

Director of Public Health

**TACKLING TOBACCO
WITHIN NHS GREATER GLASGOW AND CLYDE**

Recommendations:

The Board is asked to note:

- That NHS GGC's HEAT 6 target on smoking cessation has been achieved
- The continued impact of tobacco on the health of the population in NHS GGC despite recent reductions in smoking prevalence
- The importance of adopting a comprehensive, multi-faceted approach to tobacco control
- The broad range of evidence-based programmes that are delivered in NHS GGC to tackle the issue of smoking
- The cost-effectiveness of tobacco control interventions, including smoking cessation
- The future direction of NHS GGC's tobacco programme

1. Introduction

There has been significant progress in tobacco control in Scotland over the past decade with successive Governments recognising the importance of tackling tobacco as part of wider action to improve the health of the population and reduce health inequalities.

There is smokefree legislation in place to protect workers from second-hand smoke, comprehensive stop smoking services to support people who want to stop smoking and a wide range of initiatives to reduce smoking uptake in young people.

As a result, smoking has, over the past decade, fallen considerably in Scotland with adult prevalence falling to just over 24% of the population in 2009. Despite this, smoking rates in Scotland remain higher than equivalent figures for England and Wales (21% of all adults). Smoking levels in NHS GGC are higher than this at 26%, with levels above 50% in some of the board's most deprived communities.

The adverse health effects both of active smoking and exposure to second-hand smoke are well-established, and together they inflict a significant burden of death and disease nationally on Scotland's population and locally within NHSGGC. Of most concern is the fact that smoking has become concentrated in the poorest communities.

2. Background - Incidence and impact of smoking in NHSGGC

2.1 National Prevalence Information

- 24% of adults smoked in 2009/10. This is a 5.5 percentage point reduction on levels in 1999. The percentage of adults who smoke was one of the Government's national performance indicators, with the aim of reducing the percentage of the adult population who smoke to 22% by 2010. This has not been achieved.
- Typically, more men than women smoke (26% and 23% respectively). Younger men more commonly smoke than younger women, with the gap widest (eight percentage points) between the ages of 25 and 34 years.
- A study of fifteen thousand people living in Renfrew and Paisley (*Gruer at al., 2009*) found that smoking had a greater influence on mortality than social position - non-smokers from lower social classes had better outcomes than smokers from higher social classes.

2.2 Local Prevalence Information

- 26% of adults over the age of 16 years smoked in NHSGGC in 2009/10 (this is the 4th highest level in a Scottish Health Board area after Western Isles at 31%, and Ayrshire and Arran and Lanarkshire, both at 27%) (*Scottish Government, 2011*)
- Positively, 2009/10 SHS data shows a decline in smoking across most local authority areas in NHSGGC, compared to 2007/08 (Table 2). However, Inverclyde shows a significant increase in smoking prevalence, now with one of the highest levels in Scotland (*Scottish Government 2011*).

Table 2: Smoking prevalence by local authority in 2007/08 and 2009/10

	Smoking Prevalence (%)	
	2007/08	2009/10
Glasgow City	32	29
Inverclyde	25	31
East Dunbartonshire	17	14
West Dunbartonshire	27	24
Renfrewshire	25	26
East Renfrewshire	19	17

- The most recent CHCP data on smoking prevalence from 2007 shows that the CHPs with the highest smoking prevalence are in the NHSGGC area, particularly Glasgow. North Glasgow and East Glasgow have the highest prevalence (37%), followed by South West Glasgow (34%). However, East Dunbartonshire and East Renfrewshire have the lowest smoking prevalence (*Health Scotland 2007*).
- Estimates of smoking levels within Intermediate Zones in CHCPs in NHS GGC, show clearly the link between smoking and poverty (*Health Scotland 2007*). In Renfrewshire where 26% of the population is estimated to smoke, 45% of the population is estimated to smoke in Ferguslie compared to 13% in Houston North. 52% of the population are estimated to smoke in North Drumchapel and in North Barlanark / Easterhouse South.

