IMPROVING
SCOTLAND'S
HEALTH

Raising Scotland's Tobacco-free Generation

Our Tobacco-Control Action Plan 2018

Scottish Government
Riaghaltas na h-Alba
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Ministerial Foreword

We all want to give our children the best possible start in life, and to protect them from harm as they grow up. One way we can all help with this is to fight the influence of tobacco over children and young people.

Five years ago we set an ambitious target to create a tobacco-free generation by 2034. Our aim is to protect children born since 2013 from tobacco so that when they start to turn 21 (from 2034) they will truly be tobacco-free and will come of age in a Scotland that will remain tobacco-free for generations to come. The first children in our 2013 tobacco-free generation turn five this year and the responsibility for them is one we all share. As they grow through their pre-teen years we need to help them avoid taking up a habit that they will later regret. Even those who have not yet managed to quit have a role to play - in not smoking around children. Cigarettes and smoking should be out of sight and out of mind for this next generation.

The best role-models will be those who don't smoke or who manage to stop smoking successfully. I was lucky enough to spend some time with an inspiring group of ex-smokers when I visited a pharmacy in East Craigs, Edinburgh to mark No Smoking Day. I was struck by the different motivations they had for quitting. And whether it was because of a personal health scare or not, they each shared a common ambition - to protect children from ever taking the habit up.

I was also struck by the different things they found which worked for them to turn their attempts into successes. There's no single approach that will work for everyone. That's why we have improved the offer of help we now give through pharmacies and in hospitals and though our phone and web-based support. All these services now focus on the main message: *Quit Your Way: with our support*. I'd urge all smokers, even those who have tried to quit through our NHS services before, to give it another go. There are new, more effective medications and our services are now more e-cigarette friendly.

Scotland is one of the only countries in the world to have set a target to raise a tobacco-free generation. What we do over the next five years will help this generation get the best start possible in life.

Let's all commit to raising Scotland's tobacco-free generation.

Aileen Campbell, MSP
Minister for Public Health and Sport

Summary of Actions

Informing and Empowering through raising awareness			
We will arrange and support media campaigns	"Getting Through 72"	Smoking cessation campaign to encourage more smokers to try to quit	RA1
	"Green Curtain"	Campaign to raise awareness about the offence of smoking around hospital buildings	RA2
	Smoking in school grounds, near school gates or around play parks	Make smoking less acceptable and reduce the visibility of smoking where children are present	RA3
	"Take it Right Outside" - smoking in communal stairwells	Make smoking less acceptable and protect people in communal stairwells	RA4
	Pharmacy window poster campaigns (annual)	Raise awareness of free, local support to quit through community pharmacies	RA5
	No Smoking Day (annual)	Encourage smokers to make attempts to stop	RA6
	World No Tobacco Day (annual)	Highlight the health and other risks associated with tobacco use and policies to reduce tobacco consumption	RA7
	Proxy purchase (on-going)	Help prevent young people taking up smoking	RA8
	Illicit cigarettes	Help prevent young people taking up smoking	RA9
We will continue to co-fund ASH Scotland to provide important information, advice and training on smoking and health.			RA10
In mental health we will support ASH Scotland in rolling out its effective IMPACT advice and training on the relationship between smoking and mental health care.			RA11
We will continue to support NHS Health Scotland in its research, guidance, training and advice on smoking prevention, protection, cessation, electronic cigarettes and related health inequalities.			RA12
We will ensure midwives and other carers are involved in the further development of I Quit in Pregnancy and the forthcoming advice to parents and practitioners in Ready Steady Baby! – which will be published by NHS Health Scotland in early 2019.			RA13
We will ensure the action plan is monitored by the Ministerial Working Group on Tobacco Control and is robustly evaluated.			RA14
The Ministerial Working Group's sub-group on Research and Evaluation will see an evaluation framework for this action plan developed and ensure that new and emerging evidence is summarised and made publicly available.			RA15

Informing and Empowering through raising awareness	
We will ensure that all guidance published for enforcement of or compliance with regulations is developed with representatives of the non-tobacco industry groups affected[1].	RA16
We will work with trading standards officers in Scotland and with retailers' organisations to make sure retailers are aware of the circumstances under which sponsorship activity is illegal.	RA17
We will continue to support ASH Scotland in promoting Scotland's Charter for a Tobacco-free Generation.	RA18

Encouraging healthier behaviour	
We will support the inclusion of more up-to-date advice on electronic cigarettes into the Health and Wellbeing strand of education in schools in Scotland through the Curriculum for Excellence.	EB1
We will continue to support the call for schools to become Tobacco-free Schools, and look for opportunities to encourage more schools to take part, especially in areas where there is high smoking prevalence and where teenagers are under most pressure to smoke.	EB2
We will continue to support NUS Scotland to promote awareness and help with changes to make more campuses smoke-free.	EB3
We will facilitate a conference in 2019 to consider what more can be done to reach 16-24 year olds more effectively, either through youth engagement or employment settings.	EB4
We will review the evidence on the impact of smoking and consequent employee health on business costs to help encourage employers to embrace initiatives such as the Healthy Working Lives programme.	EB5
We will analyse the evaluations of incentive pilot studies by NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Tayside to consider whether incentives schemes could be extended to other territories.	EB6
We plan to ban smoking around hospital buildings in 2018 – making it an offence to smoke within 15 metres of hospital buildings.	EB7
We will explore with local authorities and housing associations the idea of tobacco-free clauses in tenancy agreements and smoke-free housing alternatives being offered in social housing.	EB8
The Prevention sub group of the Ministerial Working Group will take work forward with practical help from NHS Health Scotland to provide support and guidance to boards and partnerships to ensure prevention initiatives are there for all children and young people.	EB9

1 Article 5.3 of the Framework Convention for Tobacco Control means that tobacco industry cannot be involved in the development or implementation of public health policy.

Improving services	
We will ensure the new national Quit Your Way identity is embedded locally and nationally to help smokers know that there are free, local and effective stop-smoking services available to them.	IS1
We will build on the Quit Your Way brand for specific stop–smoking initiatives and services such as for smoking in pregnancy and for smoking and mental health to build inclusivity and help overcome barriers to access for priority groups.	IS2
We will ensure the smoker's journey from cessation services provided for them in hospitals and prisons is as integrated as possible with the services they can expect in their own communities on their return home.	IS3
We will work with health professionals, academics, representative groups and others[2] to develop guidance for health professionals and other relevant service providers so that they can offer basic advice on e-cigarette use as part of their support for smokers who choose to make quit attempts using e-cigarettes.	IS4
During the summer of 2018 we will work with health boards and integration boards to try to reach a consensus on whether vaping should or should not be allowed on hospital grounds through a consistent, national approach.	IS5
We will ensure the data-recording process in stop-smoking services is fit-for-purpose.	IS6

Providing protection through regulations and restrictions		
The Scottish Government will implement the ban on possession of tobacco in prisons.		PR1
The Scottish Government will regulate to allow use of e-cigarettes in prisons.		PR2
We will consult on the detail of restricting domestic advertising and promotion of e-cigarettes in law.		PR3
We will gather evidence, assess the potential impacts of, and potentially legislate where appropriate	Ensuring communal landings become smoke-free.	PR4
	Making cigarettes less attractive.	PR5
	Banning the use of Heated Tobacco Products (HTP) from public places.	PR6
	Banning attractive flavourings in HTP.	PR7
	Introducing standardised packaging for HTP.	PR8
	Further restricting availability of tobacco products.	PR9
	Considering additional price interventions for tobacco products.	PR10
	Considering legislating to introduce conditions for registration or licencing of retail.	PR11

In addition to these new actions, there are also **six important "legacy" actions** from the 2013 Tobacco Control Strategy which we will continue to take. These can be found at the end of the Introduction Chapter, below.

2 Under FCTC, Article 5.3, "others" does not include tobacco manufacturers or their representatives. Organisations with a declared interest in tobacco, such as retailers, not having only an interest in tobacco are engaged with, but on the basis that they can supply factual information and will take no part in decision making on formation or delivery of public health policy.

Chapter 1 - Introduction

1. Achieving a reduction in smoking rates to five per cent or less by 2034 remains our key objective.

2. Fewer people than ever are taking up smoking now in Scotland. Smoking rates in school-age children have fallen[3] to an all-time low and the proportion of our overall population who smoke continues to decline[4]. In 2013 we passed a significant milestone when the number of ex-smokers outnumbered the number of smokers for the first time[5]. The proportion of non-smokers in Scotland who are exposed to second-hand smoke has fallen significantly since we started measuring it in 1998. Together, we have made important progress in achieving these outcomes.

3. However, there is much progress still to make.

4. Smoking continues to be the greatest threat to public health in Scotland by some margin. Smoking is the cause of around one in five of all deaths and kills two in every three long-term smokers. Smoking is known to have a huge impact on the effectiveness of medications, including those prescribed for mental health conditions. It remains the most significant cause of preventable cancer and contributes to much of Scotland's cardio-vascular and pulmonary health problems. Smoking not only creates health inequality, but the financial cost to smokers contributes to social and economic inequalities as well. Taking up smoking is likely to be the single biggest risk to most people's health and life-expectancy. Giving up smoking is the most important thing any smoker can do to improve their own and others' health and their life expectancy.

5. The facts about the progress we have all made and tobacco's continuing threat to us are all readily available. But perhaps because these facts have been heard by so many people, we now face a growing challenge to keep presenting these in a way that will help people fully understand the on-going significance of the messages.

6. This tobacco control action plan builds on what we know works - in helping people understand the messages about ambition, success, and drivers for positive change as well as the evidence about risks, harms and consequences.

7. In 2013 we set out an ambition to create a tobacco-free generation – so that when children born in 2013 reached age 21 their generation would be tobacco-free. Five years on, those same children will be starting school. We know that the school environment has been improving since they were born: smoking is not accepted in school; fewer children at school-age smoke; health and wellbeing education includes messages about the harms of smoking; some schools have signed up to be tobacco-free; and many schools

3 Information from Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): Smoking Report 2015
4 Information from Scottish Health Survey 2016
5 Comparative table of smoking status – Table 2.2 from the Scottish Health Survey 2016

have smoke-free grounds. We also know that these children are less likely to be exposed to second hand smoke in their homes - as parents who smoke continue to "take it right outside". Given the decline in smoking rates and the age profile of current smokers, it's likely that fewer parents smoke now than in 2013.

8. So our tobacco-free generation remains an ambition we believe we can all help make real.

9. This tobacco control action plan now looks to the next five years to pave the way for their progress through primary school. But we must also start preparing services and guidance to cover their future transition through secondary school and on to apprenticeships, training, further education or work. Smoking rates among people between 16 and 24, where there is a fairly significant rise, will be more of a focus for us now.

