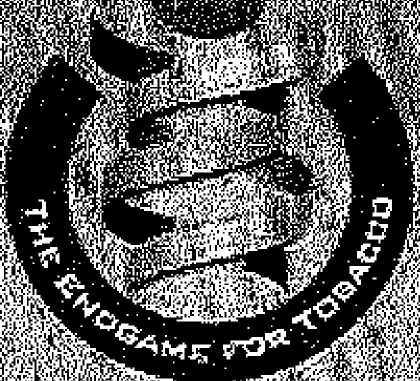
Achieving Tobacco-Free Generations for Tasmania

Jon Berrick (Yale-NUS College)

Tasmanian Legislative Council

Hobart

27 February, 2015



INTERNATIONAL CONFERENCE
ON PUBLIC HEALTH PRIORITIES
IN THE 21st CENTURY

NEW DELHI, INDIA

September 10-12, 2015

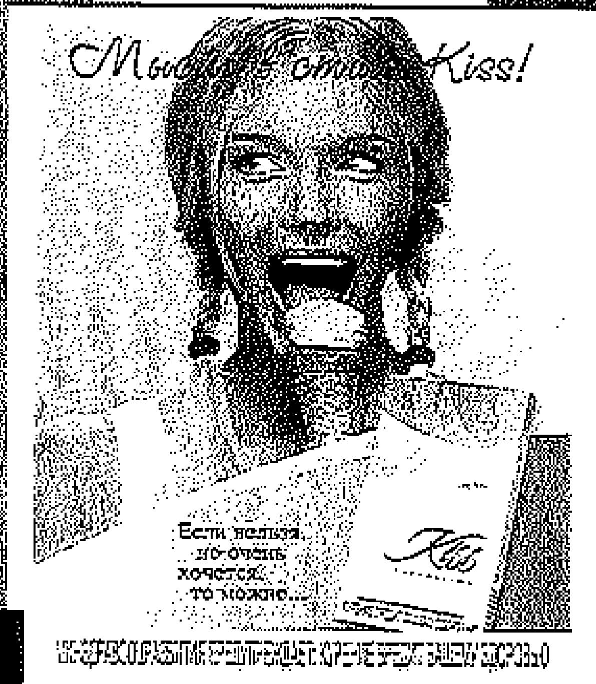
Declaration: "To advance the world towards realization of our collective vision, we strongly recommend: ...
Adoption of policies to prohibit the sale of tobacco to all persons born after 2000, to ensure tobacco free millennium generations (as proposed by Tasmania and Singapore)."

British Medical Association
Representatives' Meeting June 2014

That this Meeting acknowledges both
the substantial harm to health caused by
smoking cigarettes and
that nicotine addiction is very hard to
break.
It therefore calls on the BMA to campaign
to ban forever the sale of cigarettes to any
individual born after the year 2000.

- **TOBACCO IS ADDICTIVE AND**
- **USE STARTS MAINLY AMONG CHILDREN**

"The ability to attract new smokers and develop them into a young adult franchise is key to brand development."
1999 Philip Morris



US Secretary of Health and Human Services Kathleen Sebelius (2011):

"In the end, the most effective way to prevent tobacco addiction is to stop people from starting.

Nearly 90% of adult daily smokers smoked their first cigarette before their 18th birthday."

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http://www.smokefreetasmania.com/

Obvious response

- Legislate under-age laws:
  No smoking under *e.g.* age 18

- WHO (2004): evidence of effectiveness is limited

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Why do youths start smoking?

Main initiators:

- Peer influence
- The desire to appear grown-up

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Project 16, interviews for Imperial Tobacco (Canada,1977)

"There is no doubt that peer group influence is the single most important factor in the decision by an adolescent to smoke... Cigarettes are ... a badge of coming of age, a symbol of the onset of maturity"

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Under-age Flaws

- *Rite of passa*[illegible]

TI: "*Kids don't smoke*"

- Unconvin[illegible]

Okay at 18, but harmful at 17 ???

TI: "*It's a legal product*"

Tony Blair: "*It's the signals that matter.*"

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- 1915 pre-FDA: USA grandfathers tobacco products
- 2018 TFG: Tasmania grandfathers tobacco customers

Why TFG will work

- Smoking *no longer* an 'adults-only' activity like R-movies or alcohol.
- Instead, 'off-limits' for life (*cf.* USA motorcycle helmets).
- Knowing that no peers will *ever* be permitted to be sold tobacco lessens peer pressure to smoke.

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Tasmania
Effect of TFG on eventual smoking deaths
for each Tasmanian birth cohort
Deaths due to smoking
Year of birth
TFG
No TFG
See Appendix slides for basis of modelling.

Strong public support

Location	Date	Surveyor	N	Support
Singapore	Aug 2007	Professional – market researcher	500	[illegible]
Australia	Aug 2012	News Limited – online	2,595	[illegible]
Australia	Aug 2012	Fairfax Media – online	29,096	[illegible]
Tasmania	Dec 2013	Cancer Council Tasmania	1,200	[illegible]

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WHO (2004)

"The *best law* is
one that so shapes social norms
that it becomes self-enforcing."

