

The Prevention Sub-Group of the Ministerial Working Group on Tobacco Control

25 October 2017 – St Andrews House, Edinburgh, EH1 3DG

Attendees

Morris Fraser, Scottish Government
Elaine Mitchell, Scottish Government
John Glen, Scottish Government
Kim McGibbon, Scottish Government
Phil Alcock, Scottish Government
Colin Lumsdaine, NHS Lothian
Irene Johnstone, British Lung Foundation
John Watson, ASH Scotland
Alistair MacKinnon, Fast Forward
George Dodds, NHS Health Scotland

Apologies

Amanda Amos, University of Edinburgh
Hilary Kidd, Young Scot

Welcome and introduction

1. Members were welcomed to the first meeting of the revamped group. The previous version of the group had considered a new remit for itself and had last met in 2015. The new tobacco control strategy will be released in early 2018, and this y-focused group will help to co-ordinate action on the area of Prevention. The main focus for today's meeting is to discuss and think through what is needed going forward. Morris Fraser chaired this meeting of the group but he said we would be looking for a new Chair from among the members following Louise MacDonald moving on.

Progress to date

2. John Glen provided an summary of where the previous version of the group had left off and the progress to date made on prevention since 2013 referring to his paper that was circulated.

3. In discussions the following points were raised about areas in which the group should concentrate:

- a) Should "prevention" be seen as prevention against smoking or prevention of harm, widening that definition for the group's work would allow a closer link with cessation and protection activity;
- b) Should the prevention work focus only on under 25s, or would there be value in considering 25 and older as a stand-alone prevention group?;
- c) As preventing harms from taking up smoking would be a focus, the group should consider how to address the debate around promoting electronic cigarettes as an alternative to smoking as part of a prevention strategy. This would need to involve carefully managed communications – messaging about

smoking and vaping to account for how young people access information about it;

Making more impact on how well schools take up prevention education could be done by linking it to attainment – for example, by talking with the Regional Improvement Collaboratives. Health and Wellbeing should be promoted more strongly as a necessary foundation for attainment;

- d) The group should also focus on linking prevention work through Vocational Training to improve the limited access we have to this group of young people at the moment. There are opportunities to encourage training leaders and employers to be more active in promoting prevention;
- e) Alongside the work being done to make prisons smoke-free in 2018, the group could consider how to support young offenders;
- f) There were many other groups of carers or providers that the prevention message could be partnered through, such as:

kinship carers.

Tobacco Control Strategy – Refresh

4. NHS Health Scotland reviewed the strategy in 2017, and its findings will be used to help shape the new one. Qualitative analysis which was done with stakeholders will be released shortly.

5. The new strategy will include measurable short-term actions, and to long-term aims, and will be published in April/May 2018, possibly covering the 5 years up to 2023. The Obesity, Tobacco, Alcohol and Substance Misuse strategies will all be published around the same time and so will link together, referencing each other. We are aiming for the new strategy to be bold, tackling issues that others haven't, for example looking at the clustering of outlets. The strategy will also set out the things we want to achieve, our ambitions. We want our interventions to set us apart from other countries.

6. The register we have is good, but there may be a need in the longer term to expand further – perhaps through conditional registration. That change could help achieve changes on over-provision in areas of deprivation and perhaps even on price at some point in the future. This would involve a change to current legislation and amendments to what registration means, but this is something that could happen.

New focus, actions and priorities for the Sub-Group

7. The main focus for this group will be on Prevention for those under the age of 25. But, we do recognise that this is not enough alone to achieve the 2034 target, and so the group should aim to consider close links to protection and cessation as well as prevention activities for older age groups.

ACTION – George agreed to produce a short paper on what the future focus of the group should be based on the topics which were covered in discussions. John

Watson agreed to share with George an ASH Scotland paper setting out what it has planned to do over the next 3 years on prevention to help with the short paper.