Context

10. This **Tobacco Control Action Plan** is one of five linked public health strategies and plans being published in 2018 by the Scottish Ministers. The other plans cover **Alcohol Prevention, Substance Use and Treatment, Diet and Obesity**, and **Physical Activity**.

11. Inactivity, smoking, substance misuse and harmful drinking cannot only be addressed through their own separate strategies. The harms caused by each of these behaviours will often be felt by the same people in Scotland. For example long-term smoking contributes to obesity which increases the risk of developing Type 2 Diabetes. It can also be a barrier to physical activity. Reducing the level of cannabis use in Scotland is likely to help reduce smoking levels and the levels of harms caused by tobacco.

12. There are often links between inactivity, smoking, substance misuse and harmful drinking which complicate how people and health and social care providers prioritise treating outcomes or help make better choices. Our strategies and plans need to recognise the links between them for people and for providers of services.

13. We also need to learn lessons from the various approaches which have already worked for people in Scotland. Initiatives to tackle the availability of cigarettes or alcohol may be helpful in framing future initiatives to tackle obesity.

14. Each of these linked public health strategies and plans will form part of a higher-level new approach to Public Health. This will see the Scottish Government, Scotland's health service and local government working together on joint public health priorities. In June 2018 the public health priorities were published including the priority which makes it our joined aim to **reduce the use and harm from tobacco, alcohol and other drugs**.

15. This priority will be central to the work of the proposed joint overarching public health body being set up in 2019.

16. These five public health strategies and plans, together, aim to encourage people to make positive choices about their health, their life and their communities. These

strategies also aim to prevent, protect people from, and provide treatment for harms. We know these harms are caused by a range of factors. These could include where they live, their access to good quality housing, the availability of rewarding employment or access to schools and training. Access to support where that is needed is also very important.

17. Health improvement is a key driver in improving public health and has an important part to play in tackling social and health inequalities in Scotland. In 2018 we aim to build on our new approach to public health, with its emphasis on joining services together to maximise the benefits which each can deliver. As a demonstration of our commitment to this, for the first time we are bringing together some of our most vital strategies under a common banner and with a common purpose.

18. The success of these strategies, taken together, will not just impact on health outcomes for people. Success will also help improve other outcomes for people across society.

    - Health benefits, of course, are a main driver for our strategies. These benefits will be realised through significant reductions in mortality and morbidity, especially in our most disadvantaged communities. Increases in life expectancy and in healthy years lived will be important, but one of the most significant improvements will be to mental health: each of our strategies has a key role to play in addressing mental as well as physical health. Taken together, these improvements will all help reduce the pressure on health and social care services – especially in primary and acute services.
    - Educational benefits, which will also help the economy, will be realised through higher levels of attendance and higher attainment. There is a clear positive link between attainment and physical activity and a clear negative association between attainment and substance misuse, whether that is of drugs, alcohol or tobacco.
    - Justice and Community benefits will be realised by reductions in health risk behaviours associated with poor choices and health-harming environments – which often result in anti-social behaviour, vandalism and perhaps even violence such as domestic abuse.
    - Social justice benefits will be driven by the way each of the strategies tackle inequalities. In our most deprived communities we aim to provide better access to physical activities and provide targeted support to combat poor choices and behaviours which restrict many people and young people in particular from reaching their potential. Because of the significant financial impact smoking has on families and communities, for children living in poverty, Scotland reaching our tobacco-free generation target of only 5% of the adult population smoking by 2034 will have the equivalent effect of lifting one in eight of these children out of poverty.

- Economic benefits will be driven by reducing lost days in work and training from either fewer sick absences or from staff having longer, healthy working lives. Less public sector resource will be required for services such as social care as a result of having a healthier workforce. Fewer people in the working population will have to reduce productivity to care for people who have poor health.

What we have achieved through Creating a Tobacco-free Generation

19. One of the best summaries of what we have achieved in the last five years can be found in the Review of "Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland" published by NHS Health Scotland in partnership with the Public Health Evidence Network and the Scottish Collaboration for Public Health Research and Policy.

20. In Scotland since 2013 we have:

- Reduced the visibility of cigarettes and tobacco products from retail through making the display of these products an offence;
- Ended the sale of cigarettes from vending machines;
- Run public campaigns on the dangers of second smoke which have helped reduce the level or reported exposure among children from 11% to 7% in three years;
- Introduced smoking policies for NHS Health Boards intended to make all hospital grounds smoke-free;
- Supported the introduction of law to make smoking in a car with a child an offence, to help further protect children from the known harms from exposure to second hand smoke;
- Lead the way on the introduction of standardised, plain packaging for all cigarettes sold in the UK;
- Introduced law to restrict the age of people to which nicotine vapour products (NVP) such as electronic cigarettes can be sold, as well as the age at which people can sell NVP;
- Introduced compulsory registration of retailers selling NVP;
- Ended the sale of NVP from vending machines.

21. These actions alongside the introduction of the European Directive on Tobacco Products make up a comprehensive package of measures which will help prevent children from taking up smoking and protect people from the harms of second hand smoke.

22. We have also set smoking cessation targets for NHS Health Boards that aimed to encourage more people from our less well-off communities to use stop-smoking services and make a successful attempt to stop smoking. This policy has led to the sharpest decline in smoking rates coming from our least well off communities.

23. The success of our 2013 strategy and its predecessors can be seen through the significant decline in smoking levels in Scotland. These strategies have been a success. Comparing Scotland with the rest of the UK and with similar countries overseas, smoking rates in Scotland have continued to decline. The latest published figures for smoking rates are for 2016 and so we cannot say this has been true for the full five years since 2013. The analysis of the Annual Population Survey (APS)[6] provided by the Office for National Statistics provides the most up-to-date UK-wide comparison:

    "Of the constituent countries, Northern Ireland had the highest proportion of current smokers (18.1%, around 243,000 people). England continued to have the smallest proportion of current smokers (15.5%, around 6.3 million people) for the fourth consecutive year. In Scotland and Wales, the proportion of current smokers was 17.7% (around 718,000 people) and 16.9% (around 399,000 people) respectively. Since 2010, Scotland has seen the largest decline in the proportion of smokers by 7 percentage points."

24. However, the trajectory required to achieve our 2034 target challenged Scotland to have reached 17% by 2016. The APS figure of 17.7% is actually lower than the figures we choose to use domestically to measure our own progress. Our 17% target for 2016 was set using data from the Scottish Health Survey and annual monitoring of progress was initially assessed in figures from analysis of the Scottish Household Survey. For figures since 2015 for domestic smoking rates we have moved to using analysis of data collected on smoking from the Scottish Health Survey. We believe this survey to be the best indicator available which takes account of deprivation in Scotland.

6 Adult Smoking Habits in the UK: 2016, ONS 2017

25. It is our most conservative means of assessing progress and it confirms that meeting our 2034 target stages will require some real effort along the way. But, most important, we remain committed to achieving the 2034 target of 5% or lower, and we remain committed to achieving the staged targets we set out in the 2013 strategy (see Table 1 of the Annex for the targets). Our next milestone to aim for will be 12% in 2021.

26. When our trajectory towards 2034 was devised we could not have foreseen the significant drop-off in the number of smokers seeking support to quit through our stop-smoking services. Numbers dropped by around 40% over a few years. This has contributed to the relative slow-down in smoking rate decline. This is something we need to address over the next five years.

27. What is encouraging though is that this will be potentially balanced in future years if we maintain the sharp downward trend in smoking rates among 13 and 15-year olds. Smoking at these age groups appears to be at an all-time low (2% and 7% respectively)[7]. This steep drop will not be reflected in national smoking statistics until these young people turn 16. If we can keep a good proportion of young people in this age-group from taking up smoking there is a good chance that we can get back on track on the path to 2034.

28. There have also been many other successes to celebrate over the last five years. One of the most notable successes since 2013 has been the significant reduction in reported exposure to second hand smoke amongst children. Having set a target to reduce reported exposure from 11% to 6% by 2021, that level was achieved in 2015. Reported exposure rose to 7% in 2016 but remains significantly lower than in 2013.

29. Significantly we now have evidence that smoking rates are falling amongst our target priority groups. For example, we have also seen the level of reported smokers amongst pregnant women fall by one per cent in 2016, as well as an increase in the proportion of pregnant women being referred to stop-smoking services.

7 See footnote 4

30. We also have evidence that some of our actions are having more effect in our less well-off communities. The table below is taken from the Scottish Government's Scottish Surveys Core Questions[8] analysis which looks at the answers to common questions from the Scottish Health Survey, the Scottish Household Survey and the Scottish Crime and Justice Survey.

31. This table shows smoking rates for 2016 by category and shows falls and rises in rates compared to 2015 and 2012. This provides a useful summary of progress since 2012 – using figures from Table 96 from the SSCQ publication for 2016.

		2016	Change %	
		Group %	From 2015	From 2012
Scotland	**All**	19.6	-1.1	-4.2
Age	16-**24**	18.7	-1.9	-4.9
	25-**34**	23.1	-2.8	-5.4
	35-**44**	24	-0.4	-5.2
	45-**54**	23.5	-0.3	-3.2
	55-**64**	20.1	0.0	-4.1
	65-**74**	14.3	-1.0	-3.6
	75+	6.9	-1.4	-0.8
Gender	Men	21.4	-1.3	-4.0
	Women	17.9	-1.0	-4.4

		Group %	From 2015	From 2012
Disability	Limiting condition	26.2	-1.0	-3.7
	No limiting condition	17.4	-1.2	-4.5
Ethnicity	White: Scottish	20.4	-1.4	-4.6
	White: other British	14.8	0.1	-4.0
	White: Polish	28.9	3.4	-6.5
	White: Other	21.2	-0.8	-2.4
	Asian	11.1	1.4	0.3
	All other groups	16.1	-3.0	2.7

8 SSCQ 2016 Equalities Report

		2016	Change %	
Religion	None	22.5	-0.9	-5.1
	Church of Scotland	15.1	-1.6	-4.5
	Roman Catholic	22.1	-2.1	-4.9
	Other Christian	12.3	-1.2	-3.6
	Muslim	16.8	1.7	2.2
	Other	19.0	3.5	-6.4
Sexual orientation	Heterosexual	19.2	-1.3	-4.5
	LGBT and other	29.2	-0.6	-5.1
SIMD	1 – most deprived	32.3	-1.6	-6.2
	2	24.8	-0.8	-4.0
	3	17.6	-2.5	-5.6
	4	14.4	-0.3	-3.2
	5 - least deprived	9.5	-0.4	-2.0

Legacy actions from Creating a Tobacco-free Generation

32. This action plan builds on the tobacco control strategy published in 2013. The aim of that strategy, to create a tobacco-free generation by 2034, continues through this action plan. Naturally, there are actions from the 2013 strategy which remain as current commitments but which we have not flagged up as new initiatives in this 2018 action plan.

