

Charter for a tobacco-free generation:

fact file

Introduction

The Scottish Government announced the goal of achieving 5% adult smoking prevalence by 2034 in the strategy document: Creating a tobacco-free generation¹. There is also a target to reduce the proportion of children exposed to second-hand smoke (SHS) in the home from 12% in 2012 to 6% by 2020.

This Charter supports the achievement of these targets by providing a useful tool to engage those working with children and young families in smoking prevention. It also has potential to be adopted by wider civic society in Scotland. Adults with children, grandchildren, or those who care for young people usually understand the wisdom of protecting them from tobacco and are generally supportive of tobacco control measures designed to achieve this.

The Charter helps organisations to reach out into the community to influence a sub-culture that continues to allow children to be exposed to Second-hand smoke (SHS) and that supports the supply of tobacco to under-eighteens.

The Charter for a Tobacco-Free Generation is built upon that other important Charter: *Protecting Children and Young People*¹. This Charter arose from the UN Convention on the Rights of the Child¹ and has led, in Scotland, to *Getting it right for every child (GIRFEC)*¹ and the *SHANARRI well-being indicators*¹.

Like the Children's Charter, the Charter for a Tobacco-Free Generation seeks to encourage adults to involve children, be responsible for them, and use their power to help them and keep them safe. The table below explains how the Charter may be used to change our tobacco culture from one of permissiveness to one where children are protected.

ASH Scotland provides an information service to inform those working in smoking prevention and has a range of services that can help support people working in the community to further the aims of the Charter.

| Principle 1 | Goal | The need for action | What needs to happen |
|--|--|--|--|
| <p>Every baby should be born free from the harmful effects of tobacco.</p> | <p>Mothers and fathers quitting smoking before conception and avoiding exposure to SHS during pregnancy.</p> | <p>In Scotland over 10,000 mothers are recorded annually as being smokers at their ‘first booking’ with a health professional¹.</p> <p>Inequality link – highest amongst young mothers in disadvantaged communities</p> <p>Smoking harms nearly every organ of the body and affects a person’s overall health, well-being and mortality whilst exposing others to the hazards of second-hand smoke².</p> <p>Tobacco use affects every system involved in the reproductive process³. It harms the health of the mother and unborn child.</p> <p>How tobacco use affects the developing foetus^{4 5}</p> <p>When tobacco burns, it releases about 4,000 chemicals including at least 80 cancer-causing chemicals and hundreds of other poisons⁶. Tobacco use and exposure to second-hand smoke during pregnancy allow a dangerous cocktail of toxins to interfere with normal placental function, reducing uterine blood flow and depriving the fetus of nutrients and oxygen. This can lead to an increased risk of adverse effects including:</p> <ul style="list-style-type: none"> • miscarriage and placental abruption • premature birth • foetal growth restriction • lower birth weight, which may contribute to coronary heart disease, type 2 diabetes, and obesity in adulthood⁷ • stillbirth (20–30% higher likelihood)⁸ • sudden unexpected death in infancy (SUDI) (two-to-five fold increase). Infants of mothers who smoked during pregnancy have more pauses in breathing and have decreased ability to wake up from sleep in response to low oxygen⁹. | <p>Prospective parents can:</p> <ul style="list-style-type: none"> • stop smoking and avoid SHS exposure three months before conception and during pregnancy <p>Friends and family can</p> <ul style="list-style-type: none"> • refrain from smoking around pregnant women – and support those trying to stop smoking <p>Employers can</p> <ul style="list-style-type: none"> • provide health advice as part of their duty of care, support and incentivise quitting <p>Maternity services can</p> <ul style="list-style-type: none"> • ensure they comply with NICE standards for care in pregnancy¹⁰ • provide smoke-free homes guidance as part of antenatal provision* <p>Fertility and sexual health clinics can</p> <ul style="list-style-type: none"> • counsel clients on the risks posed by smoking • refer smokers to NHS Stop Smoking Services <p>Youth work services engaging young people who might become parents can</p> <ul style="list-style-type: none"> • counsel clients on the risks posed by smoking • refer smokers to NHS Stop Smoking Services |

