Margot Ferguson Chair of the STCA Coordinating Group

For the first time as Chair, Margot Ferguson, General Manager of West Lothian Drug and Alcohol Service welcomed delegates to the 2012 Annual Meeting. This is an edited transcript of her address:

‘I’d like to start by relating some of my own experience of STCA activity this year. Back in September I was asked up to a Tobacco Control Issues Group in Aberdeen to describe a successful primary school based smoke-free homes project that led to over 600 families pledging to go smoke-free in a year in West Lothian.

The meeting was designed to help local Alliances in Grampian raise their profile.

Derek Petrie provided a sneak preview of plans for a local tobacco control strategy and since the meeting attracted along a couple of Aberdeen City Councillors I believe it gave him a bit of a boost in terms of getting tobacco control on to the CHP agenda in a more meaningful way.

News of how other areas were tackling illicit tobacco prompted David Frances from Aberdeen Trading Standards to return to base and start an Aberdeen initiative.

(Continued on page 2)
The Aberdeen TCIG was followed in March by a larger event that re-launched the Angus Local Alliance using illicit tobacco as its focus. In fact Brian Smith from Angus Trading Standards, with STCA support, brought David Wiggins from the North of England Tackling Illicit Tobacco for Better Health Programme up from Manchester and created useful TV and local press attention….helped to be fair by the presence of Stirling Council’s tobacco sniffing dog!
My involvement continued with the planning and staging of a Tobacco and Substances event that brought over 60 people from cessation, addiction and drug and alcohol services together to talk about closer working and improving support for poly-substance users. The finished report from the event is on our website.

As you might expect it proved difficult to get people from addictions services to attend the event because (and this was the point of organising the event) many addictions worker’s do not consider their clients smoking to be a priority. However, we did have a really good response for the event planning group with representation from SDF, the Salvation Army, Addaction, Aberdeen Foyer, Edinburgh and Glasgow based addictions services as well as STCA member organisations: Roy Castle Lung Cancer Foundation, British Lung Foundation, and NHS Health Scotland.

As a legacy of the event we have a report that draws attention to the benefits and efficacy of providing cessation support to poly-drug users and a number of policy and practical suggestions to foster closer working links between cessation and drug and alcohol services and take the respiratory health of clients in addictions services more seriously.

Now on to the Youth and Tobacco Forum! The Coordinating Group has always been really impressed by the quality and volume of ideas coming from the Youth Forum and Donald Lockhart, the ASH Scotland Youth Development Officer has kept up the good work previously facilitated by Emma Papakyriakou.

A key feature of the Youth and Tobacco Forum throughout 2011/12 has been the partnership working with member organisations to host, run and facilitate events and meetings. That’s the way forward in these difficult times… the STCA can bring resources to help stage your local training and awareness raising events.

In September we worked in partnership with NHS Greater Glasgow and Clyde Smoke-free Services to co-host a full day event in Glasgow. The morning session of the event focused on the core theme of ‘how do young people access tobacco?’ In the afternoon, Robbie Preece, Geraldine Lucas, Melanie Owens and the NHS Greater Glasgow and Clyde Smoke-free Services team showcased the broad range of youth specific services that they are able to offer in conjunction with partner agencies and launched their extremely useful smoking cessation toolkit.

During the morning session the 25 meeting delegates, drawn predominantly from health promotion and youth work, took part in a facilitated discussion focusing on the various routes by which under-eighteens obtain tobacco.

Young people are pretty good at finding supplies of cigarettes from friends and relatives, from shops willing to sell illegally and by forging relationships with those willing to buy it for them or provide cheap illicit tobacco.

A clear need was identified to raise awareness of the dangers associated with the supply of tobacco to under 18’s and for adults and young people to fully understand the consequences to health of starting to smoke at a young age. The Coordinating Group agreed with the Youth Forum that the STCA would seek to promote local surveying of under-age tobacco procurement as a means of raising awareness of the issues
n February we worked in partnership with NHS Tayside to co-host a full day event in Dundee. The morning session focused on the core theme of tackling smoking amongst young adults, 18-24 year olds. In the afternoon Alison Duncan, Louise Smart and the NHS Tayside Stop Smoking Services Team presented the findings from an evaluation of smoking prevention and cessation projects based in schools and offsite education providers in Dundee that have been funded by Keep Well.

Dr Abraham Brown from the Institute of Social marketing at Stirling University presented on “Young smokers exposure to tobacco marketing and anti-smoking advertising” Abraham’s presentation focused on the European Union (EU) Help anti-smoking campaign that was designed to promote a tobacco-free lifestyle.

