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working for a tobacco-free Scotland

A report by
ASH Scotland
September

2010

State of the nation:
Measuring progress towards a tobacco-free Scotland

Contents

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Introduction

Tobacco control has been a real success story in Scotland since devolution. Successive Scottish governments have recognised the importance of tackling Scotland's woeful public health record, and the urgent need to reduce smoking rates and exposure to second-hand smoke for better health. We now have excellent legislation to end smoking in public places, world class stop-smoking services, and a range of important work to reduce youth smoking uptake. Policy makers should be congratulated for taking some courageous decisions to tackle smoking and for pursuing policies that will pay dividends in the long term. We will continue to see the benefits to health and to the economy in the years to come.

Nonetheless, we have a costly legacy of ill health after centuries of high tobacco use. Tobacco remains the single largest preventable cause of death in Scotland and a key driver of health inequalities. Smoking is higher in Scotland than in the rest of the UK, and in our poorest areas, almost half of adults are smokers.

As we look towards the fourth Scottish Parliament, this report reviews key targets set by government in working towards a tobacco-free society. Using the same format as the government's 'Scotland Performs'[1] assessments, it shows what we have achieved, and what more there is to do.

Reducing smoking will improve our economic position as well as our health. However, further progress will only be possible through co-ordinated partnership working at both local and national levels. ASH Scotland stands ready to play our part.

Sheila Duffy
Chief Executive, ASH Scotland

Youth smoking in Scotland

performance positive for younger teenagers

performance concerning for young adults – no positive trend

Youth smoking is reducing. After reaching a peak of 30% in 1996, in 2008 15% of 15 year olds reported smoking regularly[2]. In the same year, 4% of 13 year olds reported smoking regularly. A real success noted in 2008 is that for the first time ever, the majority (51%) of Scottish 15 year olds reported never having tried a cigarette.

Smoking in Scotland:
annual in-flows and out-flows, 2005-2006

Concerns had been raised at smoking rates for girls, which seemed impossible to shift much below 25% between 1982 and 2004. However, recent surveys show an improvement, and in 2008 16% of 15 year old girls and 4% of 13 year old girls reported smoking regularly, compared with 14% and 3% of boys respectively[3].

In young adults, the picture is mixed. Looking at the 16-24 age bracket, in 2008 28% were regular smokers[4]. Smoking rates in this age group fell between 1999 and 2004, but then climbed again in 2007[5]. 30% of young adult smokers were not in education, employment or training in 2006[6]. Stop-smoking services often find it hard to engage young smokers, and population-level targets do not always support this work.

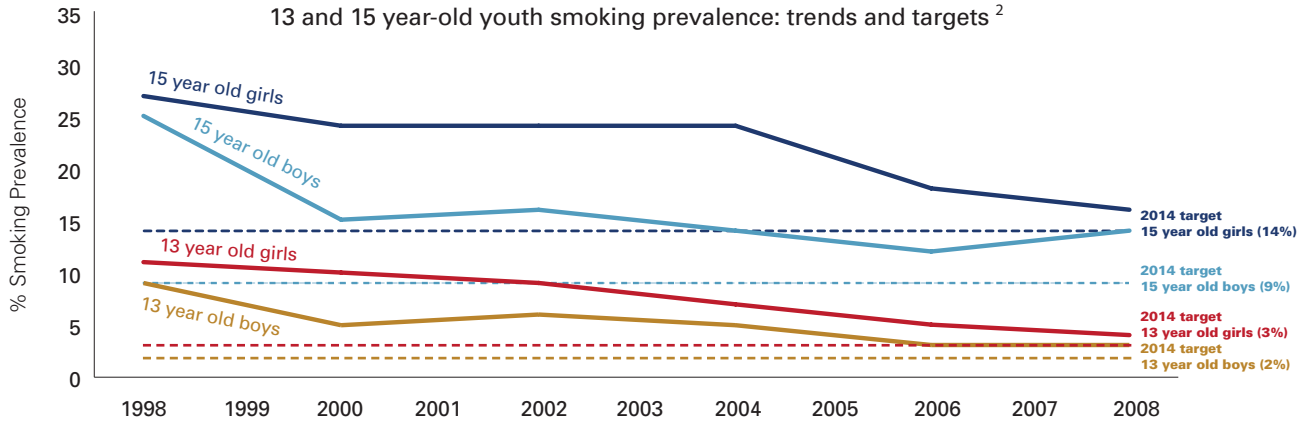
In 2008, the Scottish Government produced Scotland's Future is Smoke-free: *a smoking prevention action plan*[7]. This plan sets out 27 actions to reduce the attractiveness, availability and affordability of tobacco products to young people. Many of these actions are currently being implemented, including new legislation to ban in-store tobacco displays and sales from tobacco vending machines and to improve enforcement of age-related sales laws.

