CREATING A TOBACCO-FREE GENERATION

A Tobacco Control Strategy for Scotland

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SCOTTISH GOVERNMENT

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The Scottish Government, Edinburgh 2013

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MINISTERIAL FOREWORD

Scotland has a proud record on tobacco control. As Minister for Public Health, I am determined to see Scotland remain at the forefront of those countries around the world committed to bold action to reduce the harm caused by tobacco. I am proud to introduce a new tobacco control strategy for Scotland, which sets out the actions we will take over the next 5 years on our way to Creating a Tobacco-free Generation.

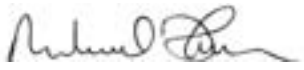
Whilst the Scottish Government has long made clear its aspiration for a tobacco-free Scotland, this Strategy sets the date by which we hope to realise this ambition. This is not about banning tobacco in Scotland, or unfairly stigmatising those who wish to smoke. Our focus is on doing all we can to encourage children and young people to choose not to smoke. By so doing, we hope to create a tobacco-free generation of Scots by 2034.

To achieve this goal – defined here as a smoking prevalence among the adult population of 5% or lower – we need to continue to promote the shift in social attitudes so that choosing not to smoke is the normal thing no matter who you are or where you live. Continuing to reduce the attractiveness of tobacco, particularly to young people, is an important part of this. That is why, following the recent UK-wide consultation, this Strategy also sets out the Scottish Government's support for the introduction of standardised packaging of tobacco products.

Whilst the actions set out in this Strategy rightly focus on prevention, we are also committed to providing the very best services and support we can for those who wish to stop smoking. And, in working to reduce smoking prevalence through prevention and cessation activities, we need to maintain our focus on protecting people, especially children, from the harms caused by second-hand smoke.

There are so many reasons why effective tobacco control is good for Scotland. However, perhaps the most troubling aspect of current smoking patterns is the hugely disproportionate impact on Scotland's most deprived communities. Health inequalities is, therefore, a key theme running through the Strategy, with the explicit recognition that effective action to reduce smoking prevalence demands a focus on those communities at greatest risk of unequal health outcomes.

This Strategy sets out a challenging 5-year programme for tobacco control. It will require action from the Scottish Government, Local Authorities, NHSScotland and the third sector, both individually and in partnership. Most importantly, it will also require individuals, families and communities in Scotland to share, and contribute to, our vision of a tobacco-free generation.



Michael Matheson
Minister for Public Health

CHAPTER 1
INTRODUCTION

Effective tobacco control is central to realising the right to life and the right to the highest attainable standard of health for everyone in Scotland. It recognises that people deserve to live in a nation free from the harms caused by tobacco, where people choose not to smoke and enjoy longer, healthier lives. This Strategy has been developed with input from NHSScotland, COSLA, the Third Sector and research community and sets out the next steps on Scotland's journey to becoming tobacco-free.

Scotland has already come a long way in shifting cultural attitudes to smoking and is now seen as a world leader on tobacco control. We should all be proud of this achievement. Since the Scottish Parliament was established in 1999, it has overseen:

- legislation to ban tobacco advertising in 2002
- implementation of historic smoke-free legislation in 2006
- increase in the age for tobacco sales from 16 to 18 in 2007
- overhaul of tobacco sale and display law, including legislation to ban automatic tobacco vending machines and a ban on the display of tobacco and smoking-related products in shops
- establishment of the first Tobacco Retail Register in the UK in 2011
- comprehensive awareness-raising campaigns
- record investment in NHS smoking cessation services helping hundreds of thousands of people to attempt to quit smoking.

However, while there is clear evidence that action, such as the smoking ban, has lead to a range of health benefits including: reduced heart attack admissions to hospital[1]; reduced childhood asthma admissions to hospital[2]; and fewer premature births[3], tobacco use still remains one of Scotland's most significant public health challenges.

Smoking is associated with a range of illnesses and is the primary preventable cause of ill health and premature death. Each year, tobacco use is associated with over 13,000 deaths (around a quarter of all deaths in Scotland every year) and 56,000 hospital admissions in Scotland[4]. Annual costs to Scotland's health service associated with tobacco-related illness are estimated to exceed £300m and may be higher than £500m each year[5].

The number of people who smoke in Scotland has declined from 31% in 1999 to 23.3% in 2011[6]. However, smoking rates in the most deprived communities in Scotland remain disproportionately

1 http://www.ncbi.nlm.nih.gov/pubmed/18669427
2 http://www.ncbi.nlm.nih.gov/pubmed/20843248
3 http://www.ncbi.nlm.nih.gov/pubmed/22412353
4 http://www.scotpho.org.uk/publications/reports-and-papers/868-smoking-ready-reckoner
5 http://www.scotpho.org.uk/publications/reports-and-papers/868-smoking-ready-reckoner
6 http://www.scotland.gov.uk/Publications/2012/08/5277/10

high – 40% in the most deprived areas compared to 11% in the least deprived areas[7]. This is a key factor in contributing to Scotland's persistent health inequalities that result in the unfair differences in life expectancy between the richest and poorest of our communities.

Tackling health inequalities and their underlying causes is part of our collective responsibility to advance the right to life and to increase life expectancy, taking steps to protect us all, particularly children, from risks to life[8]. Such measures are also clearly required to advance the right to the highest attainable standard of health[9]. This is why tobacco control remains central to achieving the Scottish Government's Purpose and Objectives, as well as to meeting our international obligations such as the World Health Organization's Framework Convention for Tobacco Control. For Scotland to become a more successful country, with opportunities for everyone to flourish, we need to remove the burden of ill health which tobacco contributes to.

This five-year strategy therefore sets out a range of actions across the following themes:

- ***Prevention*** – creating an environment where young people choose not to smoke
- ***Protection*** – protecting people from second-hand smoke
- ***Cessation*** – helping people to quit smoking

It is, however, clear that a key factor cutting across these three themes is how they take account of inequalities. We will not achieve our ambition of a tobacco-free Scotland without addressing the stark socio-economic inequalities in smoking prevalence rates. The actions set out in this Strategy consider the impact on those at risk of unequal health outcomes. This places our continued action on tobacco control firmly within the Scottish Government's commitment to tackling the underlying causes of poor health which contribute to the health inequalities that exist across Scotland's population.

Success will not be achieved through any one measure. That is why this Strategy builds on the multi-faceted approach, set out in our previous tobacco control strategies, balancing a range of national and local actions that complement and reinforce each other. In implementing decisive tobacco-control policies, the Government, the NHS and Local Authorities must show leadership in responding to the direction of travel set out in the Strategy. However, communities themselves must also have a role in achieving our vision of a tobacco-free generation. The Third Sector, with

7 http://www.scotland.gov.uk/Publications/2012/08/5277/10

8 The right to life requires States *"to take all positive measures…to increase life expectancy…"*, UN Human Rights Committee, *General Comment No. 06: The right to life (art. 6):. 30/04/1982. CCPR General Comment No. 6. (General Comments)*, para 5.

9 The right to the highest attainable standard of health includes a right to healthy working conditions, a healthy environment, access to health related education and information and *"prevention and reduction of the population's exposure to harmful substances."* It also includes an obligation to *"discourage the production, marketing and consumption of tobacco"*. UN Committee on Economic, Social and Cultural Rights, General Comment No. 14, The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights), 11 August 2000, UN Doc. E/C.12/2000/4.

its unique abilities to engage with and represent local populations, will be key in supporting this contribution.

Whole population approaches such as regulation and investment in services must be supported by interventions which are driven by, and meet the needs of, local communities. We all need to consider, as individuals and communities, what we can do to support each other to make smoking a thing of the past and improve, not only our own health, but also the health of our local areas. Only by taking this approach can we achieve our ambition of a tobacco-free Scotland and accelerate our efforts to tackle the underlying causes of health inequalities.

These ingredients of a strong and successful tobacco control strategy also reflect and support the wider approach to achieving sustainable quality in healthcare across Scotland as set out in the strategic narrative and 20:20 vision for health and social care. In other words, a holistic and whole system approach, greater collaboration with other partners, and more emphasis on prevention, co-production, creating health and wellbeing and reducing inequalities.

We know that the demands for healthcare and the circumstances in which it will be delivered will be radically different in future. In setting out the steps and the milestones that will help us to realise our 20:20 vision, we are clear that tobacco control has a significant part to play.

Action: The Scottish Government will maintain the tobacco control budget at current levels across the 5-year lifetime of this Strategy.

Lead: *Scottish Government*

CHAPTER 2
TARGETS FOR A TOBACCO-FREE SCOTLAND

In setting out our aspirations for a tobacco-free Scotland, we have decided – for the first time – to set a target date by which we expect to realise this ambition. This date is ***2034.*** In setting this target, we have defined 'tobacco-free' as a smoking prevalence among the adult population of 5% or lower.

In taking this approach, it is important to be clear about what we hope to achieve. This is not about unfairly stigmatising those people who chose to smoke, or who are unable to give up. The target reflects the fact that we are not taking a prohibition stance and that it is unlikely for smoking to be phased out altogether.

Our overriding aim in setting this target is to create a generation of Scots who do not want to smoke. A child born in 2013 will celebrate their 21st birthday in 2034. Creating a Scotland for that young adult, largely devoid of tobacco use – with all the health, social and economic benefits that entails – would be an achievement of which we could all be proud.