Heather Gillespie, Tobacco Prevention Officer at NHS Ayrshire & Arran updated the group on the development of smoking cessation drop in services at James Watt, Kilmarnock and Ayr Colleges. The presentation provided members with the opportunity find out more about the development and growth of a service that is specifically tailored to the 18-24 age group in an education setting.

The STCA is not just a forum. We are actually seeing ideas that arise from groups and member organisations being worked up into concrete actions.
Following the presentations members were given the opportunity to consider and discuss areas for future development and research with the 18-24 age group.

Delegates recognised that organisations working with 18-24 year olds need to offer practical tobacco education and cessation support rather than simply running policies that highlight where people can and cannot smoke.

There was agreement that there is a real need to engage effectively with NEET young people although it was recognised that if people are not in education, employment or training it is difficult to know where to deliver suitable programmes.

The importance of flexibility and adaptability was highlighted in the excellent drop-in services in colleges and universities that have been developed in Ayrshire and Greater Glasgow & Clyde. These services offer an excellent template for effective engagement with this age group. It was also noted, however, that college and university students represent just 16% of the 18-24 age group, meaning that there is a need to use the templates used in colleges and universities in other settings in order to have a bigger impact on a larger proportion of this age group.

The Youth and Tobacco Forum is keen to ensure that more is done to push key areas for action through the Co-ordinating group and utilise the STCA’s ability to influence policy and encourage action. With this in mind Youth Tobacco forum members will get the opportunity this afternoon to discuss and highlight what they see as the priority areas for development for the Youth and Tobacco Forum over the next 12-18 months.

I would like to tell you about another area of work that the STCA has helped progress over the last few years. The Smoking and Mental Health Working Group is coming to an end but the meetings, seminars and symposium that it has generated since 2006 have made an important contribution to tackling the unequal treatment of smokers with mental ill-health in Scotland.

When the SMHWG formed under the guidance of ASH Scotland Inequalities Project Staff, a small but vocal group of health promotion and cessation professionals...
including Susan Kerr, Sue Kheda, Denise Meldrum, Tommy Harrison, Sheila McFadyen, Sue Downie, Deborah Ritchie and Lyn Irvine-Brinklow pushed for change. They and others played a valuable part in the sea-change that has begun in mental healthcare to recognise that quitting actually improves people’s physical AND mental-wellbeing.

In partnership with ASH Scotland, the group produced valuable case studies and made lots of research and useful information available on-line, brought speakers of national renown such as Lisa McNally to a Scottish audience and engaged with many managers and mental healthcare professionals. Group members have also been available to support PATH in the creation of specialist training for those working in mental healthcare settings. Celia Gardener at NHS Health Scotland has been a great supporter of the group and has used the expertise and meeting opportunities to inform the consultation on smoke-free acute care settings and the subsequent Health Scotland guidelines for smoke-free mental health units in hospitals.

The group members will still be around to support further STCA initiatives but it is the wish of the Coordinating Group that we integrate issues relating to smoking and mental health into the work of other groups, events and the Annual Meeting from now on.

The work and ideas that STCA members stimulate for ASH Scotland, NHS Health Scotland, Government and member organisations is usually too much at once and we have to show patience. After all we ran at least 3 Cogroup, 3 TCIG, 3 Research, 3 PCHG and 2 Youth Forum meetings plus the annual meeting and two conferences last year!

This year we do it all again with potentially three major events: a cessation in pregnancy summit, a research into practice conference and a cessation supporting hospitals symposium. David is SO looking forward to it! I’d like to pay tribute to the contributions made by ASH Scotland staff throughout the year, to Mary Cuthbert, now retired from the Scottish Government, but a great STCA supporter and to all those STCA Mreps and Advocates who have put time in to the planning of events and meetings over the course of the year – especially if they swung us some free meeting space and catering!

Extend your public health work to the national stage

The STCA Co-ordinating Group is elected each year from candidates put forward by member organisations.

The group meets quarterly to evaluate STCA meetings and activity, act on issues raised by the membership and put forward suggestions for activity or tobacco control policy development.

The Cogroup will be re-elected in 2013. Involvement with the Cogroup is a useful professional development experience much valued by those who take part.

To find out more about serving on the Cogroup contact ASH Scotland Alliances Manager, David Robertson.
Presentations at the Annual Meeting

Plain packs, plain facts
The tobacco industry in the ‘last chance marketing saloon’

Andy Bruce

Andy replaced Mary Cuthbert in a slightly new position of Head of Tobacco, Alcohol and Diet in the Public Health Division of the Scottish Government. Andy talked about the current action being taken to combat tobacco use in Scotland and looked ahead to the publication of a draft new tobacco control strategy for Scotland later in the year.