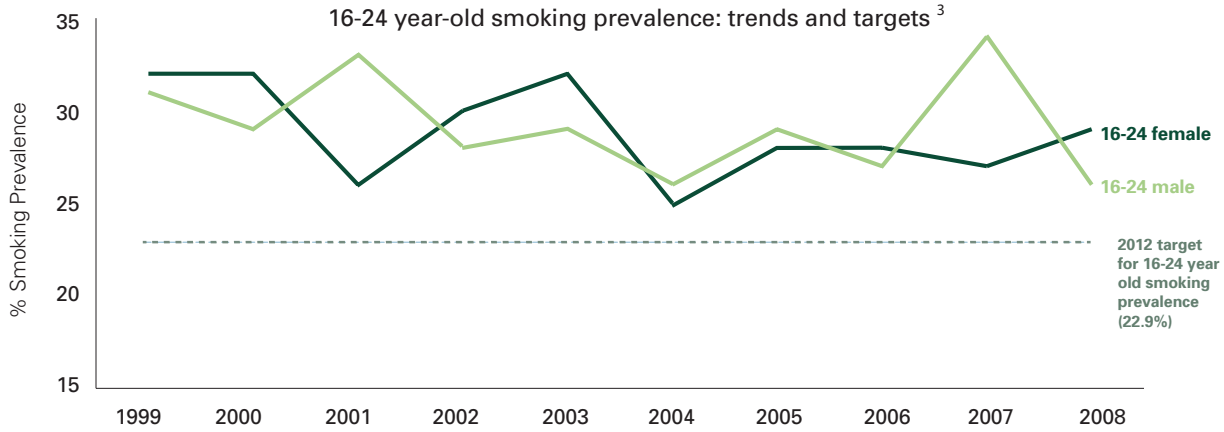
The action plan also set new targets for youth smoking prevalence. These aim to reduce smoking rates for 13 year old girls to 3% and boys to 2% by 2014. To reduce smoking rates for 15 year old girls to 14% and boys to 9% by 2014. And – particularly challenging – to reduce the smoking prevalence among 16-24 year olds to 22.9% in 2012.

Underpinning these targets, work to implement the action plan is being carried forward by local authorities

and health boards, resourced with a £3 million annual funding allocation until 2011. Trading Standards in particular have been tasked with achieving quantitative outcomes to improve compliance with tobacco sales laws by local retailers, and to work with HM Revenue and Customs to reduce access to illicit and smuggled tobacco[8]. At the time of writing, we await the delayed publication of a progress report for 2009. Early indications show that while many local authorities have met or exceeded their targets, others have invested little of the funding into their enforcement services and several will not achieve the outcomes required.

In 2008 for the first time ever, the majority **(51%)** of Scottish 15 year olds reported never having tried a cigarette





Adult smoking in Scotland

slow improvement, unlikely to reach target

Smoking remains comparatively high in Scotland. Although we have achieved significant progress in reducing smoking rates (from 47% in 1972 to 25.2% today[9]), more than a million adults still smoke.

69% of smokers say they would like to stop smoking completely[10]. However only 34% of smokers say they have received an offer of support to quit[11].