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Organizations supporting the TFG Amendment

- Asthma Foundation of Tasmania
- Australian Dental Association Tasmanian Branch
- Australian Medical Association (AMA)
- Breathe Well, Centre of Research Excellence for Chronic Respiratory Disease and Lung Ageing
- Cancer Council of Tasmania
- Drug Education Network (DEN)
- Heart Foundation Tasmania
- Lung Foundation Australia
- Menzies Institute for Medical Research, University of Tasmania
- Royal Australasian College of Physicians – Chapter of Addiction Medicine
- SmokeFree Tasmania
- Tasmanian Chronic Disease Prevention Alliance
- The Thoracic Society of Australia and New Zealand

Tried before ?

Yes ! For opium

- Formosa -> 80% reduction in 15 years
- Ceylon -> eradicated within 35 years

See Appendix slides for details.

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Organizations believing the TFG Amendment will work

- Asthma Foundation of Tasmania
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- Menzies Institute for Medical Research, University of Tasmania
- Royal Australasian College of Physicians – Chapter of Addiction Medicine
- SmokeFree Tasmania
- Tasmanian Chronic Disease Prevention Alliance
- The Thoracic Society of Australia and New Zealand
- [illegible]

Prof Peter Singer (Princeton, 2011)

"Even setting aside the harm that smokers inflict on nonsmokers,
the free-to-choose argument is unconvincing with a drug as highly addictive as tobacco,
and it becomes even more dubious when we consider that most smokers take up the habit as teenagers and later want to quit."

Wolfenden Committee Report (UK, 1957)

"The law's function is

- to preserve public order and decency,
- to protect the citizen from what is injurious or offensive, and
- to provide safeguards against the exploitation and corruption of others."

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Australia's proudest nannies

- Henry Bolte (Lib Premier, Vic) 1970

Compulsory seat belts (world-first)

- Rupert Hamer (Lib Premier, Vic) 1976

Random breath testing

- Gough Whitlam (Lab PM), Malcolm Fraser (Lib PM) 1972-6

Ban on radio, TV cigarette advertising

- Jeff Kennett (Lib Premier, Vic) 1993

Compulsory fencing of backyard pools

- John Howard (Lib PM) 1996

Ban on semi-automatic guns

- Michael Ferguson (Lib Health Minister, Tas) 2014

Ban on tanning salons

The tobacco-free generation
thanks you
for your support.

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Appendices

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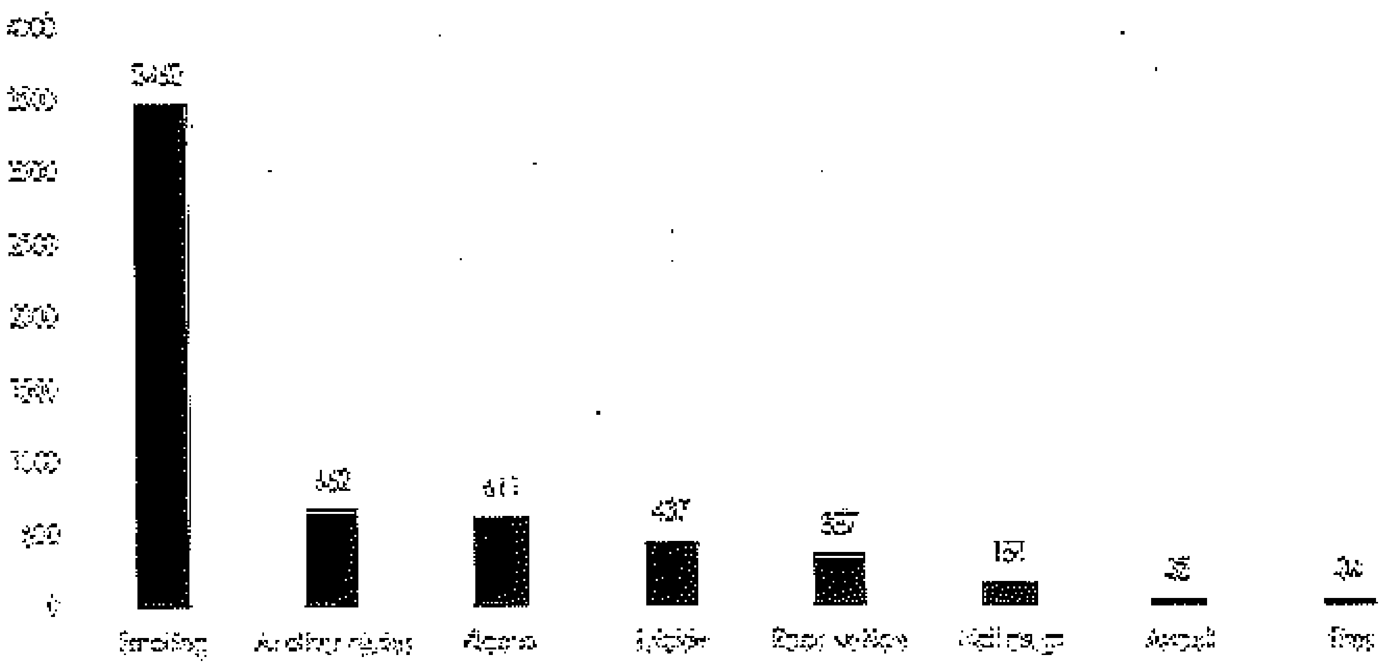