His presentation is on the website.

Sheila Duffy, Chief Executive of ASH Scotland delivered a well researched critique of the tobacco industry’s response so far to the UK Government’s plain packaging initiative.

Sheila outlined the evidence that plain packaging will:

- Reduce misperceptions of differences in health harm between brands
- Increase the effectiveness of health warnings
- Make tobacco products less appealing

See the ASH Scotland Plain Packs Campaign.

Manifesto Commitment

“Tobacco remains the biggest single preventable cause of death in Scotland. We will continue to tackle this issue and aim to reduce the 13,300 adult deaths and thousands of illnesses caused by tobacco every year by ensuring a new comprehensive robust tobacco control strategy for Scotland is put in place to replace the current strategy which has come to an end. This strategy will focus on prevention and cessation and include ambitious targets for reducing smoking across Scotland.”
Dr Tim Coleman from the University of Nottingham gave two excellent presentations. Both can be found on the STCA website.

Rewarding GP’s for supporting smoking cessation does not always lead to the intended result. Tim Coleman explores the complexity of reward for provision of advice.

Presentation on the website.

Tim Coleman presented the results of the ‘SNAP’ trial to a joint sitting of the PCHG and the Research Group in the afternoon. The presentation and a short summary are available on the STCA website.
PCHG report to the STCA Annual meeting by Helena Connelly MBE Chair of the PCHG.

The Promoting Cessation and Health Group was the Cessation in Pregnancy Group up until New Year but after some consultation with the group and at the request of the Coordinating Group we have widened our scope to include all aspects of cessation and health issues relating to smoking.

‘So we’ve broaden the reach of the original group to involve more healthcare staff in the NHS and in community health initiatives.

The Promoting Cessation and Health Group intend to be supportive of Chief Executive Letter 1 2012 which encourages the involvement of health service staff to:

- support a smoke-free health service and effective referral pathways to cessation services
- have a particular focus on cessation in pregnancy issues and the health effects of SHS exposure on young children
- champion smoke-free homes and cars initiatives raise awareness of the benefits of stopping smoking before operations and maintaining abstinence.

There are also a number of STCA initiatives that the group can help with and use to invigorate our group.

Margot mentioned that the Smoking and Mental Health Group is ending. However, the work will carry on through the PCHG
and indeed all the other groups....this is a cause of health inequality after all. Thanks to the hard work of the SMHWG over the last few years, helping those with mental health issues access services is becoming an important part of what cessation services and many community support organisations are now striving to improve. Our group can be a conduit for this work.

The PCHG is planning to help stage a Cessation in Pregnancy Summit in October and it is time that we really addressed the particular needs of vulnerable young women who wrestle with many problems, including depression and anxiety.

In the New Year we may stage a seminar on cessation in secondary care and this will obviously need to address the still challenging issues relating to smoking in acute mental health wards and the continuing move towards completely smoke-free hospital environments – grounds too.

Hospital patients in all situations are often let down by healthcare professionals who sometimes fail to appreciate the importance of supporting them towards a quit attempt or in ensuring support for newly abstinent smokers when they make the transition back into the community.

I’ve touched on future work and group members will have a chance to discuss this more in the afternoon. What happened this year?

Back in November at a well-attended meeting in Glasgow Jane Oliver flagged up an NHS Health Scotland pilot to improve engagement of NHS staff with the cessation services.

Hazel Dempsey from NHS Grampian gave a summary of the work being carried out at Aberdeen Royal Infirmary to improve the compliance of the hospital community with the Grampian tobacco policy.

NHS Greater Glasgow and Clyde and the City Council gave a joint presentation on their smoke-free parks initiative and Lothian Council presented on solving the capital’s cigarette litter problems.

In February Audrey MacKenzie updated on Tayside Hospitals Cessation Service, Anne Finnie talked about an initiative in a Lothian fertility clinic and Suzanne Graham described the journey the State Hospital has taken to become smoke-free in both buildings and grounds.

We’ve got so many issues to work on this year we will need to look at new ways of engaging with the membership but hopefully the Scottish Cessation Conference in November, in partnership with Health Scotland and ASH Scotland will help address some of those issues.

Thanks are due to Mary-Grace Burinski the ASH Scotland staff member who has been on hand to help with meeting planning along with Jane Oliver as Vice-chair and David as Coordinator.’

The Smoking and Mental Health Working Group

The SMHWG operated very effectively for seven years (see Margot Ferguson’s address to the Annual Meeting page 3) but has now been subsumed into the PCHG.

