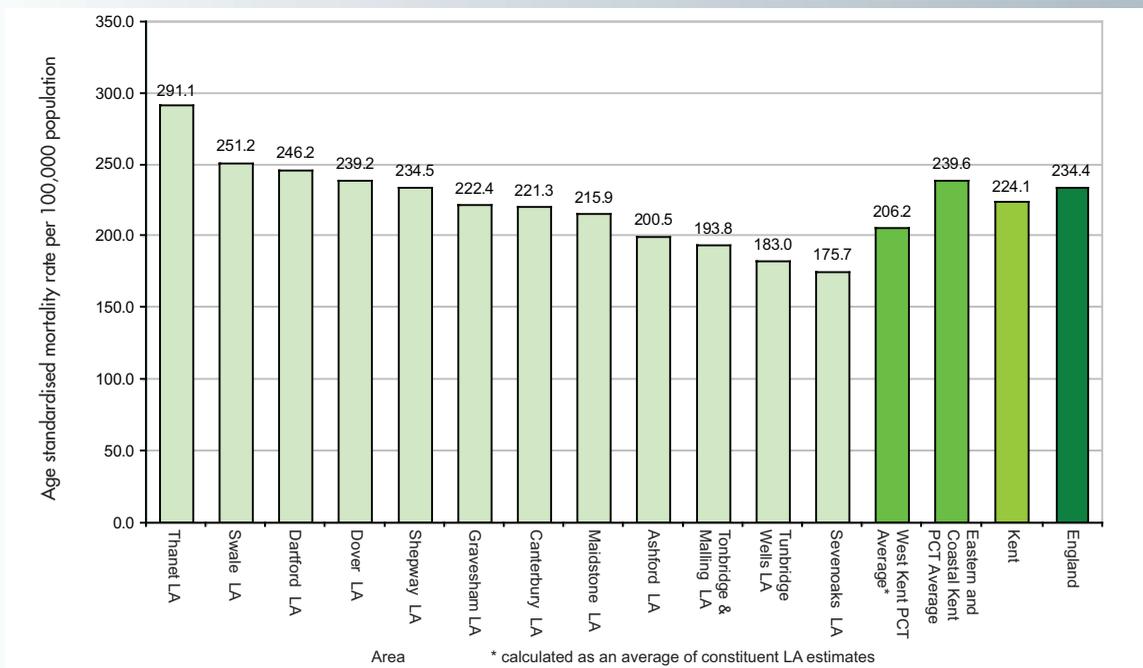


The chart shows a statistically significant positive correlation between deprivation and smoking at the 0.01 probability level. This means that the line on the chart does represent a real relationship between the two variables and there is only a 1% probability that the observed result occurred by chance. Sources: Deprivation scores from ODPM Index of Multiple Deprivation 2004, Smoking prevalence from ONS Synthetic Estimates of Lifestyle Behaviours 2000-02.

## 1.2 Smoking related mortality

According to APHO and the Department of Health (2007), there are higher rates of deaths due to smoking related illnesses around the Kent and Medway coast. Thanet has the highest rate of mortality due to smoking related illnesses in Kent and the south east region at 291.1 per 100,000 population. Sevenoaks has the lowest smoking mortality rates in Kent with 175.7 per 100,000 population. The smoking mortality rates per 100,000 of population aged over 35 are shown in Figure 3.

**Figure 3. Mortality Rates**



Source: Community Health Profiles 2007, APHO and Department of Health. © Crown Copyright 2007.

## 1.3 Smoking related hospital admissions

It is estimated that there are nearly 12,000 admissions to hospital each year in Kent which are the result of smoking. The vast majority of these are as a result of cancer and respiratory and circulatory diseases, with these three categories being responsible for 92% of all smoking-related admissions in 2005-06.

The most prevalent disease resulting in admission was ischaemic heart disease, with 2,359 admissions in the year. Chronic obstructive pulmonary disease and lung cancer resulted in similar numbers of admissions.