3. Health Impact

Smoking was responsible for 13,321 deaths in Scotland in 2008. This is around a quarter of all deaths, with men and women who die in middle age losing on average 22 years of healthy life.

Comparing deaths from other causes during the same period, alcohol was responsible for 1,411 deaths and drugs (such as opioids, sedatives, or stimulants) for 574. Smoking also causes and contributes to non-fatal conditions that significantly reduce the quality of life for those who experience them (*ASH Scotland, 2010*).

Greater Glasgow & Clyde had the highest number and proportion of deaths from smoking in all age/sex groups. Over the five-year period, (2000–2004), there were more than 20,000 deaths attributed to smoking in Greater Glasgow & Clyde, equating to 29% of deaths at all ages. Among 35- to 69-year-olds, smoking accounted for 34% of all deaths for both men and women in the board area (*Health Scotland, 2007*).

4. Cost of Tobacco Use to the NHS in Scotland

Smoking causes, or increases the risk of contracting, the following diseases and conditions (among others): lung cancer, chronic obstructive pulmonary disease, coronary heart disease, stroke, emphysema, bronchitis, acute myeloid leukaemia, cancer of the kidney, pancreas, bladder, larynx, pharynx, cervix, stomach, oesophagus, oral cavity, uterus and a range of adverse reproductive and early childhood disorders including: infertility; preterm delivery; stillbirth; low birth weight; and sudden infant death syndrome (SIDS).

These diseases all incur treatment costs. The table below gives an indication of three sources for smoking-attributable costs to the NHS in Scotland (*from ASH Scotland 2010*).

Source	Cost per Annum	Year of Data
<i>Allender et al. 2009</i>	£409 million	2005/06
<i>Scottish Government</i>	£200 million	2004
<i>Callum et al. 2008</i>	£271 million	2006/7

Due to the older data associated with the first two estimates, currently the most accepted figure is £271 million from *Callum et al.*

5. Evidence Base for Tobacco Control

As the reasons for smoking are many and varied, no single approach to tackling smoking will be successful. Instead there is clear evidence that the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach at both national and local level. Comprehensive tobacco control is broader than just the provision of local stop smoking services or enforcing smoke free legislation.

The most successful programmes attempt to change the social climate around smoking, discourage people from starting to smoke, help people to stop and create an environment that is increasingly free of tobacco smoke. Policy makers at an EU, UK and Scottish level acknowledge the effectiveness of this approach (*Taulbut et al., 2008*).

Adopting such as approach is cost effective with research in the Lancet (2011) showing California's multi faceted tobacco control scheme cost US\$1.4 billion (£895 million) during its first 15 years, saving US\$86 billion (£55 billion) in direct healthcare costs in the process - a 61 times return on investment.

5.1 Prevention

Smoking is an addiction largely taken up in childhood and adolescence, so it is important to reduce the number of young people taking up smoking.

The National Smoking Prevention Action Plan: Scotland's future is smoke-free (2008) describes key actions to reduce youth smoking including: smoking prevention education; further tobacco advertising restrictions; restricting the sale of tobacco products; and reduction of the trade in illicit tobacco products. These measures to reduce youth smoking are highly likely to result in economic savings due to reduced numbers of young people becoming smokers.

Of particular importance in smoking prevention is breaking the cycle of young people's exposure to tobacco, ensuring smoking is not seen as the norm.

5.2 Stop Smoking Services

NHS stop smoking services can at best deliver a prevalence fall of 0.33 - 0.5% per annum. Solely focussing on supporting people to stop smoking is

not enough to significantly reduce smoking within the population locally or nationally.

Clinical trials indicate the optimal form of support involves multi session, intensive behavioural support (delivered face to face in groups or individually, or by telephone), together with pharmacotherapy. This helps between one in seven and one in ten smokers to stay quit for 6 months or longer, taking into account context and potential population.