NOTES: Data source: ABS mortality database. Number of deaths caused by drugs has been estimated using age and sex-specific aetiological fractions. The results presented in this graph should be used with caution because methodological differences exist between the current study and a similar graph in a previous publication (HIT 2003). To interpret the burden of disease from the above causes, factors such as age at death should also be taken into account.

The above figure for deaths due to smoking needs upward revision by a factor of 4/3 - see Banks et al. BMC Medicine 2015. http://www.biomedcentral.com/1741-7015/13/38

Why do youths start smoking?

2,378 ever-smoker women in Czech Republic, France, Ireland, Italy, Sweden

Initiator	Blamed by:
My friends smoked	**62** %
Smoking made me look more cool	**26** %
Any other	< 7 %

Oh et al. *BMC Public Health* 2010

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Who are their peers?

> 4 000 age 15/16 smokers in Minnesota, USA

- Among smokers who had ever given tobacco to an underage teen,
- **86%** gave to a ***same age*** friend/acquaintance
- 37% gave to a younger friend/acquaintance
- 19% gave to a stranger

Forster et al *Tobacco Control* 2003

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Ceylon

Report of the Prohibition Commission (Ceylon,1957)

The Opium Ordinance of 1910 and its subsequent amendments made Government the sole importer and distributor of opium and provided facilities for its use only by authorised chemists and druggists on prescriptions from registered medical practitioners and by vederalas registered for the purpose under the Ordinance. It also provided for the consumption of opium by addicts who were required to register themselves as such and were given permits entitling them to obtain periodical supplies in such quantities as were determined by Boards instituted for the purpose.

According to available information about 30,000 persons registered themselves as opium consumers. This number naturally diminished year by year with the death of the permit holders. The consumption of opium on permits had ceased by 1946, thirty-five years after the commencement of the permit scheme. This being not too long a period for the effectualization of such a reform, it may be said that the permit scheme proved itself to be simple and effective.

Decline of opium in Ceylon

Year	All opium imports (eating & smoking)	Prepared opium sales (smoking only)
1908	16,300 lbs [H]	
1911	11,780 [H]	
1913-14	9,700 [H]	1,807 lbs [W]
1920	5,950 [W]	713 [W]
1921	3,362 [W]	675 [W]
1923		566 [W]

[H] Mr Lewis Harcourt, Secretary of State for the Colonies, British House of Commons 28 July 1914

[W] W.W. Willoughby. Opium as an International Problem – The Geneva Conferences. Johns Hopkins Press (Baltimore, 1925)

Formosa

In 1900, the Japanese Government, after mature consideration, set ... certain regulations, some of the objects of which were, first, to place the opium commodity under Governmental monopoly; second, to prohibit non-smokers from acquiring the habit; third, to require the registration of all habitual smokers, who thereafter would be allowed to purchase the drug only upon presentation of a license, this in turn being shielded by legislative rule; fourth, to encourage smokers to abandon the habit; and, finally, to impress upon non-smokers the baneful influences on morals and on all progress which so surely follow in the wake of the habit.

K. Midzuno. Japan's Crusade on the Use of Opium in Formosa. The North American Review, Vol. 189, No. 639 (Feb., 1909), pp. 274-279.

In 1908 there were 215,476 addicts registered and permitted to smoke. No license to smoke has been issued since that time, with the result that, through death or other causes, the number of registered smokers declined until, in 1923, there were only 40,165, and, in 1924, 38,000. ... When the 38,000 smokers at present in Formosa died or abandoned their habits there would be no more opium-smoking in that territory. Further the strict application of these measures prevented millions of persons from acquiring the habit. Smuggling became useless, because there were no more smokers.

W.W. Willoughby. Opium as an International Problem – The Geneva Conferences. Johns Hopkins Press (Baltimore, 1925)

For similar approaches in Burma, Sarawak and Siam, see Willoughby (op. cit.).

The tobacco-free generation
thanks you
for your support.
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http://www.smokefreetasmania.com

From:	
Sent:	27 April 2016 14:37
To:	
Subject:	FW: Revised ASH Scotland funding application
Attachments:	2015-18 Scottish Govt application revised following feedback.docx
Categories:	Purple Category

The Scottish Government
Tobacco Control Team
Health Improvement & Equality Division
Area 3 E
St Andrew's House
EDINBURGH
EH1 3DG

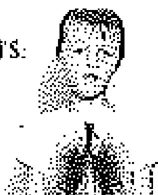
From:
Sent: 13 July 2015 16:41
To:
Cc:
Subject: FW: Revised ASH Scotland funding application

– if not done already, grateful if this could be saved on erdm in this year's finance file.