33. The most notable of the on-going actions will be those in the table below which includes a reference number to the corresponding action from the 2013 strategy.

Issue	2013 Ref	Action	2018 Ref
Funding	1	The Scottish Government will continue to invest in tobacco control budgets across the 5 year lifetime of this Action Plan to help achieve improved health outcomes for people.	L1
Article 5.3[9]	5	In 2018 we will finalise our audit of the implementation in Scotland of Article 5.3 of the Framework Convention on Tobacco Control, 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.	L2
Tobacco in the media	18	We will continue to work with the UK Government to address the representation of tobacco use in the media.	L3
Illicit tobacco	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.	L4
Health Promoting Health Service	42	As part of the wider monitoring framework for the Health Promoting Health Service, the Scottish Government, NHS Health Scotland, NHS Boards and Integration 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.	L5
Referral pathways	43	Now we have a more settled integration of health and social care, NHS Boards and Integration Boards should reinforce their existing actions to ensure health professionals address smoking in all care settings and provide effective and person-centred referral pathways to appropriate smoking cessation support.	L6

9 Article 5.3 establishes 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."

Chapter 2 - Action Plan

A – Informing and Empowering through raising awareness

34. The World Health Organization has set out requirements for nations to help tackle the harms of tobacco in its Framework Convention on Tobacco Control (FCTC). Article 12 of the framework requires governments to continue to raise public awareness of the consequences of smoking.

35. Over the next five years we will be taking action to raise awareness on: the harms and impacts of smoking; the benefits of stopping smoking; the availability of free, local services which increase chances of successful quit attempts; new legislation which restricts the type of place where smoking is allowed; illicit and illegal tobacco trading; proxy purchasing for underage smokers; and the relative risks of vaping compared to smoking.

36. We will be raising awareness through: support for national marketing campaigns; local advertising and promotion; improved training for care givers across a range of sectors; providing better guidance for traders and enforcers; supporting specific research; and regular evaluation of relevant research from Scotland and elsewhere.

National Campaign Action

37. Table 1 sets out the national campaign activity that we have already planned. The aim is to have at least one truly national campaign each year throughout the life of the plan. However, we will seek every opportunity over the next five years to maximise any other opportunities to raise awareness further.

Table 1 – National Campaign Action

Action	Campaign	Timing	Purpose
RA1	"Getting Through 72"	Summer 2018	Encourage more smokers to try to quit. Four-month national and local TV, radio, community action and social media campaign to motivate smokers who are ready to quit – focused on areas where smoking rates are highest and linking to NHS services.
RA2	"Green Curtain"	Autumn 2018	Make smoking less acceptable and protect people in and around hospitals. National and local radio and social media campaign to inform smokers of a new offence – smoking around hospital buildings.
RA3	Smoking in school grounds, near school gates and in play parks	2019 - 2023	Make smoking less acceptable and reduce the visibility of smoking in areas where children learn and play. To borrow the phrasing from the ASH Scotland Charter – every child has the right to health and to grow up in environments where tobacco is mainly out of sight and out of mind. A campaign on this is needed and will be scheduled in the lifetime of this action plan.

Chapter 2 - Action Plan

Action	Campaign	Timing	Purpose
RA4	Smoking in communal stairwells	2019 - 2023	Make smoking less acceptable and protect people in communal stairwells – which are not presently covered by smoke-free legislation. A campaign on this is needed and will be scheduled in the lifetime of this action plan.
RA5	Pharmacy window poster campaign	January	Raise awareness of free, local support to quit through community pharmacies. We will organise this poster campaign each January. 70% of smokers access stop-smoking services through their pharmacy.
RA6	No Smoking Day	March	Encourage smokers to make attempts to stop. On the second Wednesday of March in Scotland we annually mark No Smoking Day with a campaign. In 2018 we supported the campaign - #tellusyourway This campaign is linked with the rebranding of our NHS stop-smoking services and will run continuously.
RA7	World No Tobacco Day	May	Highlight the health and other risks associated with tobacco use and policies to reduce tobacco consumption. Every year, on 31 May, the World Health Organization and partners mark World No Tobacco Day. We will ensure this international campaign is marked in Scotland. The focus of World No Tobacco Day 2018 was "Tobacco and heart disease." The campaign aimed to increase awareness of the link between tobacco and heart and other cardiovascular diseases (CVD), including stroke, which combined are the world's leading causes of death.
RA8	Proxy purchase	On-going	Help prevent young people taking up smoking. We continue to support ASH Scotland and local authorities to raise awareness of the dangers of buying cigarettes or tobacco for anyone under 18 through the SCOTSS[10]/ASH campaign - #notafavour
RA9	Illicit cigarettes	2018	Help prevent young people taking up smoking. We are working with governments across the UK on a national campaign to raise awareness on the harms to communities from the trade in illicit cigarettes.

10 Society of Chief Officers of Trading Standards in Scotland. SCOTSS

Prevention/Protection Information and Training

38. One of the most effective means of raising public awareness is to make sure that service providers have the most up-to date information and training. ASH Scotland and Cancer Research UK are two organisations, among many, who have provided resources and information to professionals as well as to the public. We will continue to support this.

    We will continue to co-fund ASH Scotland to provide important information, advice and training on smoking and health (RA10).

39. The areas where we will aim to increase understanding in particular are in mental health, looked-after children, and smoking in pregnancy.

    In mental health we will support ASH Scotland in rolling out its effective IMPACT [11]advice and training on the relationship between smoking and mental health care (RA11).

40. One third of all cigarettes sold in Scotland are bought by people with mental health problems and smoking rates amongst this group are significantly higher than the national average. Therefore we need to increase efforts to raise awareness of the physical harm that tobacco is doing to people who already could be suffering mentally. Current evidence suggests that smoking reduces effectiveness of mental health medication by up to 50%. That impact cannot be ignored and requires greater awareness of this across health and care staff. We will also help ensure that awareness of this relationship is part of professional health and social care training. Another often overlooked impact of smoking is its link with dementia. A heavy smoker increases their risk of dementia by 70%.

    We will continue to support NHS Health Scotland in its research, guidance, training and advice on smoking prevention, protection, cessation, electronic cigarettes and related health equalities (RA12)

41. Health Scotland provides health boards and other service delivery partners with guidance, training and advice. Its role will develop during the course of this action plan as new public health priorities are agreed for Scotland and a new coordination body emerges. The new body will bring together local government and health body activity on public health. Its priorities will include tackling the harms caused by smoking. It will have a significant role in prevention. One of Health Scotland's main points of focus is on supporting healthcare workers address smoking in pregnancy.

42. The proportion of women smoking during pregnancy has fallen slightly but still remains too high. We know that mid-wives and other care providers need to be armed with information and protocols for dealing with smoking in the context

11 Ash Scotland's training course - "Smoking and Mental Health: Understanding the IMPACT". The aim is to equip workers who support people with lived experience of mental health problems with the knowledge, skills and confidence to initiate a conversation on smoking, and to discuss options for supporting people who are ready to quit.

of many different issues while there is more pressure to deliver a wide range of prospective brief interventions.

43. To help them provide the most effective interventions on smoking **we will ensure midwives and other carers are involved in the further development of** I Quit in Pregnancy **and the forthcoming advice to parents and practitioners in Ready Steady Baby! – which will be published by NHS Health Scotland in early 2019. (RA13)**

44. The importance of giving up smoking during and after pregnancy is reflected in the prominent inclusion of smoking advice in the Baby Box resources for families with new babies.

Research, evaluation and monitoring

45. We will continue to raise awareness based on monitoring and evaluation of research, and through supporting and commissioning research. For this action plan we have commissioned specific evidence reviews on:

    - Availability - What is the causal link between the tobacco outlet density and smoking prevalence?
    - Price – Strengths and limitations of tobacco taxation and pricing strategies

46. Links to these evidence reviews and other material can be found in the Publications section of this action plan. The evidence reviews on availability and price were published on 17 May 2018 on the NHS Health Scotland website. These evidence reviews may now lead to further research to help develop policies on price and availability.

    We will ensure the action plan is monitored by the Ministerial Working Group on Tobacco Control and is robustly evaluated. (RA14)

47. NHS Health Scotland co-ordinated an independent review of the tobacco control strategy and published the review[12] in November 2017. It also published a qualitative study of expert views[13]. These publications provided assurance that the strategy action points had been implemented and the press coverage acknowledged the successes from the strategy.

48. **The Ministerial Working Group's sub-group on Research and Evaluation will see an evaluation framework for this action plan developed and ensure that new and emerging evidence is summarised and made publicly available. (RA15)**

Enforcement and Compliance

49. Regulations which have recently been brought into effect since 2016 and those currently being prepared all require guidance to be made available for enforcement officers, care providers and industry (including retailers). To make sure the guidance takes account of the needs

12 Review of Creating a Tobacco-free Generation, a tobacco control strategy for Scotland, Edinburgh, NHS Health Scotland, November 2017, Reid G et al

13 Tobacco Control Strategy in Scotland – a qualitative study NHS Health Scotland, November 2017

and understanding of everyone, and that it is well distributed, we have relied on people and organisations who represent the views and interests of others. For example, for recent guidance to tobacco and nicotine vapour product retailers on some of the restrictions introduced by the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, we were grateful for the assistance of the Scottish Grocers' Federation for the development of guidance. We were also very grateful to the Society of Chief Officers of Trading Standards in Scotland (SCOTSS) for distributing the guidance to retailers across Scotland.

50. For the introduction of the ban on smoking in a vehicle with someone under 18 in 2016, we were grateful for the help of the Society of Chief Officers of Environmental Health in Scotland in preparing enforcement guidance. **We will ensure that all guidance published for enforcement of or compliance with regulations is developed with representatives of the non-tobacco-industry[14] groups affected. (RA16)**

51. Another important area in which guidance for retailers and other parts of the tobacco industry is needed is around the complex area of sponsorship. Research has suggested that there may still be some retailers unwittingly entering into agreements with the tobacco industry to promote particular tobacco products - for which the retailers benefit in some way. In law, such an agreement can be interpreted as sponsorship. **We will work with trading standards officers in Scotland and with retailers' organisations to make sure retailers are aware of the circumstances under which sponsorship activity is illegal. (RA17)**

Charter for a Tobacco-free generation

52. **We will continue to support ASH Scotland in promoting Scotland's** Charter for a Tobacco-free Generation**. (RA18)** The aim of the ASH Scotland charter is to:

- Inspire organisations to take action to reduce the harm caused by tobacco;
- Raise awareness of the goal of creating a tobacco-free generation of Scots by 2034 and;
- Support organisations whose work impacts on children, young people and families to address tobacco issues.