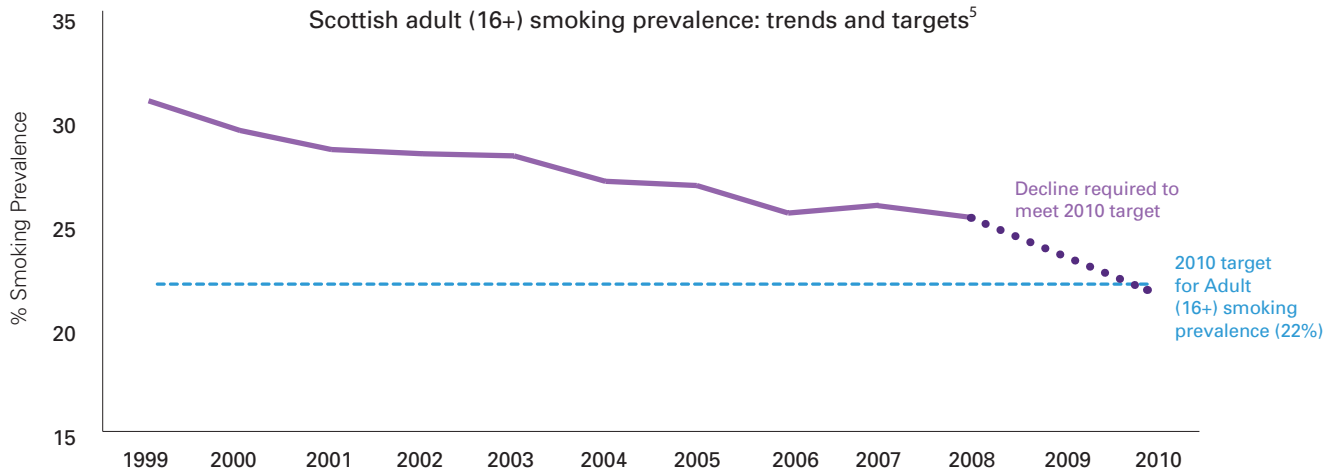
During the 2007 spending review, the Scottish Government reiterated its commitment to reducing adult smoking prevalence to 22% by 2010. This target became a national indicator enshrined within the national performance framework[12].

Data from the Scottish Household Survey is used to measure progress towards this target. As we await 2010 data, although we cannot judge whether the target has been met, we can speculate that it is unlikely, based upon recent trends.

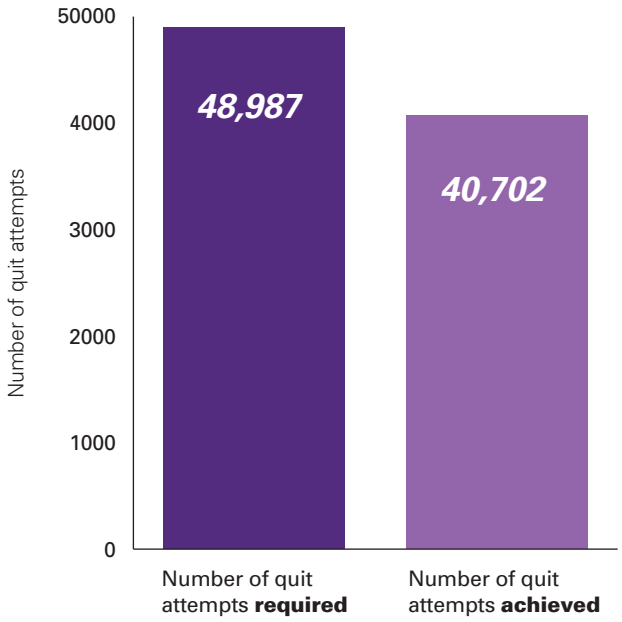
To help reduce adult smoking, health boards are provided with £11 million per annum in the current spending round to deliver specialist smoking cessation services. In addition, around £3 million is provided to community pharmacies to deliver smoking cessation support.

