



working for a tobacco-free Scotland

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Beyond
Smoke-
free

Recommendations for
a **Scottish tobacco**
control strategy

This document offers recommendations for a new Scottish tobacco control strategy. It sets out what we must do now as a nation to tackle the health inequalities which are fed by smoking. The recommendations have been developed by ASH Scotland, funded by Cancer Research UK, working with an advisory group of experts involving academics, tobacco control practitioners and NHS representatives, and in consultation with smoking cessation and prevention practitioners, service users, young people and others.



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Reducing tobacco-related harm in Scotland

Scotland has achieved real success in reducing the harm caused by tobacco. We are recognised as a world leader, with smoke-free public places and excellent local stop-smoking services. We are the only UK nation to have taken a high-level focus on youth smoking prevention.

In 1999, almost 31% of Scottish adults smoked. Through coordinated action across the public and voluntary sectors, with dedicated funding, that figure was reduced to 24% in 2009¹. Tobacco control works. However, it is now six years since the publication of *'A Breath of Fresh Air for Scotland'*², the first tobacco control action plan. It was warmly welcomed for its comprehensive programme of action, expansion of cessation services, and its specific targets to reduce smoking prevalence amongst adults, young people, and pregnant women by 2010.

Since its publication, major steps have been taken. We have seen the benefits of the smoke-free law, smoking rates reduce and NHS cessation support increase, a major prevention programme put in place and updated tobacco sales laws. The 20 actions outlined in *'A Breath of Fresh Air for Scotland'* have now been reached, superseded, or surpassed.

It is time for a **new, comprehensive and evidence-based tobacco control strategy**, taking stock of how far we have come, and setting a clear agenda for the next five years.

Despite these advances, smoking remains Scotland's biggest preventable killer, costing the Scottish economy £837 million each year³ and the NHS in Scotland more than £409 million each year⁴. The highest smoking rates



and lowest quit rates are concentrated within our poorest communities. Latest figures show smoking prevalence is 43% in the most deprived areas compared with 9% in the least deprived¹. The effect of smoking on health inequality is profound; a recent study of fifteen thousand Scots living in Renfrew and Paisley found that smoking had a greater influence on mortality than social class⁵.

69% of adult smokers in Scotland want to quit³, and they need a supportive environment to do so. It is time for a new, comprehensive and evidence-based tobacco control strategy, taking stock of how far we have come, and setting a clear agenda for the next five years.

This document offers recommendations for a new Scottish tobacco control strategy. It sets out what we must do now as a nation to tackle the health inequalities which are fed by smoking. The recommendations have been developed by ASH Scotland, funded by Cancer Research UK, working with an advisory group of experts involving academics, tobacco control practitioners and NHS representatives, and in consultation with smoking cessation and prevention practitioners, service users, young people and others. Additional information on the rationale for including each recommendation, and the accompanying evidence base is available from www.ashscotland.org.uk.

1. Prevention

THE AIM: to continue to reduce significantly the number of young people who start smoking within all communities in Scotland.

15,000 young people³ take up smoking in Scotland each year. The Scottish Government's smoking prevention action plan 'Scotland's future is smoke-free' has been recognised as an excellent model. It must be fully implemented over the coming years, within the context of a holistic tobacco control strategy.

SHORT TERM

- Supported by new funding, health boards, voluntary groups and local authorities have begun to prioritise youth smoking prevention and involving young people in this work. We must keep up the momentum to enable:
 - continued youth involvement in the development of smoking prevention initiatives
 - meeting existing targets and developing robust new targets to reduce smoking prevalence in young people post-2014
 - effective prevention work to be embedded and resourced at local level.
- New Scottish legislation⁶ will make tobacco less attractive and accessible to young people. Government resources must be committed to enforce, evaluate and maintain tobacco control laws.
- Illicit tobacco is blighting communities, and criminals don't ask for proof of age. We must develop Scottish targets to reduce illicit tobacco. We need a fully-resourced multi-agency Scottish strategy to tackle illicit tobacco, aimed at reducing supply and demand.
- It's essential that young people learn about the dangers of tobacco. We must ensure that tobacco control continues to be well represented in the Curriculum for Excellence.