53. The Charter has six key principles that encourage discussion and enable organisations to examine how their own policy and practice can best contribute to the tobacco-free goal:

- Every baby should be born free from the harmful effects of tobacco;
- Children have a particular need for a smoke-free environment;
- All children should play, learn and socialize in places that are free from tobacco;

14 Under Article 5.3 of the WHO Framework Convention on Tobacco Control it is inappropriate to involve tobacco industry or its close associates in the development or implementation of public health policy on tobacco control.

- Every child has the right to effective education that equips them to make informed positive choices on tobacco and health;
- All young people should be protected from commercial interests which profit from recruiting new smokers;
- Any young person who smokes should be offered accessible support to help them to become tobacco-free.

B– Encouraging Healthier Behaviours

Education

54. We have ensured that the harms of smoking and the benefits of making healthier choices have been included in the Health and Wellbeing strand of Curriculum for Excellence. This is for helping children in schools make better choices instead of smoking. In addition, there is some evidence that the numbers of children reporting they have tried e-cigarettes is increasing. We want to make sure that clear messages are given to children about the impacts of vaping, such as nicotine addiction, as well as the relative risks of harm comparing smoking, vaping and neither so that they can make better-informed choices.

We will support the inclusion of more up-to-date advice on electronic cigarettes into the Health and Wellbeing strand of education in schools in Scotland through the Curriculum for Excellence. (EB1)

55. We support ASH Scotland in its promotion of Tobacco-free Schools. Our aim is to have all schools tobacco-free. There is a clear difference seen in the proportion of children who begin smoking when comparing their socio-economic backgrounds. So we need to see more action in communities with higher levels of up-take. **We will continue to support the call for schools to become Tobacco-free Schools, and look for opportunities to encourage more to take part, especially in areas where there is high smoking prevalence and where teenagers are under most pressure to smoke. (EB2)**

56. We already fund the National Union of Students (NUS Scotland) to work with Scottish Student Sport and ASH Scotland to deliver the Healthy Body Healthy Mind awards project. This funding is used to support universities and colleges across Scotland - to look at the link between smoking, sport, physical activity and mental wellbeing. NUS Scotland works collaboratively with students' associations, to increase awareness of each institution's involvement in the awards, to highlight the particular issues they face and to introduce practical changes on campus. The project continues to extend its influence and has increased involvement and registration to now have 27 institutions taking part.

We will continue to support NUS Scotland to promote awareness and help with changes to make more campuses smoke-free. (EB3)

Informal education and other settings

57. It is more challenging to reach the 16-24 age group outside educational settings. Smoking rates increase significantly in this age group. This uptake remains one of our most significant challenge in prevention activity.

58. Much effort goes into reaching this group through youth work, youth clubs and employability (including through apprenticeship schemes) settings. NHS Lothian has had probably the most success amongst Health Boards in reaching this group. ASH Scotland and NHS Greater Glasgow and Clyde Smokefree Services have developed a tobacco-free policy support guide for organisations, groups and youth workers that work with young people in community settings.

59. However, success through these activities has proven hard to achieve. There is a real need to share experience across health boards of where things have gone well and what sort of barriers to greater success have been difficult to overcome.

We will facilitate a conference in 2019 to consider what more can be done to reach 16-24 year olds more effectively either through youth engagement or employment. (EB4)

Workplace health improvement

60. NHS Health Scotland publishes advice to employers for the Health Improvement strand of Healthy Working Lives' programme and awards. This advice covers smoking, healthy eating, drugs, alcohol and physical activity. In the course of aligning our strategies and action plans for our policies, it has become clear that more information is needed about the financial cost of poor employee health. Better information on this would help more employers decide to devote more attention to initiatives such as the Healthy Working Lives programme. For tobacco control, if more employers actively supported employees to give up smoking or supported them to not take up smoking in the first place, the number of smokers overall could be reduced.

We will review the evidence on the impact of smoking and consequent employee health on business costs to help encourage employers to embrace initiatives such as the Health Working Lives programme. (EB5)

Incentives

61. In Scotland we currently have research and pilots in place which aim to determine whether incentives for giving up smoking in pregnancy or giving up smoking while living in our most disadvantaged communities can be successful. **We will analyse the evaluations of incentive pilot studies by NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Tayside to consider whether incentives schemes could be extended to other territories. (EB6)**

Discouraging smoking in specific places

62. Following on from the success of the 2006 smoke-free enclosed public spaces legislation in Scotland, there have been calls for this type of restriction to be

extended to other public spaces. Banning smoking in cars with children present in 2016 was part of that extension. The next public space within which we plan to make it an offence to smoke is around hospital buildings. The aim of this new restriction is to remove the visibility of smoking from environments in which people are facing health challenges. But the restriction will also help protect people – patients, visitors and staff – from the health risks associated with second hand smoke. **We plan to ban smoking around hospital buildings in 2018 – making it an offence to smoke within 15 metres of hospital buildings. (EB7)**

63. Many local authorities in Scotland operate no-smoking policies in school grounds and children's play areas and play parks. This is another setting where removing the visibility of smoking around children may be considered a positive step. Legislation on this is being taken forward in Wales on that basis. COSLA and Health Scotland have produced guidance for local authorities on creating smoke-free areas which includes school grounds and children's play parks. We will monitor the implementation of smoking bans in Wales and monitor the implementation of guidance in Scotland to assess whether legislation is warranted in Scotland.

64. One of the most common concerns raised with local authorities about tobacco control is what can be done to stop people smoking in communal stairwells including landings and lifts in high rise or tenement properties. These stairways and landings are not included in the current law as they are usually not public spaces. In high rise and tenement settings these areas are in shared ownership of the flats or properties and are therefore generally, private spaces. Introducing legislation for private spaces would be complex and need to be considered with great care and evidence.

65. However, in the rented sector there may be scope for widening the coverage of tobacco-free clauses in tenancy agreements. Most private tenancy agreements and some social housing tenancies prevent tenants smoking inside. This can drive tenants to smoke in communal areas. Landlords could be encouraged to extend the no-smoking tenancy to cover the area directly outside the properties through additional clauses in the agreement. These clauses could discourage people from smoking in common areas in flatted accommodation such as in stairwells and landings.

66. This idea could be extended to consulting on and exploring with agencies whether new applicants for social housing or relocation could be offered a choice of accommodation in smoke-free housing units – i.e. blocks or tenements in which there was no smoking allowed anywhere, reflecting residents' choices.

We will explore with local authorities and housing associations the idea of tobacco-free clauses in tenancy agreements and smoke-free housing alternatives being offered in social housing. (EB8)

67. In five years' time the tobacco-free generation Scotland is raising will be 10. So we need to make sure that there are smoking prevention activities, education, initiatives and programmes in place to help steer them through the next stage of their lives. Over the next five years we need to establish standards and agreed programmes for education and ensure efforts are being properly and consistently focused. We must give all children equal access to support and information no matter their background. Prevention messaging is often more successful in better-off communities. We must ensure that messaging in future is accessible, available and realistic for all parts of our society.

The Prevention sub group of the Ministerial Working Group will take work forward with practical help from NHS Health Scotland to provide support and guidance to boards and partnerships to ensure prevention initiatives are there for all children and young people. (EB9)

C – Improving Services

Consistent services and identity

68. Stop-smoking services are provided with guidelines for services through A guide to smoking cessation in Scotland published by NHS Health Scotland in July 2017. However, this is only a guideline and not all health boards or health and social care partnerships adhere to everything in the guide. This is because responsibility for delivering prevention, protection and cessation services is mainly local. A review of cessation services by Health Scotland identified specific improvements to raise awareness amongst smokers of the free, local services which they can access to help them quit smoking. A key recommendation was that stop-smoking services should have a unified national identity.

69. We are now establishing that national identity under the banner of Quit Your Way. All local services will now be identified as Quit Your Way and the Smokeline service is now identified as Quit Your Way Scotland. The aim is to provide a single, identifiable and higher-profile service delivering more consistent services and outcomes across Scotland. The national stop-smoking campaign – Getting Through 72 encourages smokers to try the service, or try it again, and as part of the identity change, services have been revitalised to focus more on the various ways that smokers choose to quit, including with electronic cigarettes.

We will ensure this national Quit Your Way identify is embedded locally and nationally to help smokers know that

there are free, local and effective stop-smoking services available to them. (IS1)

70. Embedding the national identity is an important step but we will now be building on consistent messaging as a Scotland-wide and recognised approach to cessation. Over the life of this action plan we will build on the brand to provide a national Quit Your Way appointment booking system and further rebranding of national and local initiatives on smoking in pregnancy or for mental health initiatives. That could also help increase inclusivity amongst these priority groups. There should be no stigma implied for priority groups by having completely separate service branding.

We will build on the Quit Your Way brand for specific stop–smoking initiatives and services such as for smoking in pregnancy and for smoking and mental health to build inclusivity and help overcome barriers to access for priority groups (IS2)

Continued integration of services

71. Integration or joining-up of services will be a theme for public health and for tobacco control services over the next five years. In Scotland we have already made strides on this, notably through Health and Social Care partnerships. In many areas it is the partnership rather than the NHS which has responsibility for delivering stop-smoking services. The new public health priorities build on this integration theme, bringing local government activity and health activity together. There will be opportunities for further integration as a result of this.

72. We need to reach out from tobacco control services to primary care to ensure GPs, dentists, mid wives and other professionals are informed and connected. For example, many health professionals will not yet be familiar with the benefits of newer pharmacological products which could be more effective than traditional NRT for most smokers. In acute services, there is still progress to make in ensuring that all smokers admitted to hospital or attending out-patient appointments are provided with timely advice and support to tackle their nicotine addiction. This is even if their reason for attending is not itself smoking-related. Over the life of this action plan we will look for every opportunity to improve the sharing of information with health professionals and improve the provision of stop-smoking advice to patients in hospitals.

73. With the integration of health and social care there are also a large group of specialists and professionals such as social workers and youth workers and other care givers who we need to reach out to. The integration of health and social care should help increase the number of smokers who can be directed to support through these professionals.

74. Boards and Partnerships already work well with Community Pharmacies to deliver stop-smoking services for the NHS. More than two-thirds of supported quit attempts are made through our Community Pharmacies rather than through specialist services provided directly by health boards. Some boards or partnerships have now adopted a shared-

care approach where the pharmacological component of the specialist support is provided through community pharmacy. This sort of move will help integrate the support being made available. Integration such as this may help narrow the gap in terms of likely successful quitting between specialist services and pharmacy-only quit attempts. Currently a smoker is around twice as likely to succeed in a quit attempt through a specialist service than through pharmacy-only support. We will continue to work to close that outcome gap.

