

# STCA Annual Meeting

## Newsletter 2011

SCOTTISH TOBACCO  
Control Alliance

co-ordinated by  
ashscotland

Royal Hotel, Bridge of Allan  
24 June 2011

## Co-group Chair's address

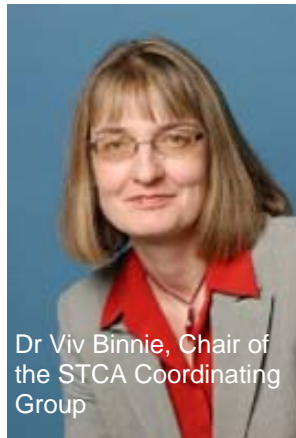
As Chair of the Coordinating Group I feel it's right to start the day by looking back to what we have achieved since the last Annual Meeting.

The Coordinating Group have met three times and like the Youth Forum we lost a meeting to the snow in February.

The Cogroup have been steadily sharpening its focus on the issues that the membership raises in meetings and events and we've done that by studying the quarterly report which has all the best bits of your meetings distilled into some key points.

For example Trading Standards members have been flagging up some of the issues around proxy sales and how we might perhaps secure some of the proceeds of crime money to plough back into tobacco control or health promotion work.

The Youth Forum has been pointing to the



Dr Viv Binnie, Chair of the STCA Coordinating Group

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need to find ways to engage with 16 to 24 year olds and have raised a number of issues which they hope will inform discussions at the next Ministerial Research Group.

There is understandable frustration that some issues that we identified last year are

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Our thanks to CRUK for providing part-funding for our Annual Meeting and a number of other activities and events during 2010 and 2011.

still being addressed. This year some meetings with Government were cancelled and then disrupted by the election. However, it is important that the STCA collects the ideas and news of the challenges faced by those having to implement policy or enforce regulations even if only to be able to say that these things have been discussed and solutions have been suggested over a prolonged period of time.....and still await action!

So....this year we have organised two Youth and Tobacco Forum meetings, three Research Group Meetings, three Smoking and Mental Health Group Meetings and the Cessation in Pregnancy Group has met once and organised a conference for 80 people.

We were conscious of the pressure on people this year to get away to attend meetings and as a consequence the Tobacco Control Issues Group (TCIG) did not formally meet.

TCIG members were busy with two Local Tobacco Control Alliance meetings, the Illicit Tobacco Summit for Scotland, a Smoke-free Homes and Cars Learning Day and a joint Alcohol and Tobacco Control Conference that although it was an ASH Scotland / Alcohol Focus baby we can justifiably claim some

credit for it since they pinched our idea from last year's Annual Meeting!

The STCA operates to a three year strategy and work plan and we are now into year three. Not surprisingly we cannot easily predict at the outset exactly what we will be doing in year three but with the STCA Tracker in operation (see your guide) you have the ability to suggest activity that will help to keep our programme of activity relevant to your needs as tobacco control and health promotion advocates.

Today we are effectively starting to identify the issues that will inform the creation of *our* next three year strategy and it comes at a really interesting time.

The Scottish Government was elected on a manifesto pledge to plan a new strategy to supersede smoke-free (the name of the last strategy) and they share that pledge with Labour and the Greens so we can be pretty confident that if we continue to put some effort into articulating the ideas that you helped to formulate in the ASH Scotland document Beyond Smoke-free (which we hoped you would read before today's meeting) we have a good chance of influencing the Government's strategy.

## Images from the 2010 Illicit Tobacco Summit

Chair Prof Gerard Hastings, publicity generated by the event fielded by Sheila Duffy, a strong team of event presenters including Luc Joossens from the European Cancer League, Mary Cuthbert from the Scottish Government and Deborah Arnott from ASH London.

[Summit report on-line](#)



# The Annual Meeting presentations

**Dr Viv Binnie, Chair of the STCA Coordinating Group**

*Chair's address*

**Colin Lumsdaine, Pamela Galloway and Denise Meldrum**

*Updates from the Tobacco Control Issues Group, Cessation in Pregnancy Group and Smoking and Mental Health Working Group*

**David Robertson, Alliances Manager, ASH Scotland**

*Beyond Smoke-free the recommendations for a Scottish tobacco control strategy which STCA advocates have helped to shape.*

**Heather Gillespie, Youth and Tobacco Forum Vice-Chair**

*STCA Youth and Tobacco activity*

**Elsbeth Russell, Assistant Health Promotion Manager North CHP, NHS Lanarkshire**

*Developing and implementing a local smoking prevention action plan*

**Hamid Gazem, Senior Trading Standards Officer, South Ayrshire Council**

*Tackling illicit tobacco in South Ayrshire*

**Dr Susan Kerr, Chair of the STCA Research Group**

*Update on Research group activity*

**Professor Jill Pell, University of Glasgow**

*What has Scotland's smoke-free legislation achieved?*

**Neil E G Coltart, Group Manager (Trading Standards), Glasgow City Council**

*The challenges of implementing the Tobacco and Medical Service Act (Scotland) 2010 covering the sale and display of tobacco*

[The PowerPoint presentations by the main speakers can be found on the STCA website](#)

**Panel discussion**

*Elsbeth Russell, Neil Coltart, Jill Pell, Mark O'Donnell, Programme Lead, Scottish Government*

# Panel discussions at the STCA Annual Meeting

**This is only a selection of the topics discussed**

**Question to Jill Pell.** In your opinion what do you feel about the smoke-free homes initiatives that promote different levels of smoke-free action as part of an award scheme?

