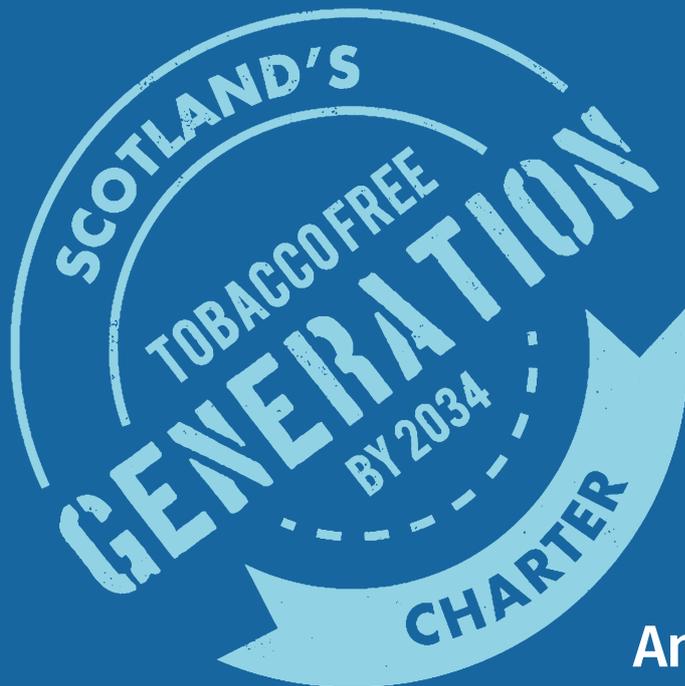


How action on tobacco can deliver on Health and Social Care Partnership outcomes



An illustrative guide
from ASH Scotland
and the Scottish
Tobacco-free Alliance

Acknowledgements

This guide was compiled by ASH Scotland on behalf of the Scottish Tobacco-free Alliance.

STA Council members and STA local tobacco-free alliance coordinators contributed to the structure and content of the guide.



ASH Scotland is the independent Scottish charity taking action to reduce the harm caused by tobacco.

We seek to improve health and quality of life by helping to create a society which supports young people in remaining tobacco-free, helps those who want to stop smoking, protects people from second-hand smoke and challenges the inequalities resulting from tobacco use.



Scottish Tobacco-free Alliance is Scotland's forum for information exchange, discussion and collaboration on all aspects of tobacco control and health promotion relating to smoking. The STA gives all those working with tobacco related issues a voice to influence the development of policy and practice across Scotland.

The STA is overseen by a Council elected from the membership. Management support is provided by ASH Scotland.

Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711).

HSCPs have a responsibility to deliver on the national health and wellbeing outcomes set by the Scottish Government

This guide will highlight the vital role that robust action to reduce smoking rates plays in delivering those outcomes and in influencing the key indicators of improved health agreed with the Scottish Government. The guide also illustrates the cross-sectoral nature of effective smoking prevention measures and how HSCPs are ideally placed to coordinate such measures.

HSCP Outcome	Key Facts	Example Actions
<p>OUTCOME 1 Supporting people to maintain and improve their own health and well being.</p>	<p>Smoking is the single biggest preventable cause of ill health and death.</p> <p>128,000 people are hospitalised each year and 10,000 are killed by smoking in Scotland.</p> <p>Stopping smoking is associated with reduced depression, anxiety and stress and improved positive mood and quality of life.</p>	<p>Integrate into service level agreements that all frontline agencies engaging with communities refer smokers to local stop smoking services.</p> <p>Ensure stop smoking services effectively target disadvantaged communities and provide an accessible and tailored service.</p>
<p>OUTCOME 4 Helping people to have a positive quality of life.</p>	<p>Around 13,300 young people start smoking each year in Scotland.</p> <p>Second-hand smoke exposure in children causes a range of illnesses and one in five of all cot deaths. Children living in smoking households are much more likely to start smoking themselves.</p> <p>17.3% of pregnant women are identified as smokers at first midwife appointment.</p>	<p>Encourage schools, youth groups and colleges to promote a tobacco-free culture.</p> <p>Ensure that Trading Standards Services are resourced to carry out robust enforcement of tobacco sales regulations.</p> <p>Ensure family support services support and encourage parents to protect their children by making their homes smoke-free.</p> <p>Ensure maternity services work to NICE guidance on smoking in pregnancy.</p>
<p>OUTCOME 5 Contributing to a reduction in health inequalities.</p>	<p>The smoking rate is 4 times higher in the most deprived areas than in the least deprived.</p> <p>Almost half of adults who are permanently sick or disabled, or who are unemployed and seeking work, are current smokers.</p> <p>A third of all tobacco is used by people with mental health issues.</p>	<p>Support money advice services, citizens advice bureaux, ethnic minority support groups and food banks to raise the financial costs of smoking with clients and refer them to stop smoking services.</p> <p>Mental health services should include stopping smoking as part of the support they provide to those experiencing poor mental health.</p>
<p>OUTCOME 9 Using our resources efficiently and effectively.</p>	<p>Smoking costs, conservatively, around £1.1 billion to Scotland each year.</p> <p>Stop smoking services are one of the most cost effective health care interventions.</p>	<p>Develop a coordinated tobacco control plan that co-ordinates the resources and actions of NHS, local authority and community and voluntary sectors with a view to reducing the harm caused by tobacco.</p>