Thanks!

Tobacco Control Team Leader | Public Health Division | Population Health Improvement Directorate | Scottish Government | 0131-244-2576 |

For your kids' sake, don't smoke indoors.
Take it right outside.



From:
Sent: 08 April 2015 16:20
To:
Cc:
Subject: Revised ASH Scotland funding application

Dear

Please find appended ASH Scotland's funding application to the Scottish Government for the next three year round of funding.

Further to the previous draft and your questions and feedback we have:

- Reduced the number of operational outcomes by combining compatible ones, which should help streamline the reporting
- Done some further work to sharpen up outcome indicators so they are specific and focus on impact
- Added in some significant dissemination and engagement work on the Children's Charter

With regards to specific questions:

- We have extracted the funding application to Scottish Government from our overall annual workplan, against which we report to our Board. This includes work funded by other funders. So there is no duplication but there is at times a synergy – for example our information work on the illicit tobacco trade will be partly funded by the Scottish Government grant, whereas our influencing work is set against grant funding from another source.
- We have flagged three possibly ways we would like to pilot in terms of cessation work in communities – with credit unions, charity shops and food banks. We could pilot one of the three in each year of the grant or focus on one area if you prefer.
- We have outlined in section 5 of the text the new areas of work we propose to bring into this workplan and that of the next two years.
- The staffing costs relate to our new structure which has been designed with the capacity required to deliver our work-plan (which operationalises our new strategy).This is based on our management team estimating the capacity required and the level of staff input needed for all the areas of work proposed, on the basis of which we have calculated staff time, plus direct costs and overheads.

Please let me know if you need further information from me to assist with your decision?

Kind regards

[redacted]

[redacted]
Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh, EH2 2HB

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Tel: 0131 225 4725
Fax: 0131 225 4759
Web: http://www.ashscotland.org.uk

ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.

ash
scotland
Taking Action on Smoking and Health

ASH SCOTLAND

FUNDING APPLICATION

2015 - 2018

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- ASH Scotland 2015-18 strategic plan
- Summary report from IOD Parc review report for Scottish Government
- Extract from ASH Scotland stakeholder survey
- ASH Scotland staffing structure

1) Scotland's success depends on reducing the harm from tobacco

Creating a Tobacco-Free Generation – Scotland's Tobacco Strategy

The programme set out in this proposal closely relates to and helps to deliver the current national tobacco strategy, *Creating a Tobacco-Free Generation.* Our attached work-plan explicitly links specific areas of work for which we are seeking Government funding to the numbered actions in the national strategy. We have adopted the target of creating a tobacco-free generation by 2034 as an overarching focus for our work.

Beyond the tobacco strategy, our work contributes to a number of other Scottish Government aims.

Strategic Objective – A Healthier Scotland

Stopping smoking is the single best thing that a smoker can do to improve their health. Quitting smoking leads to improved general health and mental wellbeing, and reduces the risks of developing serious illnesses, many of which require high levels of care; these include stroke, dementia, heart disease and cancers.

Research on tobacco control activities and measures has shown these to be highly cost-effective health interventions, given the devastating costs that tobacco use imposes on individuals and society.

Strategic Objective – A Wealthier and Fairer Scotland

Treating smoking attributable disease costs the NHS £271 million a year, with productivity losses due to excess absenteeism, smoking breaks and lost output due to premature death depriving the Scottish economy of another £692 million a year. Total societal costs from tobacco use significantly outweigh the revenue raised in taxation.

The smoking rate is 4 to 5 times higher in the poorest areas than in the most affluent, so that smoking is both a cause and an effect of health inequalities. The personal cost to a 20-a-day smoker is over £3000 a year. A 1% drop in the smoking prevalence in the poorest 20% of Scottish society would put £30,000 a day (£11 million a year) directly into the pockets of the most needy in our society.

National Indicator – We live longer, healthier lives

Tobacco is a uniquely harmful substance, implicated in the deaths of more than half of long-term smokers. In Scotland, there are an estimated 56,000 tobacco-related hospital admissions, with around 13,000 early deaths, each year, often after years of debilitating illness. Those who die in middle age lose on average 22 years of healthy life.

National Indicator – We have tackled the significant inequalities in Scottish society

In wealthier areas, some 15% of deaths are attributable to smoking, whilst for the most economically disadvantaged the figure rises to 32%. Professor Sir Michael Marmot in his review 'Fair Society, Healthy Lives', noted that tobacco control is "central to any strategy to tackle health inequalities".