**Answer.** My preference is for a completely smoke-free home rather than a partial removal of SHS from the home. This is such a difficult area to establish any clear evidence base that it is hard to take a fixed view.

**Amanda Amos.** The 'Take Seven Steps Outside' campaign in the North West of England certainly takes the side of those who would advocate providing information that only a smoke-free home is a safe one; you need to take seven steps out of the house to smoke! However, they recognise that this may be difficult for people living in flats etc. Laura Jones is involved in a research project in Nottingham which is looking at whether parents can be encouraged to use NRT instead of smoking in the home where stepping outside may be unrealistic.

**Question.** Are children's attitudes or behaviours influenced by the ban on smoking in public places? Are they more critical of parental smoking in the home?

**Answer by Jill Pell.** There is no Scottish data on this. However, research in the US found that smoke-free legislation reduces smoking experimentation and uptake in young people. We have also seen a rise in the number of homes where smoking is not

permitted and qualitative research has shown that this may be in part due to the information available to both adults and children. Children do use this information to negotiate clean air at home.



Professor Jill Pell,  
University of Glasgow

**Question.** Health workers in Glasgow and in other areas such as Ayrshire have been found to be giving alarming advice to parents of small children and parents in the antenatal period with regard to third-hand smoke. Some care staff have been advising mothers not to handle their babies for anything

from 30 minutes to five hours after they have smoked because of the residual smoke/chemicals on clothes/breath.

This is potentially damaging to the parent who is receiving non-evidence-based information and could affect the overall credibility of the messages we want to communicate. Should there not be an awareness campaign at a national level to put the correct information out to the public and indeed the professionals?

**Answer from Jill Pell.** We would all agree that a completely smoke-free home is the aim and is supported by the evidence, rather than a partial removal of SHS from the home. We need to learn from the problems caused by mixed and changing public health messages about drinking whilst pregnant. Suggesting that partial home restrictions might be acceptable may detract from the credibility of our message that SHS exposure is harmful.

Also the worst scenario is that the public receives different and conflicting messages about how much is acceptable. Agreeing on complete restrictions would be the

most consistent, credible and unambiguous message whilst accepting that this may be difficult for some parents to adopt. (There is an ASH Scotland briefing paper available on-line that provides the facts about third-hand smoke. The briefing emphasises the need for professionals to encourage reducing second-hand smoke exposure and for people to seek support to quit smoking.)

**Question to Neil Coltart.** Can parents be held to account for proxy sales to their under-age children?

**Answer.** In theory the answer is yes but in practice it would be virtually impossible to prove that money changed hands and therefore the time and effort that would be required would not be justified. Better to go along the route of education. As we have seen with retailers, if proper training is encouraged we can reduce the likelihood of under-age sales of tobacco and other products. It would therefore seem sensible to have a programme in place to ensure that all adults are well aware of the law, why it is there and that there are penalties for its infringement.



**Mark O'Donnell** The Scottish Government has undertaken a campaign targeted at tobacco retailers as part of the implementation of the 2010 Act and would continue to consider with SCOTSS and trade organisation what more may be required.

**Question to Mark O'Donnell.** There is still a lack of awareness amongst the general public and young people in particular about the issuing of fixed penalty notices and the circumstances under which they may be issued to young people. What is the Scottish Government doing to address this

lack of understanding?

**Answer by Mark O'Donnell:** There is information available on the Young Scot website.

#### **Further answer provided following the event**

There are no current plans to further promote the changes to legislation to young people. This may change however depending on the evidence presented in the future i.e. if we haven't reached enough young people, leading to the requirement for further communications and who would be best placed to lead on this activity i.e. on a national or local level. It is unlikely that this decision will be made before September.

# Beyond Smoke-free discussions

The STCA Annual Meeting generated fresh discussion and ideas around the proposals put forward for a new national tobacco control policy for Scotland.

In the notes below you will see some of the discussions captured in the TCIG and the Youth Forum. If you have further points to make after reading the ASH Scotland report, [www.ashscotland.org.uk/policy/beyond-smoke-free](http://www.ashscotland.org.uk/policy/beyond-smoke-free) please let us know by so that it may be included in the next STCA Coordinating Group Meeting.

## **TCIG**

### **In the Trading Standards table discussions:**

There was a suggestion there should be greater coordination of test-purchasing with the police so that resources can be shared in respect of tobacco and alcohol in particular, but potentially other products such as fireworks, paint and glue.

There is already some experience of this in some areas through the piloting of the Safer Retail Award.

One suggestion was that tobacco and alcohol licences should be linked such that a breach associated with mis-selling tobacco could be taken into account in the licensing of premises to sell alcohol. If a persistent mis-seller of tobacco knew that their alcohol licence might be at risk or that alcohol sales could be suspended because of mis-selling of tobacco, there would be a clear additional incentive to avoid tobacco mis-selling.

There are moves by the UK Government to change the way the Office of Fair Trading

operates as part of its review of quangos. This might be an opportunity for Scotland to take some of the duties of the organisation under Scottish Government control which in turn could allow previously devolved issues to be dealt with in Scotland.

