Lothian Tobacco Free Schools Project Evaluation

This report focuses on the evaluation of the Lothian Smoke Free Schools Project.

The first section outlines the **background and context** for the project, briefly describes the project aims and implementation, and the evaluation methods.

The second section on **findings** describes the outcomes of the project in the 12 schools and the impact from the perspective of the lead teachers, based on participant interviews.

Finally, the report considers **lessons and recommendations**, including support that was required by the participating schools to achieve these results, and what resources would be necessary for other schools to do the same. A short **conclusion** summarizes the main points.

Background and context

Smoking prevalence
Smoking rates across the whole of the UK including Scotland have declined significantly over the last few years, in all age groups.

Results from the most recent *Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)* record the lowest numbers of regular smokers since the survey began in 1990.
In 2015 2% of 13 year olds described themselves as regular smokers (compared with a peak of 8% in 1998), and only 7% of 15 year olds (compared with a peak of 29% in 1996).

Until recently a consistently higher number of girls compared with boys self reported as regular smokers but this gap has closed and there is now no gender difference.

There is however a strongly marked social gradient; rates have reduced in all SIMD quintiles but more slowly in the least compared with the most affluent.
The SALSUS report also notes that regular smoking in adolescents is associated with a number of factors. Thus 15 year olds who are regular smokers are more likely to:
- Have a family member who smokes, and/or be exposed to second hand smoke in the home
- Have post school expectations that do not include university
- Have been excluded or truanted regularly from school
- Live in an area of deprivation
- Have friends who are of mixed ages or older than them rather than the same age

They are also more likely to:
- Be less confident about making good choices for their health and wellbeing in the future
- Have lower scores for emotional, behavioural and mental wellbeing than non smokers

The numbers of both 13 and 15 year olds reporting ever having used E cigarettes increased dramatically between 2013 and 2015 for regular and occasional smokers.

Sources:
- *Scottish Schools Adolescent Lifestyle and Substance Use Survey* (SALSUS) - *Smoking Report 2015*
- *Tobacco Use among Adolescents in Scotland: Profile and Trends*
- *Scottish Health Survey 2015*

Policy context
The Scottish Government is committed to reducing smoking levels to 5% by 2034, as set out in its strategy *'Creating aTobacco-Free Generation: A Tobacco Control Strategy for Scotland'* (March 2013). In the same year the Government set a target to reduce the prevalence of smoking among young people aged 15 years from the (then) rate of 13% by 2.5% every two years until a floor of 2% is reached.

Action on smoking has been backed by a series of legislative measures, from the banning of tobacco in public places (2006), an increase in the age for tobacco sales from 16 to 18 (2007), a ban on the display of cigarettes in shops and sales from vending machines (2010) and the prohibition of smoking in cars where children are passengers (2016). The aim is clearly to restrict young peoples' exposure and access to tobacco.

The Smoke Free Schools Project
The premise for setting up the Lothian Smoke Free Schools Project was that secondary schools are well placed to make an important contribution towards achieving the national target to reduce young peoples' smoking.

The key project aims were to:
- facilitate a review of tobacco education (including teaching materials) and identify areas for improvement/development across the curriculum and across all year groups
- facilitate a review of and improve implementation of the school smoking/tobacco policy
- inform how tobacco education can be improved within other Lothian schools

The project took place over a two year period beginning in the autumn term of 2015 and finishing in summer 2017. There were 12 participating schools; each received a small grant allocated for teacher time and for the purchase of resources. Schools also had access to advice and expertise through contact with the ASH Scotland Development Officer, including scheduled planning meetings – four in the development phase of the project during the first year, followed by two during the implementation phase in year 2.

The project evaluation
The evaluation was undertaken by a researcher from NHS Lothian Public Health and Health Policy Directorate. Two semi-structured interviews were held with each school lead, in May 2016 towards the end of the first phase of the project, and again one year later in May 2017.

Interviews aimed to explore with teachers their experiences of taking part in the project, particular challenges and constraints they had faced as well as what they had found useful, and reflections on the outcomes and process.

All interviews were conducted face-to-face within the school, apart from one in each round that took place by telephone, and were recorded and transcribed. The interviewer also had access to documents such as the policies developed by the schools.