Each health board has a target to support 8% of its population of smokers to quit (measured one month after setting a quit date) between 2008 -11[13]. Data is published by the Scottish Public Health Observatory (ScotPHO) annually. At this stage, although some boards are clearly set to meet the target, a number are unlikely to achieve this.

Concerns have been expressed that the target is particularly hard to reach for services set in deprived



Self-reported one month quits required by Scottish smoking cessation services to meet the HEAT 6 target, and those actually achieved. (21 months, April 2008 to end December 2009)[38]



smoking rates reduced from **47%** in 1972 to **25.2%** today

and rural areas, and that the target may contribute to widening health inequalities. However it must be acknowledged that the target has ensured that stop-smoking services are resourced and prioritised by health boards to a greater extent than might otherwise have been the case.

To achieve these targets equitably, it is essential that all those working locally with smokers are able to raise the issue and signpost to local services. Not only GPs, secondary care staff and nurses but also youth workers and teachers, fire and rescue officers, housing and benefits officers, social work staff and voluntary sector staff have a role to play. For this reason, it is concerning that only eight out of 32 local community planning partnerships had translated the national target above into a locally appropriate target in their 2009 single outcome agreements[14].

Smoking and poverty

No targets set, and progress cannot be measured

Smoking and poverty are clearly linked. In the most deprived 10% of areas, smoking rates were 45% in 2008, while in the least deprived areas rates were as low as 11%[15]. Although we should be proud of the fall in smoking rates across Scotland, it is shocking that in many deprived areas, levels of smoking are as high now as they were in the general population in the early 1970s. Smoking remains a major contributor to the low life expectancy in deprived areas.

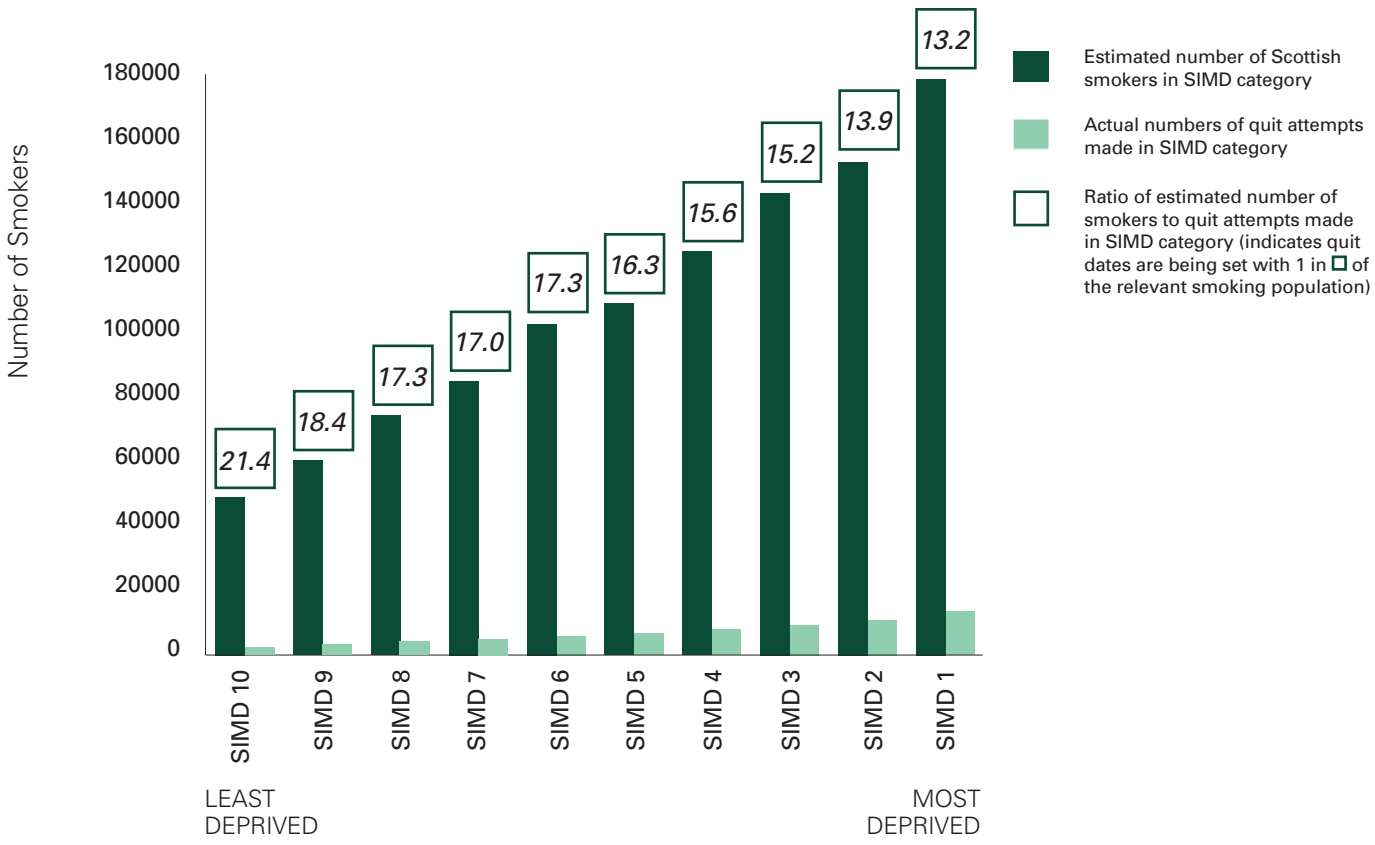
Within the NHS Greater Glasgow & Clyde area, where smoking is highest in Scotland, 34% of all deaths in the 35 to 69 age group are attributed to smoking[16]. The government's health inequalities action plan, *Equally Well*[17], includes a test site taking a comprehensive approach to tobacco control in part of Clydebank, to try and tackle this deep-rooted problem.

