



In partnership with



# **Tobacco Talks: An Information Exchange Gathering**

**Event Report from May 11th 2004**

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## SUMMARY AND FEEDBACK

Tobacco Talks was a great success attended by around 60 delegates. The event helped to stimulate a great deal of discussion around issues and activities undertaken by the pilot projects and more general discussions surrounding smoking cessation services (SCS).

Participants questioned whether there is perhaps too much focus on the number of smokers accessing a service and not enough emphasis on process evaluation such as the quality of the experience in stopping, change in attitude towards smoking, enthusiasm and high motivation to quit. Another popular message was the wish to move away from seeing tobacco and smoking as separate issues from others such as alcohol and drugs. If a more holistic approach is to be valued and adopted, then smoking cessation-related work may have the opportunity to develop into different networks and specialisations allowing for better partnership working.

Two main themes emerged from the day overall centring on strategic and practical issues.

### Strategic:

- Dissemination of all national guidelines and datasets should be widened as much as possible
- Important to involve a range of specialist services to cover wider issues such as alcohol, drugs, mental health, communities etc.
- The above point was thought necessary because the information doesn't always filter down to those engaging priority target groups within and/or outside the NHS.
- Need to encourage more partnership working to help increase accessibility and flexibility of resources.
- We need to be aware that partner agencies have different understandings of the issues around tobacco and hence see it as a different priority.

Full integration of cessation services along with partnership working will help to increase the point of access to SCS.

### Practical:

- Time
- Funding
- Difficulty of planning work within short term funding periods
- Resources

The above issues are interlinked and together have an impact on how flexible and accessible a service is. If SCS are moved out with the NHS the above issues clearly need to be addressed.

These strategic and practical issues are not new issues which services and projects are experiencing. The overall feeling amongst those attending this event was that there needs to be a focus of effort to feed back these simple messages to influence policy change and restructuring of SCS, and therefore pushing these issues further up the Tobacco and Cessation agenda.

This report will soon be accessible via the ASH Scotland website at:

<http://www.ashscotland.org.uk/path/events.html>

## INTRODUCTION

This event was held in Edinburgh and was jointly funded and organised by Action on Smoking and Health Scotland (ASH Scotland) and NHS Health Scotland. The main aim was to bring together all 22 pilot projects currently undertaking smoking cessation and other tobacco-related work with priority groups in Scotland.

Participants were drawn mainly from projects managed through the following ASH Scotland and NHS Health Scotland initiatives, across Scotland:

- **The Young Peoples Smoking Cessation Pilot Project** (Managed by NHS Health Scotland and ASH Scotland)
- **Pregnant Women and Inequalities Smoking Cessation Support Fund Projects** (Managed by Partnership Action on Tobacco and Health (PATH), part of ASH Scotland)
- **The Buddy Project** (Managed by ASH Scotland)

The projects currently provide a wide range of cessation interventions and research-based approaches, as well as developing new evidence regarding effective and appropriate interventions with priority groups as identified in the 1998 White Paper '*Smoking Kills*'. The priority groups identified are: low-income groups, young people, pregnant women, Black and Minority Ethnic groups, mental health, and those living in areas of deprivation. The projects have experienced similar challenges in their work, and as such the day provided an excellent opportunity to share experiences, learn from one another and develop good practice.

The objectives were:

- To provide an opportunity to discuss policy and practice
- To enable participants to share experiences and identify common issues
- To further develop external links between key personnel involved in the projects
- To provide an opportunity for those involved in the pilot projects to network

### **Structure**

The morning presentations focused on current policy developments and the *Smoking Cessation Guidelines for Scotland 2004 Update*. In addition brief project overviews and progress reports of the pilot initiatives were presented. In the afternoon a series of discussion workshops were facilitated, largely by project participants, which focussed on relevant issues experienced by those involved in the projects as well as a networking exercise designed to initiate discussion and encourage contact between the projects.



Tracey Norris, PATH Projects Officer, in discussions with delegates during the networking exercise

## PRESENTATION SUMMARIES

### Tobacco Control in Scotland

*Maureen Moore - Chief Executive, ASH Scotland*

The opening presentation of the morning was delivered by Maureen Moore and helped set the scene by giving a clear picture of current tobacco control activities in Scotland.

At present, in Scotland, around 1.2 million people smoke and amongst 16 year olds, around 25% of girls and 16% of boys are regular smokers. Twenty-five percent of women smoke during pregnancy. What we do know is that around 70% of smokers want to give up but only around 2% a year succeed without help to do so.

Some of the key elements of Scotland's tobacco control strategy include:

- Regulation of nicotine as an addictive substance
- Restrictions on smoking in public places
- Action on underage sales of tobacco
- Effective support services for smokers who wish to quit
- Effective prevention and cessation strategies for young people

Maureen then went on to talk about the UK government action in response to the growing prevalence of smoking in the UK. The White Paper, *'Smoking Kills'* (1998) identified three priority groups, which are now targeted by the PATH, Buddy and young people smoking cessation pilot projects. The groups are:

- Children and young people
- Most disadvantaged adults
- Pregnant women

ASH Scotland and NHS Health Scotland set a challenge for the Scottish Executive with the report - *'Reducing smoking and tobacco-related harm: a key to transforming Scotland's health'* (2003). This report examined current smoking trends, evidence about smoking and tobacco related harm, current prevention control and treatment policies and services. Three key recommendations called for:

- More intensive approach to discourage children and young people from smoking
- A huge expansion in SCS
- Further steps towards making all enclosed public places and workplaces smoke-free zones

The Scottish Executive responded to this challenge with a total of 20 action points and recommendations outlining a *'programme of action covering prevention and education, protection and controls and the expansion of high quality cessation services'*, in *'A Breath of Fresh Air for Scotland Improving Scotland's Health: The challenge Tobacco Control Action Plan'* (2004).