National Indicator – We have improved the life chances for children, young people and families at risk

Two thirds of smokers start before their 18th birthday, so that a decision taken as a child may have health, financial and social impacts throughout their life. Children growing up in a household where someone smokes are several times more likely to take up smoking themselves, so that the harm and inequality caused by tobacco use is passed on to future generations.

Performance Indicator – Reduce the percentage of adults who smoke

Although the smoking prevalence has halved over the last 40 years, there are still around 1 million smokers in Scotland, each with greatly increased risk of cancer, heart disease, stroke, dementia, arthritis and diabetes.

As we know that most smokers started as children, and the great majority now say that they want to quit, it is clear that very few of these are engaging in an informed adult choice.

National Indicator – Improve children's services

The survey information we have suggests that there is a particularly high smoking rate amongst looked after children and amongst the disadvantaged groups supported by community-based youth services. We are aware that while most professional staff are aware of the concerns over smoking, services often prioritise drugs or alcohol issues yet are open to the provision of support to improve their own tobacco policies.

Performance Indicator – Increase the proportion of babies with a healthy birth weight

Every year over 11,000 Scottish babies are affected by smoking in pregnancy, which is a serious risk factor in low birth weight, birth complications and Sudden Unexplained Death in Infancy (SUDI). 30.6% of pregnant women in the most deprived categories smoke at booking, compared to 6.1% in the least deprived categories. Guidance on tobacco policies for maternity services exists, yet implementation is still patchy.

Performance Indicator – Improve self-assessed general health

In addition to the health concerns, there are social and economic costs to families and communities who care for the ill, mourn for the dead and expend money which is badly needed elsewhere.

The latest Scottish Household Survey indicated that 'Smokers were less likely than non-smokers to describe their health as 'good' or 'very good' (64 per cent and 77 per cent, respectively) while 12 per cent of smokers said their health is 'bad' or 'very bad' compared with 6 per cent of non-smokers.'

Performance Indicator – Improve mental well-being

Some 40% of tobacco consumption is by people with mental health issues and the more severe the mental illness the more likely the person is to be a smoker. Smoking is commonly regarded as a support or a means of coping, yet research shows that stopping smoking is linked with improved mental health and that mental health services implementing smoke-free policies have reported positive outcomes for both staff and patients.

Contribution to other Scottish Government strategies

In terms of the National Parenting Strategy, we contribute to and help monitor implementation of work to support cessation of tobacco use in pregnancy through MCQUIC

and addressing SHS at the 24-30 month health visitor review. Our work supports areas of the 'Breaking the Cycle' element of the Early Years Framework and is informed by the GIRFEC and SHANARRI principles, which are reflected in our Children's Charter for a Tobacco-free Generation.

We also contribute to the aims of the Health & Social Care integration programme. The Route Map to the 20:20 Vision for Health and Social Care specifically mentions smoking with Key Deliverable 20 - new restrictions on tobacco advertising - being seen as a driver to reduce youth smoking prevalence. Promoting understanding of and supporting implementation of such advertising restrictions are a key part of our work.

We have contributed to both shaping and disseminating the learning from Equally Well initiatives, including supporting actions around the health of looked after children and early years, as highlighted in the 2010 review of Equally Well.

Through our work aimed at tackling poverty and inequalities, we support the Achieving Our Potential framework, and within the Child Poverty Strategy we actively support work to improve life chances and better physical and mental health for children from low income households through our early years and community engagement work. Plain packaging for tobacco is specifically mentioned under the Prospects – Improved life chances (children from low income households have improving levels of physical and mental health) section.

Our activities help to support the Refreshed Framework for Maternity Care, the Healthcare Quality Strategy for Scotland, the mental health strategy 2012-2015, and the dementia strategy. There is also a mention of exposure to tobacco smoke in a review of the Good Places Better Health strategy on health and environment, and we maintain an interest in and partnership engagement on reducing tobacco related litter in communities.

2) Demonstrating ASH Scotland's impact and added value

As Scotland's national charity seeking to reduce the harm and inequality caused by tobacco, ASH Scotland is uniquely placed to deliver the impacts and benefits of tackling tobacco, as set out above. We were recently audited by independent consultancy IOD Parc, on behalf of the Scottish Government. Their 2014 report set out how we work to deliver the impacts and benefits of tobacco control, and concluded *that "ASH Scotland is effective in achieving its aims, and in delivering value for money for the Government"*. The report praised ASH Scotland for its *"strong vision"*, *"working effectively with a wide range of partners and alliances"*, *"strong governance"* and *"effective decision making processes"*.

We work in partnership with other health interests in Scotland, across the UK and internationally and aim to bring information and experience to bear on thinking about how Scotland best tackles the tobacco epidemic and moves towards a society where smoking is out of fashion. Our partnership working with both the Scottish Tobacco Control Alliance (STCA) and the Scottish Coalition on Tobacco (SCOT) have proved to be useful channels for disseminating Scottish Government consultations and channelling views and suggestions on developing tobacco policies and emerging areas of practice, as well as taking a longer view of the progress needed to deliver a generation free from tobacco.