Indeed smoking and mental health issues will continue to be a focus across the STCA. The issue featured in the tobacco and substances event and will feature in a Research Group meeting in December 2012.
Susan Kerr Chair of the Research Group

Activity Report 2011-2012

The Research Group will have met four times this activity year and we are pleased to say that this has been done in a true partnership spirit with rooming provided by Glasgow Caledonian, Edinburgh and Stirling Universities.

Joint meeting with the Cessation Promoting Healthcare Group 7 November 11

Lindsay Galbraith, ISD Scotland Quit attempts made by women/pregnant women (MDS)

Andrew Radley, NHS Tayside The good, the bad and incentive schemes

Sam Fahy, UKCTCS, University of Nottingham Improving effectiveness and reach of NHS support for cessation in pregnancy

Elaine Watson, UKCTCS, University of Bath Exploring the experiences, perceptions and attitudes of midwives in supporting women to quit smoking during pregnancy

Plain packaging and Smoking in the movies 24 February 12 had presentations from:

- Crawford Moodie, University of Stirling Multifunctional role of tobacco packaging

- Linda Bauld, University of Stirling Overview of the evidence on plain packaging

- Allison Ford, University of Stirling Attitudes of young people to plainly packaged tobacco

- Jeff Collin, University of Edinburgh The tobacco industry response to plain packaging
- Rory Morrison, ASH Scotland
  The UK campaign

- Kate Hunt, University of Glasgow
  Smoking in the movies and adolescent smoking: a cross-sectional study in six European countries

Future Activity

- provide a platform for academics and practitioners to exchange knowledge, develop ideas and establish collaborations

- continue to collaborate on current issues of tobacco control research and policy

- support the development of young professionals in tobacco control.

Social networks, young adults and smoke-free homes 11 May 12

Caroline Smith, University of Edinburgh
Inequalities in smoking cessation: how important are social networks?

Catriona Rooke, UKCTCS, University of Edinburgh
The role of smoking in the lives of young adults in England and the impact of smoke-free legislation

Susan McKie, NHS Dumfries & Galloway
Smoke-free homes evaluation

Research Group Meeting 21 June
Joint meeting with Cessation Promoting Healthcare Group

Tim Coleman, University of Nottingham
Trial to Assess Nicotine Replacement Therapy for Smoking Cessation in Pregnancy (SNAP)

Research Group Meeting Part 2

Current chair Susan Kerr stood down, following a 3-year period in role to make way for Dr Helen Sweeting, from the Medical Research Council, Social and Public Health Sciences Unit, University of Glasgow.

New Research Group Chair’s biography

Helen Sweeting, Senior Investigator Scientist with the Social and Public Health sciences unit of the Medical Research Council has been endorsed by the group as the new Chair to follow Susan.

The majority of Helen’s work has been based on analyses of quantitative data from the West of Scotland 'Twenty-07', '11 to 16 / 16+', 'PaLS' and 'ALICE' Studies.

This has included descriptions of the health and behaviours of children and young people and exploration of how they are patterned not only in respect of factors such as social class and gender, but also family life, lifestyle and victimisation by peers.
Organisational issues

Youth and Tobacco Forum members continued to display strong support for the Youth and Tobacco Forum meeting with a broad occupational spread of trading standards officers, youth workers and tobacco and health professional represented amongst the 25 attendees.

Despite repeated requests for candidates the current position of STCA Youth and Tobacco Forum Chair remains vacant. While Heather Gillespie, Prevention and Cessation Officer, NHS Ayrshire and Arran continues to fulfil the role of Vice Chair, the future development and growth of the Youth and Tobacco Forum would benefit from the support and guidance of a Chairperson. Members were again strongly encouraged to consider suitable and willing candidates for the role.

Members were asked to consider potential dates and venues for future meetings. Dates towards the end of September and mid December were suggested and meetings on Thursday 27th September and Thursday 13th December have now been agreed upon. This would leave scope for a further meeting in February 2013 should members feel that one is necessary. With reference to venues, members were encouraged to consider if hosting meetings in local venues in conjunction with other relevant events. Throughout 2011/12 the Youth and Tobacco Forum worked closely with member organisations to facilitate the joint hosting and running of events and meetings in order to encourage a more efficient use of time and resources.

Presentations

‘W-WEST and ASH Scotland go to Uruguay’ from Melanie Owens, Health Improvement Practitioner, NHS Greater Glasgow and Clyde and Brian Pringle, Projects and Service Development Director, ASH Scotland.

Melanie and Brian provided members with a presentation on the W-WEST visit to Uruguay to look at the Respira Uruguay (Uruguay Breathes) exhibition in February 2012. ASH Scotland and NHS Greater Glasgow wanted to observe some of the core ideas, modules and delivery techniques from Respira Uruguay in order to inform the possibility of developing a similar project in Scotland. During the visit the group examined the modules and design of the Respira Uruguay exhibition, gained an understanding of the rationale behind it and considered the suitability of the exhibition for a Scottish audience.