The presentation then closed with a summary of the case for legislation on smoking in public places - reflecting on the Voluntary Charter, the 'ventilation myth', the risks of passive smoking and what measures Scotland must consider to change culture and attitudes in pursuit of a smoke-free Scotland.

## **Smoking Cessation Guidelines for Scotland 2004 Update**

*Sally Haw, Substance Misuse Specialist, NHS Health Scotland*

In 2000 the Health Education Board for Scotland (HEBS) and ASH Scotland published the Smoking Cessation Guidelines for Scotland. The Guidelines provided the evidence base for the development and delivery of SCS in Scotland. The 2000 Guidelines were agreed before SCS had developed and the provision of brief advice in primary care was central to the recommendations. If implemented Scotland-wide, brief advice might result in an additional 2% of smokers stopping for at least 6 months. When brief advice failed smokers would be offered progressively more intensive support.

Since the publication of the 2000 Guidelines, there has been a rapid development of SCS across Scotland and so NHS Health Scotland (formerly HEBS and the Public Health Institute of Scotland) and ASH Scotland commissioned new guidance to take account of both recent research and the experience of services in their first few years.

The 2004 Update acknowledges that the majority of smokers are heavily dependent and therefore for most, brief advice will merely trigger a quit attempt, which is unlikely to be successful without intensive support. Reflecting on recent service developments the Guidelines stress that the objective of all health professionals, who see smokers during their daily work, should be to encourage smokers who want to quit to use the most intensive support available – psychosocial support (group or individual counselling) along with medication (nicotine replacement therapy (NRT) or bupropion (Zyban ©)) provided by local specialist services.

The 2004 Guidelines also make recommendations about:

- The provision of smoking cessation support for specific population groups including pregnant smokers, young smokers, low income smokers and smokers with smoking-related diseases.
- The organisation and delivery of services including the need for ring fenced funding.
- Dedicated services with trained staff and appropriate levels of administrative support.
- Overall coordination of services at a NHS Board level.
- The training of healthcare professionals in line with Standards for Smoking Cessation Training in Scotland published by ASH Scotland.
- The development of pre-registration and continuing education for all health professionals.
- The monitoring of smoking cessation activity using a minimum set of indicators with annual reporting to key stakeholders.
- Further research to support the further development of services

The 2004 Update will be published in Summer 2004 together with an easy reference Desktop Guide, which will be disseminated through a series of regional seminars.

## **TOBACCO PILOT PROJECTS**

### **Young People and Smoking Cessation Pilot Projects Update**

*John Brown - Programmes Officer (Young People and Communities), NHS Health Scotland*

This is a 3-year, Health Improvement Fund (HIF) funded pilot project seeking to explore SCS and support, with which young people would readily engage. The pilot projects will specifically target young people 11-25 years from vulnerable backgrounds and those from lower socio-economic groups.

There are currently eight young people pilot projects focusing on smoking cessation. The funding period will run from April 2002 to September 2005, depending upon when each project began.

The Youth Smoking Evaluation Consortium is undertaking the evaluation. The evaluation will help determine the effectiveness of the different interventions and a final report is due in 2006. The pilot project evaluation will be used to draft guidelines for the development of youth SCS and will inform a national strategy for smoking cessation and young people in Scotland.

***The eight pilot projects are:***

<p><b>WI Quit in the Western Isles</b>  <u>Main aims:</u> to develop an accessible smoking cessation service for young people within the Western Isles which is specific to their needs.  <u>Main target group:</u> isolated and socially excluded young people in each island area.  <u>Setting:</u> Further Education and informal youth</p>	<p><b>Fag Break in Elgin</b>  <u>Main aims:</u> adopt a community development approach, working alongside already established community workers and young people throughout Moray and surrounding areas to encourage smoking cessation in young people.  <u>Main target group:</u> socially excluded and isolated 15-24 year olds in the Moray and surrounding rural areas.  <u>Setting:</u> community-based, informal youth settings, Further Education college</p>
<p><b>YASCAP in Tayside</b>  <u>Main aims:</u> develop and deliver a range of smoking cessation interventions to the 16-24 year old student population in Angus College, Arbroath.  <u>Main target group:</u> Students  <u>Setting:</u> Further Education College</p>	<p><b>EQiP in HMYOI Polmont</b>  <u>Main aims:</u> create and deliver a sustainable and effective supported smoking cessation programme to young offenders.  <u>Main target group:</u> Young Offenders aged 16 – 21.  <u>Setting:</u> Scottish Prison Service, HMYOI</p>
<p><b>Cloud 9 in West Lothian</b>  <u>Main aims:</u> develop an innovative, high quality youth-centred, smoking cessation service to vulnerable young people.  <u>Main target group:</u> Vulnerable young people 12-18 years.  <u>Setting:</u> communities, youth centres, youth employment centres, and schools.</p>	<p><b>L2Q in Easterhouse</b>  <u>Main aims:</u> To promote smoking cessation and support YP who wish to quit. Build upon the smoking cessation work occurring in the area.  <u>Main target group:</u> young people 11 to 18 years.  <u>Setting:</u> community-based, informal youth settings, schools</p>
<p><b>Smokin-at-pace in Shetland</b>  <u>Main aims:</u> to explore and evaluate the innovative use of computer-mediated communication (chat rooms) to tackle adolescent smoking cessation issues.  <u>Main target group:</u> 13-17 year olds living in rural areas.  <u>Setting:</u> community-based, schools</p>	<p><b>CATCH in Argyll &amp; Clyde</b>  <u>Main aims:</u> develop a responsive smoking cessation service for young pregnant women aged under 25 years and their partners.  <u>Main target group:</u> Young pregnant women (under 25) and their partners.  <u>Setting:</u> hospital, primary care, community setting</p>