Our target date is informed by modelling work to ensure the target is both challenging and achievable. A technical paper outlining this work will be published alongside this Strategy on the Scottish Government Tobacco Control webpage. This modelling work also points to the actions we need to take to realise this target. Whilst the delivery of increasingly effective cessation services will make a contribution, it is clear that the key factor in ensuring success will be maintaining the continued downward trend in the take-up of smoking among young people. To that end, our modelling work assumes prevalence rates among 15 year olds will decrease by 2.5 percentage points every two years until reaching a floor of 2%. This, therefore, places a premium on the prevention actions identified in this Strategy aimed at creating an environment where young people do not want to smoke.

Given the clear inequalities dimension to smoking prevalence rates, we have also included 5-year milestones, setting out how prevalence needs to reduce by SIMD quintile to achieve the 2034 target. We will monitor progress through the Scottish Household Survey. The first 5-year milestone is in 2016; this data will be available when the results of the Scottish Household Survey are published in autumn 2017.

Table 1 – SIMD smoking prevalence milestones

DATE	**SIMD 1** *Most deprived*	**SIMD 2**	**SIMD 3**	**SIMD 4**	**SIMD 5** *Least deprived*	**SCOTLAND AVERAGE**
2011	38	29	22	16	12	**23%**
2016	27	21	18	13	10	**17%**
2021	19	15	13	10	7	**12%**
2026	13	10	9	7	5	**9%**
2031	9	7	6	5	4	**6%**
2036	7	5	5	4	3	**4%**

CHAPTER 3
SMOKING AND HEALTH INEQUALITIES

Health inequalities remain a significant challenge in Scotland, with the poorest in our society dying earlier and experiencing higher rates of disease. This is most starkly demonstrated in terms of healthy life expectancy. In 2009-10, male healthy life expectancy at birth ranged from 68.5 in the least deprived quintile to 50.0 in the most deprived quintile – a difference of 18.5 years. For females, the equivalent figures were 70.5 and 52.5 years respectively – a difference of 18.0 years[10].

The causes of these health inequalities are complex, with no single factor responsible for differences in health outcomes experienced by people from different socio-economic groups. However, the correlation in the distribution of healthy life expectancy and smoking prevalence rates across socio-economic group is striking.

Given the strong link between smoking and premature mortality, it is clear that the patterns of smoking prevalence rates shown in table 1 on page 5 are a very direct cause of Scotland's continuing health inequalities. It therefore follows that reducing smoking prevalence rates in the most deprived communities will make a decisive contribution to reducing Scotland's health inequalities.

However, it will not be possible to achieve this targeted reduction without understanding why smoking prevalence is so heavily concentrated in areas of deprivation. This means taking steps to address the underlying causes of health inequalities, which include factors such as negative early years' experiences, poverty, unemployment, low educational attainment and poor physical and social environments.

This Strategy therefore sets out a dual approach to tackling smoking-related health inequalities, by:

- ensuring all tobacco control measures are tailored to meet the requirements of Scotland's most deprived communities
- maintaining efforts to address the underlying causes of health inequalities.

Underlying Causes

The Scottish Government's approach to tackling health inequalities is set out in *Equally Well*, the Report of the Ministerial Task Force on Health Inequalities. *Equally Well* made clear that, in order to reduce Scotland's unfair and unjust health inequalities, we need to improve the whole range of circumstances and environments that offer opportunities to improve people's life chances and hence their health.

The Scottish Government's policies to ensure children have the best start in life through the *Early Years Framework*, *Getting it Right for Every Child* (GIRFEC), the *Parenting Strategy* and the Children and Young People (Scotland) Bill; to tackle poverty through *Achieving Our Potential* and the

10 http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/key-points

Child Poverty Strategy; to promote employability through *Working for Growth*; to improve educational attainment through *Curriculum for Excellence*; to reduce offending through the *Strategy for Justice*; and to improve the built environment through the *Regeneration Strategy* are all relevant to tackling health inequalities in Scotland. Whilst these strategies all offer opportunities to promote tobacco control messages, they also help to create the circumstances in which those messages are more likely to be heard and acted upon.

Action: The Ministerial Task Force on Health Inequalities will reconvene in 2012-13 to review and refresh the Scottish Government's strategy for addressing the root causes of health inequalities.

Lead: *Scottish Government*

Asset-based Approaches

It is clear that the ability and willingness of people to adopt the sorts of healthy behaviours that will lead to increased life expectancy – such as a tobacco-free lifestyle – depend significantly on their wider life circumstances. In order to respond to this challenge, the Chief Medical Officer for Scotland, supported by the Scottish Government and COSLA, advocates an asset-based approach to health improvement. Assets can be described as the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health status. Asset-based approaches recognise that sustained positive health and social outcomes will only occur when people and communities have the opportunities and facility to control and manage their own futures.

In order to assist with embedding asset-based approaches in practice, the Glasgow Centre for Population Health has produced a series of briefing papers. These include setting out the evidence base for asset-based approaches, guidance on putting asset-based approaches into practice and a collection of case studies illustrating how asset-based approaches are currently being applied in Scotland.

This Strategy promotes an asset-based approach to the design and delivery of all smoking prevention, protection and cessation programmes. Critically, the adoption of asset-based approaches will enable deprived communities to engage on an equal basis with public and voluntary sector organisations to address key determining factors which impact on their health behaviour.

A Partnership Approach

Asset-based approaches, by definition, require a local approach. Given the wide range of factors that impact on smoking prevalence – and on health and wellbeing more widely – it is clear that effective local tobacco control strategies require a partnership response. Reducing the number of people who take up smoking is key to reducing overall prevalence rates and, as such, should be a

key feature of local tobacco control strategies. Since the publication of *Scotland's Future is Smoke Free* (2008), NHS Boards have received annual prevention funding to deliver local initiatives that support young people to not smoke. Working with local partners will be key to getting the most out of this investment. Community Planning provides the context in which this work needs to take place with the opportunity to set local targets in support of reducing prevalence rates.

In 2012, the Scottish Government and COSLA carried out a review of Community Planning and Single Outcome Agreements (SOAs). New SOAs are expected to demonstrate a clearer focus on reducing inequalities within and between communities, in relation to six agreed national priorities, one of which is health inequalities.

The 2012 Guidance to Community Planning Partnerships on Single Outcome Agreements sets out how Community Planning Partnerships (CPPs) will mobilise public sector assets, activities and resources, together with those of the voluntary and private sectors and local communities, to deliver a shared and binding 'plan for place'. Local tobacco control plans should embrace these principles in setting out how they will interact with other health improvement work to support CPPs to reduce health inequalities.

Action: Local Authorities and NHS Boards should work with partners in the voluntary sector and local communities to develop local tobacco control plans. These plans should be integrated with wider health improvement activity to help Community Planning Partnerships reduce health inequalities as set out in 2013 Single Outcome Agreements.

Lead: *Local Authorities/NHS Boards/CPPs*

Health Inequalities Impact Assessment

All actions identified in this Strategy need to be implemented in a way that recognises the continued need to reduce inequalities. A clear understanding of how tobacco use is influenced by our personal characteristics and the impact of discrimination on health, the social determinants of health and realisation of our human rights is fundamental to the Strategy's contribution to the reduction of health inequalities. This involves recognising not only socio-economic inequalities, but also other types of inequality, including patterns of tobacco usage among black and minority ethnic groups. To that end, the implementation of this Strategy will be informed by a Health Inequalities Impact Assessment, facilitated by NHS Health Scotland.

Action: The recommendations of the Health Inequalities Impact Assessment will be incorporated in the implementation of this Strategy.

Lead: *Scottish Government/NHS Health Scotland*

CHAPTER 4
CREATING AN ENVIRONMENT WHERE YOUNG PEOPLE DO NOT WANT TO SMOKE

Current Position

It is estimated that around 15,000 young people between the ages of 13 to 24 in Scotland start to smoke each year[11]. If we are to achieve our vision of a tobacco-free Scotland, we must create an environment where future generations of young people choose not to smoke.

In 2007 we raised the legal age for tobacco sales from 16 to 18 and our 2008 smoking prevention action plan, *Scotland's Future is Smoke Free* contained a range of measures to reduce the attractiveness, availability and affordability of tobacco products. Some of these were introduced through the Tobacco and Primary Medical Services (Scotland) Act 2010, such as the establishment of the first Tobacco Retail Register in the UK, a ban on automatic tobacco vending machines and a ban on the display of tobacco and smoking-related products in shops. Following the successful defence of the display and vending machine bans against legal challenges from the tobacco industry, these measures will now be implemented.

Smoking rates for 13 and 15 year olds in Scotland are at the lowest since reporting began in 1982[12] and we are on track to achieve our 2014 targets for smoking rates among 13 and 15 year olds[13]. While we welcome this progress, there is still more to be done. The uptake of smoking over the age of 16 remains a concern with smoking rates rising from 13% among 15 year olds[14] to around 24% among 16-24 year olds[15]. We therefore need to do more if we are to achieve our vision where no young people start to smoke.

Challenge

Evidence shows that the younger an individual starts to smoke, the more likely they are to be an adult smoker, the heavier they are likely to smoke during adulthood and the more likely they are to fall ill and die early as a result of smoking[16].