| Principle 2 | Goal | The need for action | What needs to happen |
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| <p>Children have a particular need for a smoke-free environment</p> | <p>Carers ensure that children are not exposed to tobacco smoke when at home.</p> | <p>The need for action</p> <p>Children face the highest level of SHS exposure in the home and they are often unable to remove themselves from smoky environments. With their smaller airways, faster rates of breathing and immature immune systems children, and younger children in particular, are most vulnerable to any adverse health effects¹¹.</p> <p>Exposure to SHS in childhood is associated with a range of illnesses including middle ear disease, lower respiratory tract infection, wheeze, asthma and it also appears to increase the risk of bacterial meningitis¹² SHS exposure has also been shown to be a cause of Sudden Unexpected Death in Infancy (SUDI)^{13 14}.</p> <p>The Royal College of Physicians estimates that, in children in the United Kingdom, SHS exposure causes around 40 sudden infant deaths, over 20,000 cases of lower respiratory tract infection, 120,000 cases of middle ear diseases, at least 22,000 new cases of wheeze and asthma, and 200 cases of bacterial meningitis each year. These cases of disease annually generate over 300,000 GP consultations and around 9,500 hospital admissions in the UK¹⁵.</p> <p>Those who are exposed to SHS on a daily basis, and for many hours, face over three times the risk of lung cancer than those who grow up in smoke-free environments¹⁶.</p> <p>Second-hand smoke exposure may have an effect on receptors in the brain, so increasing vulnerability to smoking and nicotine addiction¹⁷. There is a possibility that exposure to second-hand smoke might also lead to symptoms of nicotine dependence in children who have never smoked, although more research is needed¹⁸.</p> <p>Smoke-free legislation is associated with substantial reductions in preterm births and hospital attendance for asthma¹⁹.</p> | <p>What needs to happen</p> <p>Parents and carers can:</p> <ul style="list-style-type: none"> follow the <i>Take it right outside campaign</i>²⁰; make their home and car smoke-free and ask family and friends not to smoke in the presence of children. <p>Employers can:</p> <ul style="list-style-type: none"> encourage smoke-free homes through their health at work programme ensure that the crèche is not near smoking shelters and that staff are not seen to smoke robustly explain and enforce existing smoke-free legislation to help emphasise the importance of reducing SHS exposure provide support to stop smoking (in-house groups), signpost to local services, provide smoke-free premises and grounds <p>Family support services can:</p> <ul style="list-style-type: none"> embrace smoking cessation referral and smoke-free homes advocacy as part of their support role <p>Baby or toddlers groups can:</p> <ul style="list-style-type: none"> encourage discussion of the impact of second-hand smoke on children ensure that carers do not smoke around collecting areas <p>Nurseries can:</p> <ul style="list-style-type: none"> inform parents of the risks and be advocates for smoke-free homes ensure that staff do not smoke during their working day ensure that carers do not smoke around collecting areas <p>Fostering and adoption services can:</p> <ul style="list-style-type: none"> adopt a comprehensive tobacco policy, working towards a smoke-free environment for every child (template available from ASH Scotland)* |

| Principle 3 | Goal | The need for action | What needs to happen |
|--|--|---|--|
| <p>All children should play, learn and socialise in places that are free from tobacco.</p> | <p>No smoking in indoor and outdoor areas where children play, enjoy food, sport and recreation.</p> | <p>Children growing up with parents or siblings who smoke are around 90% more likely to become smokers themselves²¹. Similarly, though probably less strong, influences on smoking behaviour are likely to result from exposure to smoking outside the home²².</p> <p>Parental smoking contributes to the onset of daily smoking by their teenagers even if parents hold norms against teen tobacco use, and do not involve their children in their own tobacco use²³.</p> | <p>Parents and carers can:</p> <ul style="list-style-type: none"> • make a commitment to stop smoking whilst their children are growing up <p>Local authorities can:</p> <ul style="list-style-type: none"> • robustly explain and enforce existing smoke-free legislation to help emphasise the importance of reducing SHS exposure • develop a responsible approach to personal smoking among staff who work with children • make children's spaces such as swing skate parks and schools smoke-free • ensure carers do not smoke at school and nursery collection points • request comprehensive tobacco policies when licensing events likely to appeal to a young audience* <p>Youth groups can:</p> <ul style="list-style-type: none"> • adopt comprehensive tobacco policies for the services, events, buildings and staff* <p>Child-minders can:</p> <ul style="list-style-type: none"> • provide a smoke-free home, vehicle and garden • explain the benefits to their clients |