**Table 1. Admissions to hospital in Kent County Council area due to smoking, by disease, 2005/06 financial year**

| Kent County - admissions |              |              |               |                    |
|--------------------------|--------------|--------------|---------------|--------------------|
| Disease area             | Male         | Female       | Total         | Cost               |
| Cancer                   | 3,225        | 1,402        | 4,627         | £5,006,090         |
| Respiratory              | 1,350        | 1,273        | 2,623         | £10,361,699        |
| Circulatory              | 2,483        | 1,161        | 3,644         | £8,853,157         |
| Digestive                | 169          | 223          | 392           | £482,847           |
| Other                    | 136          | 378          | 514           | £1,302,691         |
| <b>Total</b>             | <b>7,363</b> | <b>4,437</b> | <b>11,800</b> | <b>£26,006,484</b> |
| Admissions by age        |              |              |               |                    |
| 35-64                    | 2,550        | 1,198        |               |                    |
| 65+                      | 4,493        | 2,686        |               |                    |

Source: NWCS, National Tariff 2005/06, SEPHO

It is estimated that admissions to hospital cost £26 million in 2005/06, with 33% of cases occurring in residents aged 35-64. Respiratory diseases were the most expensive category, being responsible for 40% of the expenditure for smoking-related hospital admissions.

Similar numbers of admissions occurred in the two PCTs: 6,067 in Eastern and Coastal Kent (ECK) and 5,733 in West Kent (WK). Smoking-related admissions in Eastern and Coastal Kent comprised 53% of the Kent County Council total and involved 51% of the expenditure, the corresponding figures for West Kent being 47% and 49% respectively. Greatest expenditure on these diseases was calculated to be in Thanet and Maidstone local authority areas, with nearly £2.8 million being spent in each area.

**Table 2. Admissions to hospital in Kent County Council area due to smoking, by local authority area and Primary Care Trusts, 2005/06 financial year**

| Area                  | Admissions   |              |               | Cost               |
|-----------------------|--------------|--------------|---------------|--------------------|
|                       | Male         | Female       | Total         |                    |
| Ashford               | 584          | 307          | 891           | £1,886,533         |
| Canterbury            | 681          | 426          | 1,107         | £2,434,390         |
| Dover                 | 514          | 280          | 794           | £1,772,474         |
| Shepway               | 658          | 411          | 1,069         | £2,235,426         |
| Swale                 | 591          | 328          | 919           | £2,150,552         |
| Thanet                | 780          | 507          | 1,287         | £2,797,217         |
| <b>Subtotal ECK</b>   | <b>3,808</b> | <b>2,259</b> | <b>6,067</b>  | <b>£13,276,592</b> |
| Dartford              | 491          | 320          | 811           | £1,788,182         |
| Gravesham             | 527          | 326          | 853           | £1,904,589         |
| Maidstone             | 800          | 451          | 1,251         | £2,755,800         |
| Sevenoaks             | 584          | 343          | 927           | £2,130,232         |
| Tonbridge and Malling | 607          | 357          | 964           | £2,093,972         |
| Tunbridge Wells       | 546          | 381          | 927           | £2,057,120         |
| <b>Subtotal WK</b>    | <b>3,555</b> | <b>2,178</b> | <b>5,733</b>  | <b>£12,729,895</b> |
| <b>Total Kent</b>     | <b>7,363</b> | <b>4,437</b> | <b>11,800</b> | <b>£26,006,487</b> |

Source: NWCS, National Tariff 2005/06, SEPHO

# Tobacco Control Steering Group

Kent Alliance on Smoking and Health is managed by a Tobacco Control Manager who is based in the Kent Public Health Network and is employed by Eastern and Coastal Kent PCT. The tobacco control steering group, chaired by the Tobacco Control Manager and made up of representatives from the member organisations, meets every two months. The overall aim of the group is to secure agreement amongst all relevant organisations on how to tackle tobacco control in Kent. The group reports to the Kent Public Health Board. The terms of reference for the group are detailed below:

## Terms of Reference

- 1.** To work together to develop and implement the KASH Tobacco Control Strategy to reduce the prevalence of tobacco available and smoking in Kent and to reduce inequalities.
- 2.** To work together to develop and implement the KASH Tobacco Control Strategy in line with key government targets and objectives such as those reflected in Local Strategic Partnerships.
- 3.** Ensure that pertinent links and connections are made with existing work, policies and strategies. Where possible, work jointly with colleagues, to achieve goals and aims that are common to both Tobacco Control Strategy and other strategies and plans.
- 4.** Maintain and develop communication with appropriate agencies and existing groups and identify other relevant groups in order that new joint initiatives and work can be shared accordingly.
- 5.** Build on and use the evidence base available, both locally and nationally to inform decisions and planning about tobacco control in Kent.
- 6.** Maintain, initiate and formalise links with local and national initiatives and organisations that may assist in the development and implementation of the Tobacco Control Strategy.
- 7.** Ensure that clear achievable outcomes are identified from the outset and that the Tobacco Control Strategy will be able to produce the stated outcomes. It will be important to ensure there is a robust mechanism to measure the outcomes.
- 8.** Ensure that a robust evaluation process forms an integral part of the process of the development and implementation of the Tobacco Control Strategy. To share the results of the evaluation with all stakeholders.

# KASH Aims and Objectives

Tobacco control alliances and stop smoking services play a part in reducing prevalence rates and seek to reduce mortality rates and smoking related costs. The Kent Alliance works with the Department of Health to address issues of tobacco control and promote stop smoking services on a local level. The Department of Health Tobacco Control (DH 2003) programme is made up of six strands:

1. Reducing exposure to secondhand smoke and smokefree legislation
2. Tobacco media/education campaigns
3. Reducing availability of tobacco products and regulating supply
4. NHS stop smoking services and nicotine replacement therapy
5. Reducing tobacco advertising and promotion
6. Regulating tobacco products.

The Kent Alliance on Smoking and Health is committed to implementing the six strand approach to tobacco control on a local level across Kent with the following aims and objectives:

1. To support smokefree legislation and ensure its success across Kent.
  - Ensure smokefree compliance rates at year one are in line with the national average or above, this is expected to be in line with the Scottish rate of 97%.
  - Engage and work closely with Kent and Medway NHS and Social Care Partnership Trust to

ensure smooth transition to a smokefree trust by 1 July 2008.

- Continue to support smokefree homes campaign to protect children from exposure in their homes.
  - Work closely with businesses and partners where there are exemptions to the smokefree legislation to ensure exposure to secondhand smoke is kept to a minimum.
2. To increase the profile of KASH in Kent.
    - Make better use of internal and external communications and PR opportunities.
  3. To reduce the availability of illicit tobacco products in Kent (including counterfeit tobacco).
    - Engage with Her Majesty's Revenue and Customs (HMRC).
    - Explore opportunities to tackle the sale of counterfeit tobacco in Kent.
  4. To promote stop smoking services throughout Kent.
    - To support PCT stop smoking services to reduce smoking rates, contributing to national target rate in manual groups of 26% in 2010.
    - To continue to support the stop smoking in pregnancy services to achieve a 1% reduction per year in proportion of women continuing to smoke through pregnancy.
    - Promoting the wider availability of stop smoking products to help people quit.

5. To reduce smoking uptake in Kent.
  - All Kent schools to be engaged in the Healthy Schools initiative by 2009, requiring grounds and buildings to be completely smokefree.
  - Campaign for packs of ten cigarettes to be abolished.
  - Raise the issue of removal of vending machines in pubs.
  - Work with region and the Department of Health to influence restrictions on display of cigarettes.
  - Support the introduction of licensing of tobacco retailers.
6. To support age of sales legislation that came into force 1 October 2007 and ensure its success on a county level.
  - Ensure that retailers are aware of the new legislation across Kent.
  - Ensure that young people are aware of the new legislation.
  - Ensure age of sale compliance rates at year one are in line with the national average or above.