***For more information:***

The eight pilot projects provide regular updates in the affiliated network newsletter *No Doubts*. If you would like to receive a copy of the newsletter please email: [john.brown@hebs.scot.nhs.uk](mailto:john.brown@hebs.scot.nhs.uk)



**Partnership Action on Tobacco and Health  
(PATH) Funded National Tobacco Pilot Projects**  
*Tracey Norris - PATH Projects Officer, ASH Scotland*

**Background:**

PATH, which is part of ASH Scotland, is funded initially over 3 years until 2006 to:

- Develop national training strategy and standards for smoking cessation: currently looking into developing a formal approval and accreditation scheme of smoking cessation training in line with the National Training Standards.  
<http://www.ashscotland.org.uk/path/standards.pdf>  
<http://www.ashscotland.org.uk/path/strategy.pdf>
- Develop protocols and systems for information and data collection  
<http://www.ashscotland.org.uk/path/recommendations.pdf>
- Disseminate £0.9M to fund pregnant women and inequalities projects  
<http://www.ashscotland.org.uk/path/support.html>

**National Support Fund Project Themes:**

10 funded projects targeting SCS and support for the following priority groups: Pregnant Women, Low Income, Black and Minority Ethnic, Mental Health & Disability and Older Adults. It is hoped that these projects will help build on and inform good practice.

**The Ten Pilot Projects:**

<p><b>Smoking cessation intervention for pregnant women in Lanarkshire</b> <u>Main aims:</u> To offer over 2 years support during and after pregnancy – support extended to family, provision of a 'Buddy service', NRT provision and brief intervention training <u>Target group:</u> Pregnant women and their families <u>Setting:</u> Lanarkshire - Pan Lanarkshire</p>	<p><b>Smoking cessation in HMP Bowhouse</b> <u>Main aims:</u> Offer smoking cessation to inmates (during stay and after release) as well as staff. Provide NRT provision and one-one support; provide training to staff participants for sustainability over 3 years <u>Target group:</u> Prison inmates and prison staff <u>Setting:</u> HMP Bowhouse – Kilmarnock, Ayrshire &amp; Arran</p>
<p><b>The use of tobacco &amp; related substances by ethnic minorities: the development of a culturally valid measure</b> <u>Main aims:</u> Examine translation of national and local surveys of self-reported use of tobacco and related substances carried out over 1 Year <u>Target group:</u> Black Minority Ethnic speakers of Sylheti, Punjabi, Urdu and Cantonese <u>Setting:</u> National Focus – Edinburgh</p>	<p><b>Stop for Life</b> <u>Main aims:</u> Over 3 years to offer a non-judgemental cessation support to pre and post-natal mothers. Specialist midwives will all provide training to midwives on smoking cessation <u>Target group:</u> Pregnant women, partners and significant others, midwives <u>Setting:</u> In a Range of health/community centres and homes across West Lothian</p>

