

Greater Glasgow NHS Board

Board Meeting

Tuesday 17 February 2004

Board Paper No. 2004/ 9

Acting Director of Health Promotion

A BREATHE OF FRESH AIR FOR SCOTLAND: TOBACCO CONTROL ACTION PLAN

1. INTRODUCTION

This paper summarises commitments made in *A Breath of Fresh Air for Scotland – the Tobacco Control Action Plan*, which was issued by the Scottish Executive in January 2004 and, where applicable, updates the Board on action being undertaken in Glasgow which supports the national Plan.

Recommendation:

The NHS Board is asked to:

- Endorse the priority being given to the prevention of smoking among young people, and through the Joint Health Improvement Plan (JHIP) process seek further support for the expansion of the Smoke Free Me and Smoke Free Class programmes.
- Instruct officers to work with NHS Health Scotland in support of the national communications strategy and review activities aimed at young people once the results of their research are available.
- Agree the expansion of the provision of evidence-based smoking cessation services, with particular focus on pregnant women and people living in disadvantaged circumstances.
- Play an exemplar role in the implementation of the Glasgow Tobacco Strategy and enlist the support of local authorities and other community planning partners to take forward a coordinated programme to reduce rates of smoking and the subsequent ill-health among people in Greater Glasgow.
- Play an active part in promoting the benefits of smoke free workplaces and smoke free public places.
- Establish a GGNHSB working group to develop a new tobacco policy within the strategic framework of making NHS Greater Glasgow smoke free
- Note the new target for the reduction of smoking rates in adults and the particular challenge this poses in areas of deprivation
- Note the expected production of the results of test purchasing pilot schemes and the provision of new enforcement protocols and, once these have been published, seek the support of local authority partners in their implementation.

2. BACKGROUND AND AIM

The Plan highlights smoking as the most important preventable cause of ill-health and premature death in Scotland, accounting for more than 13,000 smoking-related deaths every year, and estimates the annual costs to the NHS of treating smoking related disease at over £200 million.

The Scottish Executive's stated long term aim for the Plan is *"for no Scot to be exposed involuntarily to second-hand smoke at work or anywhere else and for them to choose to reject smoking as being an outdated and unfashionable practice which doesn't have a place within a healthy forward-looking nation."*

Efforts to improve health are inextricably linked with the social inclusion agenda and smoking is a key contributor to health inequalities, with the highest rates of smoking being found in the most disadvantaged communities. (The Health and Well-being survey 2002 results confirm this inequality gap with a smoking rate of 49% in SIPs compared with a rate of 27% in non-SIP areas). There is particular concern at the rates of smoking among young people (especially girls) where there has been no reduction evident.

3. THE APPROACH

Actions in the Plan are presented in 4 categories

Prevention – action to reduce smoking prevalence including a major review of prevention, education and communications efforts

Provision of services – action to further extend and improve cessation services

Second-hand smoke (passive smoking) – action to reduce health risks from second-hand smoke and reinforce efforts to 'de-normalise' smoking in Scotland

Protection and controls – legislative and other action to reduce the attractiveness and availability of cigarettes.

The Plan emphasises the need for long-term commitment and partnership working if action against tobacco is to be successful. Specific reference is made to the need for broad based action on tobacco control to feature strongly in the community planning process, joint health improvement plans (JHIPs) and NHS Board local health plans and for action on tobacco to form a core part of employers' workplace health and safety policies. The Greater Glasgow Local Health Plan Steering Group has identified tackling smoking as a priority and this is now being reflected within the individual JHIPs for each local authority area. The Tobacco Strategy for Glasgow details the various ways in which the different agencies can contribute to coordinated and concerted action to reduce the ill health caused by smoking.

For their part, the Scottish Executive has established a Ministerial Working group, chaired by the Deputy Minister for Health and Community Care to provide expert advice on the health impact of tobacco and provide a forum for the dissemination of best practice to health and other professionals throughout Scotland.

3.1 Prevention

The Plan highlights new evidence regarding the speed with which young people, particularly young girls, can develop nicotine dependence. Since more than 80% of adult smokers start smoking in their teens and most are addicted before they are 20, discouraging young people from starting to smoke needs to be given priority.

In Glasgow city health education on tobacco issues has been assimilated into the 5-14 school curriculum through the development of the *Glasgow's Health* curriculum resource, which supports teaching on a range of priority health issues as appropriate to the different stages in primary education. In addition specific tobacco teaching materials linked to the national curriculum aimed at children in Primary 5, 6 and 7 have been introduced to support the *Smoke Free Me* programme. This programme has to date been provided in schools in East & West Dumbartonshire and Glasgow (with additional funding from Glasgow City Council enabling it to be rolled out to all Glasgow primary schools within the next 2 years.)

All secondary schools in Greater Glasgow are invited to participate in the *Smoke Free Class* competition. This initiative follows a format used in 15 European countries and encourages Secondary 1 pupils, through a combination of peer support and reward to remain smoke free.

The Health Promoting School initiative and the roll-out of New Community Schools provide opportunities to create a culture and initiate action to support smoking prevention.