### **In the mainly cessation and health promotion oriented group:**

To further de-normalise smoking, now that only 25% or less of the population are smokers, we should be using social marketing to emphasise smoke-free lifestyles as the norm (as in the *theory of reasoned action*).

Specialist services should continue to work closely with communities and take advantage of community-led health initiatives in making access to services easier in deprived communities.

Encourage greater cooperation between cessation offered through pharmacies and other stop smoking services with more opportunities for training for pharmacist-based staff and greater dialogue between service providers.

Develop electronic systems of referral to make it easier for GPs, pharmacists, midwives and others to seamlessly link with groups or one-to-one cessation support in their area.

Expand the use of text messaging and other motivational support.

There should be support to enable schools to integrate study of smoking behaviour and the tobacco industry into the curriculum.

Drug and alcohol services should be given guidance to integrate smoking advice into their services and provide smoking cessation

support within the hard-to-reach multiple substance user community.

In particular, resources should be made available to provide support to those with a dual tobacco and cannabis addiction with opportunities created for smoking cessation and drug and alcohol service practitioners given access to training.

## **TCIG Mreps in action**

Several Mreps gave updates on their work at the meeting. Below are several examples.

### **Clive Johnston, Divisional Trading Standards Officer, Argyll and Bute Council**

In Argyll geography is our worst enemy, many towns are over an hour apart and to attempt to test trader compliance with the Tobacco and Primary Medical Services Act (TPMS Act) is extremely difficult as we are to use young persons in areas they are not known.

This can prove a long day for the young person making it a challenge to keep the young person engaged in a way that is enjoyable so that they will volunteer again and recommend the operations to their friends. Retailers in remote areas observe the presence of two 'strange' adults and an unknown child in their small empty shop and that can alert them to a possible trading standards operation.

Despite the challenging geography we organised training seminars for the trade and with ASH Scotland assistance successfully delivered these seminars to include a component of health education that explained the importance of delaying the age of uptake of smoking as well as the age-related sales law guidance.

This year for the first time we are looking at carrying out test purchasing in Mull, Islay and

Jura. Different options for travel are being considered including charter of a sea-plane! Despite the geographical challenges we have been very successful in carrying out the under-age sales work in relation to tobacco to the extent that retailers are very aware of our work and the penalties that they could suffer if they do make sales.

### **Derek Gray, Principal Trading Standards Officer, East Lothian Council**

ELC is piloting the [Safer Retailer Award](#) which, in conjunction with the police and Trading Standards will be rolled out.

The Trading Standards Service plans to start in Tranent and if successful, shall progress to other towns in the authority. This is not to say we will not be carrying out test purchasing, however it should help us target resources more efficiently.

### **Derek Petrie, Tobacco Control Lead, NHS Grampian**

Discussions are currently underway in each of the three CHPs in Moray, Aberdeenshire and Aberdeen City about the creation of a Tobacco Control Framework based on the [Excellence in Tobacco Control: 10 High Impact Changes. Department of Health, 2008.](#)

It is hoped that a draft might be agreed for presentation at the TCIG meeting to be held in Aberdeen on 13 September 2011.

## ***Youth and Tobacco Forum***

### ***Prevention page 3 & 4 Protecting smoking prevention funding***

Most importantly prevention funding needs to be protected. Great progress has been made since 2008 when the Scottish Government

# Beyond Smoke-free discussions continued.....

*(Continued from page 7)*

published their Smoking Prevention Action Plan, allocating prevention monies to local authorities and health boards. However prevention as set out in the action plan is still relatively new and needs future investment to make a significant mark on this comprehensive area of tobacco control and to reach the targets set to discourage the uptake of smoking by young people. In order to maintain the momentum and importance of prevention, consideration should be given to developing targets for prevention, similar to those targets that HEAT provides for smoking cessation.

## **Building an evidence base for smoking prevention**

Nationally and locally we need to avoid succumbing to the idea that there is a lack of an evidence base for prevention and invest in measures which will help to build an evidence base, which can guide and prioritise prevention activities locally. There needs to be clear expectations of prevention with measures to monitor and evaluate prevention work which will allow future investment to target key priority areas and build guidance of good practice and reinforce consistency. There should be a much more structured monitoring and reporting system developed by the Scottish Government to capture local smoking prevention work, to identify good practice, and to influence how money should be targeted in the future to address prevention.

## **16 – 24 year olds**

As raised in previous Youth and Tobacco Forum meetings, addressing smoking amongst the 16 – 24 age group needs to

remain a priority. The lack of an evidence base means that adequate time will be required to make a mark on this area of work (even more so compared to prevention aimed at under 16's), and underlines the importance of some form of research being dovetailed with practical interventions in order to produce effective interventions/robust data/useful learning for this group. In addition to this, we need to identify the key priority groups within the 16 – 24 year old age group to target efforts and resources at those most at risk. Health and wellbeing agendas for this age group (esp. More Choices More Chances) within a range of key settings and organisations already working with these young people (colleges, training e.g. get ready for work programmes, workplaces) need to recognise the importance of addressing youth smoking in these establishments (both preventing onset and promoting support available).