5.3 Second Hand Smoke (SHS)

It is widely recognised that reducing exposure to second hand smoke is a key component of a comprehensive tobacco control programme, with evidence showing that the smokefree legislation has had a positive impact on health.

Following implementation of the smoke free legislation in Scotland:

- A study of nine Scottish hospitals found a 17% reduction in heart attack admissions. This compares with an annual reduction in admissions for heart attack of 3% per year in the decade before the ban.
- There was a 39% reduction in second hand smoke exposure in 11-year-olds and in adult non-smokers
- There has been a 13% decrease per year in childhood asthma admissions. (*Haw, 2010*)

However children, particularly those from poorer backgrounds continue to be exposed to SHS in the home and the car, significantly affecting their health.

Much has been achieved in making the NHS smoke free, however despite a ban on smoking in NHS hospitals and grounds, smoking within NHS grounds remains a significant issue.

6. Tobacco Control within NHSGGC

In line with national policy, a comprehensive approach as described above has been adopted within NHSGGC, with a range of programmes in place addressing cessation, prevention and protection.

The Tobacco Planning and Implementation Group (PIG) is the NHS group responsible for co-ordinating a strategic approach to tobacco control within NHSGGC. The work plan of the group is strongly linked to national policy.

Each CH(C)P area has its own tobacco control plan and monitoring structures in place, in partnership with LA colleagues and other organisations. Common performance measures are being developed in line with national tobacco policy (see appendix 1).

Key elements of the NHSGGC tobacco programme are described below:

6.1 NHSGGC Stop Smoking Services

Services in NHSGGC are firmly based on the evidence and national recommendations contained within "*A guide to smoking cessation in Scotland 2010: Planning and providing specialist smoking cessation services*" (NHS Health Scotland).

Standardised, integrated, evidence based stop smoking support is provided in a range of settings across the health board area, co-ordinated by Smokefree Services (Public Health Department). Patients can self refer or be referred to services and receive up to 12 weeks of support, including pharmacotherapy.

NHSGGC stop smoking services include:

- **Smokefree Pharmacy Service:** pharmacy-based support which involves one-to-one stop smoking support through the network of community pharmacies once a week for up to 12 weeks.
- **Smokefree Community Services:** weekly group stop smoking support delivered over 7 weeks (and a small number of one-to-one interventions) within the community linked to primary care.
- **Smokefree Pregnancy Service:** a specialised stop smoking service offering tailored one to one support for pregnant women. All pregnant women are CO monitored and all those identified as smokers referred to the service.
- **Smokefree Hospital Service:** patients are offered stop smoking support during their stay in hospital (including mental health units). Stop smoking support continues on discharge, delivered through either the Smokefree Community Service or Smokefree Pharmacy service. Patients not wanting to quit are offered NRT to help them stay smokefree during their hospital stay.
- **Butt Out Youth Stop Smoking Service:** offers one to one or group support to young people aged 18 and under delivered in the community setting. Includes specialist stop smoking support delivered within residential units for Looked After and Accommodated Children.

An ongoing programme of training and mentoring is in place to ensure the network of stop smoking advisors and pharmacists are delivering evidence based support and sharing best practice.

6.1.1 Performance of NHSGGC Stop Smoking Services

The final performance report for the smoking cessation HEAT target has now been published by ISD Scotland, detailing the number of successful one month quits for each Board. NHSGGC services surpassed the target, achieving 25,455 quits at 4 weeks compared to a target of 21,240, a variance

from target of 20%. In addition, all CH(C)Ps achieved their local target for the same period. This places NHSGGC as one of the top performing Boards in Scotland in relation to HEAT 6.

A new successor HEAT 6 target is now in place which includes a deprivation based measure, in addition to the population wide measure (60% of quits have to come from the 40% within Board most deprived areas).