In the Plan, the Scottish Executive commits to reviewing current national communication and education programmes and to develop a coherent, integrated long-term communications strategy to guide future prevention activity at national and local levels. In partnership with NHS Health Scotland, the Scottish Executive will commission further research with young people on the factors that lead them to start or resist smoking and track awareness of the dangers of smoking and passive smoking amongst key target groups.

3.2 Smoking Cessation Services

The Plan acknowledges that a reduction in smoking levels in Scotland will require an increase in the provision of cessation services, tailored to meet the needs and circumstances of different groups, especially the most disadvantaged and based on evidence of effectiveness.

A particular emphasis is placed on reducing smoking rates amongst pregnant women (with currently 27% of pregnant women smoking, meaning that about 13,500 babies born in Scotland have been put at risk from the effects of tobacco.)

In Greater Glasgow specialised smoking cessation services have been developed by Smoking Concerns through

- a) The *Fresh Start* Community pharmacy scheme with 120 pharmacists participating, providing a 12-week programme with NRT (free or at prescription cost) and one-to-one support from staff who have completed a training course on smoking cessation.
- b) LHCC smoking cessation groups, with the same NRT provision as above, which follow an 7-week programme based on the Maudsley model, which has been evaluated as most effective for heavily addicted smokers.

A new programme will be launched in May 2004, developed in partnership with the three maternity hospitals to provide smoking cessation support for pregnant women, including NRT if required. Initial work is underway to develop a pilot service in acute hospitals (linking with services in the community).

The Action plan commits the Scottish Executive to increasing funding for smoking cessation services (£1m in 2003/4, £1m in 2004/5, £5m in 2005/6). NHS Boards are expected to use the Revised *Smoking Cessation Guidelines for Scotland* and the *Smoking Atlas of Scotland*, which are due to be published by the end of March 2004, to assess local needs, identify gaps and develop plans to fill these gaps.

The Scottish Executive will seek to increase the evidence base for effective cessation services and will negotiate and agree cessation targets with each NHS board by the end of July 2004. As part of this process they are working with NHS Boards, ISD and Partnership Action of Tobacco and Health (PATH) to introduce relative baseline measures and develop outcome based measures for future use. (Greater Glasgow is providing information about the evaluation of our current services, including cessation rates, which it is hoped will inform this work and ensure that targets set by the Executive are realistic and take into account the particular challenges of smoking cessation in areas of high deprivation.)

3.3 Second-hand Smoke (ETS)

The report acknowledges that the medical evidence of the health risks posed by second-hand smoke (also known as environmental tobacco smoke – ETS) is clear, but recognises that there is a poor understanding of these risks among the public. There is therefore a need for more public education and firm action to extend smoke free zones in public places and workplaces, with the Scottish Executive, local authorities and NHS Scotland being expected to show leadership in the creation of smoke-free environments.

The plan sets out the following actions in tackling second-hand smoke:

- In 2004 the Scottish Executive will sponsor a major public debate on actions to minimize the impact of second- hand smoke.
- A national advertising and communications campaign will be developed about the dangers of second- hand smoke.
- The Scottish Executive will review their own staff smoking policy, with a view to introducing a complete ban by the end of July 2004.
- As part of efforts to facilitate ‘healthy working lives’ employers, trade unions, voluntary groups and representative organisations will be challenged to encourage and support the introduction of effective smoking policies by all Scottish employers.
- NHS boards and local authorities will be encouraged to review their smoking policies by the end of 2004.

In Greater Glasgow there are currently 142 workplaces (covering 113,345 employees) participating in the Scotland’s Health at Work award scheme, all of which have smoking policies. A major focus of the work of the Health at Work team in this coming year will be to encourage employers to review their policies with a view to increasing the numbers of smoke free workplaces and, in partnership with Glasgow Chamber of Commerce and Glasgow City Council, they are organising a conference in June 2004 on workplace health promotion including the health and safety issues posed by second-hand smoke.

The Chief Medical Officer has outlined his expectations of the role to be played by the NHS in adopting smoke free workplaces:

“NHS Scotland must be an exemplar employer in all respects including particularly Health Improvement. Tobacco control and healthy workplaces are key elements of the Health Improvement Challenge so I expect every Trust to deploy maximum effort in prioritising a smoke free workplace and smoking cessation services for workers (and patients) who smoke. Staff in acute trusts also deal with carers and relatives in situations where they are facing the direct health consequences of smoking in cardiology, cancer, vascular and respiratory disease clinics. We need also to consider how to use staff to reinforce the smoking cessation message in these very sensitive situations.”

At present each organisation within NHS Greater Glasgow has its own smoking policy. The advent of single system working as one NHS organisation in April 2004, provides the opportunity to develop a single tobacco policy. This policy should not only place restrictions on smoking by staff (and patients), but also, in line with the Chief Medical Officer’s guidance, include support for staff and patients to stop smoking and recognise the contribution such a policy can make to smoking prevention and the reduction of smoking rates in the wider community. The Glasgow Tobacco Strategy, which is supported by all the main agencies in the city, requires each of them as employers to commit to working towards smoke free workplaces. NHS Greater Glasgow, as one of the partners in community planning (and as the recognised ‘sponsor’ of the strategy) must be prepared to ‘lead by example’ in this respect.