75. The pharmacological support given to smokers can vary from board to board depending on the approved medicines and medicinal products each board individually agrees as being a part of its "formulary". In smoking cessation the recent change in status of the drug varenicline, which has been shown to be a more helpful means of quitting than using traditional nicotine replacement therapies (NRT), is giving hope for helping a larger proportion of smokers to quit. Each board has considered whether or not to switch its first line of treatment from traditional NRT to this newer, more effective product. The Scottish Government is working with boards at the moment to develop a national formulary which will help ensure consistent access to products like this across all board areas.

Priority groups

76. In the previous sections of this action plan we have committed to raising awareness and encouraging healthier choices among some of our priority groups in the context of reducing levels of smoking. These commitments in respect of mental health and smoking in pregnancy must be accompanied by improvements in access to stop-smoking services and in delivery of these services.

77. Another of the groups we already consider a priority for action on tackling smoking is prisoners. With the removal of tobacco from prisons in December 2018, the provision of stop-smoking services in prison is being stepped up. There will be more support and advice made available to smokers while they are in prison and there will be improved through care from prison services out to community services on their release. Improvements in through care will also be reflected in the links between patients making a quit attempt in hospitals and the services available to them when they are discharged back to their communities.

We will ensure the smoker's journey from cessation services provided for them in hospitals and prisons is as integrated as possible with the services they can expect in their own communities on their return. (IS3)

78. In particular, NHS Health Scotland will continue to work with health boards and Scotland's prisons. The shared ambition of that work is to have improved consistency in the availability of behavioural group support, increased consistency in prescribing stop-smoking products across the prison estate and to have improved follow-on support for people leaving prison while still receiving support. The support needs to follow the individual to their local services.

Electronic cigarettes and stop-smoking services

79. Some evidence suggests that successful quit rates for people who get specialist support for their stop-smoking attempt and who use e-cigarettes instead of NRT are at least as likely to succeed as those who get support and use NRT. In Scotland the numbers of smokers using e-cigarettes as part of an attempt to stop smoking is growing. In recognition of this change in smokers' behaviour our *Consensus statement on e-cigarettes*[15] from 2017 includes advice to health professionals, especially those working in stop-smoking services. The advice is: "Do not turn anybody away because they choose to use e-cigarettes."

80. On the basis of current evidence vaping e-cigarettes is definitely less harmful than smoking cigarettes. So, e-cigarette use as a means to quit should be seen by health professionals as a tool which some smokers will want to use. To help **those smokers**, professionals should recognise where advice about using e-cigarettes fits into their overall cessation and harm-reduction advice and be confident about giving this advice.

81. To help professionals we now need to take account of the Consensus statement and other advice such as the 2018 NICE tobacco harm reduction guidance. We need to update training and guidance for health professionals in Scotland. Going forward, we need to make sure health professionals and other carers have a basic understanding of e-cigarettes and how to advise smokers about them.

82. Updated guidance for professionals will be published by NHS Health Scotland. It would be important to set that guidance in context to show that use of e-cigarettes is not what health professionals are recommending for all smokers. Advice on electronic cigarettes should be provided as just one aspect of stop-smoking service support. The strongest evidence from recognised studies is that smokers have the best chances of stopping by combining the behaviour support that stop-smoking services provide with the use of licensed products (i.e. varenicline and traditional NRT).

83. Smokers who wish to make an attempt with support from NHS services through the use of electronic cigarettes should not be turned away. But e-cigarettes not licensed as medicinal products cannot currently be "prescribed" or made available free from the NHS. This is because a medicinally licensed e-cigarette

15 Consensus statement on e-cigarettes, NHS Health Scotland, 2017

is not available in Scotland, the UK or indeed any other country at this time. This may change in future in which case guidance and training would be updated. Many community pharmacies sell those e-cigarettes to smokers seeking NHS support. Guidance for pharmacists about e-cigarettes would also be helpful.

We will work with health professionals, academics, representative groups and others to develop guidance for health professionals and other relevant service providers so that they can offer basic advice on e-cigarette use as part of their support for smokers who choose to make quit attempts using e-cigarettes. (IS4)

84. One of the best ways to demonstrate consistency across NHS Scotland on the place of electronic cigarettes in public health would be to settle on a consistent, national approach to whether or not vaping will be allowed by visitors and patients on hospital grounds. Some boards allow vaping and other boards do not allow it. The expectations of boards are set out in their local action plans or smoking policies. Not least because some patients are transferred to other boards and relatives and visitors could often visit patients in different board areas, it would be better to have a consistent approach to whether vaping is allowed or not.

85. The introduction of new offences for smoking within a no-smoking area around hospital buildings will be an opportunity to settle on a national position on vaping. Smoking policies will be updated in 2018 anyway to reflect the new no-smoking area arrangements.

So during the summer of 2018 we will work with health boards and integration boards to try to reach a consensus on whether vaping should or should not be allowed on hospital grounds through a consistent, national approach. (IS5)

Refining stop-smoking data collection

86. This action plan and a range of other activities rely on the data provided in surveys and through on-going monitoring of progress. This is particularly important in monitoring the success of our stop-smoking services and tobacco control work. Data for these services are recorded by health boards, in specialist services, pharmacies and in prisons. The data is tracked based on recording how many quit attempts have been recorded and then whether the attempts have led to successful quits at 12 weeks. A review of a pilot to centralise follow-up monitoring at 12 months on from a recorded quit attempt has revealed that there is a need to improve the accuracy of data recording. Health boards and pharmacies in particular are actively looking to improve systems and training for pharmacy staff to help ensure data is well recorded. The Scottish Government has also supported pharmacies to make improvements and increase the number of devices per pharmacy on which data can be entered.

87. Smoking status information amongst people engaging with mental health services is one particular area where better data recording would be very useful. As part of our commitment to address the unequal harms of smoking associated with this patient group we

will encourage better data collection and reporting.

88. There is scope to improve the sort of data we report on for stop-smoking services. We currently focus on the numbers of quit attempts smokers make and then which of those attempts have led to a successful quit. This method of recording activity does not take account of the fact that most smokers will need multiple attempts to be successful. Data would be more representative of the smoker's journey if it were tracked and reported by person rather than by quit attempt. We will consider a move to this more person-centred approach.

We will ensure the data-recording process in stop-smoking services is fit-for-purpose. (IS6)

D – Providing Protection through regulation

89. There are some aspects of tobacco control which require restrictions to be put in place or regulations made. These are intended to ensure people are protected from tobacco smoke or even prevented from smoking or buying and selling cigarettes, tobacco products or e-cigarettes. Scotland has a wide range of restrictions and regulations already in place. Many of the restrictions made here inspire similar action elsewhere. Over the past two years we have seen an almost unprecedented volume of new regulations being introduced and this has meant significant efforts have had to be devoted to implementing these and managing change.

90. The planned regulatory actions in this plan are that we will:

Table 2

Action	Purpose	Timing
PR1	Implement the ban on possession of tobacco in prisons	December 2018
PR2	Regulate to allow use of e-cigarettes in prisons	July 2018
PR3	Consult on the detail of restricting domestic advertising and promotion of e-cigarettes in law	Autumn 2018

91. There have been significant and recent legislative and regulatory changes related to smoking.

92. This requires some space to monitor its impact and to consider where future focus should be.

93. During our engagement over the past two years with representative bodies, health bodies, local authorities, third sector campaign groups, academics and the public we have been told that restrictions would be most useful for limiting demand and supply. From the suggestions which have been made we believe there is merit in exploring the following candidates for regulations. None of these would be considered in detail without full formal consultation.

94. Our action plan is to **gather evidence, assess the potential impacts** of, and potentially **legislate where appropriate**, over the next 5 years on, the suggestions in Tables 3 and 4.

Table 3 - Restricting Demand

Action	Topic	Details	Justification
PR4	Smoke-free communal landings	Communal landings and stairwells such as in tenements are, in law, not public places, as these are commonly owned by the owners of the properties served. Extending the smoking ban to these areas could require legislation to be approved by the Scottish Parliament.	Since the implementation of the smoke-free legislation in 2006 many people have expressed frustration that smoking is still allowed in communal stairwells and landings, such as in tenements and high-rise buildings. This is considered by many to be a nuisance and there is evidence to suggest that the levels of risk from second hand smoke in these places warrants an extension of the existing law to cover these areas.
PR5	Making cigarettes less attractive	For the same reasoning which led to the introduction of standardised cigarette packaging, legislation could be made to make cigarettes less attractive. This could be done through changes to colour, composition and/or warning messages on each stick.	There is some evidence that dissuasive colour or dissuasive messages on cigarettes could reduce the attractiveness of, and therefore the potential demand for, cigarettes. Other studies have considered composition – reducing the nicotine level or flavours that mask the true taste.

Action	Topic	Details	Justification
PR6	Ban the use of Heated Tobacco Products (HTP) from public places	Using HTP is so similar to smoking that it may warrant inclusion alongside "lit cigarettes" in the smoking ban legislation.	Because they are not "lit", heated tobacco products are not covered by the ban on smoking in public places. Some people have called for action to extend the current smoking ban to include HTP.
PR7	Ban on attractive flavourings in HTP	HTP companies may capitalise on the forthcoming ban on flavourings from cigarettes by offering those flavourings in HTP	With attractive flavourings such as menthol being banned from cigarettes, some people have asked that we impose the same restriction on HTP
PR8	Introduce standardised packaging for HTP	Amend the legislation on standardised packaging to include HTP	HTP are not covered by legislation which makes packaging indistinctive or unattractive.

Table 4 - Restricting Supply

Action	Topic	Details	Justification
PR9	Further restrict availability of tobacco products	Restricting the number and the clustering density of tobacco retailers could make tobacco products less available, and therefore could reduce smoking rates.	We have reviewed evidence on the link between tobacco availability through retail outlets and local smoking rates. This suggests that restricting the number of outlets, particularly where smoking rates are highest (such as in more deprived communities) could have a positive effect on reducing smoking rates.
PR10	Consider additional price interventions for tobacco products	Assessing what further pricing measures could impact on consumption and the purchase of tobacco products could point to further innovative actions to reduce smoking rates.	Increasing the price of tobacco has been shown by research to be the most effective way of reducing demand for it. The UK already has restrictive tax measures in place and has introduced a minimum excise duty for cigarettes.
PR11	Conditional registration or licencing of retail or changes to planning guidance	One mechanism for introducing any new measures on the availability or the price of tobacco would be to introduce compliance conditions into our retail registration scheme or to introduce a form of licensing.	If there are any more creative or effective measures we could introduce on availability or price one way of implementing these could be through conditional registration. This is likely to be the option which creates least disruption to business. This would need to be considered very carefully around compliance and enforcement to avoid increasing the regulatory burden. Amending national planning priorities guidance could also be considered as an option.