We know that most smokers take up smoking as a young person. Around two-thirds of smokers in the UK started smoking under the age of 18 and over a third (39%) started under the age of 16[17]. We also know that young people from the most deprived areas progress to regular smoking

11 (http://www.scotpho.org.uk/publications/reports-and-papers/493-tobacco-smoking-in-scotland-an-epidemiology-briefing-) eg figure 18

12 http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2010.pdf

13 2010 SALSUS data shows smoking rates of: 3% among 13 year old girls (against 2014 target of 3%); 3% among 13 year old boys (against 2014 target of 2%); 14% among 15 year old girls (against 2014 target of 14%); 11% among 15 year old boys (against 2014 target of 9%).

14 http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2010.pdf

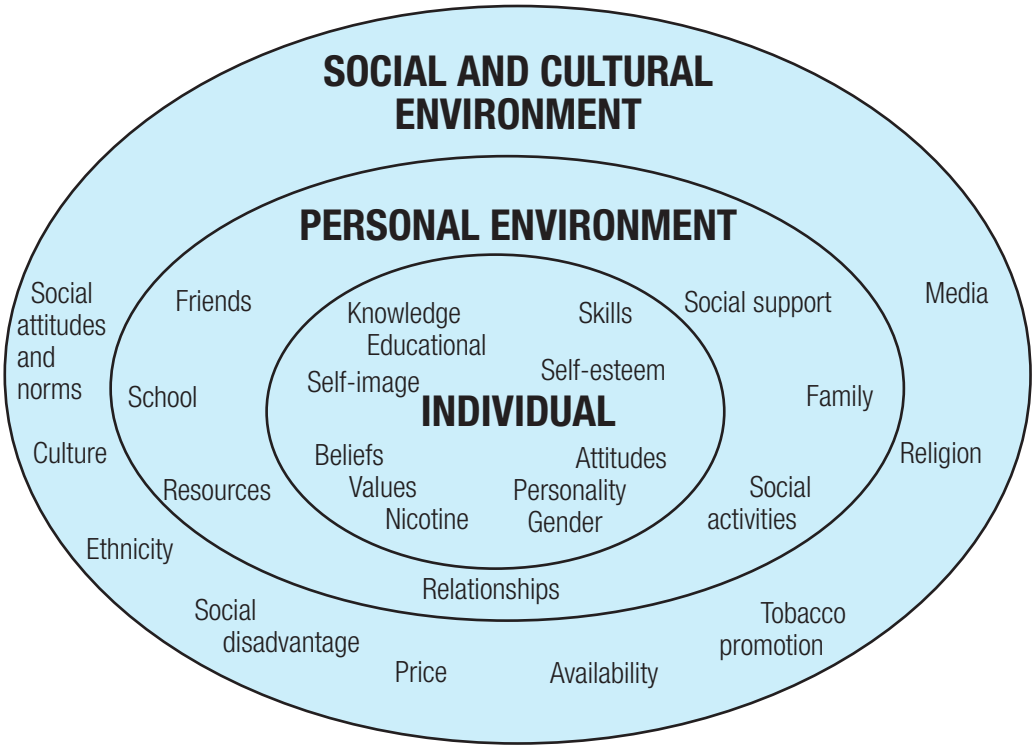
15 http://www.scotland.gov.uk/Publications/2012/08/5277/10#figure10.2

16 http://www.rcplondon.ac.uk/sites/default/files/documents/passive-smoking-and-children.pdf (Page 117)

17 Office for National Statistics. 2012. General Lifestyle Survey Overview: A report on the 2010 General Lifestyle Survey. Newport: Office for National Statistics (http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2010/general-lifestyle-survey-overview-report-2010.pdf)

more rapidly than those in the least deprived areas[18]. Smoking rates are also disproportionately high amongst certain groups of young people, such as, looked after children and young offenders[19]. Supporting young people to not smoke will therefore have both health and inequality benefits.

There is no single reason why a young person starts to smoke. Evidence suggests that there are three levels of influence associated with a young person starting to smoke – individual, societal and environmental – and that effective smoking prevention approaches must address all of these[20].



18 http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2010.pdf

19 Meltzer, H, Lader, D, Corbin, T, Goodman, R & Ford, T (2004) The mental health of young people looked after by local authorities in Scotland, London: TSO

20 Towards a future without tobacco: The Report of The Smoking Prevention Working Group http://www.scotland.gov.uk/Publications/2006/11/21155256/0

We also know that health behaviours do not exist in isolation. The most recent Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) results show that around 4% of 13 year olds and 19% of 15 year olds had tried cannabis and that around 44% of 13 year olds and 77% of 15 year olds had tried alcohol[21]. Action to support young people to negotiate decisions about tobacco must also take account of the potential interactions between smoking and other health-damaging behaviours.

Approach

To create an environment that supports young people to choose not to smoke we will build on our 2008 action plan by continuing to ensure that young people are aware of the health harms of tobacco use and continuing efforts to reduce the availability, attractiveness and affordability of tobacco to young people.

World Health Organization Framework Convention on Tobacco Control

The Framework Convention on Tobacco Control (FCTC) is the first ever public health treaty brokered by the World Health Organization. Article 5.3 states that: "*In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.*"

Scotland is signed up to the FCTC as part of both the United Kingdom and the European Union. Whilst Scotland has a strong record in this regard, consideration should be given to how Scotland could further enhance its reputation as a world leader.

Action: We will commission an audit of the implementation of Article 5.3 of the Framework Convention on Tobacco Control in Scotland, with a view to providing the Scottish Government with options for ensuring the continued protection of public health policy from undue interference from the tobacco industry.

Lead: *Scottish Government*

21 http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2010.pdf

Awareness and Support

Ministerial Working Group on Tobacco Control

We want all Scotland's young people to develop the knowledge and skills to support positive mental and physical health behaviours which will be sustained into adult life. This asset-based approach should be a key feature of all services working with families, children and young people.

Action: We will establish a Prevention Sub-Group of the Ministerial Working Group on Tobacco Control. The Sub-Group will be responsible for overseeing the implementation of the preventative actions in this Strategy, and for advising the Scottish Government on new actions to prevent the uptake of smoking among young people. The Sub-Group will ensure alignment with wider national prevention priorities and collaborations.

Lead: *Scottish Government*

Investing in Prevention Programmes

Following the successful defence of the Tobacco and Primary Medical Services (Scotland) Act 2010 against legal challenges from the tobacco industry, we are now seeking to reclaim the costs incurred through defending this legislation.

Action: We will reinvest any recovered costs in prevention programmes designed to support young people to choose not to smoke.

Lead: *Scottish Government*

In building awareness and support among young people, it is important to recognise the range of factors that tobacco can impact on. In addition to health benefits, there are considerable, social, financial and environmental advantages that come from choosing not to smoke. This approach should also explicitly recognise the role of the tobacco industry in creating and perpetuating what the World Health Organization recognises as a world-wide tobacco epidemic.

Engaging Young People

Children and young people have a right to access health-related information and education, including in relation to harmful substances such as tobacco[22]. In communicating with young people around the impacts of tobacco, it is important that information is delivered in a style and format that reflects the needs of the target audience. Young people's use of media will vary according to age and social background. It is important for all communication activity to respond to this, particularly in addressing health inequalities.

22 See for example UN Committee on the Rights of the Child, *General Comment no. 4: adolescent health*, 1 July 2003, UN Doc. CRC/GC/2003/4, para 10.

If we are to change attitudes to smoking, we need to involve young people in the development of policies, services and communications activity designed to address tobacco use. Young people need to be given the opportunity to play an active role in tobacco control and policy makers and service providers need to listen to their views about what actions might be helpful to support young people not to use tobacco.

Action: Following the success of the Youth Commission on Alcohol, we will commission Young Scot to deliver a Youth Commission on Smoking Prevention. The Commission will recruit young people aged 12-21 from a range of backgrounds to provide the Scottish Government and local delivery partners with a series of recommendations and solutions which support young people to choose not to use tobacco.

Lead: *Young Scot*

Educational approaches

Curriculum for Excellence identifies health and wellbeing as a priority area for learning establishments. It provides flexibility for teachers, schools, colleges and local authorities to identify opportunities for young people to learn and develop in creative and interactive ways across traditional curricular topics. *Curriculum for Excellence* provides a real opportunity for young people to develop the skills for learning, skills for work and skills for life in a way which enhances their ability to make positive choices about their health and wellbeing. We want to support teachers by ensuring they have easy access to up-to-date, high quality resources.

Action: We will work with learning establishments and partner agencies to identify good practice and high quality resources which will be shared on the GLOW schools intranet site.

Lead: *Scottish Government/Education Scotland/NHS Heath Scotland*

Furthermore, we expect schools and local authorities to work closely with local partners from health, justice and the Third Sector to fulfil the potential offered by the *Curriculum for Excellence*.

Action: We will publish a National Action Plan for Health and Wellbeing in *Curriculum for Excellence* by autumn 2013.

Lead: *Scottish Government*

In line with the spirit of *Curriculum for Excellence*, local tobacco control plans should set out prevention activity and support for young people to stop smoking which takes account of the potential interactions between tobacco and wider health behaviours such as cannabis and alcohol use. This should include joint working between tobacco cessation services and Alcohol and Drug Partnerships where appropriate.