<p><b>Developing evidence-based smoking cessation training/education initiatives in partnership with older people &amp; health professionals</b></p> <p><u>Main aims:</u> Older adults and health professionals; to conduct a needs assessment to inform development of training/education initiatives over 10 months</p> <p><u>Target group:</u> Older adults (smokers and former smokers), health professionals</p> <p><u>Setting:</u> National Focus – Glasgow</p>	<p><b>Preventing oral cancer – a smoking cessation intervention in a dental setting for patients with potentially malignant lesions</b></p> <p><u>Main aims:</u> Identify and refer patients with potential oral cancers and offer cessation advice and training using – 5-A’s approach and behavioural change over a 3-year period</p> <p><u>Target group:</u> Low-income</p> <p><u>Setting:</u> Dentistry setting - Glasgow &amp; Dundee Dental School</p>
<p><b>GUTSE</b></p> <p><u>Main aims:</u> To provide a smoking cessation course whilst incorporating an exercise programme as a substitute for tobacco over a 3 year duration</p> <p><u>Target group:</u> Mental health and disability</p> <p><u>Setting:</u> Fife Institute for Recreation &amp; Physical Exercise Fife, Glenrothes - Fife</p>	<p><b>‘Smokey Joes’ – Investigations into a narrative based therapeutic intervention for smoking</b></p> <p><u>Main aims:</u> Low-income groups, supporting cessation through storytelling or narrative therapy over a 26 month period</p> <p><u>Target group:</u> Low income</p> <p><u>Setting:</u> Argyll &amp; Clyde – Lavern Valley LHCC</p>
<p><b>QUITFIT</b></p> <p><u>Main aims:</u> Linking health visitors, community pharmacists and the local leisure centre to provide smoking cessation support in parallel to a tailored exercise programme over 3 years</p> <p><u>Target group:</u> Low-income</p> <p><u>Setting:</u> Cowdenbeath Leisure Centre, Fife</p>	<p><b>Dundee &amp; pregnant women</b></p> <p><u>Main aims:</u> To provide cessation service during pregnancy and into post-natal period, providing specialist support, and individualised care plan, midwife training will also be incorporated over 21 months.</p> <p><u>Target group:</u> Pregnant women, Midwives</p> <p><u>Setting:</u> Tayside – Dundee</p>

**External Evaluation:**

The evaluation consortium consisting of the Scottish Centre for Social Research, Centre For Social Marketing (Strathclyde University) and Amanda Amos (Public Health Sciences, Edinburgh University) will be 'Evaluating the impact of the National Partnership Action on Tobacco & Health (PATH) Support Fund on SCS for Pregnant Women and People Facing Inequalities'.

**For more information:**

To receive an update on the latest news from PATH including the Tobacco & Inequalities and Buddy project please sign up for the latest *Projects Services & Development (PSD) Newsletter* by emailing [kirsten.watson@ashscotland.org.uk](mailto:kirsten.watson@ashscotland.org.uk) . Notices will also be placed in the ASH Scotland/STCA Bulletins. Or why not get an update from the projects themselves by viewing the 'Project Progress Reports' online at [http://www.ashscotland.org.uk/path/pp\\_reports.html](http://www.ashscotland.org.uk/path/pp_reports.html)

You can also contact the Projects Officer by e-mail: [tracey.norris@ashscotland.org.uk](mailto:tracey.norris@ashscotland.org.uk) or by phone: 0131 2209471



## **The Buddy Project Update**

*John Sim - Buddy Project Coordinator, ASH Scotland*

This project, funded by the Community Fund and managed by ASH Scotland, is a free befriending service providing smoking cessation support to smokers on low income. The project operates in three areas: Fife, Tayside and the Western Isles and will officially end in March 2005. A full time co-ordinator manages the day-to-day running of the project whilst three Volunteer Support Workers interview and match up volunteer buddies to 'stoppers'.

The project originally ran in four areas, but NHS Ayrshire and Arran and ASH Scotland agreed to withdraw the service earlier this year as a result of ongoing operational and recruitment problems. The money intended for this area was redistributed to the other three areas, after external evaluation confirmed that the initial funding had not been sufficient.

### ***Individual project information***

#### **Tayside**

- Tayside NHS currently funds free NRT to Buddies
- Project has Buddies in Dundee, Montrose and Perth
- More Buddies in training

#### **Fife**

- Joined forces with the existing local cessation service to offer support to those who request it, once the official 6-week cessation program has finished
- Programmes running in several areas of the Kingdom
- More Buddies in training

#### **Western Isles**

- After a slow start, the project is gaining momentum
- Buddies in Lewis and Benbecula
- Buddies available for training

The whole project is being externally evaluated at several stages of its lifespan. A database of buddies and stoppers will supply the quantitative data on those who have approached the service. The evaluators will also be examining in depth 6 buddy/stopper relationships to find out a bit more about the impact of the service. This will allow them, for example, to take into account general changes in smoking behaviour in cases where a quit attempt has not been successful as well as to measure other less tangible outcomes. A follow-up questionnaire to all stoppers, at 3 and 12 months, will determine their current attitude to smoking and what impact the quit attempt has had on their lives.

Quarterly reports are being supplied to the Community Fund and their targets are largely being met. An interim report was produced in February 2004 and resulted in several changes being made to the project, including reviewed targets and funding distribution. The evaluators were confident on the outcomes of the project.

A second detailed report will be produced at the end of December 2004, using data collected up to mid-November 2004. This report will be widely available and is timed to meet the deadline for potential bid applications for the 2005-6 financial year. The final report is due after the project ends in March 2005 and will be widely disseminated by way of local seminars and through the ASH Scotland web site.

***For more information:***

Please contact the Buddy Project Coordinator by e-mail: [john.sim@ashscotland.org.uk](mailto:john.sim@ashscotland.org.uk) by phone: 0131 2209463, or, alternatively visit the ASH Scotland website <http://www.ashscotland.org.uk/inequalities/buddy.html>

**Contact details of all project participants involved in each of the 3 pilot initiatives may be found on the projects contact list accompanying this report.**



## WORKSHOPS

1. Wider national policy
2. Should a new model for working with priority groups in Scotland be developed?
3. The importance of partnership working
4. Where best to deliver innovative approaches to tobacco intervention
5. Recruiting priority groups
6. Offering support during the quit period
7. Peer support and Buddy volunteers
8. Nicotine Replacement Therapy (NRT)

### 1. WIDER NATIONAL POLICY

*Sally Haw, NHS Health Scotland*

Sally led a discussion looking at the implications of the updated *Smoking Cessation Guidelines for Scotland* 2004 Update. The guidelines were awaiting final approval before publication. However the group looked at the impact that suggested changes might have on current practices to SCS across Scotland.