The action plans detailing the rationale for each aim and giving a breakdown of each objective, including leads and timescales can be found on pages 10-17 of this report.

# Funding

The funding for the post of Tobacco Control Manager is currently funded by both Eastern and Coastal Kent and West Kent Primary Care Trusts. Medway Primary Care Trust withdrew funding for the Tobacco Control Manager's post in 2006/2007 although Medway partners can access the steering group.

Project funding from the Department of Health for tobacco control alliance work has been approved for the financial year 2007/2008. Projects relating to action plans detailed above will be funded from the 2007/2008 allocation which is expected to be around £33k.

In order to obtain funding the Tobacco Control Manager is required to submit the following to the Department of Health:

- An annual project plan for how the funding will be spent
- A progress report of last years spend
- A Service Level Agreement for the 07/08 funding.

KASH partners will be asked to bid for KASH project money. All projects will be assessed by the Tobacco Control Manager against a set of criteria to ensure that they meet the KASH objectives. Funding will be approved by Eastern and Coastal Kent PCT finance before any money is released.

# Evaluation

The Kent Alliance on Smoking and Health meets every two months. Alliance members are expected to attend the meetings and feed back on any tobacco control work as well as specific KASH funded projects.

Any members in receipt of KASH funding will be asked to submit an evaluation or progress report to the Tobacco Control Manager as to how the project funding has/is being spent. The Tobacco Control Manager will submit details back to the Department of Health.

In addition, the Tobacco Control Manager will report back to public health departments at Kent County Council, Eastern and Coastal Kent PCT, West Kent PCT and the Kent Public Health Board when required. As well as submitting information for the annual public health reports and member organisations' reports when required.

# ACTION PLANS

## Aim 1 – To support smokefree legislation and ensure its success across Kent

### Rationale

- Secondhand smoke is dangerous causing an estimated 2,700 deaths per year in people aged 20-64 due to domestic exposure with the figure rising to a further 8,000 deaths a year in those aged 65 and over. (Jamrozik 2005)
- Exposure to secondhand smoke at work is estimated to cause the death of more than two employed persons per working day across the UK as a whole. This equates to about one-fifth of all deaths from secondhand smoke in the general population and up to half of such deaths among employees in the hospitality trades. (Jamrozik 2005)
- Secondhand smoke increases the risk of lung cancer, ischaemic heart disease in those exposed and has adverse health effects on children. (DH 2004)
- England went smokefree on 1 July 2007, meaning that all enclosed public places and workplaces are smokefree. (UK Parliament 2006)
- Environmental Health Services enforce the legislation. (UK Parliament 2006)
- Residential Mental Health establishments need to be smokefree by 1 July 2008. (UK Parliament 2007)
- In Scotland, compliance rates for legislation are around 97%. (Clearing the Air Scotland 2007)

### Objectives

1. Ensure smokefree compliance rates at year one are in line with the national average or above, this is expected to be in line with the Scottish rate of 97%.
2. Engage and work closely with Kent and Medway NHS and Social Care Partnership Trust to ensure smooth transition to a smokefree trust by 1 July 2008.
3. Continue to support smokefree homes campaign to protect children from exposure in their homes.
4. Work closely with businesses and partners where there are exemptions to the smokefree legislation to ensure exposure to secondhand smoke is kept to a minimum.

