COMMUNITY PHARMACY SCOTLAND

Community Pharmacy Scotland

Who are we?

Community Pharmacy Scotland is the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and is the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

It is empowered to represent the owners of 1250 of Scotland's community pharmacies and negotiates on their behalf with the Scottish Government on all matters of terms of service and contractors' NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

What do we do?

Community Pharmacy Scotland works with the Scottish Government on the development of new pharmaceutical care services and works to ensure that the framework exists to allow the owners of Scotland's community pharmacies to deliver these services.

The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

Community Pharmacies now deliver approximately 75% of NHS supported smoking cessation attempts and have been instrumental in helping the Scottish Government achieve its past HEAT targets. We look forward to continuing to support patients in this area.

We have not commented where we believe the expertise of the organisation is not suited to the question asked. Community Pharmacy Scotland is happy to provide further information to you as required.

CPS Statement

CPS welcomes the Scottish Government's consultation which aims to tackle some of the issues around e-cigarettes. Due to the rapid growth in popularity and development of these products healthcare providers and policy makers have struggled to keep pace with a market being driven by the manufacturers and specialist retailers. We recognise this consultation is the first step to try and address this.

While we feel that the questions in this consultation are pertinent, it fails to recognise the potential health benefits that these products may have. It fails to recognise the moves to license some devices as products for use in smoking cessation programmes and for harm reduction. It therefore fails to draw any distinction between the actions of health care professionals who wish to supply products for harm reduction as opposed to purely retail transactions. CPS has therefore found it difficult to answer the questions posed because it seems to us that depending upon the proposed use of the product different parameters should apply.

Evidence is emerging that these devices appear to be as effective as conventional NRT helping smokers quit tobacco. General trends also show that smoking rates are declining with e-cigarettes likely to playing some part in this. We believe, as a matter of urgency quality research should be funded to try to ascertain the true benefits of e-cigarettes. Studies have shown that smokers who are given behavioural support along with nicotine replacement are most likely to quit. At a national level the optimum solution would be to maximise the harm reduction potential of e-cigarettes while optimising cessation services to allow for the supply of these products for suitable patients. This should be considered once licensing has been gained from the MHRA.

Smoking still kills and harms thousands of Scots every year. The consequences of smoking disproportionately impact on our most deprived communities. To prevent premature deaths and ill health, smokers should be given encouragement and support to either reduce their tobacco intake or preferably quit. It is apparent that vast numbers of Scots find the use of e-cigarettes an acceptable alternative to tobacco. We must maximise the potential health benefits of e-cigarettes both for harm reduction and cessation. This will require appropriate careful regulation. CPS believes innovative solutions must be harnessed to complement existing tobacco control policy if the Scottish Government's Tobacco Strategy is to meet its ambitious target.

CONSULTATION QUESTIONS

Age restriction for e-cigarettes

1. Should the minimum age of sale for e-cigarette devices, refills (e-liquids) be set at 18?

Yes ☒ No ☐

2. Should age of sale regulations apply to:

a. only e-cigarette devices and refills (e-liquids) that contain nicotine or are capable of containing nicotine, or

b. all devices / refills (e-liquids) regardless of whether they contain or are capable of containing nicotine?

a ☐ b ☒

3. Whom should the offence apply to:

a. the retailer selling the e-cigarette a ☒

b. the young person attempting to purchase the e-cigarette b ☐

c. both c ☐

4. Should sales of e-cigarettes devices and refills (e-liquids) from self-service vending machines be banned?

Yes ☒ No ☐

5. Should a restriction be in place for other e-cigarette accessories?

Yes ☒ No ☐

6. If you answered "yes" to question 5, which products should have restrictions applied to them?

Any accessory which is needed for the e-cigarette to function such as chargers.

Proxy purchase for e-cigarettes

7. Should the Scottish Government introduce legislation to make it an offence to proxy purchase e-cigarettes?

Yes ☒ No ☐

Domestic advertising and promotion of e-cigarettes

8. Should young people and adult non-smokers be protected from any form of advertising and promotion of e-cigarettes?

Yes ☒ No ☐

9. In addition to the regulations that will be introduced by the Tobacco Products Directive do you believe that the Scottish Government should take further steps to regulate domestic advertising and promotion of e-cigarettes?