Action: Local tobacco control plans should take account of the potential interactions between tobacco and wider health behaviours. These plans should explicitly focus on vulnerable young people such as looked after children and young offenders.

Lead: *NHS Boards/Local Authorities/ADPs/Third Sector*

Evidence suggests that peer approaches are effective in delivering information about smoking harms and changing behaviours. The peer-led ASSIST programme developed by Cardiff and Bristol Universities has been evaluated as a useful smoking prevention initiative amongst young people in Wales which could have a positive impact on inequalities[23].

Action: We will undertake a pilot of ASSIST, which will consider its suitability for Scotland and potential for further adaptation to other risk-taking behaviour.

Lead: *Scottish Government*

While schools are central to dissemination of information about tobacco to young people, we recognise that learning does not, and should not, only take place within the school environment. Youth groups and organisations are effective not only in reinforcing the messages delivered through traditional education, but in also meeting the needs of vulnerable young people.

Action: We will work with the youth sector to support smoking prevention programmes.

Lead: *Youthlink Scotland/Youth Scotland/Scottish Youth Parliament/Young Scot/ASH Scotland/Fast Forward'*

23 Campbell R, Starkey F, Holliday J, Audrey S, Bloor M, Parry-Langdon N, Hughes R, Moore L. 2008. An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. Lancet. May 10;371(9624):1595-602.
Hollingworth W, Cohen D, Hawkins J, Hughes RA, Moore LA, Holliday JC, Audrey S, Starkey F, Campbell R. 2012. Reducing smoking in adolescents: cost-effectiveness results from the cluster randomized ASSIST (A Stop Smoking In Schools Trial). Nicotine and Tobacco Research. Feb;14(2):161-8.
Mercken L, Moore L, Crone MR, De Vries H, De Bourdeaudhuij I, Lien N, Fagiano, F, Vitória PD, Van Lenthe FJ. 2012. The effectiveness of school-based smoking prevention interventions among low- and high-SES European teenagers. Health Education Research. Jun;27(3):459-69.

In order to support young people to make decisions about tobacco use and other health behaviours, we also need to support those around them. It is important that parents, carers and key professionals, such as youth workers, and those working with looked after children and young offenders, have the right information about smoking harms. A key part of this is the consistent enforcement of local smoking policies to create smoke-free environments in which young people can live.

Action: In support of the Scottish Government Parenting Strategy, we will work with service providers in the statutory and Third Sector to assist parents, carers and professionals address the smoking habits and associated health behaviours of young people.

***Lead**: Scottish Government/Local Authorities/ADSW/CCPS/NHS Health Scotland/Third Sector*

16-24 Year Olds

In recognition of the high smoking rates of those over 16, service providers, universities, colleges and training providers should consider how they can support 16-24 year olds to negotiate decisions about tobacco and the potential interactions with other health behaviours.

Action: In conjunction with relevant bodies, including higher and further education and vocational training providers, we will explore what measures can be developed to support young people between 16-24 in making decisions about smoking and other health behaviours.

***Lead:** Scottish Government/NHS Health Scotland/NHS Boards/Young Scot/ASH Scotland*

Attractiveness

It has long been recognised that marketing and promotion of tobacco products undermine public health messages about the dangers of smoking. Tobacco advertising and promotion was banned in the UK in 2002. Tobacco sponsorship came to an end in 2005. However, opportunities remain for further action.

Standardised Packaging of Tobacco Products

In our 2008 tobacco control strategy, *Scotland's Future is Smoke-Free*, we committed to consider tobacco packaging with the UK Government and the devolved administrations in Wales and Northern Ireland. We have since worked together to deliver a UK wide consultation on standardised tobacco packaging between April and August 2012. This sought to explore whether standardised packaging would have an additional public health benefit, over and above existing tobacco control initiatives alongside any competition, trade and legal implications.

Following careful consideration of the consultation responses and the available evidence, the Scottish Government has come to the view that standardised packaging has a key role to play in achieving our vision of a tobacco-free generation.

Action: The Scottish Government will await the UK Government and the other Devolved Administrations' responses to the recent consultation before deciding on the most appropriate legislative option for introducing the standardised packaging of tobacco products.

Lead: *Scottish Government*

Implementation of the Tobacco and Primary Medical Services (Scotland) Act 2010

Following the successful defence of the Act against legal challenges from the Tobacco Industry, the display ban which includes significantly stricter incidental and requested display regulations than the rest of the UK and the ban on automatic tobacco vending machines will now be implemented.

Action: The bans on the sale of tobacco from automatic tobacco vending machines and the display of tobacco and smoking-related products in large shops will come into force on 29 April 2013. The ban on the display of tobacco and smoking related products in all other shops will come into force on 6 April 2015.

Lead: *Scottish Government*

Media Representation

We remain concerned that representations of tobacco and smoking in the media, including digital media, can create a false impression that smoking is glamorous, the normal thing to do and can be one of the factors that influence a young person to take up smoking.

Action: We will maintain pressure on the UK Government to address the representation of tobacco use in the media and welcome the commitment in their most recent tobacco strategy to bring together media regulators and the entertainment industry to consider what more can be done.

Lead: *Scottish Government*

Availability

Illicit Tobacco

Illicit tobacco products undermine the effectiveness of high tobacco prices to reduce smoking rates and improve public health. In 2009, the Enhanced Tobacco Sales Enforcement Programme (ETSEP) was introduced to enable the Scottish Government and Trading Standards officers throughout Scotland to work with HMRC to tackle the availability of illicit cigarettes and the sale of tobacco products to people under the age of 18.

Action: We will continue to support strong national and local alliances to tackle the availability of illicit tobacco through the Enhanced Tobacco Sales Enforcement Programme.

Lead: *SCOTSS/COSLA/Local Authorities/Scottish Tobacco Control Alliance/HMRC/NHS Boards*

Tobacco Retail Register

The establishment of the Scottish Tobacco Retailer Register (the first in the UK) in 2011 made it illegal for anyone who is not registered to sell tobacco products. Over 11,000 retailers have registered and it is already proving a useful tool in enabling enforcement agencies to target activity. It will be important to review and evaluate the effectiveness of the Register with a view to considering further steps to regulate the supply of cigarettes.

Action: We will undertake a review of the Scottish Tobacco Retailer Register in 2015 by which time the Register will have been in force for three years.

Lead: *Scottish Government*

Enforcement – Underage Sales

While legislation and tough penalties are in place to prevent the sale of tobacco to people under the age of 18, young people still report purchasing cigarettes. In 2010 around half of 13 and 15 year olds who said they regularly smoke had successfully bought cigarettes from a shop[24]. Furthermore, despite the introduction of legislation to address proxy sales, it is most common for regular smokers to report getting someone else to buy them cigarettes from a shop, with 54% of 13 year olds and 55% of 15 year olds reporting this[25]. This shows that there is still much more to do in enforcing the existing legal framework and, potentially, the need to consider other options for ensuring compliance. As with all actions in the Strategy, activity should focus on areas of deprivation where smoking rates are highest and the consequences are most severe.

Action: We will continue to support strong national and local alliances to tackle underage purchases through the Enhanced Tobacco Sales Enforcement Programme and also more rigorous enforcement of existing tobacco sales laws.

Lead: *SCOTSS/COSLA/Local Authorities/Scottish Tobacco Control Alliance*

Responsibility for selling any age-restricted product should not be taken lightly and we will explore where legislation on age-restricted goods can be further harmonised. We are consulting on possible changes to alcohol licensing which will have a bearing on how this is done. Currently the grounds for refusing a personal alcohol licence includes a reference to the list of relevant offences as set out in the Licensing (Relevant Offences) (Scotland) Regulations 2007. One option may therefore be to include the offence of selling tobacco products to persons under 18 in the list of relevant offences.

Action: We will consider how best to ensure that any offences under tobacco sales legislation can be taken into account by Police and Licensing Boards when granting a personal alcohol licence under the Licensing (Scotland) Act 2005.

Lead: *Scottish Government*

The Alcohol etc. (Scotland) Act 2010 set out a requirement for an age verification policy, set at 25, in relation to the sales of alcohol. Many retailers have since adopted schemes such as Challenge 25 or Think 25 which they have also applied to sales of tobacco. We welcome this and will encourage all retailers who sell tobacco to do the same.

Action: We will work with retailers to encourage the extension of the alcohol age verification policy to the sale of tobacco products.

Lead: *Scottish Government*

24 http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2010.pdf

25 http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2010.pdf

Affordability

Taxation

The price of tobacco products is one of the most important factors in determining consumption. Research shows that young people and adults from lower income groups are sensitive to changes in price[26]. Tobacco taxation is therefore an effective way of reducing tobacco consumption among young people and tackling inequalities amongst adult smokers.

Action: We will maintain pressure on the UK Government to ensure duty on tobacco products remains above inflation.

Lead: *Scottish Government*

Further Measures

Over the lifetime of this Strategy, it will be important to consider what further measures can be taken to reduce the attractiveness, availability and affordability of tobacco. This should include monitoring and, where necessary, acting to close down, any new tobacco marketing and promotion activities identified during the lifetime of the Strategy.

Action: The Scottish Government will look to the Prevention Sub-Group of the Ministerial Working Group on Tobacco Control to provide advice on further options for reducing the attractiveness, availability and affordability of all tobacco and smoking-related products.