New legislation was implemented on the 1 April 2011. The Scottish Government ran a marketing campaign to both retailers and the public including young people. Young people were targeted through social media such as YouTube, MSN and Facebook which linked them to further information on the Young Scot website over February and March. A briefing note was circulated through the STCA network outlining the legislation changes, however no further guidance was issued to enable local practitioners to promote the campaign and raise awareness at a local level. Therefore more work needs to be done to raise awareness amongst the public, professionals working with young people (especially police officers as they have gained new powers) and young people themselves, to ensure they are aware of the new legislation and how it affects them. Given this is about legislation, there needs to

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be nationally available resources and information, which can be used at a local level to raise awareness. Future marketing campaigns on the legislation need to consider the role of networks such as the STCA to promote opportunities to support national campaigns at a local level.

## **Smoking prevention in education establishments**

Smoking prevention work targeted at education establishments is crucial and needs to meet and be integrated into Curriculum for Excellence (which is also a priority beyond schools to other youth settings where learning takes place). In addition to this, if we are to be successful in challenging and changing the culture and acceptability of smoking amongst young people in these settings, the development of smoke-free policies in schools, youth work settings, training establishments, etc., needs to be prioritised. Approaches to implementing smoke-free policies in youth settings may need to be piloted to identify how policies are implemented and identify training needs of staff and how young people are involved. Smoking prevention needs to begin in the early years and progress through to key transitional stages (primary to secondary, secondary to senior phase and early leavers).

## ***Cessation page 5 & 6***

More work is needed to establish to what extent services exist and are reaching young people, including 16 – 24 year olds. What are young people's experiences of these services and what more needs to be done to support young people to quit?

More needs to be done to encourage those supporting young people who wish to quit, providing information to the Minimum Data Set and ensuring young people are included in this national recording system.

There needs to be training developed for those outwith NHS to deliver support to young people and build capacity. locally to be able to offer services to young people.

Momentum and funding needs to be maintained for work on smoke-free homes.

# Cessation in Pregnancy Group

Like the TCIG, the Cessation in Pregnancy Group is currently re-evaluating its role with a view to creating a wider grouping of Cessation based members potentially as a working group.

The Group met in November for a really interesting presentation by Valerie Alexander, Team Lead for the Lothian pilot of Family Nurse Partnership.

Valerie talked in general terms about this new service to young pregnant women and their families and outlined the holistic approach being adopted to help provide a healthy pregnancy and early years.

Members also had a chance to discuss the newly published smoking cessation guidelines in which an error was pointed out that has subsequently been amended in the guidelines. Members were also informed that the Scottish Woman-held Maternity Record (SWHMR) was being updated and NHS Quality Improvement Scotland later liaised with the group to reassure members of the inclusion of smoking-related questions.

I think these two points illustrate the value of bringing together people with an operational level knowledge to give an additional level of scrutiny to new proposals and innovations.

Members of the CinP Group were also involved in the planning and delivery of the Smoke-free Homes and Cars learning day held in Dundee in March. This was a partnership event that brought together a

number of organisations that had not previously been involved in STCA activity including the British Lung Foundation and the Roy Castle Lung Cancer Foundation. We brought in £5000 additional funding to help ASH Scotland stage the event thanks to a grant from NHS Education Scotland. The event evaluated well and NHS Greater

Glasgow and Clyde provided brief advice training in going smoke-free for a number of delegates on the day. A pledge of £6000 worth of free Train the Trainer support was taken up from Roy Castle with trainer expenses provided by PATH to enable 24 new smoke-free homes trainers to be created through workshops in Glasgow and Aberdeen.



Pamela Galloway, Co-chair of the Cessation in Pregnancy Group

I think this illustrates the value of alliances really well.

A partnership group came together and for a modest outlay on the part of ASH Scotland, the STCA was able to generate an additional input of £11,000 and help-in-kind to the value of several thousands of pounds through the participation of unpaid presenters, facilitators and trainers.

Please give a round of applause to the planning group; many of whom are here!

# Smoking and Mental Health Working Group

## **The STCA Smoking and Mental Health Working Group.**

The SMHWG physically came together three times in this activity year. Since we are a Working Group, there is also a lot of activity by email and plenty of questions flying to and fro between the members and through John Sim, the ASH Scotland Inequalities Officer who coordinates activity and keeps us all abreast of inequalities issues.

Back in July of last year in advance of NHS Health Scotland's guidelines on creating smoke-free mental healthcare services, the SMHWG organised a panel discussion that provided an opportunity to highlight any further questions or concerns regarding going smoke-free in mental healthcare settings.

The panel had reps from the Scottish Government, NHS Health Scotland, senior NHS medical staff, stop smoking specialists and ASH Scotland. Service users and carers came too. The meeting covered other issues, but I think the diversity of our 40 strong audience that day illustrates how over the last few years we have sought to involve and engage as many people as possible in dialogue over smoke-free mental healthcare settings.

Following this, several group members were asked to take part in the NHS Health Scotland guidelines initiative; Tommy Harrison and myself served on the Advisory Group and we liaised with the SMHWG as the project progressed. Staff from NHS Health Scotland have been involved with SMHWG from its inception and because of this close working

relationship, the guidelines themselves formed the subject for our partnership in the May meeting which attracted 65 cessation practitioners, nurses and NHS managers from across Scotland.