## Aim 1 – Action Plan

| OBJECTIVE   | ACTION  | LEAD   | TIMESCALE                  |
|---|---|--|----------------------------|
| 1. Ensure smokefree compliance rates at year one are in line with the national average or above, this is expected to be in line with the Scottish rate of 97%.    | Work with local businesses to support and educate on smokefree legislation  | Environmental Health Services  | 1 July 2007 – 30 Sept 2007 |
|   | Comply with the Kent smokefree protocol   | Environmental Health Services  | Ongoing                    |
|   | Where appropriate issue fixed penalty notices   | Environmental Health Services  | Ongoing post 1 July 2007   |
|   | Keep accurate records of visits, warnings and fixed penalty notices   | Environmental Health Services  | Ongoing post 1 July 2007   |
| 2. Engage and work closely with Kent and Medway NHS and Social Care Partnership Trust to ensure smooth transition to a smokefree trust by 1 July 2008.            | Provide level 1 stop smoking training to majority of staff  | Stop Smoking Services  | By 1 July 2008             |
|   | Provide level 2 stop smoking training where appropriate   | Stop Smoking Services  | By 1 July 2008             |
|   | Provide in house stop smoking groups where appropriate  | Stop Smoking Services  | Ongoing                    |
|   | Ensure any outdoor smoking areas comply with legislation  | Environmental Health Services  | By 1 July 2008             |
| 3. Continue to support smokefree homes campaign to protect children from exposure in their homes.   | Work with key health professionals to integrate stop smoking support and secondhand smoke information into everyday working life          | Stop Smoking in Pregnancy Services   | Ongoing                    |
|   | Provide specialist training to midwives, health visitors and other key stakeholders   | Stop Smoking in Pregnancy Services   | Ongoing                    |
| 4. Work closely with businesses and partners where there are exemptions to the smokefree legislation to ensure exposure to secondhand smoke is kept to a minimum. | Continue to work within prisons to support their smokefree policies and provide stop smoking support for offenders and staff              | Tobacco Control Manager, Stop Smoking Specialists, Public Health Specialists | Ongoing                    |
|   | Work with residential care facilities   | Tobacco Control Manager<br>Environmental Health Services                     | Ongoing                    |
|   | Work with hotels, guest houses, inns, hostels and/or members clubs  | Environmental Health Services  | Ongoing                    |
|   | Work closely with theatres etc to ensure compliance by performers and minimise exposure where there are exemptions for artistic integrity | Environmental Health Services  | Ongoing                    |

## Aim 2 – To increase the profile of KASH in Kent

### Rationale

- KASH brings together many different agencies involved with tobacco control issues.
- Media coverage is one of the most effective ways to reach the people you want to hear your message. (ASH UK 2003)
- KASH and its function are still not widely known in Kent.

### Objectives

1. Make better use of internal and external communications and PR opportunities.

### Aim 2 – Action Plan

| OBJECTIVE  | ACTION   | LEAD  | TIMESCALE   |
|--|--|---|-------------|
| 1. Make better use of internal and external communications and PR opportunities. | Have one identified lead for communications for KASH                               | Tobacco Control Manager                         | August 2007 |
|  | Ensure communications are linked with local authority and PCT communications teams | Communications Lead                             | Sept 2007   |
|  | Have detailed communications plan in place to address issues throughout the year   | Tobacco Control Manager and Communications Lead | Sept 2007   |
|  | Identify innovative ways of ensuring the KASH profile is kept high                 | Communications Lead                             | Ongoing     |

## Aim 3 - To reduce the availability of illicit tobacco in Kent (including counterfeit tobacco)

### Rationale

- Approximately one third of internationally traded cigarettes (355 billion per year) are eventually sold illegally with the avoidance of duty. This reduces the price, increases demand, undermines national tobacco tax policies and, as a result, harms health by increasing tobacco use. (World Bank 1999)
- Action by Her Majesty's Revenue and Customs (formerly Customs and Excise) since 2000 has helped reduce the proportion of smuggled cigarettes to approx 16% of the UK market. Despite this success, 1 in 6

cigarettes and about half of hand-rolling tobacco smoked in Britain are still illicit resulting in a net loss to the Government of more than £2 billion a year. (HM Treasury 2006)

- There has been a significant rise in the smuggling of counterfeit cigarettes in recent years. In 2001/02 15% of large seizures of cigarettes made by Customs officers were counterfeit. By 2003/04 this had risen more than three-fold to 54%. (HMCE 2004) In 2005/06, 51% of illegal cigarettes seized by Customs were counterfeit. (HMRC 2005)

- Most counterfeit cigarettes are manufactured in the Far East and Eastern Europe and are smuggled into the UK in large quantities, predominantly as maritime freight. (HMRC 2005)
- High prices can deter children from smoking, since young people do not possess a large disposable income. (Sweanor and Martial 1994)

### Objectives

1. Engage with Her Majesty's Revenue and Customs (HMRC).
2. Explore opportunities to tackle the sale of counterfeit tobacco in Kent.