Lead: *Prevention Sub-Group of the Ministerial Working Group on Tobacco Control*

26 International Agency for Research on Cancer, World Health Organization (IARC). (2011) *Handbook Volume 14 – Effectiveness of Tax and Price Policies for Tobacco Control.* IARC: Lyon.

CHAPTER 5
PROTECTING PEOPLE FROM SECOND-HAND SMOKE

Current Position

In 2006, Scotland was the first country in the UK to introduce legislation to ban smoking in enclosed public spaces. This was a major step towards improving public health by protecting people that do not smoke from the harmful effects of tobacco smoke (otherwise known as second-hand smoke).

Implementation of the legislation has been accompanied by very high levels of compliance. Evaluations have shown that there has been a significant reduction in exposure to second-hand smoke in public places. There has also been a range of positive health outcomes including: reduced heart attack admissions to hospital, reduced childhood asthma admissions to hospital and fewer premature births[27]. More generally, the legislation has also helped raise awareness and understanding of the impacts of second-hand smoke.

Challenge

Despite the clear public health benefits that smoke-free legislation has delivered, the harms from second-hand smoke remain. In 2011, a World Health Organization study found that around 603,000 people, including 165,000 children, die each year worldwide as a result of exposure to second-hand smoke[28].

Seven years on from Scotland's historic legislation, it is time to consider what further action is required to eliminate the harms from second-hand smoke as we move towards a smoke-free Scotland. Furthermore, we should consider what other opportunities exist for the public sector in Scotland to act as an exemplar for promoting smoke-free environments across its estates.

Approach

Reducing the harm caused by second-hand smoke

Reducing children's exposure to second-hand smoke in enclosed spaces

We have an obligation to protect children from risks to their life and health caused by exposure to environmental tobacco smoke[29]. We want every child in Scotland to have the best start in life. Growing up in a smoke-free environment is an important part of that. While existing legislation goes some way towards achieving this, cars and homes remain significant sources of exposure to second-hand smoke, particularly for children as they have less control over their environment. Where children are medically at risk, due to conditions such as asthma, the harmful effects of second-hand smoke can be especially severe.

27 http://www.healthscotland.com/scotlands-health/evidence/smokefreelegislation/publications.aspx

28 Oberg M, et al. Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries. Lancet. 2011; 377(9760):139-146.doi: 10.1016/S0140-6736(10)61388-8. http://www.ncbi.nih.gov/pubmed/21112082

29 See for example UN Committee on the Rights of the Child, *General Comment no. 4: adolescent health*, 1 July 2003, UN Doc. CRC/GC/2003/4, para 10.

In addition to the focus on smoking cessation in pregnancy discussed elsewhere in this Strategy, supporting new parents to create a smoke-free home for their children should be a core feature of all ante- and post-natal services as well as adoption, foster, kinship and residential care services. In particular, pregnant mothers and partners should receive advice on the dangers of second-hand smoke and should be encouraged to take steps to create a smoke-free home for their children both before and after birth.

Action: Advice on creating a smoke-free home should be a feature of all ante- and post-natal services and adoption, foster, kinship and residential care services. Therefore, in keeping with GIRFEC principles, service providers should ensure that practitioners have access to appropriate resources to support families to make their homes smoke-free.

Lead: *NHS Boards/Local Authorities/Third Sector*

Action: We will ensure that advice to reduce exposure to second-hand smoke, as well as cessation advice and support, is fully incorporated in the range of services offered by Scotland's public health nurses, including the reintroduced 27 to 30-month review, as set out in the *Parenting Strategy*.

Lead: *NHS Boards*

There are a number of interventions which have shown themselves to be effective in encouraging families to make their home smoke-free. The REFRESH Project uses simple devices to raise awareness about the impact of tobacco smoke on air quality in the home. The findings from REFRESH indicate that parents can be supported to make changes to reduce their children's exposure to second-hand smoke. NHS Boards are also making important advances and should be encouraged to continue to develop work in this area.

Action: We will continue to support and promote interventions such as REFRESH to help families make their homes smoke-free.

Lead: *Scottish Government/NHS Boards/NHS Health Scotland/ASH Scotland*

It will be important to monitor the extent to which these interventions have resulted in reduced exposure to second-hand smoke in enclosed spaces. The 2012 Scottish Health Survey has been modified to provide more detailed information on adult and children's exposure to second-hand smoke. In keeping with our vision of a tobacco-free generation, we believe we should be ambitious in reducing children's exposure to second-hand smoke.

Action: We will make use of baseline data provided by the 2012 Scottish Health Survey to set a target for achieving a substantial reduction in children's exposure to second-hand smoke by 2020.

Lead: *Scottish Government*

If someone smokes inside a car, the concentration of second-hand smoke increases very quickly due to the confined space of the vehicle. Even if windows are opened or air conditioning is used, the harmful particles remain in the atmosphere long after the visible smoke has disappeared. A recent UK study[30] found that the average concentration of second-hand smoke in a car was around a third of that found in Scottish pubs prior to smoke-free legislation and around three times WHO air quality guidelines[31].

Exposure to second-hand smoke in cars is harmful to all occupants, but especially to children who have little or no control over their environment. There is clearly more to be done to raise awareness of the level of harm caused by second-hand smoke in confined spaces.

Action: The Scottish Government recognises the continued importance of awareness-raising campaigns in support of this Strategy. We will run a social marketing campaign in 2013 to raise awareness of second-hand smoke in enclosed spaces and to support people to reduce the harm it can cause. The campaign will be designed and delivered in partnership with NHS Boards and Third Sector organisations.

Lead: *Scottish Government*

We recognise that this will require a sustained effort over a number of years. As part of the Scottish Government's ongoing commitment to social marketing activity, the 2013 campaign will be fully evaluated to inform future campaigns. We will make use of data tracking progress towards the 2020 second-hand smoke target to assess the success of the awareness-raising campaigns and the requirements for further action including legislative options.

30 http://www.healthscotland.com/scotlands-health/evidence/smokefreelegislation/publications.aspx

31 http://www.euro.who.int/en/what-we-publish/abstracts/air-quality-guidelines.-global-update-2005.-particulate-matter,-ozone,-nitrogen-dioxide-and-sulfur-dioxide

Prisons

Under smoke-free legislation, smoking is allowed in certain parts of a prison. In continuing to offer dedicated cessation services for prisoners, further consideration should be given to ensuring all prisoners and staff are protected from the harms caused by second-hand smoke. In line with developments across Scotland, creating a smoke-free prison service should be seen as a key step on our journey to creating a smoke-free Scotland.

Action: The Scottish Government will work in partnership with the Scottish Prison Service and local NHS Boards to have plans in place by 2015 that set out how indoor smoke-free prison facilities will be delivered.

Lead: *Scottish Government/Scottish Prison Service/NHS Boards*

Mental Health Facilities

While existing smoke-free legislation includes an exemption for designated rooms in psychiatric hospitals and psychiatric units, following consultation, guidance was issued in 2010 to help service providers move towards a smoke-free mental health service.

Action: Taking account of the outcome of the Judicial Review of the State Hospital decision to prohibit smoking, mental health services should ensure that indoor facilities are smoke-free by 2015.

Lead: *NHS Boards*

Promoting smoke-free environments

Smoke-free hospital grounds

Guidance was issued to NHSScotland and local authorities in 2005 encouraging them to demonstrate leadership in implementing smoking policies and promoting smoke-free lifestyles. This was subsequently reinforced in the Health Promoting Health Service: HPHS CEL (1) 2012[32].

In moving towards a Scotland where choosing not to smoke is the norm, NHS Boards should be exemplars in providing smoke-free environments. In order to ensure the consistent and effective implementation of smoke-free policies, employers should provide training for staff, in awareness raising and enforcement skills, as well as appropriate cessation support for employees.

NHS Boards should also consider enforcement measures, exercising mandatory Health and Safety requirements where appropriate, and mechanisms to communicate smoke-free policies to patients

32 http://www.sehd.scot.nhs.uk/mels/CEL2012_01.pdf

and visitors. This should include advice and support on managing temporary abstinence during visits to hospital grounds, as well as access to specialist smoking cessation services for those motivated to quit.

Action: All NHS Boards will implement and enforce smoke-free grounds by March 2015. Smoke-free status means the removal of any designated smoking areas in NHS Board buildings or grounds. We will work with Boards to raise awareness of the move to smoke-free hospital grounds. This action will not apply to mental health facilities.

Lead: *NHS Boards*

Local Authority smoke-free policies

Like NHSScotland, Local Authorities have a role in exemplifying Scotland's smoke-free ambitions. In addition to having robust smoke-free policies across the built estate, Local Authorities should also consider scope for extending this approach to outdoor areas within their jurisdiction. This should focus on areas likely to be frequented by children such as play parks with the aim of reducing their exposure to smoking behaviours.

In taking this forward, Local Authorities should adopt asset-based approaches and work with local communities to achieve voluntary bans. For example, local projects in England have used signage, inspired by local children's artwork to convey the message that the move to create healthy play spaces is being driven by children themselves[33].

Action: All Local Authorities should implement fully smoke-free policies across their properties and surrounding grounds by 2015, including setting out appropriate enforcement measures. Opportunities to extend smoke-free policies to other outdoor areas should be included in local tobacco control plans in support of SOAs.