A major change to the guidelines is that the stepped care approach (which involves the 5A's of ask, advise, assess, assist and arrange), is no longer recommended. Instead, an approach providing brief advice to clients prior to making a referral to a specialist smoking cessation service that can offer more intensive interventions is recommended. Obviously, this has implications for those who have already developed training guidelines based on the 5A's.

To handle the intense interventions described above, the guidelines recommend changes to staffing levels. This proved to be a particularly popular topic for discussion, with obvious questions and concerns regarding: funding, staffing levels, the impact on current working practices, and service organisation and delivery particularly for those on low income and groups requiring additional specialised support (e.g. individuals experiencing mental health problems). The group also talked about the barriers to prescribing and licensing NRT, particularly with the current budgeting implications of Patient Group Directions (PGD). Discussions touched on issues relating to service organisation, delivery, the use of the minimum dataset and the obvious staffing requirements needed.

#### **Key points:**

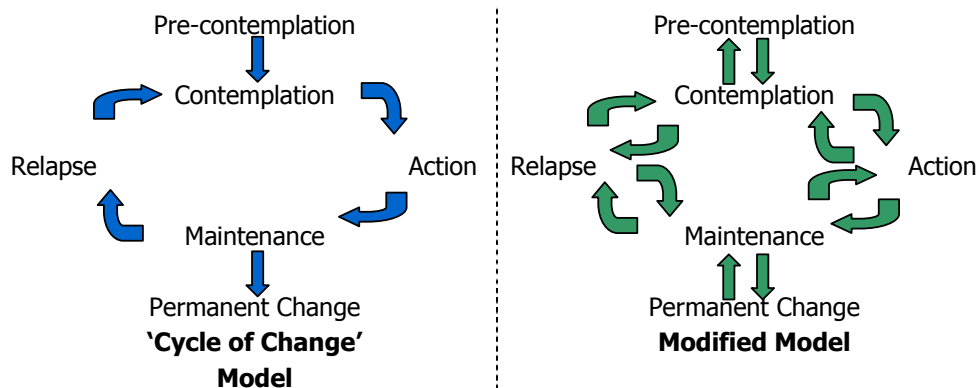
1. Funding is a big issue: there should be clear auditing procedures attached to funding
2. Staffing levels (Guideline recommendations were good) - but needs to be re-addressed with a review of resources, time, capacity and roles
3. Reinforce importance of minimum dataset (to encourage funding and services not to remove them)
4. Raising issue by Health Professionals – how often? (Many different Health Professionals, how do you know how often different people are raising the issue of smoking)
5. A particular issue is that low-income smokers and priority groups may need more intensive support
6. The 4-week period of support recommended is not enough
7. The guidelines should be seen as guidelines, which practitioners can and should adapt and tailor to meet local level requirements
8. The guidelines should be used as a tool to take to health boards to show what is needed in terms of funding and staffing

## 2. SHOULD A NEW MODEL FOR WORKING WITH PRIORITY GROUPS IN SCOTLAND BE DEVELOPED?

*Rab Sneddon, West Lothian Drug and Alcohol Services*

In this workshop discussion Rab spoke about the Prochaska and Di Clemente Cycle of Change model currently used in some addiction and cessation services. The premise of the discussion was to consider whether we need new theoretical models for working with specific groups in society. He compared two groups' CO readings as an example of the difficulty of using this model in terms of working with young people: two groups of high school clients participating in the Cloud 9 project programme were tracked in terms of their CO readings and attendance over 12 weeks at the group.

One group of Cloud 9 participants showed very erratic changes in CO readings and attendance, these recordings were compared with a smaller group whose attendance was stable and whose CO readings followed a downward trend. Rab modified the diagram below as a reflection of his own experience working with vulnerable young people. It was suggested this model might be a more realistic reflection of the difficulties young people experience during a quit period when targeting this specific group where motivation and commitment can be chaotic. The group discussed this notion and largely felt that there are many models available, which are already understood by practitioners. Developing new models may only serve to impose further barriers to effective working.



### **Points discussed:**

- Model used depends on your practice
- Missing opportunities if we use 'Cycle of Change' model
- There are many other behaviour change models around, but they are too simplistic
- Range of models informs understanding (for practitioner) to deliver practice (flexibility needed to work with different client groups)
- Benefits to practitioners to look at a variety of models to understand behaviour change process with clients
- There was an opinion expressed that the adult model was not used in England
- Useful for practitioner to use – relating to intervention
- What about people who just stopped – they never contemplated they just did it?
- Need to look at a new model e.g. one that is more appropriate for young people
- Need to fit model around clients rather than fit clients into a model!
- Model does not recognise state of ambivalence
- Theoretical underpinnings of practice

**Key Points:**

1. Practise informed by theory and an appropriate model
2. Different approaches required for different priority groups
3. Develop tailored training for different priority groups e.g. multiple issue focus for young people
4. To develop a new model, a consultation exercise would need to be carried out with a variety of groups (and have an internal process) to find out where people are at, and work with that information.

