



1. Background

Tobacco use is the single biggest preventable cause of ill-health and premature death in Scotland. The Scottish government and health service have introduced several initiatives to tackle this problem. There are now smoking cessation (stop smoking) services throughout Scotland to help people to quit and targets to reduce smoking rates among key groups. Other work includes health promotion and the introduction of legislation on smoking in public places.

ASH Scotland is the leading voluntary organisation in Scotland tackling tobacco use. It plays a strategic role in raising awareness about tobacco and its harmful effects. A key area of ASH Scotland's work is the *Tobacco and Inequalities Project*, which is now in its third phase (2003-2007). Based on the recommendations of previous work in the area, the current project focuses on three target areas:

- Minority Ethnic Communities
- Older Adults
- Mental Health and Well-being

While tobacco is a major health risk for all people, members of these three groups have been identified as having high tobacco use, high rates of tobacco-related ill-health or inequalities in accessing services.

2. Needs assessment aims, objectives and methods

The aim of the research was to find out more about attitudes towards tobacco use and quitting among people from three target groups and among professionals working with these communities. This would help to identify actions for the future development of smoking cessation services and other aspects of tobacco control. The research objectives were to:

- Describe the key tobacco issues for each of the target groups.
- Map existing tobacco related resources and services, specifically those aimed the target groups.
- Consult with smoking cessation specialists and other service providers about tobacco work with the three target communities.
- Consult with representatives from the target groups about smoking and quitting.

The needs assessment was undertaken in 2004 and involved four discreet phases, each using different research methods. A number of documents were produced outlining the findings from the different phases of the research:

Phase	Key work	Research Methods	Documents
1	Review of existing research and policy information	Desk and library based literature search	3 comprehensive literature reviews and 3 briefing papers, 1 for each target group
2	Rapid mapping of services and resources	Smoking cessation service questionnaire (22 completed), desk based searches	Directory of services and resources, with report on mapping exercise
3	Interviews with service providers	In-depth, semi-structured one-to-one interviews (total participants = 33)	Report on findings from interviews with service providers
4	Focus groups with community members	11 focus group interviews, (total participants = 62)	Report on findings from focus groups with community members

Copies of all documents can be obtained from ASH Scotland or downloaded from our website (see further information box at the end).

3. Key findings and actions

The needs assessment uncovered a wealth of information and generated many ideas for future service delivery. The key findings and suggestions for action are summarised here. Further details are given in the literature reviews and reports.

Smoking and quitting

Despite high levels of smoking and high rates of tobacco related illness, people from the target groups do not always receive appropriate advice or support to address their tobacco use. There are many things that prevent people from even trying to quit. People have different understandings of the risks of tobacco use and often do not know what help is available. Staff preconceptions and working cultures continue to be a barrier. Professionals may not raise smoking as an issue and support is not always geared to the needs of particular client groups. However, most smokers do want to do something about their tobacco use. Many want help to stop and to stay stopped.

Actions

- Continued efforts are needed to raise awareness of the varied risks associated with tobacco. This includes the health effects of smoking, passive smoking, of other forms of tobacco (e.g. roll-ups, cigars, pipes, water pipes, joints, chewing tobacco) and different types of cigarettes (low tar, menthol, herbal, non-filtered).
- Tobacco use is complex and stopping smoking can be difficult. One size does not fit all and person centred approaches should be encouraged.

- ❑ Increased partnership working and joined-up approaches to tobacco control are needed, involving a wider range of organisations both within and beyond the health service.
- ❑ Different levels of professional education and training are required, to ensure that staff in different fields of work are aware of tobacco issues and are confident to provide appropriate advice and support. Training should be in-line with Smoking Cessation Training Standards¹, with the addition of any information pertinent for working with particular client groups.

Stop smoking services

Many people (both public and professionals) are not aware that stop smoking services exist or how they work. Yet there is often a great deal of interest when people hear about these services. People have many ideas for what would help them to tackle their tobacco use. Health and other professionals expressed an interest in doing more tobacco work with the three target groups, but were constrained by barriers such as funding, time, staff and experience.

