



Working for a tobacco-free Scotland

## ASH Scotland response to Growing Up in Scotland - Birth Cohort II - Sweep 1 Comments on Proposed Questions/topics

July 2010

ASH Scotland welcomes the opportunity to respond to Growing Up in Scotland's proposed questionnaire and topics. ASH Scotland is an independent Scottish charity working in partnership to protect people from the harm caused by tobacco. ASH Scotland works towards a tobacco-free Scotland through our campaigning work; designing and delivering training; co-ordinating tobacco control alliances involving health professionals, local and national government representatives, campaigners and researchers; providing a free expert information service on tobacco and smoking used by both the general public and professionals; and working in low income areas and with youth groups.

There exists a wealth of evidence<sup>1</sup> on the short and long term health issues in children and the young that can occur as a result of exposure to tobacco smoke (for example, through prenatal maternal smoking or second-hand smoke exposure during pregnancy or as an infant). Through the efforts of successive governments, and informed by high quality research, much has been achieved in Scotland to tackle the harm caused by tobacco. However, smoking continues to be a significant public health burden in Scotland, with over 13,500 deaths<sup>2</sup> attributable each year to tobacco use. As an evidence-based organisation, ASH Scotland welcomes the inclusion of the items related to smoking and health in the consultation questionnaire, and believes the data gathered from the cohort will be valuable in monitoring changing trends around tobacco (and child exposure to second-hand smoke in particular) and informing future developments in tobacco control.

ASH Scotland's response will be confined to our areas of expertise around tobacco and health, with comments on particular questionnaire items, in numerical order, below.

<b>4.12~ a &amp; b</b>	<b>How often smoked and drank alcohol during pregnancy</b>
<i>Issue</i>	<i>Are we asking the right questions; what level of detail is needed?</i>
	Comments:  Underreporting of smoking status during pregnancy is a recognised issue. <sup>3</sup> Smoking status during pregnancy can be challenging to obtain accurately, due to social pressures on the woman to give the 'correct' response or not to disclose their status given the widely-acknowledged harms of smoking during

<sup>1</sup> British Medical Association Board of Science. Breaking the cycle of children's exposure to tobacco smoke.[Online]. BMA. April 2007. Available from: [http://www.bma.org.uk/health\\_promotion\\_ethics/tobacco/breakingthecycle.jsp](http://www.bma.org.uk/health_promotion_ethics/tobacco/breakingthecycle.jsp) [Accessed 28 July 2010]

<sup>2</sup> Health Scotland, ISD Scotland and ASH Scotland. An atlas of tobacco smoking in Scotland: A report presenting estimated smoking prevalence and smoking-attributable deaths within Scotland. [Online]. NHS Scotland/Scottish Public Health Observatory. 2007. Available from:

<http://www.scotpho.org.uk/nmsruntime/saveasdialog.asp?IID=3907&slD=3256> [Accessed 28 July 2010]

<sup>3</sup> Owen L, McNeill A. Saliva cotinine as indicator of cigarette smoking in pregnant women. *Addiction*. 2001 Jul;96(7):1001-6.

	<p>pregnancy. While smoking status at booking in Scotland has dropped over the last ten years to a new low of 19%<sup>4</sup>, there still remain a large proportion of records for which the smoking status is unknown. For these reasons the most recent public health guidance<sup>5</sup> from NICE (the National Institute for Health and Clinical Excellence) recommends the use of biochemical validation of smoking status (through carbon monoxide monitoring or cotinine testing) to gain greater accuracy.</p> <p>While biochemical validation may be inappropriate for the cohort under investigation, the known problems of an accurate measurement of smoking status in pregnancy should be reflected in the question design. The question should be asked in a sensitive, non-judgemental manner in order to have the highest chance of eliciting an accurate response in the absence of validation.</p> <p>At this stage (there is a possible overlap with what is asked in 4.22 <i>quit attempts during pregnancy</i> here), data should be gathered on level of tobacco consumption during pregnancy, and at what stage and for what duration any attempts at abstinence were made.</p> <p>Finally, it is good practice that questions about tobacco use are inclusive of all forms of tobacco where possible, by including certain non-smoked varieties (whose use tends to be more common among some ethnic groups). There is some emergent evidence that non-smoked (e.g. chewed) tobacco products may elevate risks to health during pregnancy<sup>6</sup>, hence it is important to make question design inclusive of this practice. Some individuals may not be aware of the composition and other ingredients used in these smokeless products, or possibly whether they contain tobacco at all - ASH Scotland has produced a briefing on some of the more commonly used products with links to further information.<sup>7</sup></p>
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<b>4.19*</b>	<b>Other people smoking in the home during pregnancy</b>
<i>Issue</i>	<i>Does it matter where in the house they smoke or do we simply ask whether any person in the household regularly smokes?</i>
	<p>Comments:</p> <p>From a perspective of eliminating risk to child health, the available evidence demonstrates that only a completely smoke-free environment (e.g. smoking outside only, with doors closed) offers effective protection from second-hand smoke<sup>8</sup>. Other measures such as smoking in the kitchen with a fan active, or in a designated indoor smoking room do not offer complete protection (though some studies show they may reduce exposure to some degree) and, as such,</p>