**3. THE IMPORTANCE OF PARTNERSHIP WORKING**

*David Allan, Community Health Exchange (CHEX)*

This workshop, led by David, encouraged delegates to discuss the advantages and disadvantages of partnership working, and to consider aspects of good practices in partnership working whilst reflecting on their own experiences of the issues and solutions they have faced; these are summarised below.

Advantages	Disadvantages
Attracting money, funding opportunities	Distribution of responsibility within the partnership can be unequal
Widened-out involvement with voluntary sector	Different agendas or understanding of the issue (level of priority of the issue)
Shared expertise	Short-term money, difficult for long-term goal-setting
Breadth of team	Ownership – whose is it?
Access to communication networks	Mode of operationalisation in an organisation – can lead to miscommunication etc. regarding outcomes expected
Pooling resources for maximum gain	Potential for conflict over resources

***Common Problems***

- Time
  - 'Forced' partnerships
  - Getting appropriate people involved
  - Often not got the time to get the foundations right
- Roles and commitment
- Cross-organisational work – High staff turnover, initial senior staff involved are 'lost' (devalued?) and replaced by more 'junior' staff
- Assumption you are going to take the lead role
- Results

***Good Practice & Solutions***

- Need clear aims, objectives, action plan, time
- Collective responsibility for spending
- Need to have a clear understanding of the time commitment
- Important to get partnership itself set up, roles established, foundations set up
- Next steps being concise
- Frequency of meetings
- Appropriate people authority

#### **4. WHERE BEST TO DELIVER INNOVATIVE APPROACHES TO TOBACCO**

*Helena Connelly, West Lothian Trust/Tina Burgess, Western Isles NHS*

Helena opened up discussions by talking about the Smoking Cessation Specialist Clinic at St. Johns Hospital and the *Stop for Life* Project, which is 'taking the service' to pregnant women and their significant others to address accessibility issues. Tina gave a brief account of the difficulties in reaching young people for smoking cessation advice experienced by the *WI-Quit* project based in the Western Isles. Helena and Tina then put forward a range of questions to the group, which they then discussed.

##### ***How accessible does a service and its facilities need to be?***

- Effort needs to be made to make it as accessible as possible and close at hand.
- Find out expectations of target group of service, let them know what is available and what is most effective
- Time and resources influence to some degree if staff can meet demand and what they can achieve – this might be managed by targeting those who want to stop (?) – awareness raising activities
- Needs to be geared toward different target groups
- Open door policy - YASCAP currently has young people on the Advisory Group therefore the 'face' of the service is made accessible and visible, meaning that the project is able to make contact with the target group informally
- Incentives could be used to make services appear more accessible – however this can raise expectations, which is a problem if the service cannot meet demands and is unable to deliver

##### ***How flexible, in terms of times, do services need to be to engage priority groups?***

- Out of hours is not always best
- There may be a time lapse between when a request has been made to access support to when support actually becomes available - however the client may wish immediate results
- Tobacco education and smoking issues should be made part of the national curriculum to target young people
- As flexible as possible depending on existing resources and where time permits for service providers
- Deliver support morning or afternoon / during day, more suitable for those on low income, those with children at school and older adults

##### ***What venues are more appropriate: health centres, hospitals, and schools?***

- All venues are appropriate
- Delivered in a comfortable environment (where specified by group/client) - health centres, GP practices, community centre, hospitals, schools, mobile services, home, workplace
- Confidentiality of discussions at venues such as the home is a potential issue
- Safety for those delivering support and service especially when away from their base. Perhaps there is a need for a lone worker policy?
- Dispensing NRT out with NHS premises and the legality of where this can be done

##### ***Who Can Best Provide Venues: The Voluntary Sector, LHCCs, And Local Authorities?***

- Partnership working. Partners can often provide venues free of charge
- NHS, Business, workplaces – resource implications. Workplaces could establish SHAW award – problem is workplaces feed back to NHS which cannot cope due to time and resources
- Funding is an issue though - If NHS loses control of cessation, will money follow?

**Key Points:**

1. Point of access is crucial therefore services should be made as accessible as possible – geared toward different target groups
2. Flexibility again is determined by needs of the target group, services need to be aware that not all times and venues suit every target group
3. Point of access should be integrated into other activities and services, and requires good co-operation from other disciplines in the NHS
4. A venue can be suitable, as long as it is comfortable and safe for both client and tobacco worker and ensures confidentiality for discussions e.g. not overheard if delivered in school or at home – issues also of dispensing NRT out with NHS facilities.
5. Partnership organisations are often willing to provide use of resources such as venues for free
6. Time, resources, funding all create barriers as to how well demand can be met; communities with high deprivation requires at least 2 cessation workers – cost implications
7. Perhaps services may need to target only those who want to stop?
8. If the NHS does lose control of Smoking cessation to others will there be a reduction of funding?