Lead: *CoSLA/Local Authorities*

We will also ensure that these interrelated commitments by NHS Boards and Local Authorities are followed through in their joint arrangements within the wider context of the integration of adult health and social care.

33 http://www.smokefreesouthwest.org.uk/

CHAPTER 6
HELPING PEOPLE TO QUIT SMOKING

Current Position

Giving up smoking is the biggest single thing that someone can do to improve their health. The National Institute for Health and Clinical Excellence (NICE) ranks evidence-based smoking cessation support as being amongst the most cost-effective interventions available to the NHS. There is good evidence that the combination of pharmacotherapy and structured behavioural support provided by trained staff increases the chance of quitting by up to four times, compared to trying to give up smoking without help[34].

Over the last decade there has been significant investment in developing a strong network of NHS smoking cessation services across Scotland. This network includes: specialist smoking cessation services, comprising intensive behavioural multi-session support together with pharmacotherapy; a nationally funded community pharmacy smoking cessation service; and national telephone support, Smokeline, and support website www.canstopsmoking.com.

Since 2007, NHSScotland has supported record numbers of people to quit smoking (at one month post quit date) with numbers almost trebling from 15,309 in 2007 to 44,137 in 2011/12[35]. Service delivery has been underpinned by robust cessation targets, with a HEAT target in place since 2008. In 2011, this was followed by a successor smoking cessation HEAT target for the period up to March 2014 which has an explicit focus, for the first time, on the inequalities disparity evident in smoking rates between the least and the most deprived communities.

Challenge

If we are to achieve our aspiration of a tobacco-free Scotland, smoking cessation services need to be of the highest possible quality. Whilst the Scottish Government will maintain current levels of investment in smoking cessation, the current economic climate makes it more important than ever to ensure this funding delivers the best possible value for money. In keeping with the ambitions of the Quality Strategy, this means delivering services that are not only safe and effective but, most importantly given the nature of the commitment we are supporting people to take, person-centred. Two-thirds of Scottish smokers say they would like to quit[36] and it is important that the services we provide are designed to maximise people's likelihood of realising this ambition.

Approach

Whilst we are committed to providing the very best smoking cessation services we can, it is important to recognise the range of factors that contribute to someone's motivation and ability to quit, whether

34 http://www.healthscotland.com/uploads/documents/19844-PlanningAndProvidingSpecialistSmokingCessationServices.pdf (Section 3.4 – Evidence for intensive interventions offered by specialist smoking cessation services)

35 NHS Smoking Cessation Service Statistics (Scotland) 1st April 2011 to 31st March 2012 http://www.scotpho.org.uk/publications/reports-and-papers/908-nhs-smoking-cessation-service-statistics-scotland-1st-april-2011-to-31st-march-2012

36 Scottish Health Survey 2010, Scottish Government, Main Report, Chapter 4 – Smoking. Available from: www.scotland.gov.uk/Publications/2011/09/27084018/32

through a dedicated service or independently. Many of the factors and actions identified in the Prevention section of this Strategy – such as price increases, reducing the availability of illicit tobacco, social norms in relation to tobacco usage and media representation, restrictions on tobacco marketing, social marketing campaigns and wider life circumstances – are just as influential in motivating someone to quit as they are in encouraging people not to start smoking in the first place. The Scottish Government is committed to taking and supporting action that motivates smokers to quit and helps them to stay quit. There is also a role for the full range of services that impact on a person's health and wellbeing to offer support and encouragement to quit smoking.

Review of Cessation Services

From 2008-11, NHSScotland has delivered a total of 89,075 successful quits at one month against a total of 228,353 quit attempts[37]. However, within this pattern of general improvement across the sector, there is a significant variation between NHS Boards in terms of service uptake, the efficiency and effectiveness of services and the quality of outcomes for smokers attempting to quit. An evaluation of the community pharmacy service was published in November 2011[38] and an evaluation of the Smokeline service from the user's perspective was carried out in 2010[39]. However, there has been no such comprehensive review of NHS Board specialist services since they were set up in the early 2000s.

Action: The Scottish Government will commission NHS Health Scotland to lead a review of smoking cessation services in Scotland. This will inform recommendations to improve the effectiveness of service provision and service outcomes, in particular among deprived groups. The Review will report by summer 2013.

Lead: *NHS Health Scotland/NHS Boards*

The Public Health Service (PHS) Community Pharmacy Smoking Cessation Service

The Pharmacy Smoking Cessation Service has been successful in engaging local communities to provide easy access to smoking cessation support. The proportion of quit attempts delivered via pharmacies has risen from about 44% in 2008 to 70% in 2011[40]. A recent review of the pharmacy service recommended improvements to the smoking cessation service which will now be implemented by a national advisory group on pharmacy smoking cessation.

37 http://www.scotpho.org.uk/downloads/scotphoreports/scotpho110927_smokingcessationstats200811_1.pdf

38 Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception, Scottish Government Nov 2011 http://www.scotland.gov.uk/Publications/2011/11/25084749/14

39 Evaluation of users experiences and perceptions of the Smokeline stop smoking telephone support service report, NHS Health Scotland 2010 http://www.healthscotland.com/documents/4084.aspx

40 NHS Smoking Cessation Service Statistics (Scotland) 1st January to 31st December 2011 http://www.scotpho.org.uk/publications/reports-and-papers/864-nhs-smoking-cessation-service-statistics-scotland-1st-january-to-31st-december-2011

Action: The Scottish Government and NHS Health Scotland will continue to work closely with NHS Boards and Community Pharmacy Scotland to implement changes required to ensure service improvement.

Lead: *Scottish Government/NHS Health Scotland/NHS Boards/Community Pharmacy Scotland*

Inequalities-Targeted Services

The requirement to confront and reduce the inequalities that dominate tobacco usage in Scotland is made clear throughout this Strategy. Services that are tailored to the specific needs of local communities have the ability to make a decisive contribution to the inequalities gradient through focusing on the factors that are likely to motivate people to quit and overcoming those barriers that are likely to hinder that progress. This requires the increased use of co-production and asset-based models of service delivery.

There are examples of innovative practice across Scotland, such as the NHS Tayside Quit4U programme, delivered in partnership with Dundee Council, which makes use of incentives as part of a wider range of behavioural support, Carbon Monoxide (CO) monitoring and pharmacotherapy. More innovative approaches are required if we are to deliver the ambitious milestones set out in this Strategy for reducing smoking prevalence in Scotland's most deprived communities. This should also take account of socio-economic inequalities and specific population groups, such as offenders and looked after children, who also experience significant inequalities in tobacco usage compared to the rest of the population. The emerging evidence on tobacco harm reduction and effective longer-term use of licensed nicotine products may be particularly important in helping to reduce rates of tobacco use in priority groups.

Smoking rates in prison populations are particularly high. In 2011, around 76% of Scottish prisoners said they were smokers and around 46% reported that they shared a cell with a smoker. Around 56% of those who smoked expressed a desire to give up smoking.[41] We recognise the real need to work towards protection of offenders from second-hand smoke and in the provision of effective smoking cessation services. Responsibility for smoking cessation support passed from the Scottish Prison Service to NHS Boards in 2012. NHS Boards are continuing to develop services to meet the needs of offenders who smoke in prison by providing consistent and tailored smoking cessation support and pharmacotherapies.

Action: The review of smoking cessation services will include specific recommendations on delivering services that are person-centred and that support the needs of people living in deprived areas and other groups where tobacco use plays a key role in unequal health outcomes.

41 http://www.sps.gov.uk/Publications/Publication-3696.aspx

Lead: *NHS Health Scotland*

Smoking in Pregnancy

Smoking during pregnancy is the largest single preventable cause of disease and death to the foetus and infants, accounting for a third of perinatal deaths[42]. It also contributes to health inequalities because smoking prevalence is much higher among people living in deprived areas. The current Antenatal Access HEAT target[43] recognises the strong link to inequalities and provides an important opportunity to ensure pregnant women are able to access the support they require.

Reducing the numbers of women smoking in pregnancy is key to impacting positively on the lives of both mother and baby. The journey beyond a baby's birth is just as important with continued postnatal smoking cessation contributing to the early years' agenda by reducing the baby's exposure to second-hand smoke and the associated health risks. A mother's desire to do the best for her child means that pregnancy offers a powerful opportunity for services to support women to quit smoking.

Action: The Maternity Care Quality Improvement Collaborative will combine a focus on improving the public health role of maternity services alongside improvements in clinical care. Its overall aim is to improve outcomes and reduce inequalities in outcomes in maternity settings in Scotland. This will include measures to improve the numbers of women who are referred to smoking cessation services and improvements in the clinical management of risks for those women who are unable or unwilling to stop smoking. Key aims of the Collaborative will be: to refer 90% of women who have raised CO levels or who are smokers to smoking cessation services; and to provide a tailored package of care to all women who continue to smoke during pregnancy.

Lead: *Healthcare Improvement Scotland/NHS Boards*

42 NHS Health Scotland and ASH Scotland (2010). A guide to smoking cessation in Scotland 2010. NHS Health Scotland, Edinburgh. http://www.healthscotland.com/documents/4661.aspx

43 Antenatal Access HEAT http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/AntenatalAccess

There is evidence that self-reported smoking is under-reported and that the true smoking figures for pregnant women may be underestimated by up to 25%[44]. There is a need for more accessible information and wider public awareness about the risks of smoking during pregnancy and the harms of second-hand smoke to pregnant women and unborn children. The aim should be to ensure that pregnant women, wider family circles and communities are supported to reduce these risks.