Yes ☒ No ☐

10. If you believe that regulations are required, what types of domestic advertising and promotion should be regulated?

a. Bill boards **a** ☒

b. Leafleting **b** ☒

c. Brand-stretching (the process of using an existing **c** ☒

brand name for new products or services that may not seem related)

d. Free distribution (marketing a product by giving it away free) **d** ☒

e. Nominal pricing (marketing a product by selling at a low price) **e** ☒

f. Point of sale advertising (advertising for products and services

at the places where they were bought) **f** ☒

g. Events sponsorship with a domestic setting **g** ☒

11. If you believe that domestic advertising and promotion should be regulated, what, if any, exemptions should apply?

If products eventually become licensed for the purposing of smoking cessation these products may be exempted from advertising and promotion in order to encourage smokers to quit.

12. Are you aware of any information or evidence that you think the Scottish Government should consider in relation to regulating domestic adverting in relation to impacts on children and adults (including smokers and non-smokers)?

13. Are you aware of any information or evidence that you think the Scottish Government should consider in relation to regulating domestic adverting in relation to impacts on business, including retailers, distributers and manufacturers?

<u>Inclusion of electronic cigarettes on the Scottish Tobacco Retailer Register</u>

14. Do you agree that retailers selling e-cigarettes and refills should be required to register on the Scottish Tobacco Retailers Register?

Yes ☐ No ☒

15. Do you agree that the offences and penalties should reflect those already in place for the Scottish Tobacco Retailers Register?

Yes ☐ No ☒

16. If you answered 'no', to question 15, what offences and penalties should be applied?

The inclusion of e-cigarette retailers on the tobacco register (and the penalties) may be suitable for those retailers who wish to sell the products as a lifestyle accessory. A healthcare premise which supplies e-cigarette to patients for use as smoking cessation aids or for harm reduction should not have to be included on the tobacco register. The expert advice given by healthcare professionals from a smoking cessation service combined with the use of a nicotine replacement product could be an effective method to help patients quit. This will become more prevalent as these products become licensed for medical use.

E-cigarettes – use in enclosed public spaces

17. Do you believe that the Scottish Government should take action on the use of e-cigarettes in enclosed public spaces?

Yes ☐ No ☒

18. If you answered 'yes' to Question 17, what action do you think the Scottish Government should take and what are your reasons for this?

19. If you answered, 'no' to Question 17, please give reasons for your answer.

The use of electronic cigarettes is now being recognised as a potential aid for smoking cessation. Any legislation or regulation, which prevents smokers accessing aids to quit could be detrimental to their quit attempt. The Scottish Government's Tobacco Strategy is ambitious and CPS fully supports it. In order to achieve the challenging targets of the strategy all those involved must utilise innovative

20. Are you aware of any evidence, relevant to the used of e-cigarettes in enclosed spaces, that you think the Scottish Government should consider?

Smoking in cars carrying children aged under 18

21. Do you agree that it should be an offence for an adult to smoke in a vehicle carrying someone under the age of 18?

Yes ☐ No ☐

22. Do you agree that the offence should only apply to adults aged 18 and over?

Yes ☐ No ☐

23. If you answered 'no' to Question 22, to whom should the offence apply?

24. Do you agree that Police Scotland should enforce this measure?

Yes ☐ No ☐

25. If you answered 'no' to Question 24, who should be responsible for enforcing this measure?

26. Do you agree that there should be an exemption for vehicles which are also people's homes?

Yes ☐ No ☐

27. If you think there are other categories of vehicle which should be exempted, please specify these?

Comments

28. If you believe that a defence should be permitted, what would a reasonable defence be?

Comments

Smoke-free (tobacco) NHS grounds

29. Should national legislation be introduced to make it an offence to smoke or allow smoking on NHS grounds?

Yes ☒ No ☐

30. If you support national legislation to make it an offence to smoke on NHS grounds, where should this apply?

a. All NHS grounds (including NHS offices, dentists, GP practices) a ☒
b. Only hospital grounds b ☐
c. Only within a designated perimeter around NHS buildings c ☐
d Other suggestions, including reasons, in the box below

Comments

31. If you support national legislation, what exemptions, if any, should apply (for example, grounds of mental health facilities and / or facilities where there are long-stay patients)?