**5. RECRUITING PRIORITY GROUPS**

*Susan Kerr, Glasgow Caledonian University/Linda Morris, Smoking Concerns*

Susan discussed the recently completed research project funded by PATH and highlighted some of the challenges of recruiting older people who smoke. The original aim was to recruit 15 current smokers and 5 former smokers, over the age of 65, through General Practices in Glasgow. A number of General Practices (n=21) were contacted and asked to assist with recruitment, as current Data Protection Legislation does not allow researchers to contact patients directly. Unfortunately, only a small number of Practices agreed to assist with recruitment.

The reasons given for failure to assist were: lack of time; numerous other requests to assist with research projects; and, competing priorities such as the new General Medical Services Contract. At this point the research team decided that they would need to adopt additional recruitment strategies to ensure that the required number of participants was recruited. A number of strategies were considered including recruiting through Day Centres, recruitment through Glasgow Old People's Welfare, and use of one of the local free newspapers (the Glaswegian).

However, it was eventually decided that recruiting through the West of Scotland Seniors Forum would be the most appropriate alternative strategy. This organisation has 22 forums spread throughout Glasgow and it was hoped that distributing recruitment flyers at Forum meetings would ensure that the required number of older people were recruited into the study. To encourage recruitment a payment of £20 was made to each participant.

***Which media strategies work best for which groups?***

- Local & National coverage through:
  - Advertising: local radio and articles in local press, TV adverts (e.g. British Heart Foundation), posters in local pharmacies, on buses, carrier bags and milk cartons which could help to target families
- Target groups (e.g. diabetics) could be reached through charities/support groups, or through specific publications
- Young people using internet and text messaging

### ***What other methods work?***

- Resources linked at community level, local tie-ins
  - Use existing events to recruit priority groups – e.g. Highland Games, No Smoking Day (NSD), sports diaries
  - SCS messages on beer mats as in Ireland
  - Word of mouth is very important - need to ensure that the information passed on is accurate!
  - Self referral, face to face, email (for initial contact)
  - Business cards with information and contact details for GP to pass onto patients
  - Young people projects looking into holistic approaches, e.g. recruiting through well-women groups, and beauty groups
  - Leisure centres, stalls, awareness raising sessions
  - Leaflets/Health Promotion materials - not often designed towards specific groups (e.g. older adults) and so not always as relevant as they could be

### ***What Health Education input can be seen as prevention and what is designed to increase uptake of services?***

- Education, prevention, cessation are all tied in
- Could give feedback to GPs etc – i.e. you've referred 'x' people, it could be more encouraging.
- Patients often ask how others are getting on

#### **Key Points:**

1. Link media campaign locally – with proper resources. National and local – targeted at specific priority group
2. Diversity of/within priority groups – address specific barriers
3. Flexible/adaptable – encourage involvement – keep relevant to target group
4. Remember advertising and promotion can get you a greater response than you bargained for! If you create demand for your service can you deliver within the resources at your disposal?

## **6. OFFERING SUPPORT DURING THE QUIT PERIOD**

*Brian Pringle, West Lothian Drug and Alcohol Service*

Brian started off the discussion by talking about his role as the Tobacco Issues Worker for the West Lothian Drug and Alcohol Service. This service focuses on low-income groups, social inclusion, mental health and substances and heavily dependent smokers using a variety of approaches and in different settings depending on the needs of the target group. He then got the group to think about a number of issues such as support during the quit period, (i.e. preparation and aftercare, both from the client and tobacco workers perspective); what support approaches help; how to work with the groups, buddies and external supports where expertise is required; issues relating to NRT; and the role of CO monitoring.

### ***Motivation***

- Try to help clients identify their own solutions
- Ask clients what they want – “what do you think will help you?”
- Keep yourself motivated too! – Reiterating the message, can seem repetitive
- Highlight the positive health impacts such as – taste, increase in fitness levels, heart rate, lungs clearing, and asthma, also financial benefits
- Use rewards

### ***Support***

- Ensure your systems are in place
- 'Planning their relapse' – make people aware of this possibility
- Prepare the client for difficult situations, discuss potential side effects including irritability
- Make sure client knows what support is available e.g. Smokeline, non-smoking friend, Buddy, 1:1 and groups
- Encourage the group to share experiences and offer tips
- Attitude – individual approach
- Be clear what you can offer – support can be as effective as NRT
- Moving the client on e.g. to group work or buddy support
- You can't be available indefinitely, so when do you end support??

### ***Relapse***

- People expect that NRT will take away all cravings – 4 weeks on people are fed up of still getting cravings
- Look at external pressures and how they may trigger lapse/relapse - social occasions can act as temptations!
- Discuss relapse – need to be open - point out that the side effects are normal
- Coping tactics – discuss with client
- How to get people motivated and back on track
- Having a contingency plan

### **Key points:**

1. Beyond NRT, have to stress that there is no 'magic bullet'
2. Importance of preparation and realistic expectations
3. Encourage individuals to take control – tackle self esteem and assertiveness issues
4. The more support, the better the outcome. The consensus was that cessation support should last longer than the recommended 6-8 weeks

## **7. PEER SUPPORT AND BUDDY VOLUNTEERS**

*Shelia Paulin, ASH Scotland*

Sheila, a Volunteer Support Worker, based in Tayside, for the Buddy Project, described how the project embraces the idea of "befriending or buddying". The project uses trained volunteers to offer support to 'Stoppers', people who wish to stop smoking (face-to-face and/or by telephone). People who find it difficult to access SCS e.g. housebound and those in rural locations in particular are targeted. Positive points for the volunteers and the 'Stoppers' alike are attributed to the two way process that can be achieved and associated with "buddying". Sheila spoke of the possibility of being involved in a life-changing journey that this type of project offers where both Buddies and 'Stoppers' can gain from the "buddying" process, and that reaching or fulfilling the ultimate aim of staying smoke-free is not the only satisfactory outcome.