Actions

- ❑ Smoking cessation services should receive sustained ring-fenced funding.
- ❑ The availability of stop smoking services should be better publicised, both locally and nationally.
- ❑ Services should be developed in accordance with Smoking Cessation Guidelines², with awareness that some clients may need longer, more intensive or different support.
- ❑ Additional support is needed to prevent relapse (e.g. longer-term sessions, support post-NRT, drop-in sessions, telephone support, peer support).
- ❑ Pre-quit initiatives are needed for working with people who are not yet motivated to stop smoking.
- ❑ New ways of working are needed for people who do not want to use NRT or Zyban, but prefer to rely on 'will-power'.
- ❑ The feasibility of harm reduction approaches should be explored, for people who want to change their tobacco use but are not ready to quit (e.g. cutting down, changing times and places of smoking).
- ❑ Smoking cessation services should consider working in partnership with other services to share expertise and provide more holistic behavioural change support. People have identified a need for greater support with diet, exercise, stress management, medication issues and other substance use.
- ❑ Evaluated pilot projects should be established to test out new and innovative approaches working with particular inequalities groups. The learning from these used to develop appropriate services in future.

Health promotion materials, quit-lines and the mass media

Both professionals and the public feel that it is important to provide information about tobacco and quitting in variety of formats. Leaflets, posters, DVDs, the mass media and quit-lines are valued for raising awareness of issues and for improving access to services. However, limitations of existing approaches have been identified and suggestions made for their future development.

Actions

- ❑ Ongoing public awareness campaigns are needed to remind people of the risks of smoking and passive smoking, to provide information about new legislation on smoking in public places and to publicise stop smoking services. A potential approach for the latter would be to use positive testimonials of real life quitters.
- ❑ There is a need for better co-ordination, publicity and distribution of existing health promotion materials, particularly those targeted at key groups (e.g. minority ethnic communities and older adults). It should be investigated whether resources in other languages developed by the NHS in England could be adapted for use in Scotland
- ❑ Materials and campaigns should use images of a diverse range of people. They should be developed with awareness of special needs and literacy. Different sectors of the population should be involved in their pre-testing, to ensure the format and messages are appropriate.
- ❑ There should be a review of quit line services in Scotland to investigate who is using them; what they are being used for (e.g. for information and advice, or for back-up support post-quit); and the availability of non-English language support. The findings from this work should inform the future development of quit-line support.
- ❑ Media campaigns and health promotion materials must be backed up by adequate professional support.

Legislation and smoking policies

Changing social attitudes towards smoking are a cause of concern and anxiety for some people. There is still confusion about the scope of new legislation on smoking in public places in Scotland and the motivations for this, and concerns about potential negative impacts.

Actions

- ❑ Work is needed to prepare people for the introduction of new legislation on smoking in public places. This should include national awareness raising information and ground-level support from organisations working with marginalised groups.
- ❑ The introduction of new legislation should be used as an opportunity to communicate messages about the risks of passive smoking and about support available to help people to quit.

Further Research

- ❑ Further research is needed on tobacco use and cessation approaches in particular communities - older men; people in psychiatric hospitals; new or hidden minority ethnic populations (e.g. Gypsy Travellers, refugees and asylum seekers, migrants from Eastern Europe) and with ethnic minority women.
- ❑ Data is needed on the extent to which different groups are accessing stop smoking services and on outcome measures.
- ❑ Research is needed into the use and availability of non-smoked tobacco products in Scotland (e.g. paan, gutkha, bidis). An investigation of product labelling and health warnings is also needed.

Conclusions

The needs assessment shows that while existing approaches to tobacco control are valuable and important, further work is necessary to provide appropriate support to those who need it most: people who smoke the most, who are least likely to stop and who need the most support when trying to quit.

A range of actions is required to reduce tobacco related illness and tackle inequalities, involving a number of partner agencies. It is hoped that the recommendations for action uncovered by this needs assessment will be taken forward over the coming years, by ASH Scotland, policy makers, health providers and other tobacco control partners, with the goal of improving the health of Scotland's people.

Further information

For more information on ASH Scotland's Tobacco and Inequalities Project and or to download copies of key documents:

www.ashscotland.org.uk (following link to inequalities)

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References

Numerous studies have informed the Tobacco and Inequalities work. Complete references are given in the needs assessment reports and literature reviews.

¹ Partnership Action on Tobacco and Health (2003) *Standards for Smoking Cessation Training in Scotland* Edinburgh: ASH Scotland
<http://www.ashscotland.org.uk/ash/files/standards.pdf>

² NHS Health Scotland and ASH Scotland (2004) *Smoking Cessation Guidelines for Scotland: 2004 Update* Edinburgh: Health Scotland
<http://www.hebs.scot.nhs.uk/services/pubs/pdf/SmokingCes2004.pdf>