There was a high level of commitment to the evaluation. All 12 schools participated in both interviews, apart from one lead teacher not interviewed in the second round. This was due to their leaving for another post in May 2017, with no other member of staff offered or available to be interviewed in their place. Respondents are denoted by a number assigned to each school (S1- S12) in random order.

(Copies of the 2 interview schedules are available on request.)

Findings

Social distribution of smoking

The 12 participants included schools of various sizes across the Lothians, in urban and rural locations, and drew their pupils from catchment areas with very different levels of affluence. Issues to do with the influence of social background on smoking were not specifically addressed in the interviews but emerged quite strongly from discussions on policy implementation and the involvement of pupils in the project.

Teachers had endeavoured to involve pupils from different year groups and across a range of abilities in a variety of ways, from designing posters and banners, gathering feedback from parents at parent teacher evenings, delivering assemblies, teaching lessons to younger classes and so on. There was also a concerted effort from the beginning to include in the process pupils who were smokers, seeking their views on the current situation and the proposed changes.

There was recognition that the majority of smokers were generally found amongst those groups of pupils most disengaged from school and most challenging in terms of behaviour. Many of the schools particularly targeted those pupils with support needs or behavioural issues to get involved with activities, such as the poster design for example. At the same time, the pupils who took on tasks such as the planning of presentations and delivery of assemblies tended to be not only older but also, though not exclusively, the most academically committed and achieving pupils – and non smokers. One respondent commented:

- *Most schools have head girl, head boy, house captains that sort of thing. My advice would be to get them on board...Mainly your kids that stay on to 6th Year are quite conscientious and, you know, that sort of thing. And they all felt quite strongly about smoking.'*

The social patterning and distribution of smoking replicated within schools means that it is often those who regularly find themselves at the wrong end of a detention note who once again get excluded from outings or events, or disciplined. And it poses a dilemma for teachers; one respondent emphasised the importance of implementing the policy firmly and effectively but acknowledged the unequal impact:

- *'Although it is a struggle too because we want to include people* (in activities).*'* S 7

The divisions are manifested not only in the physical areas where smokers congregate, which may actually be no-go areas for other pupils, but also in different attitudes and preoccupations. Schools reported, for example, that non smokers were concerned with the reputation of their school and wanted a cleaner environment without cigarette litter.

Smokers however offered real resistance in some schools at the start of the implementation of the new policy, with pupils actively and visibly flouting it by *'....waving their cigarettes in front of us.'* Others interpreted the policy very much according to the letter rather than the spirit, by standing just outside the school grounds for example.

One respondent commented that this was just down to adolescent defiance, but clearly for some students and even some staff it was experienced as quite intimidating:

- *'...and it was very difficult as I say to begin with and staff were getting to the stage of saying* I'm not even going out to have to face that awful attitude and you know disrespect that we're getting. *But it's completely different now.'* S 7

- *'They* (non smoking pupils) *hate it, they hate it, and they find it quite intimidating as well, walking through areas where pupils are smoking.'* S 8

It was suggested that as smoking is increasingly widely perceived as an antisocial and minority pastime it is likely that young people who do smoke might feel either guilty or defiant about their habit, or both   The smoke free schools project took place within the context of a wider public health campaign backed by legislation to reduce smoking in Scotland and ban it in public – and some private - spaces. The anti smoking message is high profile and difficult to miss, and it is hard to imagine that some young smokers will not conflate the stigmatisation of the behaviour with disapproval of themselves as individuals. Consequently, while the association of smoking with certain factors such as outlined in the SALSUS report is important for informing policy it possibly transmits a different message to young people who may, when presented with such findings, simply understand that smokers are inferior and less successful compared with people who don't smoke.

It is perhaps inevitable that in targeting certain behaviours as problematic the people who practise them also feel 'got at.' The social gradient in smoking was reflected at staff level too, in that it is primarily auxiliary rather than teaching staff who smoke.   Some, though not all, schools reported quite negative and confrontational attitudes from these groups toward a whole school smoke free policy, at least initially, and a response emphasising their 'right to smoke.'   One respondent noted that the biggest group of smokers in the school was the cleaning staff:
- *'But they just laugh. They wouldn't get interested **at all**.'* S 3
Another reported that auxiliary staff had said they would *'give up smoking when the kids stop.'* S 4

The approach taken was to appeal to these staff in their position as role models for their own and /or other peoples' children, and their potential to set a good example, or at least not a bad one. However, several respondents did express some discomfort and reservations about needing to negotiate with non-teaching staff, partly because of complicated management and accountability structures but also perhaps because of an implied judgement of their choices.