MEDIUM TERM

- Tobacco companies spend millions to make their products attractive to new customers. We must work to reduce the visibility of tobacco and positive imagery associated with its use in Scotland, including calling for a UK law to require standardised, unbranded packaging of tobacco products.
- We should assess the feasibility of channelling the monies recovered from the proceeds of criminal tobacco smuggling/distribution to go directly to youth smoking prevention activities at community level.
- We should explore options for introducing a positive award or incentives scheme for retailers who choose not to sell tobacco.

In the long term...

we need to significantly reduce both supply of and demand for tobacco in our communities. Tobacco is uniquely dangerous. It is not a normal product and should not be sold as such.

We must work to **reduce the visibility** of tobacco and positive imagery associated with its use including calling for **standardised, unbranded packaging** of tobacco products.



2. Cessation

THE AIM: to support even greater numbers of smokers to quit.

In 2009, 30,000 fewer Scots were smoking compared with 2008¹. Nearly 70,000 quit dates were set with the NHS, with more than a third succeeding at four weeks⁷. However, we are still unlikely to meet our national performance target of reducing smoking prevalence to 22% by 2010. People living in our most deprived areas are still far more likely to smoke, and less likely to succeed in quitting. We must build on the excellent work achieved over the past decade and ensure that we create a supportive environment for smokers who want to quit. We must increase the momentum by ensuring an adequate profile and resources for Scottish stop-smoking services.

SHORT TERM

- Stop-smoking services are both effective and cost-effective, but more can be done to close the health inequalities gap. We need to develop a wider variety of evidence-based approaches to smoking cessation with all service users. We must monitor the use of incentive schemes and consider additional approaches to measure successful outcomes alongside traditional four-week quit rates.
- We know that some people find services hard to access. We must learn from effective approaches to working with 'hard to reach' groups, and ensure that stop-smoking services are available, accessible and successful in engaging with people.
- We need to develop and implement quality standards for Scottish stop-smoking services, evaluating gaps in current training provision, and developing new training packages where appropriate.
- We need evidence-based social marketing campaigns which tie in to local work, to highlight the dangers of taking up smoking at any age and the benefits of quitting.
- Smoking is a major driver of health inequalities and cannot be tackled in isolation. We need to ensure that all relevant Government health and social policies consider the impact of tobacco within communities.
- We must encourage the UK Government to replace the current information on tobacco products about tar and nicotine emissions with more effective standardised communications about harm, and the benefits of stopping tobacco use.
- As part of a package of measures to support smokers to quit, price is an important tool. We must encourage the UK Government to increase tobacco duty to cover the cost of smoking by 5% each year, and produce a budget-by-budget review of impacts.

MEDIUM TERM

- Many more professionals within health and community services could raise the issue of smoking with their clients. We need to develop routine stop-smoking advice and referral procedures in all services that discuss health issues with service users.
- We need to ensure that all health professionals in Scotland are equipped during their initial training to give brief advice on tobacco use and refer service users to stop-smoking services where appropriate.
- Smoking cessation is a dynamic field and new methods are being tested every year. We must continue to ensure that services are supported to integrate new evidence-based developments in treatments into their work.

In the long term...

we need the price of tobacco products to reflect the costs of tobacco use to the Scottish economy. This would mean significantly increasing the price of hand-rolling tobacco through the tax system, and considering prohibiting tax and duty-free tobacco products in the UK.

We must learn from effective approaches to working with **'hard to reach' groups**, and ensure that stop-smoking services are **available, accessible and successful** in engaging with people.



3. Reducing exposure to second-hand smoke

The aim: to continue to reduce significantly the number of people who are exposed to second-hand smoke across all communities in Scotland.

Scotland's smoke-free law has made an important difference both to our health and to our understanding of the effects of second-hand smoke. There is huge public support for the law, and for initiatives to reduce second-hand smoke exposure in homes and cars. Although children's exposure has reduced, 27% of primary school children reported being exposed to smoke in their own home in 2007⁸. Children from the poorest backgrounds are most likely to be at risk.