It is important to note that smoking leads to lower life expectancy, regardless of social class. The recent 28 year Renfrew/Paisley MIDSPAN study[18] of over 15,000 men and women shows that people who have never smoked have much better survival rates than smokers in all social positions. Essentially, smoking is a greater source of health inequality than social class.

In 2004 the Scottish Government set a target to reduce the smoking rate for adults aged 16 and over in the most deprived areas from 37.3 per cent in 2004 to 33.2 per cent in 2008[19]. This target was superseded by the general adult smoking prevalence target in 2007 and has not been reported against.

Smoking rates are **45%** in the most deprived areas and as low as **11%** in the least deprived

Number of quit attempts made in 2009 by SIMD deprivation decile compared to estimated number of Scottish smokers[39]



The best available analysis of the reach of stop-smoking services in Scotland is published in a MSc dissertation[20] using 2007 figures. Its findings show that Scottish services appear to be reaching into deprived communities. Smokers living in the most deprived areas are less likely to succeed in quitting than wealthier smokers. However, as greater numbers of smokers in poor areas access services, numerically there are more successful quitters in poor areas than in wealthy areas. Further research and progress reporting would be helpful.

Smoking in particular groups

No targets set, and progress cannot be measured

Too little is known about tobacco use in different groups of the population in Scotland, making it difficult to track progress or to target services appropriately. Estimates show that smoking rates are significantly higher in the most deprived and excluded groups of people, for example homeless young people (94%), prisoners (79%) and care leavers (67%)[21]. In this section we focus on just some under-served groups.

Tobacco and ethnicity

We do not know the prevalence of tobacco use in minority ethnic groups in Scotland with any confidence due to small survey sample sizes. In addition, standard surveys may not capture all forms of tobacco use, partly due to under-reporting and also because they ignore oral tobacco which is used more commonly by some south Asian communities.

English survey data[22] shows significant differences in smoking rates between different ethnic groups, by gender, and over time. There are higher rates of smoking among Bangladeshi and Pakistani men than in the general population, for example, and lower rates among Chinese and Indian men. Smoking rates for women in all visible minority ethnic groups are generally significantly lower than for the wider population. It is likely that similar patterns exist in Scotland, but better evidence would be helpful, including for new migrant populations.