In addition to learning about Respira Uruguay and critically examining the content of it, W-WEST members met with staff from Respira Uruguay and young people involved with the exhibition in order to share their experiences and help them to develop tobacco youth advocacy, peer education programmes in Uruguay.

Another positive element of the trip was the opportunity for tobacco control and education advocates from both countries to promote learning by sharing approaches, knowledge and experience of developing and implementing tobacco control measures. This has led to the development of strong working relationships and long term links with the staff and young people involved in tobacco control in Uruguay.

The steering group for the project has met twice since returning from Uruguay and they believe that large elements of the Respira Uruguay are transferable and would be a great addition to prevention work being done in Scotland. A project proposal has now been outlined and
discussions have been held with Science Centres across Scotland with regard to hosting the exhibition. In addition, staff from CIET Espacio Ciencia in Uruguay are planning a visit to Scotland in order to assist with the development of additional areas for the exhibit.

Results from survey based research with young people on tobacco procurement and illicit tobacco in Angus, Donald Lockhart, Youth Development Officer, ASH Scotland

Donald provided members with a presentation highlighting the findings from a survey carried out with young people in the Angus Council areas. At the Youth and Tobacco Forum Meeting in September the discussion highlighted just how adept young people can be at getting cigarettes from friends and relatives, from shops willing to sell illegally and by forging relationships with people willing to purchase on their behalf or provide cheap illicit tobacco.

The STCA agreed to promote local surveying of under-age tobacco procurement in order to raise awareness within local communities of the issue and to draw attention to the scale of the problem. This led to the development of a questionnaire. Trading standards representatives from Angus Council hoped that the questionnaire would help them to highlight specific local information about teen access to tobacco that could galvanise and motivate the activity of the local tobacco control alliance in the Angus area.

Findings from the questionnaire highlighted that many young people in Angus are aware of illicit tobacco and that young people in Angus are not generally accessing tobacco by this route, despite the obvious attraction that lower costs will have for them. Some reported that taste/quality is a deterrent factor, although it might also be the case that the apparent relative ease with which they are able to obtain legal tobacco through friends, family and shops means that they don’t need to engage with the illicit market.

The questionnaire results also showed that while the level of regular use of illicit tobacco appears reasonably low, a significant minority are using it. Well known illicit cigarette brands are available to young people in the Angus area and a significant minority are trying them.

That the majority of respondents are accessing legal tobacco through friends, family and shops (either directly or via proxy sales) indicates that there is still much work to do in enforcing the existing legal framework. However, this should be accompanied by continued pressure to reduce the illicit market, so that young people are not simply diverted towards illicit tobacco outlets, which might carry additional risks of engaging with criminal networks.

Members stated that it would be worthwhile for the survey to be adopted in other areas in order to eventually facilitate comparison of illicit tobacco issues and enforcement activities.

Group discussion

Following the presentations members were given the opportunity to consider and discuss priority areas and agenda items for the meetings planned for 2012/13. The group highlighted the key areas of interest for the 2012/2013 meetings whilst recognising the need for some level of flexibility for agenda development and members updates.

In particular, members expressed a desire for a Youth and Tobacco meeting that would focus on embedding tobacco education into Curriculum for Excellence. It
was recognised that while excellent work has been done in some areas to develop resource materials that will help to facilitate tobacco education with schools as part of Curriculum for Excellence more needs to be done in other areas to replicate this success. In addition, it was recognised that Curriculum for Excellence is an approach that is centred on each individual young person and is about recognising what young people learn both in and out of school.

Bearing that in mind, community based youth groups and organisations will potentially bed tobacco education into Curriculum for Excellence at least as effectively as schools will. This means that there is clear scope for members to discuss what can be done to develop more community based tobacco project activities and encourage youth work providers to undertake tobacco education work with the young people that they assist.

Members also expressed interest in arranging a Youth and Tobacco Forum Meeting that focused largely on illicit tobacco, although it was recognised that members need to undertake more activity on this subject before reporting back to share information. Members highlighted a need for consistency and guidance on how trading standards and other enforcement bodies share information on activities and progress with those with a professional interest in smoking cessation and smoking prevention.

Discussions also highlighted the need for more ‘snapshot’ information similar to the information that was unearthed by the survey with young people in the Angus area. This would enable local tobacco alliances to focus activity in their own area and eventually lead to the development of data and information that would facilitate comparisons between different areas across the country.