| Principle 4 | Goal | The need for action | What needs to happen |
|---|--|---|--|
| <p>Every child has the right to effective education that equips them to make informed positive choices on tobacco and health.</p> | <p>Engaging ways to learn about the harm caused by tobacco and opportunities to pursue healthy choices and advocate for a smoke-free generation.</p> | <p>There are many factors which lead to young people becoming smokers; parental smoking, peer group pressure, a social environment with high smoking incidence, the presence of smoking role models in the media, support or apathy towards smoking by responsible adults, easy access to cigarettes²⁴.</p> <p>Preventing or delaying children from taking up smoking has been shown to reduce the burden of disease in later life and make it more likely that they will not smoke²⁵.</p> <p>A review of the scientific literature²⁶ concludes that there is still not sufficient evidence to be able to recommend any one particular approach as being the most effective in helping young smokers stop for sustained periods of time. Therefore it is best to adopt a range of approaches including peer education and interactive learning using innovative methods.</p> | <p>Parents and carers can:</p> <ul style="list-style-type: none"> • act as positive role models and talk to children about the harm caused by tobacco <p>Local authority education departments can:</p> <ul style="list-style-type: none"> • promote comprehensive tobacco policies for school and community youth work settings • collate and promote teaching resources linked to the Curriculum for Excellence <p>Youth organisations can:</p> <ul style="list-style-type: none"> • integrate tobacco education into their activity programmes • encourage older children to advocate for a healthy lifestyle • champion smoke-free youth and family events <p>Media organisations can:</p> <ul style="list-style-type: none"> • investigate and report on the activities of tobacco companies • run positive stories on quitting and living smoke-free |

| Principle 5 | Goal | The need for action | What needs to happen |
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| <p>All young people should be protected from the commercial interests which profit from recruiting new smokers</p> | <p>Companies prevented from marketing tobacco, portraying smoking as a positive life-choice or undermining public health campaigns and regulations.</p> | <p>The tobacco manufacturers are part of a multi-billion dollar industry which uses its influence to deliberately obstruct efforts to regulate or restrict the supply and promotion of tobacco²⁷.</p> <p>Exposure to pro-tobacco marketing and media increases the odds of youth holding positive attitudes toward tobacco use and more than doubles the odds of initiating tobacco use²⁸.</p> | <p>Tobacco retailers can:</p> <ul style="list-style-type: none"> • demonstrate social responsibility by enforcing age related sales regulations and other tobacco control measures as part of a responsible business model • actively plan to diversify to less harmful products • make stop smoking support information available <p>Parents and carers can:</p> <ul style="list-style-type: none"> • exercise caution by delaying exposure to films and media that portray smoking. <p>Local authorities can:</p> <ul style="list-style-type: none"> • enlist the support of retailers to reduce the age of smoking initiation • ensure a robust trading standards response to underage tobacco sales and other breaches of legislation • protect all public health activity from tobacco industry interests* <p>Schools and youth organisations can:</p> <ul style="list-style-type: none"> • work with trading standards to reduce supply of tobacco to children by adults* • work with young people to prevent the illicit sale of tobacco* <p>Public sector pension funds can:</p> <ul style="list-style-type: none"> • disinvest from tobacco stocks |

| Principle 6 | Goal | The need for action | What needs to happen |
|--|--|---|--|
| <p>Any young person who smokes should be offered tailored support to help them become tobacco-free</p> | <p>Caring advice and effective help when needed, to aid young people quitting smoking.</p> | <p>Most smokers in the UK start smoking before they reach the legal age of sale for tobacco of 18²⁹ with early uptake being associated with future heavier smoking and poorer health outcomes³⁰.</p> <p>69% of smokers – around 700,000 people - in Scotland want to quit³¹.</p> <p>Cigarettes kill half of lifelong regular smokers, and of those an average of 22 years life expectancy will be lost³².</p> | <p>Health boards can:</p> <ul style="list-style-type: none"> • provide prevention interventions targeted at young people* • provide accessible cessation services <p>Local authorities can:</p> <ul style="list-style-type: none"> • train staff working with children to refer smokers to services and avoid unnecessarily penalising young people addicted to tobacco <p>Schools can:</p> <ul style="list-style-type: none"> • encourage reporting of retailers who sell tobacco to those who are under-age <p>Addiction services providers can:</p> <ul style="list-style-type: none"> • provide a holistic service which recognises the benefits of helping young people to quit smoking. <p>Youth work organisations can:</p> <ul style="list-style-type: none"> • provide accessible smoking cessation services and prevention interventions on behalf of health boards* • train staff to refer young people to local services* |

*You can ask [ASH Scotland](#) to provide guidance and support where you see the star.

References

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