Tobacco and mental health

We know a little about levels of smoking among mental health service users. Smoking rates within this group are shockingly high: 70% of people in mental health inpatient units smoke[23]. Smokers with mental health problems also tend to smoke more heavily and be more dependent[24].

In March 2010 the Scottish Government announced after consultation that, rather than ending the exemption to the smoke-free law for residential mental health care settings, as England, Wales and Northern Ireland had done, it would develop guidance to support the move towards smoke-free services[25]. ASH Scotland has called for this guidance to include a clear baseline against which progress can be measured.

70% of people in mental health inpatient units smoke

Betel quid ingredients

Tobacco and sexual orientation

We do not know enough about the prevalence of smoking in the lesbian, gay, bisexual and transgender (LGBT) community. Evidence suggests that lesbian women, gay men and bisexual people are more likely to smoke than their heterosexual peers[26]. Smoking rates for transgender people are unknown, reflecting a wider lack of knowledge about this group and their health needs. Only one community-led group which offers a stop-smoking service specifically to the LGBT community is known to exist in Scotland.

A report published by Partnership Action on Tobacco and Health (PATH) in July 2010[27] reviewed the available evidence and provided new survey findings. The report made a range of recommendations to improve data collection, access to services and support for LGBT people who wish to quit smoking.

Chewing tobacco products

Smoking in pregnancy

Target met

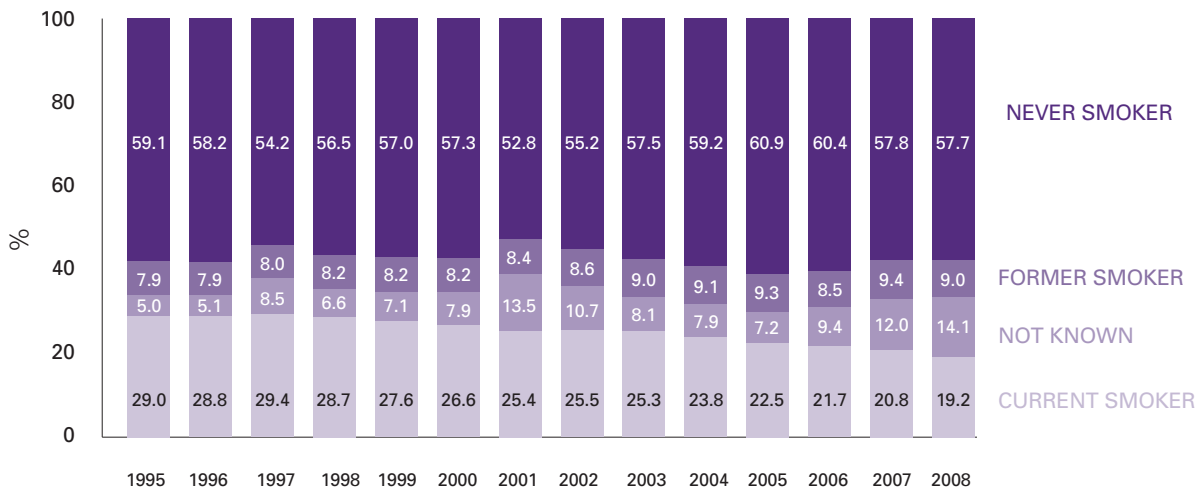
The reduction in smoking among pregnant women is a relative success story. The Scottish Government target is to reduce the percentage of pregnant women who smoke from 29% in 1995 to 20% by 2010. This target was met in 2008, with 19.2% of pregnant women recorded as smokers at their booking appointment[28].

However, smoking in pregnancy is significantly higher in deprived areas[29]. The target above masks the fact that only 6.7% of pregnant women living in the least deprived areas were recorded as smoking, compared with 30% of pregnant women in the most deprived areas. Young mums are much more likely to smoke during pregnancy; 38% of pregnant women aged under 20 were current smokers at booking, compared with 13% of pregnant women in their 30's.