Members also recognised the difficulties with delivering a consistent message on illicit tobacco and were worried that too strong a focus on the harm of illicit tobacco might tacitly suggest that smoking legitimate tobacco is actually ‘less’ harmful.
Annual meeting discussions

Round-table discussions amongst annual meeting delegates have been edited and recorded below.

Question 1

*What more can we do to broaden the appeal of the STCA and increase membership and participation rates?*

*It was firstly noted by many participants that the appeal of the STCA or recognition of its efficacy is not necessarily in deficit; rather the ability to take time out of the working week to engage or to be permitted to engage is a barrier to more staff involvement.*

- Offer the STCA as a one stop shop for information about local tobacco control.
- Providing regular outputs that are accessible to non-tobacco specialists.
- Fashion more formal links with other professional bodies to show that they are engaged with us and that they find membership useful.
- Offer membership to those in the Scottish Youth Parliament and other bodies that involve young people's participation.
- Encourage attendance at STCA events and working groups to be recorded as part of training or related to enhancing work duties. In some job descriptions (mostly senior/manager level) it says 'be involved at a national level', attendance at STCA events is therefore part of the job.
- Have an awareness raising campaign amongst senior managers that draws attention to the important work carried out through the STCA and the benefits for professional development offered. Attendance at STCA events/meetings could be promoted as a way of filling out/plugging gaps in personal development plans.
- Ensure more meetings have KSF model compatible outcomes.
- More cross-sectorial topic discussion such as a discussion on what methods have been successful in lifting people from poverty or overcoming different inequalities.
- Every member should be asked to bring or nominate two new members from outwith their organisation, but who they know are or should be interested in tobacco control.

Question 2

*The Research Group has an idea for a conference to share good practice in translating research findings into practical applications for health and tobacco control.*
It would also look at effective communication of research findings to a non-research audience.

Who do you think would be the potential audience for such an event and which aspects of the theme would be of interest to you and your work?

As one researcher said “what’s the point of doing the research if it does not lead to new ways of thinking or new, helpful actions?” Some frustration was expressed however that the results can be ‘woolly’ and inconclusive with ‘more research needed’ often the closing statement of the paper.

Sometimes it seems research questions are not the most relevant to practice as they are devised by people who are normally one (or more) steps removed from practice themselves. The STCA Research Group should perhaps be used more often to discuss research ideas before the research is undertaken, that way public health and cessation practitioners can have an input that could help make the research more useful. Greater practitioner input in national research groups such as the Ministerial Research and Evaluation subgroup would also be beneficial.

More important for practitioners than a single event was a framework to support their continuing input into research more generally.

Where a conference is aimed at practitioners it was felt that sometimes too much time is spent in describing methodology and detailed statistical analysis. Practitioners want to know the outcomes of research and assume that at a reputable conference the research has been vetted. It was accepted that sometimes it is important to know what the limitations of a particular approach or study might be however.

In a future STCA conference focused on translating research it would be good to have some opportunities to discuss research proposals so that researchers and practitioners might have an opportunity to learn more about the needs of the other. Delegates thought it was important that where Researchers have provided a presentation of their work at an STCA mediated event, there was ample time set aside to discuss the implications of the work for practice and future follow up research. Presenters of research could create a slide to describe what they think this means for practice and if possible how change might be effected.

Other ideas:

Ask each STCA topic group to come up with the 3 priority issues that they would like to see research carried out on and why.

Feed this back to the researchers group. Have another Youth Forum / Researchers Group joint meeting to identify key areas needing researched.

It was suggested that tools to help practitioners gather their own evidence locally, or support in designing and carrying out local research would be useful and might help to stimulate more relevant research by freeing practitioner time from carrying out some of the planning and proposal writing.

Participants said that summaries and briefing services are useful such as those produced by ASH Scotland Information Service.
Question 3

Recent local surveys have shown the importance of adult complicity in supply of tobacco to under-18’s. How do we counter this social phenomenon of parents, siblings and even strangers being willing to source tobacco on behalf of 15-year-olds?

Proxy-purchase of tobacco is illegal but since trading standards is tasked with enforcing the legislation but have no powers of arrest and many difficulties in determining and proving where an offence has been committed, it may prove to be an ineffective measure.

It might be useful to draw attention to this ineffectiveness by asking local authorities to publish details of their enforcement activity. Is there more activity around enforcement of alcohol proxy-purchase by the police?

Most of the work on supply needs to be intelligence led and public perception of tobacco in many communities is still that tobacco is fairly benign. These attitudes need to change if levels of intelligence to direct enforcement activity are to be improved.

In the opinion of some of the delegates, the messages about what illicit tobacco might contain (e.g. suggestions that it is more harmful because of greater heavy metal concentrations etc.) does seem to have the most resonance within these communities.