### Aim 3 – Action Plan

| OBJECTIVE   | ACTION  | LEAD  | TIMESCALE |
|---|---|---|-----------|
| 1. Engage with Her Majesty's Revenue and Customs (HMRC).                    | Contact HMRC in Kent  | Tobacco Control Manager   | June 2007 |
|   | Identify an appropriate HMRC representative   | Tobacco Control Manager   | July 2007 |
|   | Explore opportunities for closer working/joint publicity in line with HMRC national strategies/priorities | Tobacco Control Manager<br>HMRC                                     | Ongoing   |
| 2. Explore opportunities to tackle the sale of counterfeit tobacco in Kent. | Identify scale of problem   | Tobacco Control Manager<br>Kent County Council<br>Trading Standards | Jan 2008  |

## Aim 4 - To promote stop smoking services throughout Kent

### Rationale

- Smokers are four times more likely to quit when combining both stop smoking medication and structured behavioural support. (West et al. 2000)
- Group interventions are highly cost effective and can offer high success rates, while one-to-one interventions are more labour intensive but meet the individual needs of clients. Where possible stop smoking services should provide both of these services. (HDA 2003)
- Stop smoking services employ trained stop smoking advisers, staffing levels

should be three FTEs in addition to a co-ordinator to 130,000 population. (HDA 2003)

- PCTs have stop smoking targets that have to be met. In Eastern and Coastal Kent PCT the 2007/08 targets are 4,990. In West Kent PCT the 2007/08 targets are 4,423. 2008/2009 targets are still to be agreed.
- Smoking cessation advice and support should be available in community, primary and secondary care settings for everyone who smokes. (NICE 2006)

### Objectives

1. To support PCT stop smoking services to reduce smoking rates, contributing to national target rate in manual groups of 26% in 2010.
2. To continue to support the stop smoking in pregnancy services to achieve a 1% reduction per year in proportion of women continuing to smoke through pregnancy.
3. Promoting the wider availability of stop smoking products to help people quit.

### Aim 4 – Action Plan

| OBJECTIVE   | ACTION   | LEAD                    | TIMESCALE |
|---|--|-------------------------|-----------|
| 1. To support PCT stop smoking services to reduce smoking rates, contributing to national target rate in manual groups of 26% in 2010.                            | Continue to hold Kent wide meetings every two months for stop smoking services                         | Tobacco Control Manager | Ongoing   |
|   | Promote NHS stop smoking services at every opportunity   | All                     | Ongoing   |
|   | Continue to make links to ensure that stop smoking services are delivered where there is the most need | Local Authorities       | Ongoing   |
|   | Support stop smoking services to tackle areas of highest health inequalities                           | All                     | Ongoing   |
| 2. To continue to support the stop smoking in pregnancy services to achieve a 1% reduction per year in proportion of women continuing to smoke through pregnancy. | Ensure that stop smoking in pregnancy services in Kent have a forum to address service issues          | Tobacco Control Manager | Ongoing   |
| 3. Promoting the wider availability of stop smoking products to help people quit.   | Liaise with the Department of Health to widen the availability of stop smoking products                | Tobacco Control Manager | Ongoing   |
|   | Work with retailers to promote stop smoking products   | Tobacco Control Manager | Ongoing   |