<sup>4</sup> Information Services Division Scotland. Smoking at booking statistics from SMR02. 2008. [Online]. Available from: <http://www.isdscotland.org/isd/2911.html> [Accessed 28 July 2010]

<sup>5</sup> National Institute for Health and Clinical Excellence. 2010 [Online]. *Public health guidance 26: How to stop smoking in pregnancy and following childbirth*. Available from: <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=13023> [Accessed 28 July 2010]

<sup>6</sup> England LJ, Kim SY, Tomar SL, Ray CS, Gupta PC, Eissenberg T, Cnattingius S, Bernert JT, Tita AT, Winn DM, Djordjevic MV, Lambe M, Stamilio D, Chipato T, Tolosa JE. Non-cigarette tobacco use among women and adverse pregnancy outcomes. *Acta Obstet Gynecol Scand*. 2010;89(4):454-64.

<sup>7</sup> ASH Scotland. 2008 [Online]. *Types of tobacco used in some minority ethnic groups*. Available from: <http://www.ashscotland.org.uk/ash/files/Types%20of%20tobacco%20used%20in%20some%20minority%20ethnic%20groups.doc> [Accessed 28 July 2010]

<sup>8</sup> Johansson AK, Hermansson G & Ludvigsson J (2004) How should parents protect their children from environmental tobacco-smoke exposure in the home? *Pediatrics* 13: 291-5.

	<p>still leave children exposed to second-hand smoke to a greater extent than would be the case in a smoke-free household, or in some cases as high as those where there are no restrictions at all.<sup>9,10</sup></p> <p>For these reasons it is important to gather data on the precise smoking behaviour of individuals who smoke in the household. Ideally all the conditions in which they smoke (for example, in a separate room that is never used by children; in a separate room used by children; in a room with artificial ventilation active/no ventilation; with windows open/not open; outside with the door open/closed) should be gathered to chart changing behaviour.</p> <p>In addition to location the identity of the person smoking and their relationship to the child (whether they are the child's father, another family or household member, a carer, a neighbour, another unrelated friend etc), would be useful to gather to chart changing behaviours over the study.</p> <p>It would be valuable if this line of question was extended to cover cars and other family vehicles in which the child may travel (e.g. whether other people smoke in the family vehicle when there is a child/no child present; whether the windows are open/not open, and so on).</p> <p>ASH Scotland also believes it is important to gather data on these issues post-birth, please see the suggested additional question on page 5 of this response for further details.</p>
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<b>4.22*</b>	<b>If smoked during pregnancy, whether attempted to quit and motivation behind stopping</b>
<i>Issue</i>	<i>What is a good definition of "quitting"?</i>
	<p>Comments:</p> <p>The evidence, as summarised in recent NICE guidance on stopping smoking in pregnancy and following childbirth<sup>11</sup> emphasises the importance of complete cessation during pregnancy, not just cutting down. To this end the best definition of 'quit' is complete abstinence, biochemically validated. Failing that, self-reported abstinence from cigarettes for the duration of the pregnancy seems the next best definition. For those who have not quit entirely, when during the pregnancy, how often they relapsed to smoking and average tobacco consumption would be useful to gather. As with 4.12, it is important that these questions are phrased in a sensitive and non-judgemental manner.</p> <p>In addition to motivation behind stopping, it would be valuable to know to know further details about any help sought by the pregnant women. Routine options here would be: advice from a NHS specialist stop-smoking service; use of any smoking cessation pharmacotherapies; advice from a GP/midwife/pharmacist; the Scottish stop-smoking telephone helpline (smokeline); non-NHS self-help materials; complementary therapies such as acupuncture or hypnotherapy, or any combination of the above.</p>