OUTCOME 1 Supporting people to maintain and improve their own health and wellbeing

Helping people to stop smoking will support people to maintain and improve their health.

Smoking is the biggest preventable cause of ill-health in Scotland today.

Despite much progress in reducing smoking rates, almost 1 million people in Scotland today greatly increase their risk of cancer, heart disease, stroke dementia and diabetes by smoking.

Between a half to two thirds of smokers who do not manage to quit will be killed by their addiction, smoking is implicated in around 1 in 5 deaths in Scotland: that is around 10,000 deaths and 128,000 hospital admissions each year.

Smoking is currently a bigger contributor to ill health and death than alcohol, suicide, car accidents, murder, drugs and HIV/AIDS combined. Amongst the 35 – 69 age group an average of 22 years of life are lost for every smoking related death.

Smokers under the age of 40 have a five times greater risk of a heart attack than non-smokers. Smoking causes around 80% of deaths from lung cancer, around 80% of deaths from bronchitis and emphysema, and about 14% of deaths from heart disease. More than one quarter of all cancer deaths can be attributed to smoking. A heavy smoker increases their risk of developing dementia by up to 70%.

Most smokers say that they want to quit, and those who do so increasingly reduce their level of risk to a range of diseases. 1 year after quitting, the excess risk from coronary heart disease is half that of a continuing smoker and after 15 years the risk is the same. After ten years the level of risk of dementia returns to that of a non-smoker.

Action >>>

Any services supporting vulnerable groups will be engaging a community particularly affected by the harm and inequality caused by tobacco use.

Raising the issue of smoking through brief interventions, brief advice and signposting to stop smoking services, should be part of the training and role of all those who support people in poor health or experiencing difficult circumstances.

The Health Promoting Health Service places a duty on NHS staff to take opportunities to proactively raise health promotion messages with the people they work with.

The health and financial benefits of stopping smoking are such that a range of other professionals should also use every opportunity to support smokers to take a positive step should they be ready to do so.

Contracts, service level agreements and organisational mission statements which seek to enhance well-being should include specific reference to supporting those smokers who wish to quit, making this an inherent part of the service provided.

Professionals should:

- > ask people who smoke how interested they are in quitting
- > if they want to stop, refer them to an intensive support service such as NHS Stop Smoking Services.

In addition, a range of agencies across health and social care should offer advice and support on how to stop smoking.

Key agencies:

- > NHS (stop smoking services, doctors, dentists, psychiatrists, pharmacists and allied health care professionals)
- > social care providers
- > elderly care providers
- > drug and alcohol services
- > voluntary sector providers of care to patients and vulnerable groups.

OUTCOME 4 Helping people to have a positive quality of life

Action to reduce smoking will help people have a positive quality of life.

Prevention of smoking uptake and of exposure to second-hand smoke is a vital part of maintaining quality of life in every age group. Living with a smoker increases a non-smoker's chances of developing lung cancer by 20 – 30%.

Second-hand smoke immediately affects the heart, blood vessels, and blood circulation in a harmful way and over time can cause heart disease, strokes, and heart attacks.

Second-hand smoke exposure particularly affects children. It is estimated that second-hand smoke exposure in UK children each year causes over 20,000 cases of lower respiratory tract infection, 120,000 cases of middle ear disease, at least 22,000 new cases of wheeze and asthma, 200 cases of bacterial meningitis, and 40 sudden infant deaths – one in five of all cot deaths.

29% of Scots women in the most deprived SIMD quintile are current smokers at booking, exposing babies to greater risk of abnormality, premature birth and miscarriage (2015 provisional figure).

After Scotland banned smoking in public places there was a reduction in the rate of child asthma admissions of 18% per year compared to an increase of 5% per year in the years preceding it and a 17% reduction in heart attack admissions to nine Scottish hospitals. This compares with an annual reduction in Scottish admissions for heart attack of 3 per cent per year in the decade before the ban.