Celia Gardiner from NHS Health Scotland introduced the guidance document and we had presentations by three people with experience of delivering smoke-free policies within their hospital culminating with two real-life case studies by Sue Downie, a SMHWG stalwart.

I think the SMHWG reached a real high this year. We can justifiably say that because of the partnership working created by the group bringing ASH Scotland Inequalities Project and Health Scotland staff together with the people working in the hospitals, we've made a real contribution to driving towards a truly smoke-free health service.

The evaluation from the May meeting suggested that people at operational level are still looking for help and support and an opportunity to learn from activity elsewhere, so the SMHWG will continue to work to service that need.

Our other meeting in November was a fantastic collaboration with the Research Group that brought speakers from across the UK. I'll leave that for Susan Kerr to describe...oh and finally...our Case Studies of Quitters (accessed on-line by people up and down the country) have had expert guidance added by Dr Lisa McNally to give extra value to the studies generated last year by the group.

# Youth and Tobacco Forum



## Youth and Tobacco Forum Chair update, Heather Gillespie

The Youth and Tobacco Forum continues to have great support for meetings throughout the year. In September we

held a half day meeting with representatives from local authorities, health boards and the voluntary sector with four video conferencing from Grampian and Western Isles.

The purpose of this meeting was to provide an opportunity for those interested to come together and hear about the DECIPHer ASSIST programme, formally known as ASSIST, A Stop Smoking in Schools Trial. Given the varied level of knowledge and understanding of DECIPHer ASSIST coupled with the interest in delivering this approach in Scotland by some local areas, it was considered important by the STCA Youth and Tobacco Forum to invite Sally Good from DECIPHer-IMPACT to present.

The key opportunities for the roll out of this programme were: delivering a consistent approach in every school and investing in an approach which has demonstrated effectiveness up to two years after the intervention.

However, there were also key barriers raised: the cost of the programme for local boards; the need to fit in with Curriculum

for Excellence; and the varying local priorities, funding sources and issues over the lack of ongoing evaluation processes for those delivering the existing programme.

Feedback from Scottish Government and NHS Health Scotland after this meeting suggested that this programme is not being explored for future deployment at this time and to date, no local area has purchased the licence to deliver in their area.

In February the forum met again with the morning session setting out to explore youth and tobacco resources and approaches in smoking prevention and cessation. The group heard from; Louise Anusus, Senior Health Development Officer, West Dunbartonshire Council on the Curriculum for Excellence resource pack for primary schools. *Trade Winds: Learning About Tobacco, Interdisciplinary Resource* was developed as part of the Equally Well test site in Whitecrock.

Richard Bryce, Senior Learning and Development Worker, Clackmannanshire Council presented on their youth smoking cessation resource and Dr John McAlaney, University of Bradford presented on the Social Norms UK Guidebook: How social norms interventions offer a new evidence based approach to changing behaviour, which particularly focused on young people aged 16 and over.

The afternoon specifically focused on smoking amongst 16 – 24 year olds looking at the national picture for this age group, followed by a presentation by Hazel McGeoch, Youth Employability Trainer,

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Glasgow West Regeneration Agency on her experience of the challenges of working with 16 – 24 year olds who are in a Get Ready for Work programme.

Finally the group discussed local plans for addressing smoking amongst this age group with the biggest concern being the availability of smoking prevention funding to actually pursue work in this area. The discussion focused on key issues we wanted to raise and feed back to the Ministerial Research Group, such as the need:

- to embed smoking prevention within the day to day work of organisations involved with this age group
- to set a realistic time-frame in order to make a mark on this area of work
- for research to be integrated into practical interventions for prevention and accessible youth services in order to produce evidenced, effective interventions.
- to assess how available and accessible services are at the moment to young people across Scotland
- to determine if smoking prevention efforts delivered in high schools are targeted sufficiently at the school-leaving age group – in order to strengthen the resilience of non-smokers during the transition from school to training, employment or further education
- to clearly identify the priority groups amongst 16 – 24 year olds and where they might be reached
- to understand more fully the impact transition has on the uptake of smoking amongst this age group in different settings and to what extent the setting reinforces smoking amongst young people.

Youth and Tobacco Forum members have been contacted recently in order to clarify

their membership status and likely future involvement in the group. Results are being processed but to date this group has provided a good network for members to share practice and learning, explore approaches in smoking prevention and cessation and discuss key issues, which need further action.

The Youth and Tobacco Forum is keen to ensure that more is done to push key areas for action through the Co-ordinating Group. The Forum would like to use the STCA's ability to influence policy and encourage action. This would help support achieving the actions set out in the smoking prevention action plan and improvements to services for young smokers and advocates of smoking abstinence.

# Research Group



**Susan Kerr,  
Chair of the  
Research  
Group**

The STCA Research Group continues to grow in strength and influence and is now a respected forum to canvas opinion on research-related matters for the Scottish Government, NHS Health Scotland and ASH Scotland.

With influential members such as Laurence Gruer, Gerard Hastings, Linda Bauld, Amanda Amos and Jeff Collins, we can look forward to another interesting activity year in 2011/12.

At the Annual Meeting Amanda Amos gave an update on the work of REFRESH: Reducing Children's Exposure to Second-hand Smoke in the Home and Denise Meldrum and Susan Kerr reviewed the work around moving to smoke-free in mental health settings: exploring the knowledge and attitudes of staff.