6.1.2 Cost of Stop Smoking Services (National)

Stop smoking services are provided free of charge through the NHS in Scotland.

As smoking causes such significant harm to health, evidence-based stop smoking intervention (brief advice to stop given by a GP, intensive group or individual interventions, or the use of pharmaceutical aids) are among the most cost-effective interventions available in preserving life, particularly relative to other routinely used primary prevention and screening interventions. Stop smoking interventions remain cost-effective, even if the individual has been a smoker for many years (*Health Scotland 2010*).

When examining life years gained (a standardised outcome measure used to judge the cost-effectiveness of medical interventions), the provision of behavioural support and pharmacotherapy costs approximately £1,000 or less per life-year gained, compared with statins which cost nearly £25,000.

Each health board in Scotland provides a stop smoking service, and a national database managed by ISD Scotland captures information on quit attempts made and their outcome. Following the same methodology used by the Department of Health in England, a cost-per-quit can be calculated for 2007 to 2009.

Table 2: Scottish smoking cessation services cost per quitter

	2007	2008	2009
Level of funding (£000s)	11,000	14,461	14,746
Number of successful quitters	15,309	20,188	26,485
Cost per quitter	719	716	557

1. A quit attempt is counted as successful if the client has quit smoking at 4 weeks follow up
2. Cost per quit excludes the provision of pharmaceutical quitting aids on prescription
3. Figures quoted do not take into account inflation, and are presented in cash terms only
4. Levels of funding are for the financial year whilst quits are recorded over the calendar year
5. From 2008 onwards the level of funding includes the set up, training and operation costs of the national pharmacy scheme for smoking cessation where stop smoking advice is offered through Scotland's network of community pharmacies

Cost-per-quit has decreased over the years of measurement as service throughput and quality of recording has increased. Analysis of NHS GGC figures shows a similar decrease over time however more work is required to accurately analyse the full cost of the service at a local level.

6.1.3 Smoking cessation in pregnancy

Smoking in pregnancy is still a significant issue with estimated 17% pregnant women smoking in NHS GGC, with particularly high levels in SIMD1 and in young women. (The under reporting of smoking status means that this figure is more likely to be in the region of 25%).

GGC NHS Board had 13, 860 deliveries in 2009. Based on this delivery rate if a real smoking rate of 10% were achieved this would result in:

- around 13 fewer still births every year
- around 190 fewer Low Birth Weight (LBW) deliveries a year. LBW is an important risk factor for infant morbidity and mortality, later CHD, type 2 diabetes and obesity
- 38 fewer miscarriages (up to 7.5% of all miscarriages are attributable to smoking)
- significantly fewer hospital admissions (0-1 month babies) as well as considerable reduced antenatal care activity
- a reduction in sudden infant death rates. Pre natal maternal smoking is associated with an increased risk of sudden infant death of 2-5 fold

The total annual cost to the NHS of smoking during pregnancy is estimated to range between £8.1 and £64 million for treating the resulting problems for mothers and between £12 million and £23.5 million for treating infants (aged 0–12 months) (Godfrey et al. 2010). Reducing smoking levels to 10% would enable resources to be redirected to other aspects of maternal and child health.

6.2 Prevention Programmes

Despite progress which has resulted in a decline in youth smoking over the last decade, significant numbers of young people continue to take up the smoking. Smoking prevention programmes aim to reduce these numbers. These programmes have the potential to result in the most significant savings of any initiative, as the excess burden of mortality and disease is completely avoided

6.2.1 *Prevention Initiatives in NHSGGC*

A range of prevention initiatives are in place across NHSGGC based on the proposals contained within the *Scottish Governments National Smoking Prevention Action Plan: Scotland's Future in Smokefree (2008)*. Programmes include

- **W West:** launched in 2009 W West is a youth led pro-choice smoking information movement, aiming to give young people the facts about smoking and enable them to make informed choices. The group is co-ordinating a "*Plain Truth*" campaign to raise awareness of the tobacco industry's use of marketing and packaging to attract young smokers to their brands. In partnership with Stirling University the group has surveyed 1000 young people for their views on tobacco packaging. W West intends

to present their findings to the Scottish Governments Cross Party Group on Tobacco.