<sup>9</sup> Blackburn C, Spencer N, Bonas S, Coe C, Dolan A, Moy R. Effect of strategies to reduce exposure of infants to environmental tobacco smoke in the home: cross sectional survey. *BMJ*. 2003 Aug 2;327(7409):257.

<sup>10</sup> Matt GE, Quintana PJE & Hovell MF et al (2004) Households contaminated by environmental tobacco smoke: sources of infant exposures. *Tobacco Control* 13: 29-37.

<sup>11</sup> National Institute for Health and Clinical Excellence. 2010 [Online]. *Public health guidance 26: How to stop smoking in pregnancy and following childbirth*. Available from: <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=13023> [Accessed 28 July 2010]

	Finally, a follow up question for those who quit smoking during pregnancy to determine if they are still abstinent at the time of the questionnaire could be considered.
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<b>10.12*</b>	<b>What sorts of advice/information did respondents receive from health professionals during pregnancy – i.e. around nutrition, alcohol, medicines, smoking, what to do if labour starts early, growth of baby and development?</b>
<i>Issue</i>	<i>Questions about sources of information are already included, but not topics of information. Do we need this information?</i>
	<p>Comments:</p> <p>Key issues around smoking to gather here are:</p> <ul style="list-style-type: none"> <li>• whether the respondent was asked about their tobacco use during pregnancy</li> <li>• whether the respondent was offered any advice or information about tobacco and health</li> <li>• whether the respondent was offered a referral to the NHS stop-smoking service during pregnancy</li> <li>• who (or what professional group e.g. health professional, social worker) offered this information/advice and when and how frequently was this information/advice offered?</li> <li>• whether the partners, family or household members, or other individuals with whom the pregnant women frequently come into contact with were offered any advice around smoking and pregnancy (this may be more appropriate to ask under 4.19)</li> </ul> <p>This information is important to gather, as many different health professionals have an important role to play in offering advice to pregnant women about smoking during pregnancy. In particular, midwives are well-positioned to provide information and offer support (including referrals to NHS stop smoking services). Professional guidance emphasises the importance of ascertaining smoking status and offering referrals<sup>12</sup>, however studies have demonstrated that, despite this, current identification and referral procedures have limitations<sup>13</sup>. Hence, the information gathered by a question of this nature would help in shaping our understanding of current practice, and the impact of changes in policy and guidance.</p>

<b>15.4~ a to j</b>	<b>Alcohol, smoking and drugs (how often, quantity, type of drug used)</b>
<i>Issue</i>	<i>What level of detail do we need?</i>
	Comments:

<sup>12</sup> National Institute for Health and Clinical Excellence. 2010 [Online]. *Public health guidance 26: How to stop smoking in pregnancy and following childbirth*. Available from: <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=13023> [Accessed 28 July 2010]

<sup>13</sup> Tappin DM, MacAskill S, Bauld L, Eadie D, Shipton D, Galbraith L. Smoking prevalence and smoking cessation services for pregnant women in Scotland. *Subst Abuse Treat Prev Policy*. 2010 Jan 21;5:1.

	For parental smoking, frequency of smoking (and if they are ex-smokers, how long they have been abstinent) and average tobacco consumption provide adequate measurement for most kinds of analysis. Both the Scottish Household Survey <sup>14</sup> and the Scottish Health Survey <sup>15</sup> ask similar questions, so perhaps an already validated set of questions on tobacco use can be borrowed from these sources.
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<b>15.6~</b>	<b>Partner's alcohol, smoking and drugs (how often, quantity)</b>
	Comments:  As 15.4, above.

<b>15.7~</b>	<b>Grandparent's (respondent's or partner's parent's) smoking</b>
	Comments:  As 15.4, above.