In November 2011 the Group held a joint meeting with the Smoking and Mental Health Working Group. We explored why people with mental health problems smoke and Lindsay Banham from the Institute of Psychiatry, King's College, London described what is known about the effectiveness of interventions designed to help people with severe mental illness

(SMI) stop smoking and reduce consumption.

Elena Ratschen from the University of Nottingham UK Centre for Tobacco Control Studies, promoted discussion of many of the key issues relating to cessation in a mental healthcare setting and Celia Gardiner described the new guidance from NHS Health Scotland on achieving smoke-free mental health services in Scotland.

The March 2011 meeting was a departure from the traditional topics covered by the Group: transnational corporations – matters of economy, politics, justice and health. It was designed to raise awareness and support for the activity of the Tobacco Production Impact Working Group (TPIWG) set up following the STCA Youth and Tobacco Conference.

Katherine Smith, newly arrived at Edinburgh University from Bath described "Tobacco taxation: complicated, boring, but absolutely vital to the future of the industry and everyone in it" and Nathaniel Wander explored how Norwegian activists used Norway's FCTC and Millennium Development Goal obligations to developing countries to divest the Norwegian Government pension fund of tobacco investments as well as updating on the work of the TPIWG.

For the second year the Research Group gave a platform to PhD students to showcase their work and Neneh Rowa-Dewar based at University of Edinburgh described aspects of her research into the attitudes of children to smoke exposure in the home.

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Allison Ford from the University of Stirling outlined the importance of tobacco packaging to young people while Thomas Tjelta described some of his research into young people's perceptions of and attitudes to illicit tobacco.

Discussions at this meeting have led to further development of ideas to gather evidence of the impact of illicit tobacco on young people by ASH Scotland.

Zainal Abidin from the University of Aberdeen described her work looking at schoolchildren's exposure to second-hand smoke, its association with asthma symptoms and home smoking restrictions in her home country of Malaysia.

The Research Group in 2011/12 is looking at the possibility of a joint meeting with the Cessation in Pregnancy group exploring issues around cessation and home smoke-exposure and at the issue of harm reduction.

As always Research Group members will help with the planning of the Scottish Cessation Conference and be engaged to provide presentations at the event itself..

## *Ideas generated from group evaluation*

*To improve certain meetings; breakout groups to discuss topics in a practice context instead of all presentation style.*

*Ask speakers to present their work with regard to the wider tobacco control or health promotion context so that it becomes more understandable to practitioners.*

*Look for learning across policy issues (alcohol, food, exercise).*

*A future workshop-type seminar: how can researchers engage in advocacy?*

*Perhaps the group could focus on steps that we want to push next; drawing from discussion on plain packaging for example or develop our 'media skills' to advocate for tobacco control?*

*Continue to keep data collection, monitoring and evaluation on the agenda.*

*Joint meetings seem to be working well and it's good to see other aspects of tobacco control, sharing work and integrate workings.*

# Tobacco Control Issues Group

**Following the final local alliances event in February 2011, a number of aspects of the ASH Scotland Local Alliances Project were identified as having merit for continuation.**

They were as follows:

- 'The Link' Newsletter
- mentoring opportunities for people in developing and established alliances
- a degree of coordination of local alliance work at a national level
- local alliance networking events

The STCA Coordinating Group considered these (see final Link Newsletter for greater detail) and authorised the STCA Coordinator to put forward a proposal to accommodate the needs of Local Tobacco Control Alliances into a renewed Tobacco Control Issues Group (TCIG). The Coordinator's recommendations were then circulated to the TCIG and the Local Alliance Project supporters group for further comment. This is the result; a new structure and remit for the TCIG.

**The new TCIG will:**

- provide a link between local and nationally agreed tobacco control strategy
- provide a forum for all aspects of tobacco control and smoking-related health improvement activity with the aim of improving locally agreed strategy implementation through problem solving and information sharing

- have a membership drawn from the existing membership plus individuals from across Scotland who participate in local tobacco control alliance work
- have a steering group of individuals willing to be consulted on TCIG-related issues and activities and willing to commit to several steering group or meetings or teleconferences per year
- provide a register of Advocates willing to be contacted by other members to provide information about their own alliance work
- provide for the representation of local alliance interests by sending representatives to Coordinating Group Meetings
- through the steering group; produce a local alliance web-based newsletter initially in the autumn of each year to which alliances across Scotland may submit articles or updates of activity
- hold three meetings in different parts of Scotland and reflect the work of regional alliances with a fourth taking place within the STCA Annual Meeting..

## **Support from ASH Scotland**

ASH Scotland will provide coordination for TCIG activity through the Alliances Manager and Alliances Administrator and an additional facilitator from ASH Scotland staff.

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ASH Scotland will consider the funding of meetings and travel expenses for meeting presenters on a case by case basis.

The ASH Scotland Information Service will keep the local alliances database of activity up to date with support from STCA contacts in the TCIG.

ASH Scotland will support the compilation of Link Newsletters when required.

Support from TCIG members will be expected to help in the organising of meetings, the communication of news and of events to local alliance colleagues and in the provision of a venue for TCIG meetings.