In developing an effective tobacco policy, it is recognised that there are significant, but not insurmountable, problems to be addressed in achieving a smoke free environment throughout all workplaces in NHS Greater Glasgow. It is however important that the Board commits to this goal – so that subsequent work is set within a strategic framework that supports a smoke free workplace and is understood by all in the context of the board, not merely meeting their duty to provide a safe environment for staff but as an integral part of their commitment to health improvement.

To ensure that the eventual policy is effective, it is proposed that a pan-Glasgow multi-disciplinary working group be established, to be chaired by the Director of Health Promotion and to include representation from the Board and the Area Partnership Forum, with the remit of reviewing existing policies and reporting to the Board on the development of a single unified policy by December 2004 (in line with the timescale set out in the Plan).

3.4 Protection and controls

The Plan outlines the range of actions taken by government to date to restrict the sale of tobacco including legislation to prohibit the sale of tobacco to under-16s, the banning of tobacco advertising and new regulations to be made regarding point-of-sale advertising, taxation and action to tackle smuggling.

The following actions in relation to protection and control are listed in the Plan:

- The results of the test purchasing pilot scheme (in relation to illegal sales of tobacco products to under 16s) will be evaluated and possibly extended to secure more convictions.
- In the light of the decision on test purchasing the Scottish Executive will agree an enforcement protocol with local authorities to guide more effective enforcement.
- The roll out across Scotland of the Young Scot Card scheme will be encouraged as a means of providing proof of age.
- Subordinate legislation will be introduced in the Scottish Parliament to deploy the Tobacco Advertising and Promotion act 2002.
- Appropriate arrangements will be put in place to monitor the Tobacco Advertising and Promotion Act 2002 and act to close any loopholes which are identified.
- The Scottish Executive will work closely with the UK government to promote tobacco control policies at UK and international level.

The Young Scot card is being actively promoted by local authorities with incentives for young people to enjoy reduced rates for leisure facilities etc. and in Glasgow City 27,000 young people now have a Young Scot card, (which includes over 87% of those aged 12 – 16). Discussions are underway with East Renfrewshire Council regarding a campaign for local retailers, once the results of the test pilot scheme are known and the Scottish Executive has produced the protocols.

3.5 Monitoring progress and targets

The Plan requires each NHS board to have a broad-based programme of tobacco control action which will be monitored through the Performance Assessment Framework.

There is an extensive programme of tobacco-related work in Greater Glasgow – and the Tobacco Strategy for Glasgow provides a strategic framework, which sets the NHS action alongside that of other community planning partners.

The Plan confirms the existing target for reducing smoking rates amongst young people (aged 13-25) to 12% in 2005 and 11% by 2010 and reducing the proportion of women who smoke in pregnancy to 23% in 2005 and 20% in 2010. (Drumchapel SIP has reported 50 % of women smoking at antenatal booking clinic.)

To reflect the action in the Plan, the Executive has increased the existing target for smoking rates amongst adults (aged 16 – 64) to 29% (the target was previously 31%) by 2010. (The current overall rate of smoking among adults in Greater Glasgow is 33% and while the smoking rate of 27% in non-SIP areas is below the target, the rate of 49% in SIP areas presents a significant challenge.)

The new Ministerial Working Group will review these targets in 2004 following the publication of the *Smoking Atlas of Scotland* and the latest results from the Scottish Health Survey and surveys of Scottish school children and will consider the potential for targets based on specific areas of demographic groups.

In the meantime NHS Boards and their health improvement partners are expected to set local milestones as a stepped process towards meeting national targets. The Local Health Plan Steering Group and the development of JHIPs for each local authority area will provide a mechanism for this process.

4. CONCLUSION AND RECOMMENDATIONS

The Tobacco Control Action Plan acknowledges the work that has been undertaken to date to reduce rates of smoking through prevention, education, smoking policies, the provision of smoking cessation services and tobacco control measures. However the Scottish Executive believes that the time is right to step up the pace of advance and in this Plan sets out a range of actions to which the Executive is committed, together with a number of key actions expected of NHS boards and other partners.

In response to the Tobacco Action Plan, it is recommended that the NHS Board:

- Endorse the priority being given to the prevention of smoking among young people, and through the Joint Health Improvement Plan (JHIP) process seek further support for the expansion of the Smoke Free Me and Smoke Free Class programmes.
- Instruct officers to work with NHS Health Scotland in support of the national communications strategy and review activities aimed at young people once the results of their research are available.
- Agree the expansion of the provision of evidence-based smoking cessation services, with particular focus on pregnant women and people living in disadvantaged circumstances.
- Play an exemplar role in the implementation of the Glasgow Tobacco Strategy and enlist the support of local authorities and other community planning partners to take forward a coordinated programme to reduce rates of smoking and the subsequent ill-health among people in Greater Glasgow.
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- Establish a GGNHSB working group to develop a new tobacco policy within the strategic framework of making NHS Greater Glasgow smoke free
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