

Lifestyle and culture change in  
Glasgow and Clyde – the gains in  
joining up initiatives

# Tobacco

- Integrated into culture over many decades, visible, freely available, socially accepted
- The reality is a highly addictive drug delivery system which kills 13,000 in Scotland each year
- High prevalence levels affect not just health but workplaces, fires, economy overall
- Significant cause of health inequalities
- Requires partnership action with shared responsibilities

# What has made a difference to smoking rates in the UK?

- Public education
- Price regulation
- Policies for smoke-free
- Package design and labelling
- Producers
- Product promotion (advertising and sponsorship)
- Proven treatments
- Point of sale
- Prosecution
- Pronouncements on tobacco and its industry

# The challenge in NHS GGC

- The scale
  - Population
  - Organisational structures (10 CHCPs, 6 LAs)
  - Deprivation
  - Prevalence
- The culture
- The perception
- Financial climate

# Importance of strategic approach

- Engage partners, common goals, shared priorities
- NHG GGC Tobacco Planning and Implementation Group
- Glasgow Tobacco Strategy
  - Aligned to SOA and Community Plan
  - Covers population of 600,000, 5 CHCPs and 10 LCPP
  - Each CHCP has its own local tobacco plan
  - Council Departments and CHCPs report 6 monthly to high level partnership group
- Renfrewshire and East Renfrewshire – well functioning alliances and local tobacco action plans
- Strategic approaches in other local authority areas – Inverclyde, West Dunbartonshire, East Dunbartonshire
- Use of Organisational Performance Reviews

# Initiatives addressing culture change

- Work with Looked After and Accommodated Children (LAAC)
- Smokefree Playgrounds
- Smokefree Homes and cars
- Mental Health
- “Glas-goals”

# LAAC: National & Local Statistics

- Scotland: **6366** LAAC, GGC: **1928** (30%) LAAC
- Worse health & social outcomes than peers
- Enter care with neglected health
- High prevalence of mental health problems
- Care environments exacerbate poor health
- High prevalence of risk taking behaviours

## Smoking

- 16-29% smoking prevalence in foster care
- 67-75% smoking prevalence residential care
- Majority start smoking before entering care
- Majority want help to stop smoking



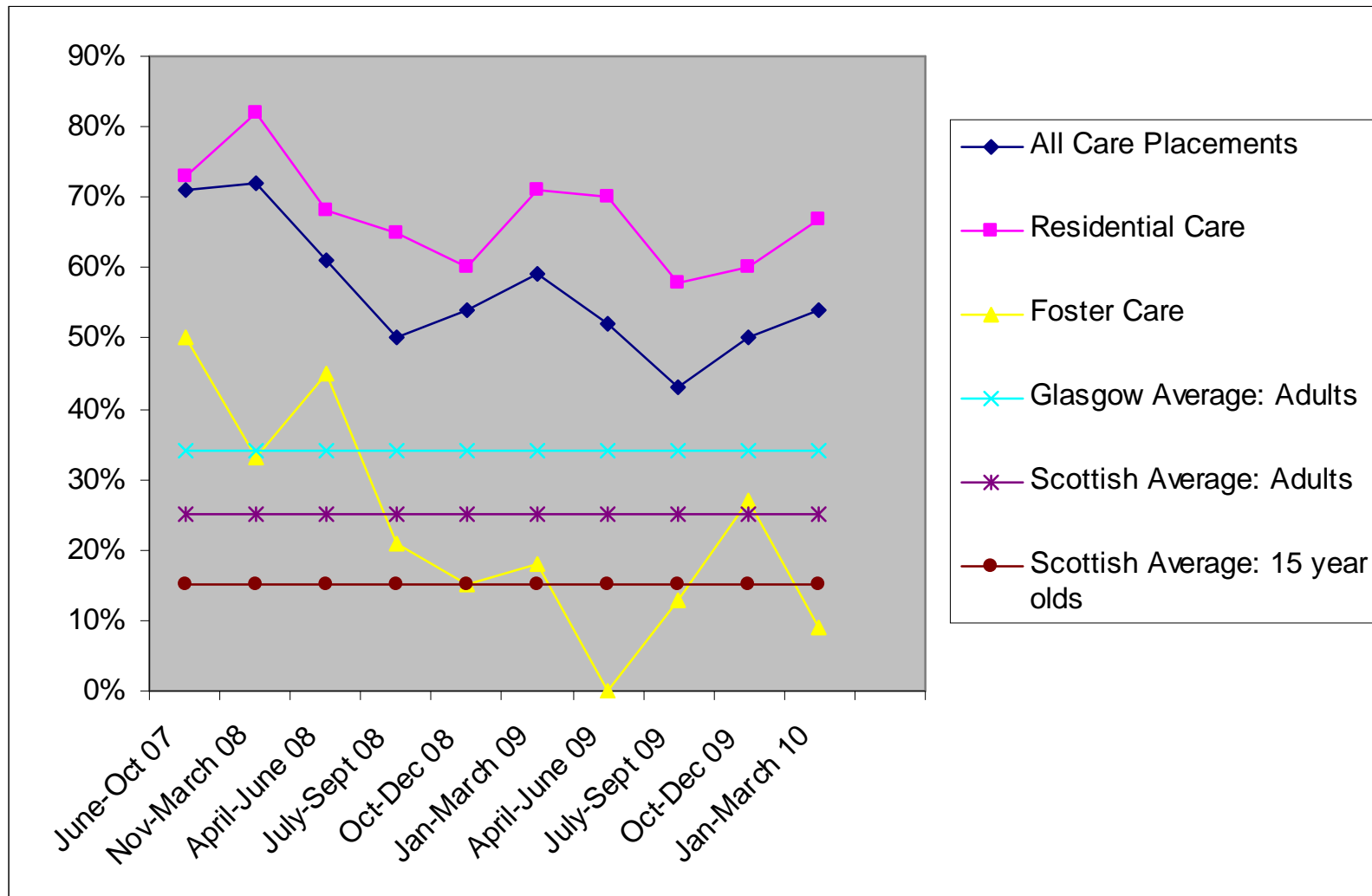
# Looked After and Accommodated Children