Action: NHS Health Scotland will work together with health professionals and pregnant women to develop effective means of communicating the risks of smoking in pregnancy and motivating women to quit smoking and stay quit, as part of the broader strategy to reduce inequalities in maternal and infant health.

Lead: *NHS Health Scotland*

Given the opportunities to improve and protect the health of both mother and baby, smoking in pregnancy will remain a key strategic focus for NHSScotland. In recognising the specific role of maternity services in addressing smoking in pregnancy, it will also be important to reflect on the emerging evidence on more generic models of intervention, such as the Family Nurse Partnership and kinship groups.

We need to make best use of existing maternity services and ensure that pregnant women are fully supported to access NHS Board cessation services. Existing guidance, which reflects NICE guidance on smoking cessation, highlights both the importance of CO monitoring of pregnant women along with automatic referral to smoking cessation services combined with continuing intensive support and monitoring in increasing the numbers of women who quit during pregnancy.

Action: NHS Boards should develop systems and provide training to ensure clear and effective care pathways for smoking in pregnancy in line with current guidance. This should include CO monitoring at booking and automatic referral to smoking cessation services.

Lead*: NHS Boards*

44 Source: Shipton D, Tappin D, Vadiveloo T, Crossley J, Aitken D, Chalmers J. Reliability of self reported smoking status by pregnant women for estimating smoking prevalence: a retrospective, cross sectional study. BMJ 2009;339:b4347. www.bmj.com/content/339/bmj.b4347.full

Targets for Smoking Cessation

Smoking cessation services in Scotland have benefited from the focus of a national HEAT target. Modifications, such as the inequalities component reflected in the current target, have also proved effective in guiding the way in which NHS Boards design and deliver services. It will be important that any new targets continue to drive forward the inequalities agenda and community-led approach.

Action: The Scottish Government will develop a successor smoking-related HEAT target to the current target which is due to be delivered in March 2014. The successor target will specifically focus on addressing health inequalities.

Lead: *Scottish Government*

Health Promoting Health Service

Smoking is a major contributor to disease and needs to be considered as part of an integrated healthcare system if we are to successfully reduce disease burden. This approach is set out in the vision of a Health Promoting Health Service, with every healthcare opportunity presenting a health promotion opportunity. In CEL (1) 12 the Scottish Government has made clear that it expects staff in acute settings across NHSScotland to play an active role in encouraging and supporting patients to stop smoking with two separate outcomes required: an increase in the number of NHS premises becoming completely smoke-free; and increased availability of specialist smoking cessation support to hospital patients who are motivated to quit. These outcomes are important components of the move towards smoke-free hospital grounds by 2015, and should be supported by the provision of advice and support on managing temporary abstinence to patients.

Action: As part of the wider monitoring framework for the Health Promoting Health Service, the Scottish Government, NHS Health Scotland and NHS Boards will ensure progress in improving the level of support on managing temporary abstinence in acute settings across NHSScotland This will include offering specialist smoking cessation support and ensuring pre-admission and post-discharge care pathways.

Lead: *Scottish Government/NHS Health Scotland/NHS Boards*

Wider NHS Services

The Quality Strategy recognises that all health professionals have a responsibility to take a person-centred approach to improving the health of the people they care for. Identifying and supporting people who smoke through referrals to specialist smoking cessation services is a key way in which professionals can discharge those responsibilities. This applies to primary and secondary care as

well as community and other care settings, and to the pathways and multi-disciplinary teams that link them. Primary care settings, including dental services, are particularly well placed to engage smokers and GPs are incentivised to record smoking status and refer onwards as appropriate.

In order to fully support our goal of an NHS which works together in real partnership to provide high quality, person-centred and effective care, it is essential that health professionals take every opportunity to address smoking and provide effective onward referral. These interactions should be guided by established good-practice principles in delivering brief interventions.

Action: Within the context of health and social care integration, NHS Boards should take action to ensure health professionals address smoking in all care settings and provide effective and person-centred referral pathways to appropriate smoking cessation support.

Lead: *NHS Boards*

Training

Partnership Action on Tobacco and Health (PATH) is a joint initiative between ASH Scotland, NHS Health Scotland and the Scottish Government which aims to reduce the prevalence of tobacco use in Scotland. Managed by ASH Scotland, PATH has led on a number of key developments to roll out and enhance evidence of good practice for smoking cessation services across areas of training, data collection, evaluation, prevention and cessation.

To date, PATH training has focused on core skills in smoking cessation. However, it has been recognised that these core skills are also used in other topic areas. NHS Health Scotland has been leading on the dissemination of the Health Behaviour Change Competency Framework, commissioned by the Scottish Government, which has formed the basis of Health Scotland's strategy for training involving generic health behaviour change skills. Recent developments include the launch of a suite of e-learning modules and the expectation is that a core set of skills will be formed that can be taken forward to effectively and efficiently change lifestyle behaviours. PATH has supported the generic approach through the development of training resources.

The smoking cessation review will also assess current and future needs for smoking cessation training. This will include investigating training needs and developing an outline specification that reflects the generic health behaviour change developments and identifies projected training requirements. The Scottish Government will then consider options for fulfilling this specification in autumn 2013.

Action: The review of smoking cessation services will establish future smoking cessation training needs.

Lead: *NHS Health Scotland*

E-Cigarettes

The Scottish Government recognises the recent increased availability and profile of e-cigarettes. It is clear that this development throws up a number of challenges. There are some concerns that e-cigarettes could be used as a gateway to tobacco use and pose problems for the enforcement of smoke-free legislation. However, there is also some evidence that if new nicotine-containing devices such as e-cigarettes were properly regulated, they could have a potentially useful role to play as an alternative to cigarettes and could have their place in helping to reduce rates of tobacco use in priority groups.

The Medicines and Healthcare products Regulatory Agency (MHRA), which is responsible for the regulation of medicines across the UK, has set up an expert working group to look at both market and scientific research on nicotine containing products and is expected to be publish its findings in Spring 2013. In addition to the MHRA report, the National Institute for Clinical Excellence (NICE) is currently developing guidelines on harm reduction in relation to smoking. This will take account of the MHRA findings and will be published in May 2013.

Action: We will await the findings of the current MHRA and NICE guidance before considering what further advice on tobacco harm reduction and the use of nicotine-containing products, such as e-cigarettes, is required.

Lead: *Scottish Government*

CHAPTER 7
MONITORING AND EVALUATION

Ongoing monitoring and evaluation will be vital to ensure we remain on track to deliver the long-term goal of a smoke-free Scotland. Progress in delivering the actions set out in this Strategy, and ensuring the achievement of the intended outcomes, will continue to be overseen by the **Ministerial Working Group on Tobacco Control**, Chaired by the Minister for Public Health. This group will re-convene in the spring of 2013.

Action: The Scottish Government will provide an annual Progress Report on implementation of this Strategy to the Ministerial Working Group on Tobacco Control.

Lead: *Scottish Government*

In compiling annual Progress Reports, the Scottish Government will call on the Sub-Groups set out below to inform their development.

Making the best use of existing and emerging research, both national and international, will be vital to ensuring the success of this Strategy. The Scottish Government will continue to support and commission the academic community to deliver high quality research to inform the development and delivery of tobacco control policy. It will remain the responsibility of the **Research and Evaluation Sub-Group** of the Ministerial Working Group on Tobacco Control to ensure that the latest evidence is used to drive forward the implementation of exiting policy and to inform new policy developments.

This will be complemented by the newly-created **Prevention Sub-Group** of the Scottish Ministerial Working Group on Tobacco Control. The Sub-Group will be responsible for overseeing the implementation of the preventative actions in this Strategy, and for advising the Scottish Government on new actions to prevent the uptake of smoking among young people.