Children and adults are still being exposed to tobacco smoke and young people are still being recruited into smoking so further action is required.

In 2013–14 smokers materials and matches were the main source of ignition in 58 per cent of accidental dwelling fire fatalities. Domestic fires pose one of the greatest risks to children. Children playing with matches and lighters frequently start house fires.

Action >>>

Every life stage should be provided with information tailored to their needs that supports healthy lifestyle choices and easy access to stop smoking advice and support.

Changing culture to reduce second-hand smoke exposure, reducing support for under 18's smoking by adults and reducing child exposure to tobacco imagery is essential.

Local health boards, local authorities, voluntary sector support agencies, day care, schools, colleges and youth projects should endorse Scotland's Tobacco-free Charter, promote tobacco-free culture, set goals to reduce child exposure to SHS and reduce the visibility of smoking.

Educational resources through a local smoke-free homes initiative should be available to encourage the creation of smoke-free homes.

In particular vulnerable children and young adults in care should be provided with tobacco-free environments by carers who are role models for healthy living.

Preventing the initiation into smoking by around 13,300 young Scots each year requires a cross-sectoral initiative involving education services, enforcement services and community organisations.

There should be robust enforcement of laws on tobacco sales, Challenge 25 measures on age restricted products and measures against illicit tobacco.

Community education initiatives are required to decrease the social supply of tobacco to children including proxy-sales through retail outlets.

Partnership working between the health service and fire and rescue services should target fire safety and exposure to SHS.

Key agencies:

- > NHS Health Improvement
- > Children and Family Services
- > Education Services (nursery to college)
- > Home Start and related community and voluntary sector organisations
- > Fire and Rescue.

OUTCOME 5 Contributing to a reduction in health inequalities

Action to reduce smoking contributes to a reduction in health inequality.

Tobacco control is central to any strategy to tackle health inequalities as smoking accounts for approximately half the difference in life expectancy between the lowest and highest income groups.

Smoking is both a cause and an effect of health inequalities:

- incidence of lung cancer is around three times higher in the 20% most deprived areas of Scotland than in the 20% least deprived
- almost half of adults who are permanently sick or disabled (48%) are current smokers
- almost half of adults who are unemployed and seeking work (46%) are current smokers
- people with mental health problems are far more likely to smoke than those in good health, using one third of the tobacco smoked in the UK

Reducing smoking prevalence in deprived areas will reduce both health inequality and income inequality leading to a quality of life improvement for smokers and their families.

Smoking is the most important preventable cause of ill-health and premature death in Scotland, with smoking accounting for between half and two thirds of deaths. However, 34% of adults in the 15% most deprived areas of Scotland smoke, compared to 18% of those in the rest of Scotland.

A low-income family earning £18,400 a year, where both parents smoke 20 cigarettes a day, will spend a quarter of their entire income on tobacco or around £4,600 a year.

If the smoking rate in the 20% most deprived areas of Scotland fell just 1% (from 34% to 33%) Scotland's poorest communities would save £12.5 million a year.

Action >>>

Resource allocation needs to take account of the uneven prevalence of smoking across different societal groups.

Provide a Smoking Cessation Service flexible to the individual needs of clients and particularly targeted at those living in difficult circumstances.

Issue guidance to mental health services that smoking should not be sanctioned, but addressed as part of the problems affecting clients.

Ensure that financial support services raise the issue of smoking with clients and direct them to stop smoking services. Credit Unions may wish to offer a Cashtray account to channel savings from tobacco to family finance.

An educational initiative is required to communicate the vital role that stop smoking plays in reducing inequality.

Groups with higher smoking prevalence rates should be offered stop smoking support through referral by support agencies targeting:

- long-term unemployed
- those in receipt of benefits
- those experiencing poor mental health
- looked after children and young people
- the LGBT community
- those not in education or training
- minority ethnic groups with higher prevalence
- alcohol and drug users
- prisoners.

Key agencies:

- stop smoking services
- debt advisory services
- anti-poverty agencies
- Social Security
- Social Services
- Children and Family Services
- Scottish Prison Service.

OUTCOME 9 Using our resources

Action to reduce smoking contributes to the effective use of resources across society.

Valued workers who happen to be smokers are more likely to be off work or retire early due to ill-health than non-smokers. Productivity among former smokers increases over time toward values seen among never smokers. All workplaces therefore benefit from increasing non-smoking within the workforce.

For patients in need of medical treatment there is strong evidence that smokers who undergo surgery have a higher risk of lung and heart complications, have higher risk of post-operative infection, impaired wound healing, are more likely to be admitted to an intensive care unit, have an increased risk of dying in hospital, are at higher risk of readmission and remain in hospital longer.