- More supportive environment following SF legislation
- Change smoking culture – reduce visibility of smoking, reduce use of smoking as reward/medication, help young people/staff to stop smoking
- Partnership – LAAC health teams conduct CO monitoring as part of regular health checks and provide day to day management, NHS GGC stop smoking support, councils undertake policy development

# Policy 2009

- Smoking Awareness Questionnaire (2008)
  - **13%** of foster carers & **36%** of residential staff smoke
  - Of these, **64%** of foster carers and **29%** of residential staff smoke **in front of young people**
  - Evidence of change and about to be repeated
- Policy Working Group
  - Consultation / draft policy
- ‘Smoke Free Care Placements’ Policy
  - Responsibilities of staff / carers
  - Management of young people who smoke
  - Recruitment of foster / adoptive carers
  - Placement of young people in smoking households
- Stop smoking support/awareness sessions

# Smoking Status of Young People in Care Placements



# Smokefree Playgrounds



## Aim and Purpose

- Develop healthier social norms by reducing the visibility of smoking
- Reduce the number of young people who start smoking
- Ensure the best health of children in Glasgow now and in the future.
- Involving local people to ensure community ownership and working in partnership

# Glasgow City Council Parks



- Limited implementation of current local restrictions in by-law
- Action contained within GTS
- Responsibility for parks lies within Glasgow City Council , tobacco resources lie with CHCPs, enforcement requires community support
- Co-ordinating group established
  - Glasgow City Council & NHS reps
  - Importance of engaging with communities

# West Glasgow CHCP: Current Picture



## Ashtrays on bins

(e.g. Drumchapel and Naesby Park)



# West Glasgow CHCP Scoping of playgrounds: Current Picture



No reference to **NO SMOKING**



# West Glasgow CHCP Scoping of playgrounds: Current Picture



- Please note...
- There are wider challenges to consider when introducing a Smoke Free playground.
- *i.e. Alcohol Free, cleaner, safer and busier playground*



# Phase 2 – Community Engagement

## Stage 1 Aug – Sept 2009

- Glasgow Household Survey
  - 84% supported a ban in children’s playgrounds
- Student Council
  - Children & young people in favour of ban
  - Concerns were raised re implementation & enforcement

## Stage 2 Jan – Sept 2010

- Identify key community groups (Community Reference Groups, Community Planning, youth organisations, Public Partnership forums, Community Councils)
- Info gathering from smokers who use the park
- Choose pilot sites

# Issues

- Reduce visibility of smoking rather than reducing harm from SHS
- Enforcement – major issue and will require support of the local community
- Unintended consequences – parents don't take children to the playground
- Major commitment requiring support of all partners – attendance at meetings
- It takes time