Many health boards place a particular priority on supporting pregnant women to quit smoking, for their own health and for their baby. However, quit rates among pregnant women are not high – only 3% of those recorded as smokers at booking are able to give up[30]. Recent guidance from NICE makes a range of evidence-based recommendations for services supporting pregnant women and their families to stop smoking[31]; this guidance is being incorporated into the updated *Scottish Guide to smoking cessation* which will be published shortly.

A project in Tayside – *give it up for baby* – offering pregnant women an incentive in the form of shopping vouchers if they remain smoke-free[32], may be a promising model. An additional model of incentives is about to be trialled in Glasgow, meaning that we should soon have a range of good evidence on the effectiveness of this approach.

Smoking in pregnancy: smoking status at booking in Scotland, 1995 - 2008[28]



Support for tobacco control

Tobacco control is popular. In a recent opinion poll of 1206 adults carried out for ASH Scotland by YouGov, recent tobacco legislation gained very high support[33]. The top five measures most supported by respondents include measures that have been or are due to be introduced in Scotland. Smokers too support important tobacco control steps and for the most part agree with non-smokers on which measures are important for Scotland.

Scotland's smoke-free public places continue to have extremely strong public support, four years since the legislation was introduced. At the same time, the evaluation of the impact of the legislation[34] shows it has had an overwhelmingly positive effect. The law remains a key piece of legislation, of which the Scottish Parliament can be rightly proud. It is perhaps unfortunate that statistics on enforcement and compliance are no longer routinely published.

A policy of increasing the price of tobacco products faster than the rate of inflation is much more strongly supported by non-smokers (68%) than by smokers (14%). However, it is estimated that tobacco use, as well as placing a significant burden on household finances, creates an annual £837 million bill for the Scottish economy[35].

Meanwhile, Imperial Tobacco – just one of the big four multinational tobacco companies, and owner of the biggest selling brand in Scotland[36]– reported global sales of £13.4 billion and pre-tax profits of £974 million in just six months of 2009/10[37].

Most supported tobacco control measures in 2010 (all adults n=1,206; smokers n=221)[33]

Conclusions

Tobacco control works. A decade of focussed funding and target-setting has made a significant difference to smoking rates among adults, young people and pregnant women. Clearly, not all targets will be met, and we need to do much more to reach smokers and support them to quit in the long term.

Scottish targets have helped to ensure that funding and infrastructure are directed to where they can make most difference. This important work must continue – tobacco control is clearly cost-effective. New targets need to be set, and while it is important that they are clear, ambitious and encourage public bodies to prioritise tobacco issues, it is also important that they better address health inequalities. We need to know more about different groups of people and their use of tobacco, so that we can effectively measure success.

Partnership working is essential. Although most funding and target delivery has been channelled through the NHS, others including local authorities, education bodies and voluntary organisations also have a huge part to play.

A comprehensive and co-ordinated approach is needed to make a real difference to the areas where progress is difficult, with ongoing investment in innovation and reach of services as well as communication messages that support smoking cessation and prevention. To achieve this, we must have a refreshed and ambitious Scottish tobacco control strategy, and we must continue to press the UK government to lead on tobacco industry regulation.

The responsibility for Scotland's tobacco epidemic rests squarely with the tobacco industry, which continues to seek to delay, dilute and derail effective tobacco control measures and to leverage influence directly and indirectly. However the responsibility for ending the tobacco epidemic is urgent and must be shared.

The responsibility for ending the tobacco epidemic is urgent and must be shared

Scotland remains a world leader in tobacco control, but we cannot rest on our laurels.

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All data included in this report is accurate, to the best of our knowledge, at June 2010.

With thanks to all our partners in the academic and practitioner communities who commented on early drafts of this report. All opinions expressed are those of ASH Scotland.

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Email your enquiries on tobacco and smoking to the ASH Scotland Information Service: **enquiries@ashscotland.org.uk**

Visit Tobacco Information Scotland: your national gateway to tobacco control information: **www.tobaccoinscotland.org.uk**

You can support our work by becoming a Smoke-free Supporter or donate to us securely online at:
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