## Aim 5 - To reduce smoking uptake in Kent

### Rationale

- Children become aware of cigarettes at an early age. Three out of four children are aware of cigarettes before they reach the age of five whether or not the parents smoke. (ONS 1997)
- In 1998, the government set a target to reduce the prevalence of regular smoking among young people aged 11-15 from a baseline of 13% in 1996 to 11% by 2005 and 9% or less by 2010. (DH 1999)
- Results from the 2006 survey show no change in smoking prevalence since 2003. (National Centre for Social Research 2007)
- Children who smoke are two to six times more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those who do not smoke. Consequently, young

smokers take more time off school than non-smokers. The earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease. (Royal College of Physicians 1992)

- Children who experiment with cigarettes quickly become addicted to the nicotine in tobacco. (ASH UK 1996)
- Research suggests that knowledge about smoking is a necessary component of anti-smoking campaigns but by itself does not affect smoking rates. (Reid et al. 1995)
- Despite the law, children still succeed in buying tobacco from shops and vending machines. In 2004, 66% of 11-15 year old smokers reported that they bought their cigarettes from a shop, with older teenagers being much more likely to obtain their

cigarettes from shops than younger children: 78% of 15 year olds compared with 28% of those aged 11-12. (National Centre for Social Research 2004)

### Objectives

1. All Kent schools to be engaged in the Healthy Schools initiative by 2009 requiring grounds and buildings to be completely smokefree.
2. Campaign for packs of ten cigarettes to be abolished.
3. Raise the issue of removal of vending machines in pubs.
4. Work with region and the Department of Health to influence restrictions on display of cigarettes.
5. Support the introduction of licensing of tobacco retailers.

## Aim 5 – Action Plan

| OBJECTIVE   | ACTION  | LEAD  | TIMESCALE     |
|---|---|---|---------------|
| 1. All Kent schools to be engaged in the Healthy Schools initiative by 2009 requiring grounds and buildings to be completely smokefree. | Work with schools to produce smokefree policies using a whole school approach   | Healthy Schools Leads                             | By July 2009  |
|   | Work with Kent County Council (KCC) to produce KCC smokefree policy which clearly states that schools should have smokefree buildings and grounds | KCC Public Health Team<br>Tobacco Control Manager | July 2008     |
| 2. Campaign for packs of ten cigarettes to be abolished.  | Attend regional meetings to raise the subject and look at best way forward to influence decisions   | Tobacco Control Manager                           | Ongoing       |
|   | Lobby local MPs to show evidence and gain support in parliament   | Tobacco Control Manager<br>and Steering Group     | By Dec 2007   |
|   | Work with local retailers to get their opinions and to gain support   | Tobacco Control Manager<br>KCC Trading Standards  | By Mar 2008   |
| 3. Raise the issue of removal of vending machines in pubs.  | Identify how many vending machines are currently in Kent  | KCC Trading Standards                             | By Dec 2007   |
|   | Look at effective initiatives that have reduced sales to under 18s or that have removed vending machines from pubs                                | KCC Trading Standards<br>Tobacco Control Manager  | By Dec 2007   |
|   | Identify plan of action for Kent  | KCC Trading Standards<br>Tobacco Control Manager  | By March 2008 |
| 4. Work with region and the Department of Health to influence restrictions on display of cigarettes.                                    | Attend regional Department of Health meetings   | Tobacco Control Manager                           | Ongoing       |
|   | Influence on a local level where appropriate  | Tobacco Control Manager                           | Ongoing       |
|   | Respond to any consultations  | Tobacco Control Manager                           | Ongoing       |
| 5. Support the introduction of licensing of tobacco retailers.  | Consult with local licensing forums to gain support   | Tobacco Control Manager                           | Ongoing       |
|   | Influence on a local level where appropriate  | Tobacco Control Manager                           | Ongoing       |
|   | Respond to any consultations  | Tobacco Control Manager                           | Ongoing       |

# Aim 6 – To support age of sales legislation and ensure its success on a county level

## Rationale

- Age of Sales Legislation came into force in England on 1 October 2007 meaning that it is illegal to sell tobacco to anyone under the age of 18. The previous age was 16. (UK Parliament 2007)
- Kent County Council Trading Standards is the enforcement authority in Kent.
- Medway Trading Standards will enforce the legislation in the Medway Unitary Authority area.