# Mental Health – changing culture

- 26 March 2006 – the law changed in Scotland and Greater Glasgow & Clyde implemented its No Smoking Policy
- Over 1000 beds in mental health in Glasgow & Clyde spread over 11 sites. All smoke rooms were closed by April 2008
- More than 70% of patients in mental health settings smoke

# Rationale for service

- Smoking exacerbates mental health states and so support to quit is an essential treatment
- 50% of smokers with health problems would like to be able to quit

## **Role of the Advisor**

- > Supporting patients & staff to quit
- > Involvement in closure of smoke rooms
- > Delivering training, ward briefings
- > Weathering the hostility

# So, what have we achieved?

- Ward culture has been and is being challenged
- An enormous need for training
- Rolling with resistance: shift from hostility to cooperation slow but coming
- 2010 – referral rate up by 83% on 2009
- Successful quits up by 350% – but its taken 4 years
- More NRT & support needed – and for longer
- Patients more interested than staff

# NHS GGC second hand smoke in the home programme

- Identified need
- With partners adopt a common approach across CH(C)Ps, with scope for local flexibility that
  - Increase public awareness of the dangers of SHS in the home and car
  - To increase the number of SHS brief interventions by health professionals
  - To increase the number of children living and travelling in smoke free homes and cars
  - To reduce health impact of SHS

# NHS GGC Campaign

- NHSGGC Steering Group
- Focus groups and research
- Training programme with health and other professionals
- Monitoring & Evaluation Framework
- Development of resources to support
- Working in other areas
  - Cot Death Trust
  - Women's & Children Directorate
  - British Lung Foundation

## Setting the record straight about secondhand smoke

**False**

Once smoke has visibly cleared from the room, the danger from secondhand smoke has gone.

**False**

I wind down the windows in my car and try to blow the smoke out so the smoke isn't in the car at all.

**False**

Burning candles helps the smell go away, so the air is not filled with smoke.

**False**

Opening windows and doors, or restricting smoking to one room in the house will get rid of secondhand smoke.

**fact**

All secondhand smoke is a danger — not just smoke we can see in the air. We actually can't see 85% of secondhand smoke

## Living in the real world

The only way you can fully protect your family from secondhand smoke is if you smoke outside. Lots of people we talk to would like to smoke outside but say that it can be difficult for lots of reasons.

### So what can you do?

- Think about different things you can do to reduce the risk of exposing your family to secondhand smoke
- Perhaps a first step might be to stop smoking in the car
- If you smoke and want to cut down, try using nicotine replacement therapy, especially when you are with your children

### Get in touch

Maybe in time, you will also decide to stop smoking altogether. There's lots of help available and we are happy to help. Call the number below when you are ready.

You can get a copy of this document in different formats on request.

NHS Greater Glasgow and Clyde has a Complaints Handling Policy. If you wish to formally complain about any of our services, please contact 0141 201 4477.

For more information about secondhand smoke and to receive a free DVD call:

**Smokeline on 0800 84 84 84**

visit our website:  
[nhsggc.org.uk/smokefreeservices](http://nhsggc.org.uk/smokefreeservices)

Keep your family safe from

# second hand smoke



# Issues

- Obtaining key staff support and time
- Fear of impact on client relationships
- Only protection is to smoke outside → Difficult message to give
- Issues with programme that relates to individuals own home
- Other behaviour change training covering same skills

# Glas-goals

- Year-long campaign by the Evening Times (ET) aimed at tackling the city's poor health record
- Supporters - Culture and Sport Glasgow, Glasgow City Council, NHS GGC, Glasgow Housing Association, Health Scotland, Active Nation.
- ET setting health goals related to fitness, obesity, diet and smoking
- Events, website, articles
- Close relationship with journalist
- Smoking major focus
  - Large numbers of stories in the press – No Smoking day, W West, stop smoking services,
  - Initiatives – Smokefree cars, Fantasy Football League
  - Adverts – in Life and Times, cross word, within paper

# Take home messages

- Still work to be done in challenging and changing culture;
- Nothing radical but key features include:
  - We adopt an evidence based comprehensive approach
  - We involve partners
  - We ask people what they want
  - We use innovation where appropriate
  - We have a common NHS GGC approach with flexibility to meet local needs
  - We have sustainable programmes