We play a prominent role in building awareness and consideration of the impact of tobacco across other sections of public life, as part of supporting a culture change towards achieving communities throughout Scotland where smoking and tobacco use are completely out of fashion. Given the concentration of smoking behaviours in disadvantaged groups we are able to approach a wide range of organisations engaging in community support, confident

that tobacco will be impacting negatively on the groups they are working with. We have developed an effective and efficient model whereby we engage, inform and support professionals, enabling them to develop their own tobacco policies and practice and thus to reach a much wider segment of society than we could ever reach on our own.

Amongst the specific impacts achieved with our most recent round of Government funding are that we:

- informed the development of Scotland's new tobacco control strategy, collating and communicating the evidence to inform the strategy and involving a range of stakeholder organisations in considering the proposals;
- made significant inroads in persuading community-based youth organisations to engage the young people they work in making health choices on tobacco, including producing a policy guide for services and winning around the main national organisations to supporting work on tobacco and health;
- engaged family support services around Scotland in supporting their clients to protect their families through making their homes smoke-free;
- produced a comprehensive evidence review on the links between smoking and dementia, which has enabled us to initiate relationships with some of the key dementia interests;
- produced a new analysis of the financial impact of smoking in our most deprived communities and initiated partnership working with financial support services;
- mapped tobacco policies amongst services for Looked After and Accommodated children and developed and promoted a model tobacco policy in response;
- ran a successful summit as part of our 2013 national conference bringing together 40 representatives to consider tobacco issues for black and minority ethnic groups, setting up a network of interest which we continue to support;
- handled 779 information enquiries in 2014, up from 549 in 2011
- grew the STCA from 169 to 187 members at a time of overall reduction in staff numbers, organising successful seminars to facilitate sharing on topics from illicit tobacco and electronic cigarettes to smoking in pregnancy;
- developed Tobacco Awareness Raising Sessions (TARS), delivering to organisations from mental health residential units and dementia support groups to children's charities; and

Beyond the activities in our initial workplan, we adapted to events and developments as they rose, for example adding value through our dialogue with the organisers of major national events such as the Commonwealth Games and Ryder Cup, as we positively influenced their decisions about policies and messaging relating to tobacco.

Tobacco control is working for Scotland. Surveys indicate that long-term reductions in the smoking rate leave just over one fifth of adults (16+) in Scotland smoking, which represents around 1 million people. The latest SALSUS figures showed that teenage smoking rates continue to drop – only 2% of 13 year olds were regular smokers in 2013 (down from 3% in 2010), while 9% of 15 year olds were regular smokers in 2013 (down from 13% in 2010) - the lowest rates since current surveys began in 1982.

If we were not able to continue in our role as Scotland's national charity taking action to reduce the harm and inequality caused by tobacco there would be no central evidence resource, informing debates and driving forward evidence-based change, no co-ordinated push to encourage and enable family support, mental health and youth work services to address the impact of tobacco on their client groups and no forum linking and informing tobacco control activity around Scotland and across sectors.

3) ASH Scotland and the context for this proposal

ASH Scotland has developed a new organisational strategic plan, covering the three year period from April 2015 to March 2018, the timescale of this funding request. The new strategy (attached as appendix) focuses on engaging across Scottish society, to make the links and connections that work towards laying the foundations for a generation free from tobacco in 2034. Our funding proposals to the Scottish Government are in line with our strategy.

ASH Scotland's new organisational strategy was developed in consultation with staff, Board and stakeholders and informed by a SWOT and PEST analysis.

We identified as a key strength that we are Scotland's experts on tobacco and health, handling a well-established evidence base with credibility. We have built up strong partnerships and good working relationships, and are a hub for tobacco control activity in Scotland. Amongst our staff we have a broad range of skills, allowing us to engage with the different needs for action on tobacco. We add value and capacity to help others meet their goals.

Moving forward, we recognise the danger that we may be dismissed as a single-issue group, or deliberately presented as being anti-smoker. We face organised commercial opposition in a way experienced by few other charities.

We are able to connect with many of the issues at the forefront of public concern, such as poverty/food banks and health inequality and to show that tobacco is connected to health concerns at the forefront of public and political concern, such as diabetes and dementia. We are keen to develop further opportunities to reach out and engage with community groups.

Our work keeps tobacco on the public awareness agenda, whereas without us it could be in danger of being squeezed out by funding pressures or competing issues.

The political context in which we present this bid is led by the Scottish Government's commitment to achieving a 5% adult smoking prevalence rate by 2034. This vision drives our work, along with the target of reducing the proportion of children exposed to second-hand smoke in the home to 6% by 2020. We are aware that an expected Public Health Bill in 2015 will bring opportunities and demands, as will the introduction of standardised tobacco packaging, and the implementation of European Tobacco Products Directive measures in May 2016.