### **Key Points:**

1. Buddying is seen as an additional resource
2. Volunteer buddies can often be seen as possibly more approachable than health professionals
3. It's support from 'real' people
4. Two-way process

## **8. NICOTINE REPLACEMENT THERAPY (NRT)**

*Viv Binnie, Glasgow Dental School/Bill Edwards, Tayside NHS*

Viv, who works on the smoking cessation intervention in a dental setting at Glasgow and Dundee Dental School, spoke of the current issues that her project is facing. One particular issue was over who pays for the NRT. It was written in their application that they would send the patients back to their GPs for NRT; this however, has proved to be problematic for Viv and her team.

- Access to NRT is through Community pharmacists
- PGD – approval is required
- Complex Issue of prescribing NRT.
- Lack of clarity when prescribing to young people, pregnant women and drafting of PGD
- GPs reluctant to prescribe NRT innovatively for certain groups such as pregnant women - services can use PGD as a solution
- Advice (dentist) – informal intervention
- Geographical differences
- Ethical implications: NRT – budget = primary/secondary
- Examples of free NRT for low income groups (addressing barriers):
  - a) West Lothian = linked midwife – contact GP
  - b) The Buddy Project uses vouchers, which are taken to pharmacists offering choice of products

### **Key Points:**

1. Accessing NRT through community pharmacies
2. NRT prescribing is complex - need clarification regarding prescribing to priority groups e.g. young people, pregnant women
3. Need greater clarity on developing PGD and gaining approval

## EVALUATION

Results from the evaluation sheets were, on the whole, very positive; as were the comments received after the event. In total 20 evaluation forms were returned.

In general, participants were keen to attend similar style events in the future. The networking exercise also gained positive feedback and helped to facilitate discussions and contact between the projects. We do hope to repeat this event in the future, therefore once funding has been agreed and secured, the organisers will again contact the participants to contribute to developing ideas relating to the structure of future events. We also hope to widen the invitation list to project participants, volunteers, community members and a range of projects who are also undertaking valuable work addressing tobacco issues, and offering services to the priority groups targeted.

### *Evaluation Results*

Response	Very Good	Good	Satisfactory	Poor	Very Poor
<b>Organisation</b>					
Event administration	14	4		1	
<b>Domestic arrangements</b>					
Suitability of venue	11	8	1		
Food and Refreshments	7	9	3	1	
<b>Relevance of presentation content</b>					
Smoking Cessation Guidelines	11	5	3		
Summary of Initiatives (Buddy/Young People/PATH)	11	7	2		
<b>Workshops; Facilitated discussions</b>					
Usefulness of discussions	8	3	5		
Expectations of workshop met	5	10	4		1
Opportunity to participate in the discussions	11	2	1		
<b>Networking</b>					
Usefulness of networking exercise	14	4	2		
General opportunity and time to network during the event	11	6	3		

<b>Impact of Tobacco Talks</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>No tick</b>
As a result of attending Tobacco Talks I have made valuable contact with other project participants to help with my projects work.	17	2		1
As a result of Tobacco Talks I have been motivated to learn more about what other pilot projects are involved in.	15	4		1
I would like to be involved in contributing to the content and format of potential future joint events.	11	7	2	

- I wish there had been more or better information on...
  - Offering support during quit attempts – very good group work but ran out of time and would have benefited from more in-depth discussion
  - Update on PATH projects
  - Handout on Minimum Data Sets
  - Contact details of delegates
  - Who is directly involved with projects and a direct tel. no or email address for them. Perhaps a 1-page leaflet (which can still be produced and sent out)
  
- Any other comments...
  - The first session was too long
  - It would have been good to have had “workshop” on guidelines went out for consultation
  - There seem to be major issues and problems with getting NRT prescribed – this needs addressed ASAP
  - Useful and interesting day. Thank you
  - Overall, very useful and productive day
  - Very useful and informative day
  - Very enjoyable day – very interested to hear about all the different projects that are on the go again
  - Networking opportunities today were superb, in addition to the information provided. Great to meet up with all the other projects
  - Workshops excellent – very useful and motivational especially the ‘Buddying’ one. Makes you aware of all the great work being carried out throughout Scotland

## **CONTRIBUTORS**

The Tobacco Talks report was compiled by Tracey Norris, with support from: John Brown, John Sim, Douglas Guest, Community Development Manager, ASH Scotland (Tobacco & Inequalities project) and Kirsten Watson (PSD Administrator).

A special thanks goes to Tracey, for stepping in at the last moment to facilitate the event. The organisers also wish to acknowledge and thank the speakers, workshop facilitators, note-takers and administrators for their valuable assistance and contributions on the day.