Reducing smoking prevalence will have a long-term cost benefit to the NHS, local authorities and the whole of society (in 2009):

- treating smoking attributable disease in the NHS cost £271 million
- productivity losses due to excess absenteeism, smoking breaks and lost output due to premature death cost £692 million
- premature deaths due to second-hand smoke exposure in the home cost £60 million in lost productivity
- clearing smoking-related litter from the streets costs £34 million
- fires caused by smoking in commercial properties cost £12 million.

Smoking costs, conservatively, around £1.1 billion to Scotland each year.

Action >>>

Develop a coordinated tobacco control plan that co-ordinates the resources and actions of NHS, local authority and community and voluntary sectors with a view to reducing the harm caused by tobacco.

Smoking cessation with counselling and drugs is one of the most cost-effective interventions in medicine for reducing ill health and prolonging life.

The more intensive the intervention, the more cost-effective it is. A directory of healthcare programmes which ranked the cost-effectiveness of interventions in relation to quality-adjusted life years gained showed that giving up smoking following the advice of a general practitioner was ranked third in a list of 21 medical and surgical interventions aimed at preventing or treating diseases.

There should be clear strategy of providing support to quit before operations and upon admission to hospital.

Smokers stopping before surgical and medical interventions and pregnancies should be monitored and provided with support to avoid relapse.

Employers should be encouraged to participate in the Healthy Working Lives Award programme which in addition to reducing the prevalence of smoking will reduce absence due to smoking related illness and improve the wellbeing of the work force.

The Scottish Fire and Rescue Service working in partnership with other agencies should continue to educate the public on the danger of smoking related fires.

Success in reducing smoking prevalence and falls in smoking related illness and accidents should be monitored and celebrated to maintain motivation.

Key agencies:

- NHS: Stop Smoking Services, Doctors, Dentists, Psychiatrists, Pharmacists and Allied Health Care Professionals, NHS Health Improvement)
- Voluntary sector providers of care to patients and vulnerable groups:
 - social care providers, elderly care providers,
 - patient support groups
- The Health and Social Care Alliance.

Reducing second hand smoke exposure and smoking rates helps meet HSCP targets

The Scottish Government's 2034 target for a tobacco-free Scotland was modelled as part of the 2013 Tobacco Strategy, Creating a Tobacco-Free Generation. In 2021, the predicted smoking rate in the event that Scotland was on-track to reach 5% by 2034 was 12% overall. These targets are included in the National Performance Framework. ASH Scotland has articulated the benefits of reaching this target in the infographic to the right.

The first recommendation in the strategy is:

“Local Authorities and NHS Boards should work with partners in the voluntary sector and local communities to develop a local tobacco action plan for the region and these plans should be integrated with wider health improvement activity to help Community Planning partnerships reduce health inequalities as set out in the single outcome agreement 2013. This should be integrated with wider health improvement activity to help community planning partnerships reduce health inequalities”.

Tobacco control strategies contribute well to National Children's Outcomes and Health and Wellbeing Outcomes and success in reducing smoking prevalence and exposure to SHS will be reflected in the impact on some key indicators for successfully performing Health and Social Care Partnerships.

For example reducing rates of

- > emergency admissions of adults
- > emergency bed days of adults
- > 28 day adult hospital readmissions
- > premature mortality

More information

ASH Scotland provides access to a range of resources and staff support that can help in the formulation of local tobacco control plans, including examples of local plans from around Scotland.

ash
scotland
Taking Action on Smoking and Health

ASH Scotland's

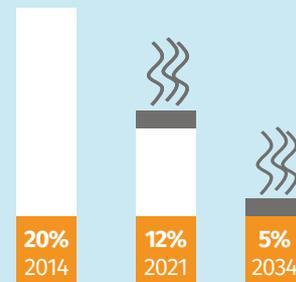
2021 Vision

There are around:

887,000
smokers in Scotland

10,000
deaths from
smoking each year

Scotland's aim is to get the smoking rate down:



Achieving the 2021 target would save:

NHS
SCOTLAND
£100 million+

Scotland's
poorest fifth
£100 million+

And each year there would be around:

1 million
fewer sick days
for Scotland's
businesses

1 million
fewer days lost in
productivity to
smoking breaks

And in total:

350,000 people
in Scotland would reduce their risk of:
stroke lung cancer heart disease
dementia diabetes COPD
and many more illnesses

www.ashscotland.org.uk

Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711). The registered office is 8 Frederick Street, Edinburgh EH2 2HB.