Importantly, the schools actively countered any blame or judgement apportioned to smokers through making a clear distinction between the behaviour – presented as a 'poor lifestyle choice' for pupils rather than an offence - and the individual doing it. All the schools had also worked hard to shift from a focus on discipline and routine detentions towards a much more supportive approach, termed 'supportive reinforcement' by the ASH Scotland Development Officer. Sanctions might still be applied, such as loss of break time and confiscation of smoking equipment, but cessation support was also offered as a matter of course. As one respondent commented:
- *'And the policy's non judgemental.....What's the point of punishing someone, who's addicted to something?'* S 4

In short, the social distribution of smoking as reflected in schools is an issue that teachers raised, either directly or obliquely, in interviews. The challenges might be different for schools located in catchment areas that are much more homogenous than others, at either end of the socioeconomic scale; for example, how to contend with a local culture that condones smoking with some parents supplying cigarettes or, conversely, confiscation of

materials becoming a meaningless sanction because pupils have enough money to easily replace these. Teachers from more mixed area schools spoke about the tensions inherent in enforcing a policy that in practice targeted particular groups of pupils; it potentially **excluded** them from activities specifically designed to **include**, engage and support them into a more positive relationship with school.

The enthusiasm of teachers to promote an approach very explicitly focused on offering support and help for pupils who smoke may have been partly in recognition of this contradiction.

Changing cultural norms

Respondents were clear that what they were actually trying to achieve was a shift in cultural norms within their school, from an acceptance of smoking and the need to impose restrictions to recognition of the right to clean air for everyone.

Participation in the Smoke Free Schools Project provided an opportunity to think again about the purpose and focus of current work on smoking in the school, and what 'line' to follow:

- *'Staff want 'clear guidelines on what to do and how to approach that and what line to take, and is it a disciplinary thing, is it a social and emotional thing, is it a health issue, what is it?'* S 6

The move towards a positively promoted healthy environment and away from a prohibitive one which simply emphasises what isn't allowed was encapsulated in a tongue-in-cheek aside by one of the teachers:

- *'I called it the anti tobacco policy but I've been told I've not to call it that! It's a smoke free policy.'* S 1

Reframing smoking exclusively or predominantly as a health and wellbeing rather than disciplinary issue allowed school leads to acknowledge that *'we all have a responsibility'* (S 6), while the introduction of a policy with a clear approach was welcomed by the wider staff group.

Respondents had previously reported unease amongst colleagues for example about confronting certain situations and how to tackle 'grey areas', such as smoking at the bus stop next to school, smoking on overnight trips or use of E cigarettes. It was felt that greater clarity had increased teachers' confidence. It had also helped to foster a general change of attitude from a punitive to a less judgmental approach, because teachers not only knew what was expected of them but had the option to refer on to the Smoke Free lead or the cessation service rather than confront a pupil directly.

- *There has to be a consistent approach otherwise it's not gonna work. Staff are aware that they can't turn a blind eye, if they're going out to their car and they see a young person smoking they need to take some responsibility for that as well, and making sure that that information's being passed on. And I think again as well staff realising that we're moving away from the punitive to a more supportive, and that might make them more inclined to refer and come and say look, I was outside and seen this young person smoking, rather than thinking oh I'm gonna damage the relationship that I've got with that, you know.*

In terms of the wider community some schools faced greater challenges, where for example there was little parental involvement or engagement, and therefore no backup for the policy from home, or where smoking was generally viewed as normal and acceptable within the local social context.

- *'They know no different, this is what they've grown up with their whole life.'* S5

At the same time, in such instances pupils could respond enthusiastically to the smoke free message, and become very engaged with promoting it to their peers.

Consequently, while all the schools had the same ultimate goal each needed to prioritise actions that were specific to their own context. For one school a first priority was to tackle the large group of older smokers at break times who were accompanied by and influencing a number of first and second years. Another school wished to encourage pupils to reduce their smoking and positively rewarded those who could demonstrate that they had done so with free time to spend in a games room.

Future plans also reflected the schools' different situations; some were planning a wider rollout into the local community in the next year (e.g. peer education to primary schools, work with retailers) while for others working to win the support and understanding of parents remained a primary goal.