This innovative approach has achieved worldwide recognitions including presentation to the European Parliament in 2010.

- **Smokefree Schools Programme:** NHSGGC tobacco programme continues to support education colleagues in all local authorities to deliver evidence based tobacco education due in both primary and secondary schools to ensure effective tobacco education as part of the curriculum.
- **Healthier and Safer Play Areas:** in partnership with Glasgow City Council and sectors within Glasgow CHP, implementing a Healthier and Safer Play Areas initiative, a component of which is to ensure that all Glasgow City play areas are smoke free (an action contained within the Glasgow Tobacco Strategy) by 2014. The pilot has evaluated positively and the initiative will now be rolled out across all Glasgow play areas. Inverclyde are implementing a similar programme but focussing solely on smoking called "Healthier Lungs at Play".
- **Illicit Sales:** Addressing the use of illicit tobacco is a key prevention measure. The illicit sale of tobacco is increasingly an issue, with evidence showing purchase levels of illicit tobacco were above average among the youngest smokers (*ASH Scotland, 2011*).

The illicit tobacco market can undermine measures to limit youth access to tobacco as it is less likely that smuggled cigarettes vendors will comply with legislation on the sale of tobacco to underage 18s. It also undermines the UK Government's policy of using tax to maintain the high price of tobacco in order to reduce smoking, especially among the young and disadvantaged who are more sensitive to price.

The Tobacco PIG is currently considering the issue and how best to work in partnership to address this issue in NHSGGC, including influencing national policy and the possibility of adopting key elements of illicit tobacco intervention currently being delivered in the North East of England.

6.2.2 Impact of youth Smoking Prevention Programmes

Whilst it is difficult to ascertain the impact of each element of the prevention programme (both at a local and national level), research in Glasgow has shown that smoking levels in young people are declining. The recently published Glasgow schools survey of over 10,000 young people showed that smoking levels have decreased from 9.7% in 2007 to 8.4% in 2010. Nationally, recent surveys have shown a similar trend (*Currie et al., 2011*).

6.3 Second Hand Smoke (SHS)

Exposure to tobacco smoke can have particularly adverse effects on children and infants. A recent report by the Royal College of Physicians (2010) on

child exposure to SHS concluded that it is responsible for around 40 cases of sudden infant death syndrome; 20,000 cases of lower respiratory tract infection; 120,000 cases of middle ear disease; 22,000 new cases of wheeze and asthma; and 200 cases of bacterial meningitis in the UK annually.

6.3.1 Cost of Treating SHS to the NHS

Treating these cases generates over 300,000 general practice consultations and around 9,500 hospital admissions each year. In Scotland, service access and treatment costs as a result of exposure to SHS have been estimated in the region of £2 million. Interventions to reduce second-hand smoke exposure in children have the potential to make cost savings to the NHS as well as improving the health of children.

6.3.2 Programmes to Reduce Exposure to SHS in NHS GGC

NHS GGC has undertaken a campaign to raise parents/ carers awareness of the impact of SHS on children, including recently published research on the levels of SHS in cars, a resource distributed to all primary 1 schoolchildren on SHS for use at school and at home, leaflets, posters and media work. This is supported by a training programme for those working with children under the age of 5 years to enable them to raise the issue of SHS and to support parents to make positive changes.

Work is underway with the voluntary sector to introduce effective smoke free policies within youth organisations, as well as supporting the implementation of smoke free care placement policies for Looked After and Accommodated Children with local authorities.

NHS GGC has a smoke free policy which since 2008 has also included NHS grounds. This policy helps to ensure that staff are protected from the effects of SHS and to demonstrate NHS GGC exemplar role in relation to action on tobacco.