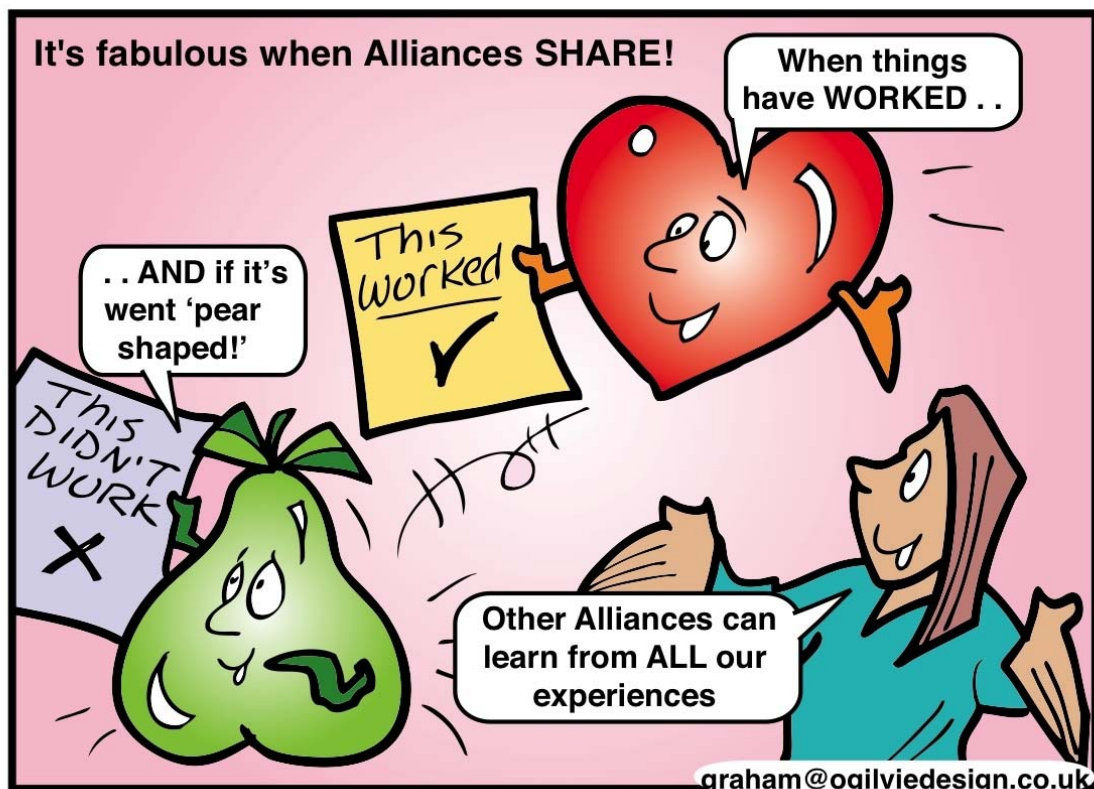
TCIG members will be encouraged to keep the local alliance database of activity up to date and to volunteer their expertise at meetings, on short-life working groups or through email dialogue with colleagues.

## Benefits of the new TCIG

It is hoped that the TCIG will move around Scotland, potentially to areas often unable to send representatives to the previous TCIG in any numbers. This will help to bring tobacco control discussions outwith the central belt and support local alliances more widely.

Local alliances in a region will be able to organise mini-summits through the TCIG in order to share information and discuss cross-border cooperation.

The meeting organisers will be able to bring speakers from other local authority areas, from ASH Scotland, NHS Health Scotland, national charities and the Scottish Government to their event in order to share more widely the expertise that has developed in particular areas such as age-related sales, specialist cessation provision, evaluation, combating illicit tobacco and addressing national policy initiatives.



# STCA meeting and event evaluation

## Topic Group meeting evaluations

2011 was a poor year for attendees completing our evaluation forms in topic group meetings. Could people be getting weary of filling them in? We shall have to improve on meeting evaluations next year!

By considering the responses to the meetings cumulatively we can see that the meetings gave an above 95% satisfaction rating for the meetings overall. Speakers were given 100% satisfaction ratings (with good and excellent the norm). 95% found the meetings very useful or quite useful to their work. 20% were new to the meetings.

The Coordinating Group look at grades and comments after each meeting and the evaluations are provided to Mreps on request.

## The June 2010 Annual Meeting

43 out of 90 attendees completed an electronic survey and expressed near unanimity that the meeting had met its objectives

95% found the event useful (52%) or quite useful

97% found the event to be excellent (41%) or good overall

45% left energised and motivated with the remainder content with the way things went

40% were new to STCA events.

## The September 2010 Scottish Illicit Tobacco Summit

77 delegates attended the summit

70% felt that the event met all of its aims with 30% saying most aims were met

92% agreed or strongly agreed that the summit was useful and relevant to their work

81% found the organisation of the event to be excellent, 19% good

23% of delegates were new to STCA events.

## The March 2011 Smoke-free Homes and Cars Event

87 attended this event

50% rated the event excellent, 45% good

Speakers were considered by 79% to be excellent

Focus groups were considered 59% excellent or good and 35% satisfactory

32% strongly agreed that the event has been successful in updating their knowledge and providing a greater insight into the need to address second-hand smoke exposure in the home, the remainder agreed with this statement

99% strongly agreed or agreed that the event further developed their knowledge of how people may be supported in going smoke-free in their homes and cars.