All the schools reported that after a period of bedding in there was almost complete compliance with the new policy and a substantial change in atmosphere was already evident. Pupils had virtually stopped smoking in front of staff, for example, and were accepting the new regime as inevitable. Respondents reported that several pupils had stopped and one described how a member of staff and committed smoker had switched to vaping, possibly as a step towards giving up. The cessation groups had been more or less successfully taken up but in some schools were particularly well attended; feedback from pupils was very positive with support received described as being informal, easy to access and tailored to their individual needs.

There was a view expressed by some respondents that the new policy had also increased pupils' confidence and ability to express ambivalence about their own smoking, and attempt to negotiate a conflict between their personal desire to quit with the wish to keep in with friends. One example was given of a girl who was positive about and committed to attending smoking cessation while finding it hard to resist the social aspect of sharing smoking with her friends at lunch time, but was able to discuss this with teachers.

Challenges
Teachers identified some practical challenges to establishing and implementing a smoke free policy in school, beyond the need to confront and change attitudes.

The biggest constraint common across all the schools, although to varying degrees, was time. There were a number of factors that appeared to mitigate the difficulty of balancing the high level of demands on teachers with the limited time available. Consequently the smoke free lead teachers for whom this seemed to be less of a problem were those who held a position in which they were able to plan and manage their own time with a degree of autonomy and flexibility rather than working to a fixed timetable, or who worked at a less senior level but had active and involved support from senior management, or who were working with at least one other member of staff. The biggest challenges were faced by those with a senior level of responsibility, and were timetabled, and/or were working in their own.
- *'It is like spinning plates and keeping each plate spinning and doing enough of that one to go back to the other one. That's never gonna change in a school.'* S 11

Respondents also identified constraints not only on their individual time but on the school as a whole, in terms of an already full curriculum and the need to juggle competing priorities on the Personal and Social Education (PSE) programme.
- *'We actually haven't delivered any smoking lessons in PSE because it's just, we've completely changed the programme, SO much new stuff come in. Last year it worked out perfectly, it was the same time as the No Smoking Day, and we tried out some of the different resources ....it hasn't worked this year but it'll be in it next year........... It's just the nature of PSE, it's always changing.'* S9

Planning could be complicated by the need to react to unanticipated demands (for example, incidents with knives in local schools necessitated an immediate response), as well as national level initiatives which have to take priority in the school improvement plan, such as Developing the Young Workforce. One respondent expressed their exasperation with the obligation to balance so many competing demands and include all the important knowledge and information needs for young people by posing a fictitious –or perhaps real? – choice:
- *'Is it smoking or sexual health?'* S!

All the schools had reviewed the way in which tobacco prevention messages were delivered, through updating and renewing resources, developing sessions for tutorial time, including lessons across the subject areas (mostly to coincide with No Smoking Day or at the time of the policy launch). In some schools pupils also delivered lessons and presentations to their peers. The lesson plans for different subject areas provided by ASH were greatly valued; this allowed teachers to easily incorporate a smoking lesson in a way that was relevant and appropriate to their subject, without a great deal of preparation – a boon for busy staff.

Nonetheless while this broadened the reach of the project within the school there remained issues for some, though definitely not all, in relation to developing a comprehensive tobacco prevention programme across the year groups. To take a collection of resources and lessons and integrate those into a programme designed to develop age appropriate themes and topics requires a substantial amount of time:
- *'So it's what's best for each year group and how can it be progressive so it's quite a big chunk of work to get it all the way through, you know?'* S 9

Lessons and recommendations

Facilitators and supports
All the school leads were very positive about the support received from the ASH Scotland Development Officer, not only through the three scheduled planning meetings but the ongoing contact in addition to this. The combination of his expert knowledge in the field, his enthusiasm for the project and his readiness to respond promptly to any queries was consistently praised and identified as the key factor in ensuring successful completion of the work.
- *'I would definitely recommend that* (face-to-face support from ASH Scotland) *for schools, just to keep them focused. Because it's really easy to let things slip, especially you know -* pause *- well different times when other priorities take over, you can just sort of go, oh well, d'you know, but if you know you've got a meeting with* (the Development Officer)....(Laughs.) *It can focus your mind.'* S 7

- *'He was a great support mechanism for this....Even using him as a sounding board, this is what I'm thinking of doing, has any other schools done this, what were the issues these schools faced when they had to do it?'* S 5