The economic outlook continues to be challenging, with both statutory and charitable funding under severe pressure for the foreseeable future. Scotland's tobacco control budget will be maintained at least at current levels until 2018, but there may be further cutbacks to enforcement staff and in research and public awareness funding. Tobacco taxes will continue to rise, at least for the next couple of years.

We anticipate concerns over health inequalities will be a continuing high-profile dialogue, with smoking rates being an important ongoing factor. Various regulatory measures should continue to see the visibility of tobacco use wane, including a ban on smoking in cars with children present; smoke-free health services, prisons and local authority premises; and a growing discussion on other smoke-free outdoor areas. Electronic cigarettes have raced ahead of the regulatory framework to become a mainstream consumer item, with questions around patterns of use and appropriate regulation to be addressed in the next few years.

Technological considerations for the three-year lifetime of this strategy include the emergence and marketing of new nicotine delivery devices, including those developed by tobacco industry interests. We expect media, marketing and information provision to move further online, with a greater accessibility and affordability of webinars, Skype, etc. We are interested in the trend for air quality monitoring devices to get cheaper and simpler to use, increasing the possibility to provide measurements and feedback on tobacco smoke not just in homes but in shared places, such as stairwells and prison halls.

In developing our strategy, ASH Scotland also conducted a survey of our external stakeholders, some extracts of which are attached in appendices. The survey elicited very positive responses from across health service, voluntary sector, local government and academic audiences, and illustrated the large number of strong, lasting partnerships which underpin and add value to our work.

4) Laying the Foundations for a Generation Free From Tobacco: ASH Scotland's strategic plan 2015-2018

ASH Scotland's new organisational strategy focuses on 5 strategic outcomes:

1. **more young people will have chosen not to smoke**

Over the three-year period, ASH Scotland will work to ensure that tobacco becomes less attractive and available to young people. In particular we will:
- continue to mainstream tobacco interventions across the youth work sector. Youth work organisations target the deprived communities where young people are most affected by tobacco and we are collaborating with the main youth work organisations, ensuring that information and support materials are available and promoted through youth work networks, and directly supporting individual youth work services so that more young people engaging with services are able to make positive choices on tobacco;
- support the introduction of standardised packaging, expected in May 2016, collating evidence, informing and influencing debates and responding to the inevitable tobacco industry opposition so that the public (including smokers themselves) understand and support the rationale for the change;
- work with student union bodies to promote and help implement smoke-free campuses. Focusing on further education colleges, we will initiate pilot projects with interested student unions and develop positive case studies and template policies which we will promote across Scotland;
- maintain careful oversight of the enforcement of existing regulation of the tobacco market, and engagement with trading standards, the police, etc, ensuring that measures intended to reduce young people's access to tobacco are well understood and adequately enforced and that local and community responses to illicit tobacco are promoted; and
- lead a discussion on the real and manufactured concerns over illicit tobacco, ensuring that public and political awareness of illicit tobacco is not only high but accurate, and that tobacco industry attempts to skew media coverage, retailer perceptions and policy responses are robustly dealt with.

2. **more people of all ages will live their lives free from second-hand tobacco smoke**

Over the three-year period ASH Scotland will work to ensure that more people choose to make their homes and cars smoke-free and to develop Scotland's approach to designating certain outdoor areas as smoke-free. In particular we will:
- engage with more family support services, to translate learning from the REFRESH project into improved practice and hence to maximise the support given to service-users wishing to protect their family through making their home smoke-free;

- continue to update and communicate the evidence base on the impact of second-hand smoke and the international record of smoke-free policies in protecting the public, and use this to inform public awareness of the need for smoke-free policies and political debates around smoking in cars with children present;
- develop public debate and engagement with health boards and local authorities over which outdoor public spaces would be appropriate to designate as smoke-free, and starting with children's space such as play parks; and
- engage services for Looked After and Accommodated Children, to improve policy and practice and hence to ensure that the corporate parent takes full account of the benefits of smoke-free homes and environments in reducing immediate harm to children and their likelihood of going on to smoke themselves

3. **more people will have stopped smoking, particularly from deprived communities**

Over the three-year period ASH Scotland will work to ensure that more smokers want to quit and that the environment in which smokers live is more supportive of quit attempts. In particular we will:
- monitor and collate new evidence on the links between tobacco and a range of equality issues, ensuring that tobacco is understood as both cause and effect for health inequalities and that tobacco control is part of the process of reducing inequality;
- continue to monitor the emerging evidence base on electronic cigarettes and harm reduction approaches, ensuring that the debate over the rightful place for electronic cigarettes seeks to encourage the potential benefit in quitting smoking while minimising the risk of attracting new generations into nicotine addiction;
- engage with mental health organisations and front-line services to challenge any lingering consideration that smoking can be beneficial in coping strategies for people with mental health issues or that moves towards smoke-free mental health services could be harmful for patients and/or staff; and
- seek to develop new opportunities to hear the voices and perspectives of smokers themselves, to that tobacco control policies and messages can be developed with the needs and responses of the end-users in mind.