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34% said they would do things differently as a result of attending the event

6 of the people who took the brief advice training provided by NHS Greater Glasgow Smoke-free Services rated it excellent (3) or good (3).

**The May 2011 Smoking and Mental Health Working Group Seminar on Smoke-free Residential Care.**

Over 60 people attended this seminar planned in partnership with NHS Health Scotland in May to provide information and

discussion of going smoke-free in mental healthcare settings:

41 out of 44 respondents found the event excellent (12) or good overall. 3 found it to be satisfactory

27 out of 44 thought the event was very useful to their work with 15 saying quite useful

The majority of the 66 attendees were new to STCA events

Collection of data on major events was much more successful.

**Changes in STCA membership**

<b>Membership category</b>	<b>2009/10</b>	<b>2010/11</b>
NHS Cessation	34	38
NHS Health Promotion	26	20
Research and Academic	11	11
Health Charity	10	9
Professional Body	8	7
NHS Clinical Practice	6	6
Community Project	6	6
NHS Other	5	6
Network/Alliance	3	3
Local Drug Action Group	3	2
Local Authority Enforcement	3	4
Other	2	1
Local Authority Education	1	1
<b>Total number of MReps</b>	<b>119 (new 17)</b>	<b>114 (new 15)</b>
<b>Advocates</b>	<b>13 (all new)</b>	<b>15 (2 new)</b>
<b>Affiliates</b>		<b>9</b>

# What you said about the STCA

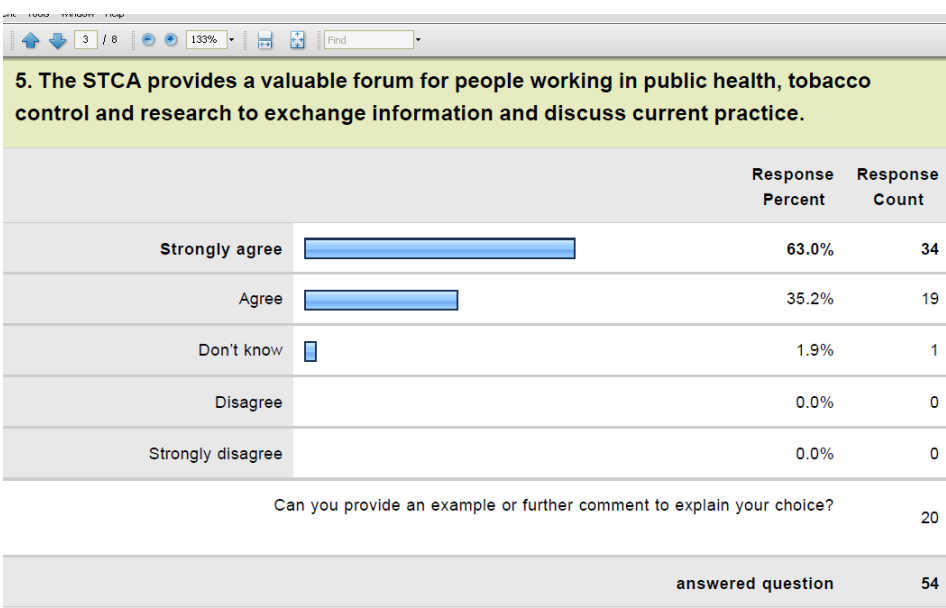
In the weeks following the STCA Annual Meeting, a survey was conducted to determine if the STCA was fulfilling its objectives and obligations to the membership. 56 STCA Advocates took part. Here are some of the findings.

Confronted with the proposition that your line-manager actively supported your involvement in STCA activity 86% of you agreed that they did (35% strongly agreed). This would suggest that the STCA is regarded as fulfilling a useful role in your work and that attendance at meetings is deemed worthy of releasing staff.

91% of you agreed (37% strongly so) that the STCA gives you an accessible means of raising issues that affect your work. That's good because the STCA is supposed to be about tackling the issues that can prevent us being effective.

83% of respondents agreed that the STCA provided important opportunities for professional development. Helping to plan national and regional events and presenting to your peers at a national level certainly ought to support this ascertain.

97% of you who felt able to, agree that topic group meetings are well organised. That is a solid endorsement of the hard work that your STCA colleagues and ASH Scotland facilitators have put in over the year.



If you are interested in seeing the full response to the anonymous survey, praise *and* criticism, please ask for a link to the SurveyMonkey analysis online.

## Keep up to date through meetings, website and topic group emails

The STCA through the Coordinating Group tries to be as open and democratic as possible. The Coordinating Group is elected to represent the views of the broader tobacco control community in Scotland and the group is comprised of:

Viv Binnie, University of Glasgow; Dr Abraham Brown, University of Stirling; Catherine Burke, NHS Lanarkshire; Dr James Cant, British Lung Foundation (Scotland); Helena Connelly, NHS Lothian; Margot Ferguson, West Lothian Drug and Alcohol Service; Celia Gardiner, NHS Health Scotland; Hamid Gazem, South Ayrshire Council; Karen Gray, NHS Greater Glasgow and Clyde; Colin Lumsdaine, NHS Lothian.

Contact the STCA Coordinator for more information: [David.Robertson@ashscotland.org.uk](mailto:David.Robertson@ashscotland.org.uk)