- *'The support network has been amazing.* (from ASH Scotland and NHS Lothian) S 4

Two respondents working together in one school identified the different aspects of this support:
- '*Just to boost us up....you've had a hard long day and* (the Development Officer's) *coming in and he's positive and I think that really was a real...'*
- *'And if someone's coming in, you make sure that everything you've said is gonna be done, is done. So in 3 weeks time* (the Development Officer's) *coming in, we're like, okay, we better get this done.'*

- *'We felt we were working as a team in some ways* (with the Development Officer).,,,, *There was definitely a dialogue across the whole year....Made a **massive** difference.'* S 6

Several respondents specifically referred to the opportunity to discuss difficult issues, such as negotiating with non-teaching staff, and to devise strategies to try to resolve them.

Schools also welcomed the provision of materials and resources from the outset, such as the detailed 'policy checklist'. (This is available on the ASH Scotland website: *What we do – Engaging children, young people and families – Support and guidance on how to become a tobacco free school.*)

The checklist is a comprehensive document which poses a series of questions relating to 5 areas:
- Tobacco-free environment
- Tobacco-free policy enforcement
- Prevention and education
- Smoking cessation support
- Tobacco policy management

It is designed to help identify gaps in an existing policy and areas which needed to be developed, or it could be used as the basis for building one from scratch.
Although some respondents felt it was too detailed most schools found it a useful starting point:
- *'Some of it was already there in school and we just had to find it....The checklist made us do that.'* S 6

Templates such as suggested lesson plans and examples of other school policies were also considered to be helpful and hugely time saving.
- *'He* (the ASH Scotland Development Officer) *was always there with a handy template, or example from before and that just cuts the time down straight away if you've got something, a model that's already there and you can tweak and adapt. So having him and the resources and knowledge that he had was probably the best thing in terms of time management.'* S 2

However at the same time as recognising the benefits of 'not reinventing the wheel' respondents acknowledged the importance of the process of the project, particularly consulting with and involving the key protagonists in order to develop an action plan appropriate to the their particular context.

Consultation with pupils, staff and parents therefore allowed schools to tailor and target their approach.
- *'... helped to identify, really to target specific areas, who were our smokers, I mean we kind of know ourselves you know it's tail end 3rd year 4th year onwards, we do have some younger smokers than that as well but it's really to raise awareness, get their opinions as well on what the smoking policy should look like.'* S?

Feedback also pinpointed problem areas that otherwise wouldn't have been known about or come to light, such as 'hidden' areas where smokers congregated, or sometimes areas that were highly visible to other members of the community:
- *'There's clubs on after school, there's a crèche and parents had said that, like they bring their children to the crèche about 9 o clock and they had said that there was some of the cleaning staff standing in front smoking, and they're having to walk their kids through this cloud of smoke so had this all not been brought up, with doing the policy, that probably would've kept on happening.'* S 8

Consultation gave the opportunity for non smokers to give their views about the issue and to be heard by staff:

- *'The kids also said that they wanted support from senior staff with it...and have them more of a presence regarding it, more present in particular areas around the school where they'd identified where kids go. They really felt that that needed to be tightened up on.'* S 8

Crucially it also allowed the smokers a voice; one respondent highlighted that this was particularly important as these were often students who were *'not used to being asked what they thought'* or having their views considered. (S7)

The grant allocated to schools as part of the project was regarded as a definite incentive. This was divided into two sections, 50 hours paid time for a teacher to lead the review and a budget to support implementation. Some but not all schools used the money to pay for the lead teacher time. Those that didn't stressed the fact that teachers could not be taken off timetable in any circumstances. In some cases the budget was used to pay for other teaching staff to attend training, or information sessions. All schools welcomed the flexibility afforded by the grant to spend money on resources, such as signage, printing, new resources and so on:

- *'These things are all down to the penny in schools.'* S 6

Impact

All the schools produced a Smoke Free policy, had implemented key actions to support it and reported overall compliance.