Comments

32. If you support national legislation, who should enforce it?

NHS Health Boards

33. If you support national legislation, what should the penalty be for non-compliance?

Comments

34. If you do not support national legislation, what non-legislative measures could be taken to support enforcement of, and compliance with, the existing smoke-free grounds policies?

Comments

Smoke-free (tobacco) children and family areas

35. Do you think more action needs to be taken to make children's outdoor areas tobacco free?

Yes ☒ No ☐

36. If you answered 'yes' to Question 35, what action do you think is required:

a. Further voluntary measures at a local level to increase the number of smoke-free areas a ☐

b. Introducing national legislation that defines smoke-free areas across Scotland b ☐

c. That the Scottish Government ensures sufficient local powers to allow decisions at a local level as to what grounds should be smoke-free c ☐

d. Other actions. Please specify in the box below

Comments

37. If you think action is required to make children's outdoor areas tobacco-free, what outdoor areas should that apply to?

Children should not be exposed to smoking behaviour when possible as the practice is normalised the more they are witness to it. Previous legislation has had a significant impact on public opinion with regards to tobacco control and this could further strengthen the public's negative perception of smoking.

Age verification policy 'Challenge 25' for the sale of tobacco and electronic cigarettes

38. Do you agree that retailers selling e-cigarettes, refills and tobacco should be required by law to challenge the age of anyone they believe to be under the age of 25?

Yes ☒ No ☐

39. Do you agree that the penalties should be the same as those which are already in place for selling tobacco to someone under the age of 18?

Yes ☐ No ☒

Unauthorised sales by under 18 year olds for tobacco and electronic cigarettes

40. Do you agree that young people under the age of 18 should be prohibited from selling tobacco and non-medicinal e-cigarettes and refills unless authorised by an adult?

Yes ☒ No ☐

41. Who should be able to authorise an under 18 year old to make the sale, for example, the person who has registered the premises, manager or another adult working in the store?

Another adult, similar to alcohol sales

42. Do you agree with the anticipated offence, in regard to:

a. the penalty a ☐

b. the enforcement arrangements b ☐

Equality Considerations

43. What issues or opportunities do the proposed changes raise for people with protected characteristics (age; disability; gender reassignment; race; religion or belief; sex; pregnancy and maternity; and sexual orientation)?

Comments

44. If the proposed measures are likely to have a substantial negative implication for equality, how might this be minimised or avoided?

Comments

45. Do you have any other comments on or suggestions relevant to the proposals in regard to equality considerations?

Comments

Business and Regulatory Impacts Considerations

46. What is your assessment of the likely financial implications, or other impacts (if any), of the introduction of each of these proposals on you or your organisation?

Community Pharmacy Scotland is funded through the delivery of NHS services by its members. The number of patients accessing community pharmacy smoking cessation services may have a small impact in the funding of the organisation.

47. What (if any) other significant financial implications are likely to arise?

Comments

48. What lead-in time should be allowed prior to implementation of these measures and how should the public be informed?

Comments

49. Do you have any other comments on or suggestions relevant to the proposals in regard to business and regulatory impacts?

Comments

As a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC), Scotland has an obligation to protect the development of public health policy from the vested interests of the tobacco industry. To meet this obligation, we ask all respondents to disclose whether they have any direct or indirect links to, or receive funding from, the tobacco industry. We will still carefully consider all consultation responses from the tobacco industry and from those with links to the tobacco industry and include them in the published summary of consultation responses.

Community Pharmacy Scotland has no links to the tobacco industry.