4. **there will be greater public support for a tobacco-free generation**

Over the three-year period ASH Scotland will work to ensure that more people support the 2034 target and understand what it means and that policy and practice will shift to reflect the vision of a tobacco end-game. In particular we will:
- promote the Charter for a Tobacco Free Generation to a wide range of organisations interested in children's welfare, seeking Charter signatories but also changes to policy and practice in line with the six Charter principles;
- monitor and engage with international discussions on end-game thinking and policy ideas, ensuring that Scotland's progress is informed by ideas from other countries and in turn influencing developments elsewhere;
- engage with and drive forward local alliance activity around Scotland, providing advice, information and support as local areas develop and implement their own local tobacco action plans; and
- monitor tobacco industry activity and map Scotland's performance with regard to Article 5.3 of the Framework Convention on Tobacco Control.

5. **ASH Scotland will effectively drive wider action on smoking and health**

Over the three-year period ASH Scotland will work to achieve that other organisations are able to make a greater contribution to tobacco control work and that ASH Scotland itself is well-run, efficient and effective. In particular we will:
- provide a top-quality Information Service providing the best available evidence on tobacco and health;

- co-ordinate the Scottish Tobacco Control Alliance, to enable networking, consultation and information exchange relating to tobacco control in Scotland;
- effectively demonstrate good governance, including supporting the maintenance of suitably constituted Board and the development and delivery of clear, outcome-focused workplans; and
- identify and secure long-term, sustainable and diverse funding to underpin the ongoing activities of the organisation and the achievement of its long-term goals.

The Scottish Government funding applied for here will form a substantial part of our work in delivering on these 5 strategic outcomes, but not all of it, sitting alongside and complementing other work where funding has been secured or is still being sought through other avenues.

5) New approaches and opportunities

While many of the over-arching themes in tobacco control continue over time (youth prevention, cessation support, protection from second-hand smoke....) the adoption of the 2034 end-game target in Scotland has provided a new narrative for tobacco control in Scotland, a fresh impetus and a clear challenge. Together with an increased focus on engagement with community groups and front-line services this has led to a number of new initiatives and revised priorities in this funding proposal.

In seeking to address the lack of interventions engaging the 16-24 age group we have identified college campuses as an ideal means of changing the environment in which many young people experience life transitions, including becoming regular smokers. To reach some of the most deprived members of this age group we have also developed a model tobacco policy for services supporting looked after and accommodated children and young people, and will promote and support take-up of these standards at both local and national level.

We have identified opportunities presented by the Early Years Framework to build on the REFRESH project to promote being tobacco-free as a core element of giving children the best start in life.

We will drive new activity to enhance the context and support for cessation attempts. Electronic cigarettes are still beset by many uncertainties, but the considerable interest and experimentation they have developed amongst smokers makes an appropriate response to e-cigarettes central to any cessation strategy. We will ensure debates in Scotland are informed by the growing evidence base, and seek to bring about the conditions which will deliver the best outcomes for public health. We will also explore and trial new, community-based approaches to supporting cessation, through partnering with frontline support organisations, particularly credit unions, food banks and charity shops.

Armed with a growing evidence base that 40% of tobacco is used by people with mental health issues, and that smoking cessation is beneficial to mental health, we will challenge mental health services to address the enduring acceptance of smoking amongst this vulnerable group.

In the coming year we will provide the background evidence base, and hence inform and guide discussion and debate as two pieces of legislation are considered by the Parliament.

We will increase our direct support for, and strengthening of, local alliance activity and will reorganise the STCA to provide a more flexible, member-centred approach to connecting people working on tobacco and health.

Underpinning all of this outreach work will be a new engagement tool – the Charter for a Tobacco-Free Generation. Developed and launched with funding from Cancer Research UK, the Charter has already received excellent feedback from across the political sphere and from a range of organisations interested in children's health and wellbeing. With Scottish Government support we will now use the Charter to engage and inform a broad swathe of civic society, currently engaging with young people but not with tobacco, to identify how tobacco impacts the communities they work with and to change policy and practice in response.

6) Monitoring, evaluation and reporting

The driver diagram below sets out how we believe our activities deliver impact towards our over-arching aim to reduce the harm and inequality caused by tobacco. A detailed work-plan for the first year of the grant is also included. This is drawn from our organisational annual work-plan and breaks down our 5 Strategic Outcomes and 10 High Level Outcomes into a series of 27 specific Operational Outcomes. The version reproduced here only includes work as part of this funding bid and leaves out activities funded through other channels.

We have identified a number of outcome indicators to go with each of the 27 Operational Outcomes, providing the specific measures of impact against which we will report. We propose to report back on progress and measures against each of the Operational Outcomes and believe that this new, impact-driven, means of planning and evaluation will provide a simple, clear and effective framework by which to frame our biannual reports to the Scottish Government.

We propose to submit further detailed annual work-plans ahead of years 2 and 3 of the funding.

7) Driver diagrams for 2015-18