Enforcement

95. The effect of existing restrictions as well as any new restrictions or regulations that may be introduced as a result of this action plan relies on good, proportionate enforcement. This is the good work done particularly by trading standards, environmental health and other local authority officers in Scotland. Enforcement is more than just inspection and taking legal action where offences have been committed. It also involves monitoring activity and record keeping. It involves a great deal of giving advice and giving informal and formal warnings where appropriate.

96. We will continue to rely on our enforcement authorities to help deliver change and improvement in tobacco control and in other public health policies and strategies. Scotland's achievements in discouraging under-age sales of tobacco, removing the visibility of cigarettes in shops and supporting businesses and organisations to become and remain smoke-free owes much to enforcement colleagues.

97. Existing enforcement activity – inspection, test purchasing and advice visits - on under-age sales, proxy purchasing and illicit tobacco trading help restrict the supply of tobacco to young people in particular. This will have helped drive down the numbers of children and young people who take up smoking in Scotland. On tackling illicit sales, the support given to local councils by the Society of Chief Officers for Trading Standards in Scotland (SCOTSS) – who provide funding for Scotland's detection dog – have been vital in adding value at a local level. We are grateful to SCOTSS for providing and distributing guidance on test purchasing for tobacco and Nicotine Vapour Products (NVP) including e-cigarettes. SCOTSS has also provided new guidance for enforcement officers for the new regulations from the Health Act 2016.

98. As mentioned earlier in this plan, the Society of Chief Officers for Environmental Health in Scotland (SCOEHS) has also provided guidance for enforcement officers. SCOEHS is also helping NHS hospital prepare for the new smoking offences that will be introduced this year in respect of smoking near hospital buildings. Under the forthcoming hospital building smoking regime it will be for NHS managers to ensure that all steps are taken to stop individuals smoking near buildings. Local authority officers can provide advice and assist with targeted initiatives to raise advice. For significant or persistent offences local authority officers now have powers to give offenders fixed penalties or where appropriate refer cases to a procurator fiscal for prosecution.

99. Over the course of this action plan it is likely that the markets for e-cigarettes and novel heated tobacco products will develop further. This could mean that the current focus of tobacco control enforcement changes over time to take account of these newer markets. For example if there were changes to the law on restricting the sales of non-nicotine-containing e-liquid for e-cigarettes this would have implications for enforcement. There may also need to be programmed initiatives on ensuring e-liquids are authorised products and perhaps even on whether these age-restricted products are being marketed in a way which primarily appeals to young people.

Chapter 3 - Outcomes and targets

What impact will this action plan have on Equalities in Scotland?

100. Smoking is an inequalities issue: health inequalities and socio-economic inequalities tend individuals toward smoking; smoking is a principle driver for health inequality and a contributor to socio-economic inequality. In terms of health inequalities, we still have significant variance in smoking rates when comparing our least well off areas (32%) and our better-off areas (12%).

101. Everything in this action plan is intended to reduce the level of smoking in Scotland. By reducing its levels of smoking, Scotland is likely to be reducing levels of health inequality - when comparing health outcomes between smokers and no-smokers there is a significant inequality relationship. Turning smokers into non-smokers will help balance the health inequalities between those groups.

102. But the ways in which we propose to further reduce levels of smoking must be chosen to ensure that they themselves are not creating other inequalities. Adopting policies which will more likely benefit certain sections of society such as those with better educational attainment levels could introduce inequality of outcomes. The physical and mental health costs as well as the financial costs of smoking are fairly well understood, but evidence suggests that this understanding is greater amongst better-off individuals and communities.

103. To mitigate for that potential inequality of outcomes we must adopt policies and interventions which can equalise that difference in understanding. These will include targeting advice and improving access to, and visibility of, prevention initiatives and support services to individuals and communities that are not so well-off. For this reason we have given our health boards and IJBs targets for successful stop-smoking attempts by people with postcodes in our less well-off communities. We believe this is having the desired effect. In recent years smoking rates in Scotland's most disadvantaged communities have fallen more steeply than in any other types of community. This can be shown in the table on Smoking prevalence among adults in the Annex to this plan. That table shows the progress towards the 2034 target showing progress in each of the SIMD quintiles we use for our strategy.

104. This is a trend we wish to see continue.

105. Everything possible must be done to improve health literacy universally. We already have in Scotland a health literacy action plan – Making it Easy – and we need to ensure the principles of health literacy in that resource are taken into account in all of our communications and guidance on tobacco control.

106. We have evidence on what sort of interventions and activities are most likely to have a positive impact on inequalities. For interventions intended to reduce youth smoking we refer to the Equity Impact systematic review by Tamara Brown, Stephen Platt and Amanda Amos from 2014.[16] The systematic review on adult smoking interventions by the same authors is also a good source of evidence for us to consider.[17] These reviews identified studies which showed equity impact as across a range of policy interventions. From the reviews we can see that the interventions most likely to have a positive or at least a neutral impact on inequalities in terms of initiatives targeting adult smoking will likely be: increases in price; focused mass-media campaigns (focussing on NRT for example); controls on advertising; population-level cessation support; settings-based interventions (community, workplace, hospital etc). For initiatives targeted at youth smoking the policies likely to be most impactive on inequalities would also include schools-based prevention.

107. This action plan includes actions on most of these "positive" or "neutral" interventions. So we can with some confidence conclude that these actions in themselves are unlikely to lead to an increase in inequalities.

What will this action plan mean for priority groups?

108. We have tried to include some actions which aim to improve situations for each of our priority groups, over and above the improvements we hope the action plan will have at population level. Our greatest hope for improvement will be for smokers in mental health settings. Raising awareness of the need to take a new approach in these settings and particularly about the possibilities which e-cigarettes being made available in appropriate non-NHS prescribed ways could have a big impact on the physical health of these patients. We hope to learn lessons from the prison environment, where e-cigarettes are likely to become the most commonly used aid for smokers who no longer have access to tobacco. The experience of smokers in prisons are likely to be of great interest to smokers in many other settings.

109. In pregnancy we hope that two new sets of guidance as well as advice in baby boxes on the harms of smoking to unborn babies and children as well as to mothers will have a greater impact on mothers, children and wider families.

16 Equity impact of interventions and policies to reduce smoking in youth: systematic review, Brown T, Platt S, Amos A, Tobacco Control Online, May 2014

17 Equity impact of population-level interventions and policies to reduce smoking in adults: A systematic review, Brown T, Platt S, Amos A, Drug and Alcohol Dependence, 2014

110. In acute services, we hope the introduction of offenses for smoking near hospital buildings and more consistent smoking policies potentially at national level –allowing patients and visitors to vape around hospitals - will have a positive impact on patients' attitudes and behaviours in respect of smoking and accessing stop-smoking services through the new national brand – Quit Your Way.

111. In prisons, we are planning for the introduction of smoke-free prisons and with good quality and consistent through-care when people return to communities we hope there will be a knock-on effect in some of our more disadvantaged communities as a result of the prison tobacco laws.

Targets

112. The aspirations of this action plan must be matched by some meaningful medium and longer term targets. It is not easy to match up a whole plan of actions with specific outcome targets, especially in topics such as smoking where other social and economic determinants such as poverty, adequate housing, meaningful employment and access to high quality education are likely to be key factors alongside or over and above tobacco control or even public health initiatives alone.

113. However, it is important to have some things to aim for. There are a number of population-level measures where we would like to see change, and change which may be at least partly attributable to this action plan. These include the following changes we hope to see by 2023.

Action	Topic
Reducing levels proportionately of tobacco-related mortality/morbidity	ScotPHO[18] reports
Smoking prevalence declining, especially in priority groups (which may require better data collection to be in place)	Scottish Health Survey/Annual Population Survey/ Scottish Survey Core Questions
Continued reporting of low levels of exposure to second hand smoke (especially among young people and children)	Scottish Health Survey (Salcot sampling)
Year-on-year growth in smoker numbers using NHS Scotland stop-smoking services Quit Your Way	NHS National Services Scotland
Year-on-year growth in proportions of successful quits through services	NHS National Services Scotland
Year-on-year drop in the average number of cigarettes smoked	Scottish Health Survey
Year-on-year drop in the number of young people taking up smoking	SALSUS

18 Scot PHO is the Scottish Public health Observatory

114. But alongside these general trends, we would like to meet the following specific targets.

By 2034 – smoking prevalence should be at 5% or lower

By 2021 – smoking prevalence for SIMD 1 and SIMD 2 combined should be 20% or lower

By 2022 – the proportion of reported regular smokers among 13-15 years old combined should be 3% or less

By 2023 – smoking prevalence among smokers in the 20-24 years old age group should be 20% or less.

Evaluation

115. NHS Health Scotland co-ordinated an independent review of the tobacco control strategy and published the review in November 2017. It also published a qualitative study of expert views. These publications provided assurance that the strategy action points had been implemented and the press coverage acknowledged the successes from the strategy.

116. This review process was very helpful. The 2013 strategy was structured in a way which made evaluation of its impact difficult, so a review of its implementation was more appropriate. However, for this action plan our intention is to set some high-level targets and provide a selection of more detailed indicators for progress across the next five years. We also intend to develop an evaluation framework for the actions, targets and indicators in this plan. NHS Health Scotland will carry out an "evaluability assessment" of the action plan. For those actions most readily evaluable health Scotland will then develop a robust evaluation framework. That will allow for meaningful evaluation of progress during and after the life of the action plan. Oversight for this could be through the Research and Evaluation sub-group of the Ministerial Working Group on Tobacco Control.

117. We will schedule bi-annual evaluation – to be published in 2020, 2022 and 2024. These evaluations of progress will allow Ministers to plan in more detail for the following two years.

118. The tobacco control environment is constantly changing. So to keep this action plan relevant we need to continue to monitor changes and developments. There are some changes we already anticipate which will have an impact on how this plan is implemented. For example, the creation of new public health priorities and a new oversight body for public health will likely mean some change in tobacco control services and initiatives. We will continue to consider how changes such as these will require updates to this plan.

119. We will also continue to monitor how the market for alternatives to cigarettes continues to develop. We will ensure evidence of the potential harms and benefits of electronic cigarettes is constantly monitored. We will also support the monitoring of any growth in the heated tobacco products (HTP) market, of other technological

developments and any evaluation of evidence on HTP links to smoking. If this market grows there may be a need to consider regulating to bring the use of these products into line with existing laws on smoking in public places and the display of tobacco-related products.

120. We will continue to work with partners such as ASH Scotland's information service to ensure a wide range of evidence summaries are available.

121. The Ministerial Working Group's sub-group on Research and Evaluation will see an evaluation framework for this action plan developed and ensure that new and emerging evidence is summarised and made publicly available.

ANNEX

Tobacco Control: Smoking and Vaping Statistics 2018

Background

1. In Scotland, smoking is still the largest preventable cause of ill health and premature death as 10,000 deaths associated with tobacco use are recorded each year[19] (around a fifth of all deaths). Scottish Government policy wishes to create a 'Smoke Free Generation' by reducing prevalence to 5% by 2034. The new Tobacco control strategy will put in place five year goals to drastically reduce take up by adolescents and to help as many people quit as possible, whatever their method.