Through Healthy Working Lives there is work with employers to ensure the implementation of effective tobacco policies in the workplace.

6.4 New Developments – targeting 16-24 year olds

Unlike smoking prevalence rates in adults and in young people, prevalence rates in the 16 – 24 year age group present a mixed picture with no clear trend. Stop smoking services often find it hard to engage with this age group, and initiatives to prevent uptake through education and awareness raising have not been previously targeted at 16 – 24 year olds. NHS GGC is working with partners to develop a specific tobacco action plan for 16 – 24 year olds focusing on prevention, cessation and secondhand smoke.

6.5 Media Campaigns and National Events

Stop smoking mass media campaigns and national events such as No Smoking Day that work to encourage smokers to stop have been shown to be cost-effective in encouraging smokers to quit, and to seek out appropriate stop smoking support should they desire it.

The Central Office of Information (2009) estimated that the tobacco control campaign running between 1999-2004 (of which mass media campaigns were a central component) generated over £7.1 billion of savings in costs to the NHS, reduced domestic fire risk, and lives saved, against an advertising spend of £49.3 million

Though mass media campaigns are the remit of the Scottish Government, local awareness raising and social marketing campaigns linked to national campaigns have a significant impact in terms of uptake of local stop smoking services. Smokefree Services, NHS GGC Communications team and the Evening Times collaborated closely on the Glasgoals campaign in 2010 which helped raise the profile of the services generally and awareness of other tobacco issues such as the impact of SHS.

There is concern about the reduction in the level of national mass media activity in relation to smoking in 2010/11 and the impact this has on public awareness of stop smoking services and therefore on service uptake.

7. **Where Next**

- Maintain links with national tobacco control policy and evidence base on effective tobacco control, to ensure effective delivery at a local level.
- Influence national policy through:
 - contribution to national tobacco groups (National Cessation Co-ordinators Group, Scottish Coalition on Tobacco, Scottish School of Public Health Tobacco Working Group) and meetings
 - NHS GGC/local tobacco alliance responses to national consultations
 - maintaining close working relationship with Tobacco Control Delivery Lead within Scottish Government
 - undertaking relevant research to help contribute to the development of national tobacco policy
- Ensure a focus on the delivery of NHS GGC HEAT 6 but maintain commitment to comprehensive tobacco control approach, focussing on the principle strands of programme:
 - > Cessation (HEAT)
 - Ensure achieve HEAT 6
 - Ensure services meet the needs of specific priority groups including young people, BME, men, mental health, and inequalities. There are

issues with these groups in terms of accessing services, quit rates and relapse prevention
Support for the incentive in pregnancy scheme

> Prevention

Support youth advocacy as an approach

Maintain support for Healthier and Safer Play Areas

Reduce youth access to tobacco through action on illicit sales

Secondhand smoke

Smokefree youth environments – adopt a zero tolerance approach to smoking within youth environments

Ongoing action to reduce children's exposure to SHS in the home and car

NHS policy – explore further options to improve compliance

- Support to partner organisations to deliver tobacco control, particularly:
 - reducing youth access to tobacco through the effective implementation of legislation– Local Authorities Trading Standards Services
 - maintaining compliance with the smokefree legislation – Environmental Health Services
 - delivering effective tobacco education in schools and youth organisations
 - effective tobacco policies – workplaces, youth organisations, NHS

- Maintain focus of local media and promotion campaigns given the reduction in the level and profile of national media campaigns. Emphasis the importance of national media campaigns on tobacco.