CHAPTER 8
SUMMARY OF ACTIONS

No	ACTION	LEAD
	Health Inequalities	
1	The Scottish Government will maintain the tobacco control budget at current levels across the 5 year lifetime of this Strategy.	Scottish Government
2	The Ministerial Task Force on Health Inequalities will reconvene in 2012/13 to review and refresh the Scottish Government's strategy for addressing the root causes of health inequalities.	Scottish Government
3	Local Authorities and NHS Boards should work with partners in the voluntary sector and local communities to develop local tobacco control plans. These plans should be integrated with wider health improvement activity to help Community Planning Partnerships reduce health inequalities as set out in 2013 Single Outcome Agreements.	Local Authorities/ NHS Boards/CPPs
4	The recommendations of the Health Inequalities Impact Assessment will be incorporated in the implementation of this strategy.	Scottish Government/ NHS Health Scotland
	Prevention	
5	We will commission an audit of the implementation of Article 5.3 of the Framework Convention on Tobacco Control in Scotland, with a view to providing the Scottish Government with options for ensuring the continued protection of public health policy from undue interference from the tobacco industry.	Scottish Government
6	We will establish a Prevention Sub-Group of the Ministerial Working Group on Tobacco Control. The Sub-Group will be responsible for overseeing the implementation of the preventative actions in this strategy, and for advising the Scottish Government on new actions to prevent the uptake of smoking among young people. The Sub-Group will ensure alignment with wider national prevention priorities and collaborations.	Scottish Government
7	We will reinvest any recovered costs in prevention programmes designed to support young people to choose not to smoke.	Scottish Government
8	Following the success of the Youth Commission on Alcohol, we will commission Young Scot to deliver a Youth Commission on Smoking Prevention. The Commission will recruit young people aged 12-21 from a range of backgrounds to provide the Scottish Government and local delivery partners with a series of recommendations and solutions which support young people to choose not to use tobacco.	Young Scot
9	We will work with learning establishments and partner agencies to identify good practice and high quality resources which will be shared on the GLOW schools intranet site.	Scottish Government/ Education Scotland/ NHS Heath Scotland
10	We will publish a National Action Plan for Health and Wellbeing in *Curriculum for Excellence* by autumn 2013.	Scottish Government

No	ACTION	LEAD
11	Local tobacco control plans should take account of the potential interactions between tobacco and wider health behaviours. These plans should explicitly focus on vulnerable young people such as looked after children and young offenders.	NHS Boards/Local Authorities/ADPs/Third Sector
12	We will undertake a pilot of ASSIST, which will consider its suitability for Scotland and potential for further adaptation to other risk-taking behaviour.	Scottish Government
13	We will work with the youth sector to support smoking prevention programmes.	Youthlink Scotland/ Youth Scotland/ Scottish Youth Parliament/Young Scot/ASH Scotland/ Fast Forward
14	In support of the Scottish Government Parenting Strategy, we will work with service providers in the statutory and third sector to assist parents, carers and professionals address the smoking habits and associated health behaviours of young people.	Scottish Government/ Local Authorities/ ADSW/CCPS/NHS Health Scotland/Third Sector
15	In conjunction with relevant bodies, including higher and further education and vocational training providers, we will explore what measures can be developed to support young people between 16-24 in making decisions about smoking and other health behaviours.	Scottish Government/ NHS Health Scotland/ NHS Boards/Young Scot/ASH Scotland
16	The Scottish Government will await the UK Government and the other Devolved Administrations' responses to the recent consultation before deciding on the most appropriate legislative option for introducing the standardised packaging of tobacco products.	Scottish Government
17	The bans on the sale of tobacco from automatic vending machines and the display of tobacco and smoking related products in large shops will come into force on 29 April 2013. The ban on the display of tobacco and smoking related products in all other shops will come into force on 6 April 2015.	Scottish Government
18	We will maintain pressure on the UK Government to address the representation of tobacco use in the media and welcome the commitment in their most recent tobacco strategy to bring together media regulators and the entertainment industry to consider what more can be done.	Scottish Government
19	We will continue to support strong national and local alliances to tackle the availability of illicit tobacco through the Enhanced Tobacco Sales Enforcement Programme.	SCOTSS/COSLA/Local Authorities/Scottish Tobacco Control Alliance/HMRC/ NHS Boards

No	ACTION	LEAD
20	We will undertake a review of the Scottish Tobacco Retailer Register in 2015 by which time the Register will have been in force for three years.	Scottish Government
21	We will continue to support strong national and local alliances to tackle underage purchases through the Enhanced Tobacco Sales Enforcement Programme and also more rigorous enforcement of existing tobacco sales laws.	SCOTSS/COSLA/Local Authorities/Scottish Tobacco Control Alliance
22	We will consider how best to ensure that any offences under tobacco sales legislation can be taken into account by Police and Licensing Boards when granting a personal alcohol licence under the Licensing (Scotland) Act 2005.	Scottish Government
23	We will work with retailers to encourage the extension of the alcohol age verification policy to the sale of tobacco products.	Scottish Government
24	We will maintain pressure on the UK Government to ensure duty on tobacco products remains above inflation.	Scottish Government
25	The Scottish Government will look to the Prevention Sub-Group of the Ministerial Working Group on Tobacco Control to provide advice on further options for reducing the attractiveness, availability and affordability of all tobacco and smoking-related products.	Prevention Sub-Group of the Ministerial Working Group on Tobacco Control
	Protection	
26	Advice on creating a smoke-free home should be a feature of all ante- and post-natal services and adoption, foster, kinship and residential care services. Therefore, in keeping with GIRFEC principles, service providers should ensure that practitioners have access to appropriate resources to support families to make their homes smoke-free.	NHS Boards/Local Authorities/Third Sector
27	We will ensure that advice to reduce exposure to second-hand smoke, as well as cessation advice and support, is fully incorporated in the range of services offered by Scotland's public health nurses, including the reintroduced 27 to 30-month review, as set out in the *Parenting Strategy.*	NHS Boards
28	We will continue to support and promote interventions such as REFRESH to help families make their homes smoke-free.	Scottish Government/ NHS Boards/NHS Health Scotland/ASH Scotland
29	We will make use of baseline data provided by the 2012 Scottish Health Survey to set a target for achieving a substantial reduction in children's exposure to second-hand smoke by 2020.	Scottish Government

No	ACTION	LEAD
30	The Scottish Government recognises the continued importance of awareness-raising campaigns in support of this Strategy. We will run a social marketing campaign in 2013 to raise awareness of second-hand smoke in enclosed spaces and to support people to reduce the harm it can cause. The campaign will be designed and delivered in partnership with NHS Boards and Third Sector organisations.	Scottish Government
31	The Scottish Government will work in partnership with the Scottish Prison Service and local NHS Boards to have plans in place by 2015 that set out how indoor smoke-free prison facilities will be delivered.	Scottish Government/ Scottish Prison Service/ NHS Boards
32	Taking account of the outcome of the Judicial Review of the State Hospital decision to prohibit smoking, mental health services should ensure that indoor facilities are smoke-free by 2015.	NHS Boards
33	All NHS Boards will implement and enforce smoke-free grounds by March 2015. Smoke-free status means the removal of any designated smoking areas in NHS Board buildings or grounds. We will work with Boards to raise awareness of the move to smoke-free hospital grounds. This action will not apply to mental health facilities.	NHS Boards
34	All Local Authorities should implement fully smoke-free policies across their properties and surrounding grounds by 2015, including setting out appropriate enforcement measures. Opportunities to extend smoke-free policies to other outdoor areas should be included in local tobacco control plans in support of SOAs.	COSLA/Local Authorities
	Cessation	
35	The Scottish Government will commission NHS Health Scotland to lead a review of smoking cessation services in Scotland. This will inform recommendations to improve the effectiveness of service provision and service outcomes, in particular among deprived groups. The Review will report by summer 2013.	NHS Health Scotland/ NHS Boards
36	The Scottish Government and NHS Health Scotland will continue to work closely with NHS Boards and Community Pharmacy Scotland to implement changes required to ensure service improvement.	Scottish Government/ NHS Health Scotland/ NHS Boards/ Community Pharmacy Scotland
37	The review of smoking cessation services will include specific recommendations on delivering services that are person-centred and that support the needs of people living in deprived areas and other groups where tobacco use plays a key role in unequal health outcomes.	NHS Health Scotland

No	ACTION	LEAD
38	The Maternity Care Quality Improvement Collaborative will combine a focus on improving the public health role of maternity services alongside improvements in clinical care. Its overall aim is to improve outcomes and reduce inequalities in outcomes in maternity settings in Scotland. This will include measures to improve the numbers of women who are referred to smoking cessation services and improvements in the clinical management of risks for those women who are unable or unwilling to stop smoking. Key aims of the Collaborative will be: to refer 90% of women who have raised CO levels or who are smokers to smoking cessation services; and to provide a tailored package of care to all women who continue to smoke during pregnancy.	Healthcare Improvement Scotland/NHS Boards
39	NHS Health Scotland will work together with health professionals and pregnant women to develop effective means of communicating the risks of smoking in pregnancy and motivating women to quit smoking and stay quit, as part of the broader strategy to reduce inequalities in maternal and infant health.	NHS Health Scotland
40	NHS Boards should develop systems and provide training to ensure clear and effective care pathways for smoking in pregnancy in line with current guidance. This should include CO monitoring at booking and automatic referral to smoking cessation services.	NHS Boards
41	The Scottish Government will develop a successor smoking-related HEAT target to the current target which is due to be delivered in March 2014. The successor target will specifically focus on addressing health inequalities.	Scottish Government
42	As part of the wider monitoring framework for the Health Promoting Health Service, the Scottish Government, NHS Health Scotland and NHS Boards will ensure progress in improving the level of support on managing temporary abstinence in acute settings across NHSScotland This will include offering specialist smoking cessation support and ensuring pre-admission and post-discharge care pathways.	Scottish Government/ NHS Health Scotland/ NHS Boards
43	Within the context of health and social care integration, NHS Boards should take action to ensure health professionals address smoking in all care settings and provide effective and person-centred referral pathways to appropriate smoking cessation support.	NHS Boards
44	The review of smoking cessation services will establish future smoking cessation training needs.	NHS Health Scotland
45	We will await the findings of the current MHRA and NICE guidance before considering what further advice on tobacco harm reduction and the use of nicotine containing products, such as e-cigarettes, is required.	Scottish Government
	Monitoring and Evaluation	
46	The Scottish Government will provide an annual Progress Report on implementation of this Strategy to the Ministerial Working Group on Tobacco Control.	Scottish Government

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