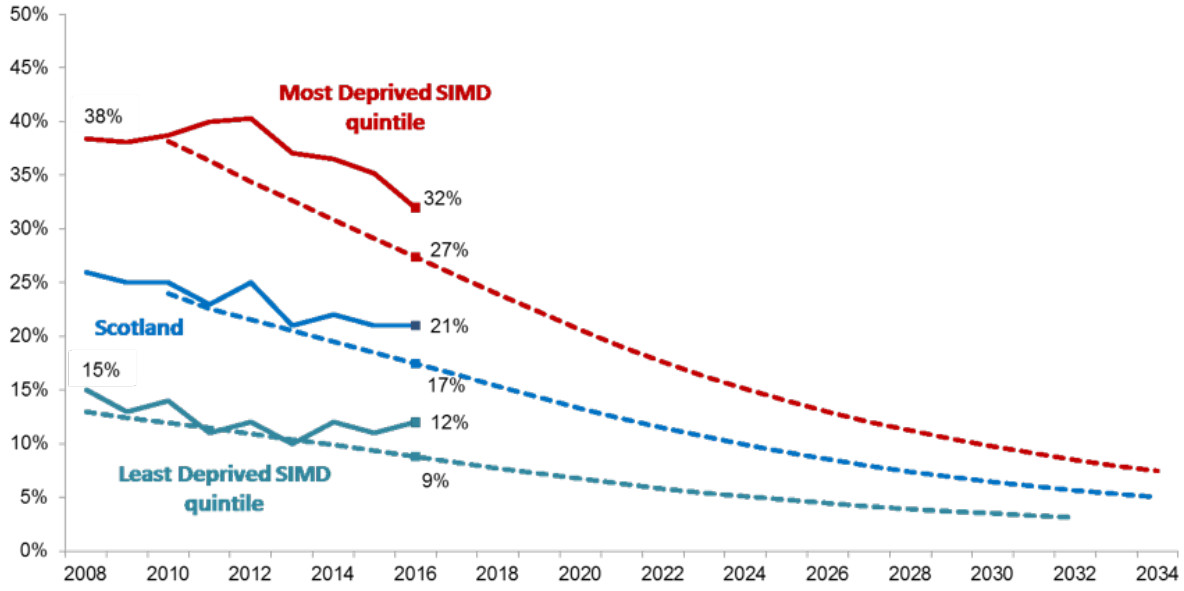
19 The Scottish Government. Smoking. http://www.scotpho.org.uk/downloads/scotphoreports/scotpho160621-smoking-attributable-deaths-scotland.pdf

Smoking prevalence amongst adults in Scotland

2. By using data from the Scottish Health Survey (2016), adult smoking prevalence in Scotland is 21% on average. In the most deprived area quintile this prevalence is as high as 32% and 12% in the least deprived quintile[20].

Date	SIMD 1 Most deprived	SIMD 2	SIMD 3	SIMD 4	SIMD 5	Scotland Average
2011	38	39	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%**

3. To reach our goal of 5% prevalence by 2034, more work needs to be done because current prevalence trend suggest this value should be 17% on average, 27% in the most deprived quintile and 9% in the least deprived quintile.[21]



20 Scottish Health Survey 2016, Chapter 2, page 44
21 Scottish Health Survey, Supplementary Table W659

Comparisons within the UK

4. Smoking prevalence is still slightly higher in Scotland than in England and Wales. Source is from the Annual Population Survey, 2016.
    - England 16%
    - Scotland 18%
    - Wales 17%
    - Northern Ireland 18%

Most smokers want to quit

5. Results from the Scottish Health Survey observed that 81% of smokers have attempted to quit at least once, with 44% attempting to quit three times or more[22].

6. From this 81% of smokers trying to quit, 36% described using nicotine patches, 34% using e-cigarettes and 37% using some forms of support from cessation services[23].

Declining use of NHS Stop-Smoking Services

7. There were around 60,000 quit attempts in 2016/17 using NHS services, which continues a decline for the past 5 years. There has been a 51% decrease in use of services since 2011/2012[24]. The majority of cessation seekers are using pharmacy services – around 70%. It is also possible that an increase of successful quit attempts would decrease NHS service use.

8. In England, cessation services are still very popular, with 81% of quit attempts occurring using specialist services. Source: Information Statistics Division, NHS National Services Scotland, 2016/17

22 Scottish Health Survey, Supplementary Table W666
23 Scottish health Survey, Supplementary Table W686
24 ISD Smoking Cessation Publication: http://isdscotland.org/Health-Topics/Public-Health/Smoking-Cessation/

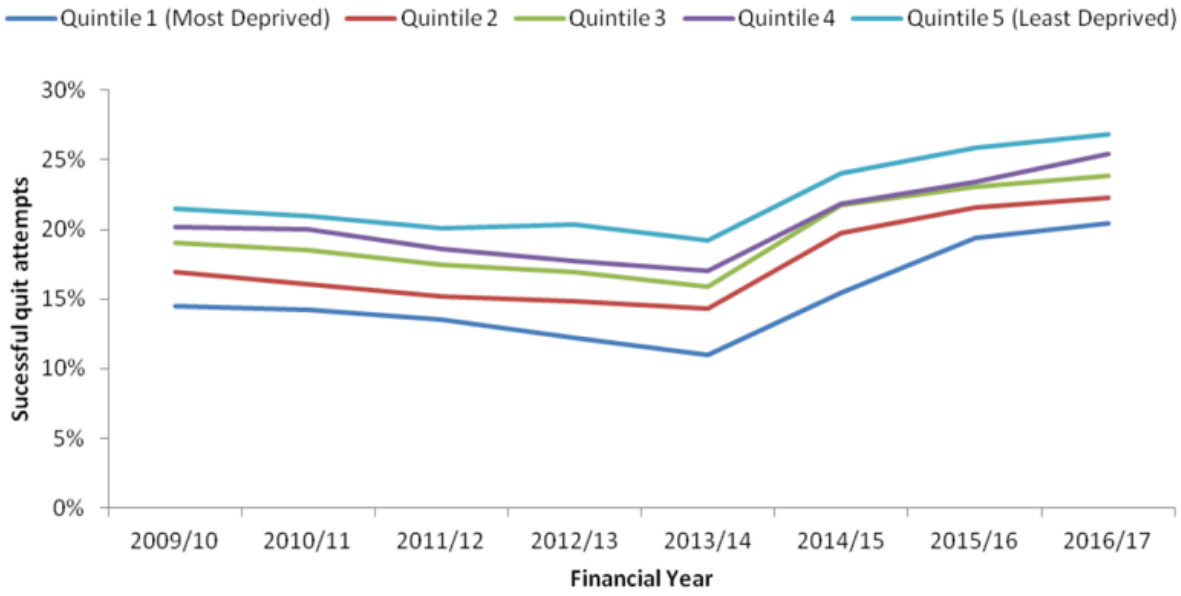
Successful quitters

9. Around 23% of people going through a quit attempt are successful for at least 12 weeks (longer timescale data is not available). The proportion of successful quits at 12 week is higher (at 33%) for those using GP or other specialist services than for those using pharmacy services (18%)[25].

   There is a large variation in successful quits across NHS Boards. This is largely due to variation in the balance of GP and other specialist services versus pharmacy services in different boards and differing levels of deprivation.

10. There is a clear pattern between success of quit attempts and deprivation with the lowest quit rates seen in the most deprived areas. Although the number of attempted quits has been reducing, the proportion of quit attempts which were successful has been increasing since 2013/14 across all deprivation quintiles[26].

Figure 11: Percentage of successful 12 week quit attempts by deprivation quintiles: Scotland; 2009/10 - 2016/17



25 NHS Smoking Cessation Services Scotland 2016/17, Publication Date – 24 October 2017: https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-10-24/2017-10-24-SmokingCessation-Summary.pdf

26 NHS Smoking Cessation Services Scotland 2016/17, Publication Date – 24 October 2017: https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-10-24/2017-10-24-SmokingCessation-Summary.pdf

Varenicline as a cessation tool

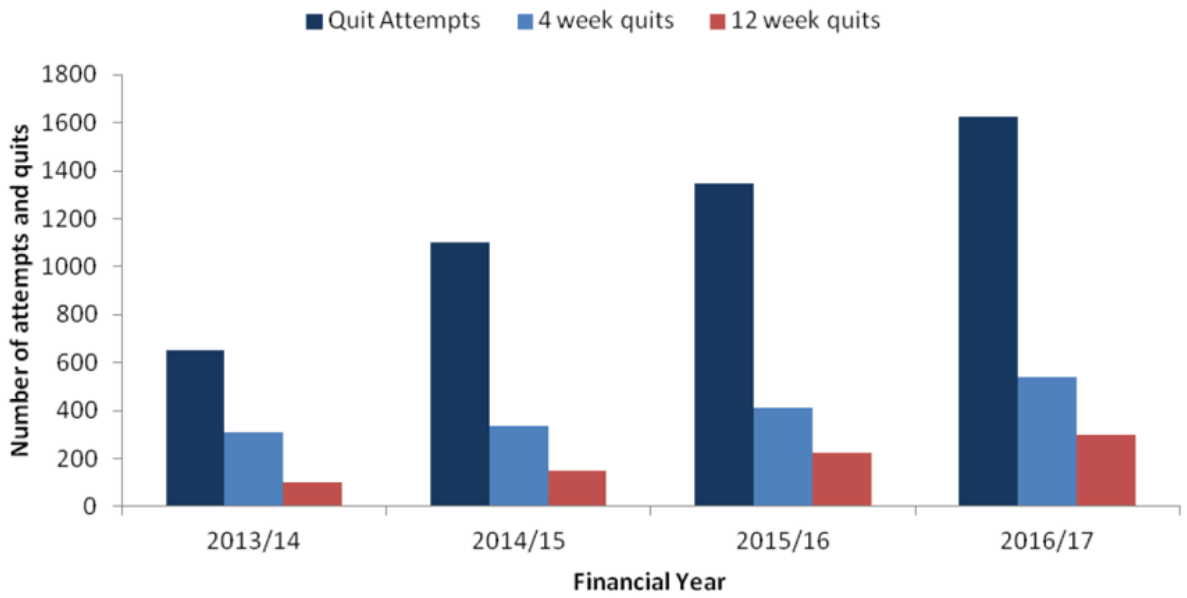
11. Varenicline is a form of NRT that reduces cravings and decreases the pleasure effects of tobacco. The 12 week quit rate for those prescribed varenicline is 37% (compared to 21% for service users using NRT products). For those using varenicline and non-pharmacy services, the 12 week quit rate is even higher at 47%. Only 11% of smoking cessation service users are currently prescribed varenicline. The drug is more widely prescribed in England.