Beyond this schools themselves identified what they considered to be important achievements resulting from the work, including:

- Raising awareness about smoking across the school
- Having a visible policy in place, providing clarity and coherence
- Provision of cessation support for pupils and staff in school, with information on how to access this elsewhere if preferred
- A shift in approach from a disciplinary to a health focus
- A nicer environment, both cleaner and more pleasant, with no longer any no-go areas for non smokers
- Pupil involvement, at different levels and in various ways
- Beginning of a positive process

There were other unanticipated benefits too. Several respondents spoke positively of dealing and working with external agencies and the realisation that smoking in schools is an issue that has to be tackled at a wider social level, and not in isolation. The sense of being a major contributor in a collaborative partnership with ASH Scotland and NHS Lothian was satisfying and had opened up access to and knowledge of resources, such as other agencies providing support. Some respondents felt they had benefitted from the learning acquired from having to negotiate with other organisations with influence on the school or campus, despite the added complications.

Nearly all the respondents talked about their plans for the forthcoming year, and clearly did not view the formal end of the project as the completion of their work on smoking prevention. For some schools it was the preliminary for developing much more in-depth work (for example, signing up with the Decipher Assist programme) while others talked of outstanding issues that still needed to be tackled, such as supply of cigarettes to underage children. All

felt that they would be able to draw on the networks and contacts made as the result of the project to support these future developments.

Lessons for future development
Interviewees were asked what advice they would give to other schools wishing to develop a smoke free policy.

Approaches were suggested that might provide a solution, at least in part, to the perennial issue of time that had been mentioned in all the interviews. Several respondents felt that this type of curriculum and policy development work could present a real opportunity for a new or less senior teacher wishing to acquire leadership skills and experience, especially when chances for career progression are fewer than in the past, and should be promoted as such. The allocation of a budget would be an additional incentive.

Active and visible support from senior management, extending beyond a verbal endorsement and with clear recognition of the volume of work involved, was considered to be crucial. It was suggested that ideally there should be a team of at least two teachers, possibly one member of staff with capacity to carry out much of the consultation and development work, as well as someone with the seniority to tackle difficult areas and drive the agenda forward. Some respondents felt integration within existing school structures, such as a Health and Wellbeing working group, could maximize opportunities for prioritising the issue and inclusion in the school development plan.

Establishing clusters of local schools taking part would facilitate the sharing of information, strengthen links and formalise the kind of support that some of the initial 12 participants set up on an informal basis. This is already being explored in Mid Lothian, with the involvement of the ASH Scotland Development Officer. One respondent suggested that a key benefit of the project was the cumulative experience and expertise already developed by the schools that would now provide a resource for others, and would continue to grow as more schools developed smoke free policies.

In summary, schools identified several factors important for success, both internal and external, which they recommended for consideration in future rollout:
- Senior management support, to raise the profile in the school
- Sufficient teacher capacity to undertake the work, and resources to support implementation
- Prioritising the process of consultation to inform context specific and appropriate action plans
- Specialist expertise and support throughout the formal project phase, possibly based on a cluster rather than individual school approach

Conclusion

The Lothian Smoke Free Schools Project was a two year initiative designed to help schools develop and implement a smoke free policy and review tobacco prevention messages and education across all year groups.

A detailed 'checklist' helped schools to identify ways to improve and broaden the scope of their existing policy, and develop an action plan for implementation. Consultation with pupils

and staff members was a key element in building understanding and support throughout the school, and in developing a context specific approach. Pupil involvement and participation maintained the profile and visibility of the work.

Re-framing the issue as one of health and wellbeing rather than primarily one of discipline was instrumental in bringing about a culture shift, and a clear and coherent approach increased teachers confidence in feeling able to address smoking in the school. Smoking cessation provision in schools underpinned this change from a punitive to a more supportive approach, and the service was positively taken up by a number of pupils.

The structured and ongoing support provided by the ASH Scotland Development Officer was described by all participating schools as fundamental in equipping them with the knowledge and resources, as well as the motivation and positive reinforcement at busy times, to complete the project.

All schools reviewed tobacco education and materials but challenges remain for some in delivering this in a sustained way due to the amount of time needed to establish a progressive and well resourced programme across all year groups, and the need to balance competing and sometimes mandatory demands on the PSE curriculum.

In conclusion, schools made significant achievements not only in updating and implementing a smoke free policy but in introducing a shift in attitude and norms towards a positively smoke free culture and environment, with ambitions to extend this into the wider community.

Sheila Wilson
Senior Health Policy Officer, Directorate of Public Health and Health Policy, NHS Lothian
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sheila.wilson@nhslothian.scot.nhs.uk