<b>15.8~</b>	<b>Attempts or plans to quit smoking</b>
	Comments:  As 4.22 and 10.12 above, data on parental attempts to quit smoking should gather information on the motivating factor(s) behind quitting, methods being considered or used to give up, and advice offered by health professionals to quit.

<b>1. New topic area and/or questions:</b>
In a similar fashion to item 4.19 on smoking in the home during pregnancy, ASH Scotland strongly believes it is important to have a question on smoking in the home, post-pregnancy. While it is true that exposure to tobacco smoke in the home during pregnancy has a range of adverse effects that are deserving of attention and research, it is also the case that exposure to second-hand smoke can have significant negative health impact on young children in the household post-birth <sup>16</sup> . This is particularly

<sup>14</sup> Scottish Government. Scotland's People - Annual report: results from 2007/2008 Scottish Household Survey. 2009 [Online]. Available from: <http://www.scotland.gov.uk/Publications/2009/09/01114213/0> [Accessed 28 July 2010]

<sup>15</sup> Scottish Government. The Scottish Health Survey 2008 [Online]. Available from: <http://www.scotland.gov.uk/Publications/2009/09/28102003/0> [Accessed 28 July 2010]

<sup>16</sup> British Medical Association Board of Science. Breaking the cycle of children's exposure to tobacco smoke.[Online]. BMA. April 2007. Available from: [http://www.bma.org.uk/health\\_promotion\\_ethics/tobacco/breakingthecycle.jsp](http://www.bma.org.uk/health_promotion_ethics/tobacco/breakingthecycle.jsp) [Accessed 28 July 2010]

important given the high postpartum relapse rates<sup>17</sup> seen for women who quit during pregnancy, but also considering that other in the household (family members, unrelated friends) may not be aware of the harm second-hand smoke can cause to infants.

**2. What is the relevance of this data to examining child outcomes across the key domains of Growing Up in Scotland (child development; physical and mental health; school and education; home and family; involvement in offending and risky behaviour)?**

This data is clearly relevant to physical and mental health and home and family outcomes. A recent report by the Royal College of Physicians<sup>18</sup> estimates that the health damage caused by passive smoking to children result in over 20,000 cases of lower respiratory tract infection, 120,000 cases of middle ear disease and at least 22,000 new cases of wheeze and asthma in the UK each year. High quality research is vital to make a difference in improving these adverse health outcomes.

**3. How will/would the data be used? For example, for your own research and analysis, to produce research reports or peer-reviewed journal articles, to inform service planning or the development of policy and legislation?**

At present we have limited understanding of exposure, and behaviours to limit exposure to second-hand smoke to children in Scottish homes. This item would provide a valuable source of longitudinal data on an avoidable health risk and further our understanding of the way people behave to limit exposure to second-hand smoke in the home over time. As such, it will be of interest to wide range of individuals: academic researchers in the field of public health; policy makers; and planners or providers of health information, campaigns and services.

**4. Is this information available from another source (e.g. another Scottish or GB survey)? If so, please give details and a justification of why collection through GUS is required. In particular, please demonstrate whether and why there is a need to generate longitudinal data on this item.**

Reliable information of this type is not collected routinely through a Scottish or UK survey ASH Scotland is aware of.

**5. Please indicate the likely number or length of questions to gather this information and the feasibility of constructing suitable questions, include suggested question text or, if a validated instrument, insert a suitable reference or hyperlink containing further information.**

This question would cover the same area as the already planned for 4.19, in light of our comments on that question, and could be based on the question template used for 4.19: what are the smoking 'rules' and common smoking behaviour in the household; who smokes in the household; and what is the equivalent situation for smoking in the family car or other vehicle.

<sup>17</sup> Fang WL, Goldstein AO, Butzen AY, Hartssock SA, Hartmann KE, Helton M, Lohr JA. Smoking cessation in pregnancy: a review of postpartum relapse prevention strategies. *J Am Board Fam Pract.* 2004 Jul-Aug;17(4):264-75.

<sup>18</sup> Tobacco Advisory Group of the Royal College of Physicians. 2010. *Passive Smoking and Children.* Royal College of Physicians, London.