More quits in prisons

12. Currently 72% of prisoners smoke cigarettes[27] yet all Prisons are to go smoke-free in Scotland by the end of 2018.

    - Since 2013/14 the number of reported quit attempts made across the fifteen prisons in Scotland has increased year-on-year from 650 in 2013/14 to 1,625 in 2016/17. This is due to both increased participation from prisons in smoking cessation services and better data collection and reporting.

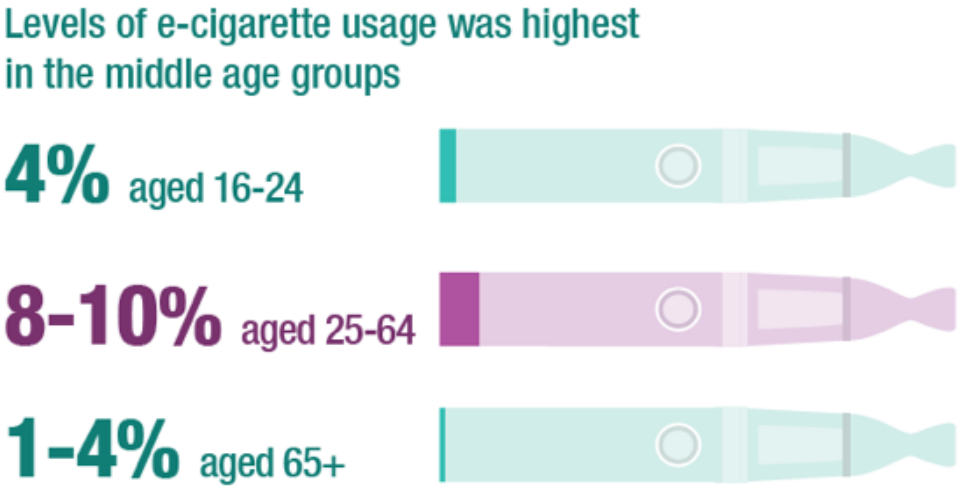
Figure 13: Number of quit attempts, 4 and 12 week quits in Scotland's Prisons; 2013/14 - 2016/17



27 Scottish Prison Service, 2015

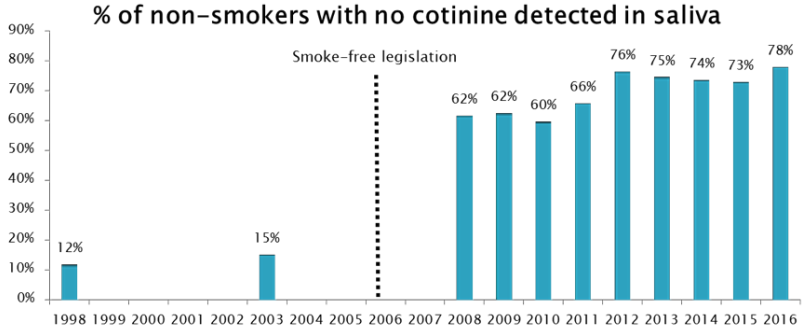
E-cigarette use

13. The use of e-cigarettes has settled at around 7%, in both 2015 and 2016. The vast majority of e-cigarette users are former smokers (37%) or current smokers/dual users (60%), very few start the habit without smoking cigarettes first (3%). Only 4% of 16-24 year old use e-cigarettes, and 1-4% of over 65 year olds use them as well. The highest percentage users are those between the ages of 25-64 (8-10%)[28].



Second Hand Smoke in adults

14. Exposure to second hand smoke has decreased substantially since 2003. 78% of non-smoking adults have no cotinine detected in their system compared to only 15% in 2003. Cotinine is breakdown product of nicotine that can be detected easily to objectively show exposure to second hand smoke.



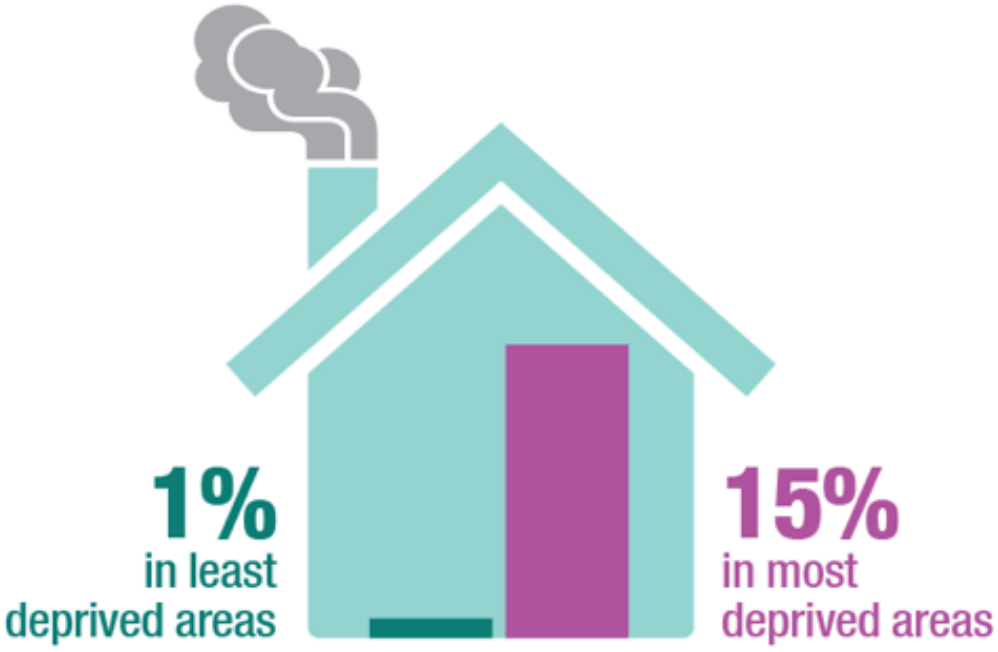
29

28 Scottish Health Survey, Main Tables, Table 2.5: http://www.gov.scot/Resource/0052/00525618.xlsx

29 Scottish Health Survey Analysis

Second Hand smoke in Children

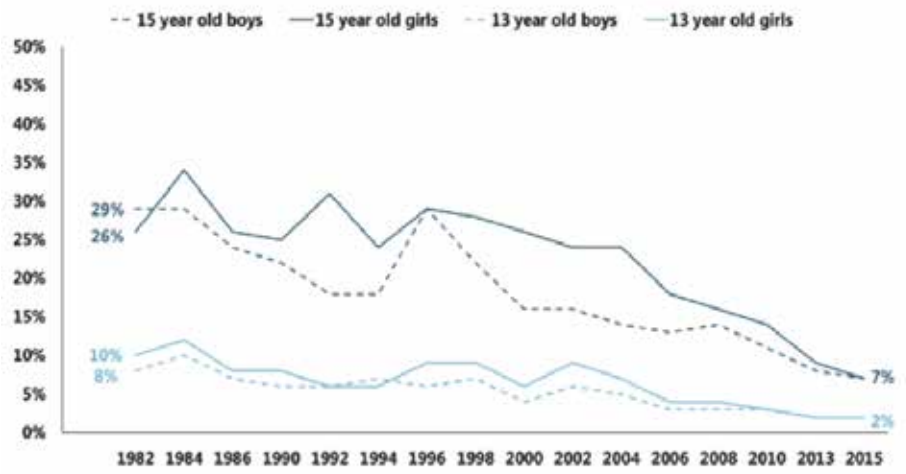
15. The proportion of children's exposed to second hand smoke in the home decreased from 11% in 2011 to 6% in 2015 and remained at around this level (7%) in 2016[30]. There is also a large deprivation gap with only 1% of children exposed to second hand smoke in the home in the least deprived areas, compared to 15% in the most deprived areas[31]. There are also variances in the age of the child exposed to second hand smoke in the home: 0-3 year olds (4% exposure), 4-7 year olds (6%), 8-11 (7%), 12-15 (10%). The older the children are, the more they are at risk of being exposed to second hand smoke[32].



30 Scottish Health Survey, Main Tables, Table 2.8: http://www.gov.scot/Resource/0052/00525618.xlsx
31 Scottish Health Survey, Main Tables, Table 2.9: http://www.gov.scot/Resource/0052/00525618.xlsx
32 Scottish Health Survey, Supplementary Tables, Table W711: http://www.gov.scot/Resource/0052/00525498.xls

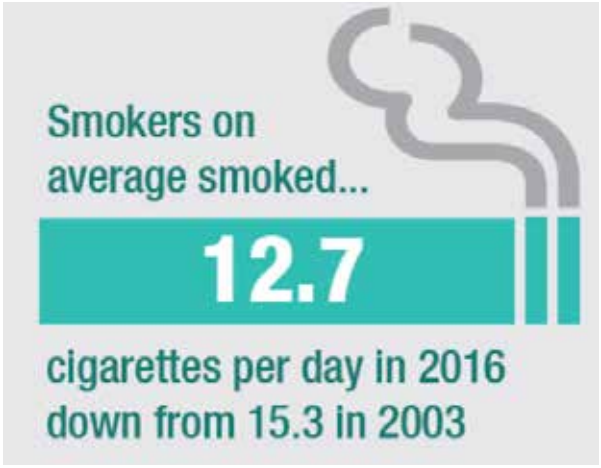
Children smoking rates

16. Fewer children are smoking, and the decline has steadily reduced to 7% regular smoking in 15 year olds and 2% in 13 year olds. The first points of data recorded were from 1982, where 26-29% of 15 year olds and 8-10% of 13 year olds smoke regularly. However, out of those who do smoke, less than a third of 15 year olds want to give up (29%)[33].



Patterns of smoking use

17. As well as smoking prevalence declining steadily over time, the amount of cigarettes smoked has also declined. In 2003, on average smokers smoked 15.3 cigarettes/day whereas it has declined to 12.7 in 2016[34].



33 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): http://www.gov.scot/Publications/2016/10/8742

34 Scottish Health Survey 2016, Chapter 2, page 44

Publications

Rapid Evidence Review: What is the causal link between the tobacco outlet density and smoking prevalence? NHS Health Scotland, 2018

Rapid Evidence Review: Strengths and limitations of tobacco taxation and pricing strategies NHS Health Scotland, 2018

The economics of tobacco control: An overview of the 2016 US National Cancer Institute Tobacco Control Monograph, NHS Health Scotland, 2018

Consensus Statement on e-cigarettes, NHS Health Scotland, 2018

Review of "Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland", NHS Health Scotland 2017

Tobacco control policy in Scotland: A qualitative study of expert views on successes, challenges and future actions, NHS Health Scotland 2017

This publication is available at **www.gov.scot**

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