Participants agreed that while tobacco professionals see proxy selling as a serious issue, most members of the public do not. In order to change this mind set, work needs to be done to raise awareness that proxy selling of tobacco is an offence as is proxy buying on behalf of a young person.

If more trading standards officers were to issue spot fines to businesses selling tobacco and more procurator fiscal’s departments were to actively prosecute those charged with proxy buying of tobacco, awareness of the legislation would be much greater.

Underage sale and proxy purchase of alcohol is generally seen to be a more pressing issue because of messages on public health and violence/disorder linked with underage alcohol abuse. Perhaps highlighting that shops selling underage tobacco or allowing proxy purchase of tobacco are also likely to be facilitating underage access to alcohol would encourage more parents and adults to take the issue of underage access to tobacco more seriously.
The issue of proxy purchase of tobacco is likely to be more acute in rural areas. In smaller villages and towns with only a handful of shops it is likely that shop owners with reasonable local knowledge will have a good idea who is underage and who is not. This may mean that adults are asked more regularly to proxy purchase cigarettes in these areas. This may mean that trading standards officers in rural areas should look to work more closely with shop owners to raise awareness of proxy sales legislation and support them to address the issue.

Participants again recognised that while there is a clear need to address the issue of proxy purchase, care needs to be taken to make sure that successful action on this issue does not push more young people towards accessing illicit tobacco.

Question 4

The NHS is moving towards smoke-free premises, but enforcement continues to be difficult. What do you feel are the

opportunities and challenges in rolling out smoke-free areas outside, such as hospital grounds, children’s play areas or beaches?

Hospitals

Delegates felt that a date for achieving smoke-free premises and grounds would be beneficial in order to give greater impetus to current initiatives. In some health boards there has been a lack of leadership and senior management buy-in. In an area with a declared smoke-free policy the reality may be one of lax enforcement with no member of staff in a position to challenge those who flout warning signage.

The current exemption that exists for acute mental health facilities continues to cause problems when management is addressing smoke-free policy but it is not insoluble and it does not stop Government setting targets for the health service even if legislation is left in place.

The issue of unenforced policies requires leadership from management and more staff to be trained to intervene in support of no smoking policy. In terms of outdoor policy enforcement more should be done to provide justification for grounds being declared smoke-free since ultimately patients cannot be denied treatment because they have disobeyed smoking rules.

Staff however, are governed by a disciplinary code and may be required as part of their terms of employment not to smoke in uniform on hospital premises.

There was no clear consensus on the provision of smoking shelters, with some delegates favouring a pragmatic approach that countenances smoking shelters in grounds. This is a particular issue for
hospitals with extensive grounds. On the other hand should a health board which has an expressed intention to reduce smoking be spending money on facilitating smoking by buying expensive shelters?

Provision of NRT within hospital settings should be provided consistently across the NHS with appropriate training for a wider range of staff in its use. There should be an integrated care pathway for nicotine addiction for all new admissions to hospital settings.

**Play areas**
A pilot project in Glasgow focused on signage in enclosed “swing” parks. It evaluated positively but there is a lack of resources to continue the roll-out to other areas.

Local alliance members should look at health partnerships and single outcome agreements as ways in which responsibility for extending smoke-free areas can be spread more widely.

**Question 5**

*Councils and health boards exhibit a degree of discretion when implementing rules and regulations or policy at a local level. For example in one council area enforcement of laws relating to no smoking in public vehicles such as taxis are rigorously enforced whilst in another area they are not.*

*Do you know of similar inconsistences or failure to implement national tobacco control or smoking related health policy? How might the tobacco control community counter these inconsistencies of approach?*

For example in some council areas the issue of smoking in taxis is being addressed by environmental health departments and in others the view is taken that if the public do not complain there is no need to allocate resources to enforcement.

There may be a case for increasing the capacity of the public to respond to failures in public health enforcement measures and raise awareness of local issues that are not being addressed.

There may be a role for ASH Scotland, STCA or others to organise members of the public to make complaints where smoke-free vehicle laws are being ignored.
STCA meeting and event evaluation

Topic Group meeting evaluations

The STCA Coordinating Group is keen to encourage members to fill in evaluation forms although it is recognised that ‘old hands’ will have submitted quite a pile by now!

Evaluation helps ASH Scotland to continue to make the case for funding our work. The news for 2011/12 is good:

- there were nine topic group meetings excluding those at the Annual Meeting and two were joint meetings (12 all together).
- the average attendance at these nine meetings was 24
- Over-all the participants rated the meetings excellent or good 94%
- speakers were rated excellent or good by 99% of respondents
- 56% rated the seminars very useful with 41% rating them quite useful
- for 42% of respondents it was their first STCA meeting.