SHORT TERM

- We must ensure that the smoke-free law continues to be enforced effectively. We need to explore the best way to extend smoke-free provision to cover areas currently exempt by law (mental health settings, prisons).
- We need effective social marketing campaigns which link into local initiatives on the dangers of smoking in the home and in vehicles.
- We must develop and evaluate new interventions to reduce smoking in the home in Scotland, and train relevant professionals to deliver these.
- We need a consultation on introducing legislation to ban smoking in vehicles.
- We must develop robust intermediate and endpoint targets to reduce second-hand smoke exposure in the home and in vehicles, in order to support awareness raising work and work in communities.

MEDIUM TERM

- We must ensure that all Scottish health and education services have smoke-free grounds.
- We need to be realistic about the difficulties some people have. We must promote effective harm reduction strategies, including the use of nicotine replacement for temporary abstinence, to protect children from exposure to second-hand smoke in the home.

In the long term...

we must consider further evidence-based measures to protect people from second-hand smoke.

We must **develop robust intermediate and endpoint targets to reduce second-hand smoke exposure** in the home and in vehicles, in order to support awareness raising work and work in communities.



4. Government, society and industry

The aim: to continue to reduce significantly the harm caused by tobacco across all communities in Scotland.

To achieve the aims set out above, we need the right targets, policies and funding mechanisms in place. A relatively small investment in tobacco control has returned a real public health dividend over the past decade. We have developed important partnerships and learned lessons which are useful far beyond our borders.

While the responsibility for our nation's health must be shared, the responsibility for tobacco harm rests squarely with the tobacco industry. Imperial Tobacco – just one of the big four multinational tobacco companies, and owner of the biggest selling brand in Scotland⁹ – reported pre-tax profits of £974 million in just six months of 2009/10¹⁰. The industry must be held more accountable for its activities.

SHORT TERM

- We need a comprehensive equality-proofed national tobacco control strategy with clear goals, challenging targets, a robust evaluation programme, and a research strategy to underpin key areas of work in progress (including work on health inequalities, tobacco and cannabis, and harm reduction).
- We must ensure that every local area in Scotland has a comprehensive multi-agency tobacco control strategy.
- We must have committed Government funding to sustain national tobacco control coordinating mechanisms and enhance the effectiveness of ongoing tobacco control partnership work in Scotland, ensuring the full involvement of service users, members of the public, practitioners and other stakeholders.
- Through the UK, we are signed up to implement the international Framework Convention on Tobacco Control (FCTC). The Scottish Government should provide leadership through transparent reporting on Scotland's progress, and through committing to publish information about all contacts with the tobacco industry or its vested interests as required under Article 5.3 of the FCTC.
- 4 in 10 fire deaths are attributed to smoking materials¹¹. Standards are being developed for fire safer cigarettes to be available throughout the European Union from 2011. We need to support speedy progress, while ensuring that fire safer cigarettes do not provide an opportunity for the tobacco industry to influence health policy or increase its customer base.



We must ensure that every local area in Scotland has a **comprehensive multi-agency tobacco control strategy.**

MEDIUM TERM

- We need the Scottish Government to continue to influence UK level tobacco control issues, and to report on what it is doing to encourage speedy progress on vital reserved matters.
- We must encourage the UK Government to establish regulation of tobacco that is commensurate with the level of harm caused and to regulate all aspects of promotion, marketing, information provision, packaging and sale.
- We must encourage the UK Government to increase tobacco industry accountability by requiring better reporting on tobacco ingredients and marketing, promotions, lobbying spend and tax deductions.
- Through Scotland's relationships with Malawi and other tobacco-growing countries, we must seek higher standards of tobacco industry accountability for the conditions of growers and workers. We must use our international development funds and trade links to support producer countries to move away from dependency on tobacco growing.

In the long term...

we need to ensure that tobacco companies are more accountable for the impacts of their industry, including the possibility of channelling a proportion of tobacco industry profits back into tobacco control activities.

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