## Objectives

1. Ensure that retailers are aware of the new legislation across Kent.
2. Ensure that young people are aware of the new legislation.
3. Ensure age of sale compliance rates at year one are in line with the national average or above.

## Aim 6 – Action Plan

| OBJECTIVE  | ACTION   | LEAD  | TIMESCALE       |
|--|--|---|-----------------|
| 1. Ensure that retailers are aware of the new legislation across Kent.                             | Create communication plan to raise awareness of age of sales change                            | Tobacco Control Manager<br>Trading Standards                      | July/Aug 2007   |
|  | Hold seminars and briefings for retailers across Kent  | Trading Standards   | Aug/Sept 2007   |
|  | Create information documents that can be distributed Kent wide                                 | Tobacco Control Manager<br>Trading Standards                      | Aug/Sept 2007   |
| 2. Ensure that young people are aware of the new legislation.                                      | Work closely with partners to get information about changes to legislation out to young people | Tobacco Control Manager<br>Healthy Schools Leads<br>KCC Education | Aug/Sept 2007   |
|  | Work closely with colleges across Kent to ensure they are aware of changes in legislation      | Tobacco Control Manager   | Aug/Sept 2007   |
|  | Provide stop smoking support for young people where appropriate                                | Stop Smoking Services   | Sept 2007       |
| 3. Ensure age of sale compliance rates at year one are in line with the national average or above. | Monitor the success of legislation across Kent through test purchasing                         | Trading Standards   | Post 1 Oct 2007 |

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# Appendix 1 - Steering Group Members

|  |  |   |
|--|--|---|
| Ashford Borough Council                        | Environmental Health                             | David Edwards   |
| Canterbury City Council                        | Environmental Health                             | Dick Langridge<br>Paula Skinner   |
| Dartford Borough Council                       | Environmental Health                             | Chris Amey<br>Adam Reeds  |
| Dover District Council                         | Environmental Health                             | Lucy Manzano  |
| Eastern and Coastal Kent<br>Primary Care Trust | Stop Smoking Service                             | Annie Linton<br>Carolann Samuels<br>Yvonne Philbrick<br>Jane Blinston-Jones   |
| Gravesham Borough Council                      | Environmental Health                             | Sarah Kilkie  |
| HM Revenue and Customs                         | Detection South, Enforcement/<br>Media Relations | Simon Eglesfield<br>Maria Finelli   |
| Kent County Council                            | Education  | Anne Lord   |
|  | Trading Standards                                | Martin Williams   |
| Kent Drug and Alcohol Action Team              | Young Persons Services Commissioning             | Karen Sharp   |
| Maidstone Borough Council                      | Environmental Health                             | Ron Wallis  |
| Medway Council                                 | Environmental Health                             | Cyril Dagg  |
|  | Trading Standards                                | Gurmito Sagoo   |
| Medway PCT                                     | Stop Smoking Services                            | Julia Thomas  |
| Sevenoaks District Council                     | Environmental Health                             | Alan Eagles   |
| Shepway District Council                       | Environmental Health                             | Cathy Harvey  |
| Swale Borough Council                          | Environmental Health                             | Peter Lincoln   |
| Thanet District Council                        | Environmental Health                             | Paul Martin   |
| Tonbridge and Malling Borough Council          | Environmental Health                             | Tamsin Ritchie  |
| Tunbridge Wells Borough Council                | Environmental Health                             | Tracey Beattie  |
| West Kent Primary Care Trust                   | Stop Smoking Services                            | Mary Knower<br>Duncan Hall<br>Paul Dobb<br>Sally Robinson<br>Donna-Marie Figg |



Eastern and Coastal Kent **NHS**  
Primary Care Trust



West Kent **NHS**  
Primary Care Trust

Medway **NHS**  
Primary Care Trust

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