At each quarterly meeting of the Coordinating group the elected members are asked to scrutinise the meeting evaluations and discuss issues raised at these meetings.

Important information and comment is then passed on to ASH Scotland or appropriate bodies such as the Scottish Government Ministerial Group on Tobacco Control.

Members can access any evaluation report on request to the Alliances Administrator.

The Tobacco and Substances Conference

This event was a first time at an STCA event for 48% of respondents to the evaluation electronic survey.

- 97% rated the event excellent or good overall.
- 41% rated the conference very useful with 59% rating the conference quite useful.
- 48% said there were things they would do differently as a result of attending the conference.

Here are a selection of comments from the event evaluation:

I thought the chair did a good job of facilitating discussion. The organisation of the event was very good.

Very well organised with good timekeeping and a good overall flow for the day.

Particularly liked the workshops, a lot of thought had been put into how to get the most out of these, simple but effective.

I was particularly interested to hear that quitting smoking can help sustain alcohol quit and will be looking at how we can develop links with local alcohol rehab units.

Members can access any evaluation report on request to the Alliances Administrator.
The 2012 Annual Meeting

- 61% felt that the meeting was very useful to their work (from 31 responses)
- 97% found it to be excellent or good overall
- 38% were energised and motivated whilst 58% were content with how it went.

Example of constructive criticism:

*Excellent event although could have done with at least half an hour longer in the morning for group questions and another hour or so for the afternoon Youth Forum session. Although all the speakers’ content was excellent there did not seem to be enough time for sharing positive practice and constraints.*

<table>
<thead>
<tr>
<th>Membership category</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/2012</th>
</tr>
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<tbody>
<tr>
<td>NHS Cessation</td>
<td>34</td>
<td>38</td>
<td>39</td>
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<tr>
<td>NHS Health Promotion</td>
<td>26</td>
<td>20</td>
<td>30</td>
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<tr>
<td>Research and Academic</td>
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<tr>
<td>Health Charity</td>
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<td>NHS Clinical Practice</td>
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<td>Community Project</td>
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<tr>
<td>NHS Other</td>
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<tr>
<td>Network/Alliance</td>
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<tr>
<td>Local Drug Action Group</td>
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<tr>
<td>Local Authority Enforcement</td>
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<td>4</td>
<td>6</td>
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<tr>
<td>Other</td>
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<td>1</td>
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<tr>
<td>Local Authority Education</td>
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<tr>
<td><strong>Total number of MReps</strong></td>
<td>119 (new 17)</td>
<td>114 (new 15)</td>
<td>116 (new 2)</td>
</tr>
<tr>
<td><strong>Advocates Affiliates</strong></td>
<td>13 (all new)</td>
<td>15 (2 new)</td>
<td>20 (5 new)</td>
</tr>
</tbody>
</table>

21
The STCA Charter

VISION
A joined-up tobacco control movement in Scotland, working effectively to reduce the harm caused by tobacco.

GOAL
An alliance that provides the means by which organisations and individuals from across Scotland can effectively support national tobacco control strategies and improve tobacco-related policy and practice at local, regional and national levels.

PRINCIPLES
• STCA membership will reflect the wide range of organisations and disciplines concerned with the impact of tobacco on Scotland and its people.
• The STCA will be an inclusive, participatory body that consults its members and facilitates their active involvement in managing, planning and funding alliance activity.
• The STCA will endeavour to address health inequality in all its activities.

AIMS
The alliance will work to
• influence tobacco policies and strategy, share and encourage good-practice in tobacco control in Scotland
• support and encourage the formation of local tobacco control alliances and provide encouragement and support to existing local alliances
• provide opportunities for information exchange at a national level and provide educational events that help the membership share and develop expertise
• support a range of STCA topic groups to meet the needs of the membership
• increase awareness of STCA activity within the Scottish tobacco control community, recruit, broaden the membership and involve new members in the STCA
• ensure that members have opportunities to influence STCA structure, activities, policy priorities, and other organisational concerns
• demonstrate its effectiveness through enhancing support for national policy initiatives, reducing duplication of effort and efficiently gathering and disseminating information.

Management and funding
• The STCA is managed by ASH Scotland and largely funded from ASH Scotland’s core grant from the Scottish Government, with a commitment for the alliance to demonstrate an effective contribution to tobacco control development in Scotland.
• A Coordinating Group elected by the membership works with ASH Scotland to assimilate and reflect the needs of membership and funders through a flexible and responsive workplan.
• The STCA is currently free to join but contributions and help-in-kind are welcome and necessary.