Appendix 1: DRAFT TOBACCO PERFORMANCE MEASURES FOR LOCAL TOBACCO PLANS

1. A co-ordinated approach to tobacco control locally, linked to Board wide and national tobacco policy approaches

- Multi agency, equality proofed tobacco plan/strategy and monitoring plan in place, ensuring that action plan is linked to national policy and reflects the identified priorities below
- Identified reporting structure to oversee the implementation and monitoring of the tobacco strategy/plan
- Local SOA linked to tobacco or local tobacco targets in place

2. Prevention: to continue to reduce significantly the number of young people who start smoking in all communities in Glasgow and Clyde

2.1 Local action to contribute to the achievement of the national targets relating to a reduction of smoking prevalence in children and young people

- Number of schools implementing Trade Winds or other recognised tobacco programme in primary schools and the level of participation by secondary schools in the SF Class Competition or other recognised tobacco programme for secondary schools, linked to CfE
- Increase in the number of youth environments with effective no smoking policies in place (internal and external) i.e. playgrounds, youth organisations, schools
- Increase in numbers accessing youth cessation support
- Demonstrate youth involvement in the development of youth related tobacco programmes
- Action plan incorporates measures to tackle smoking in 16 – 24 year olds

2.2 Reduce youth access to tobacco by supporting the rigorous enforcement of the tobacco sales legislation at a local level including point of sale and vending machines

- Tobacco retailers test purchasing programme in place, implemented by Trading Standards
- Reduction in number of retailers willing to sell cigarettes to children
- Effective implementation of Point of Sale legislation and removal of all vending machines (when legislation in place)

2.3 Contribute to a reduction in supply of and demand for illicit tobacco (counterfeit, bootlegged and smuggled)

- Develop local relationship with HMRC/Trading Standards in relation to the illicit sale of tobacco (smuggled and counterfeit)

3 Cessation: support people in NHS Glasgow and Clyde to quit smoking

3.1 Effective NHS stop smoking services in place to support those who want to stop smoking to do so, using evidence based approach

- Achieve the local HEAT 6 target across all strands of the stop smoking service including the deprivation element of the target
- Quarterly reporting on performance by NHS GGC's Information Services presented at the Tobacco PIG and annually through ISD reports on stop smoking services
- Local adherence to national and NHS GGC protocols and pathways relating to the model of stop smoking support
- "Raising the Issue" training programme in place to ensure that more professionals in health and community services raise the issue of smoking and refer to services as appropriate
- Services are equality proofed (EQIA) and engage with hard to reach groups (reported through quarterly performance reports)

4 Protection: Protect people from the harm associated with SHS and the wider harm associated with smoking

4.1 Ensure effective action to reduce exposure to SHS in the home and at work

- Local delivery of the NHS GGC wide "*Tackling SHS in the Home and Car*" programme, including achievement of local target on the delivery of the SHS in the home training provision, targeting professionals working with children under 5 years
- Maintain/improve levels of compliance with the smokefree legislation
- Effective implementation of No Smoking Policies in the NHS and in partner organisations, as shown by a reduction in complaints (NHS – through the Datix reporting system)

4.2 Contribute to a reduction in the of home fires caused locally by smoking materials

- Partnership working with local Fire and Rescue Services to increase number of fire home safety visits conducted

References

1. Allender S, Balakrishnan R, Scarborough P, Webster P, Rayner M. The burden of smoking related ill health in the UK. *Tobacco Control*. 2009;18: 262-267.
2. ASH Scotland (2010). Beyond smoke-free: recommendations fro a Scottish Tobacco Control Strategy.
3. ASH Scotland (2010). Up in Smoke: The economic cost of smoking in Scotland. Available from: www.ashscotland.org.uk/media/3640/Up_in_smoke_Nov2010web.pdf
4. Callum C. The cost of smoking to the NHS. Action on Smoking and Health. 2008.
5. Central Office of Information (2009). Payback and Return on Marketing Investment (ROMI) in the Public Sector. COI.
6. Currie C, Levin, K et al (2011). HBSC Scotland National Report. The Health Behaviour in school-aged children: WHO Collaborative cross-national study. Edinburgh. University of Edinburgh.
7. Glantz, S. & Gonzalez, M. Effective tobacco control is key to rapid progress in reduction of non-communicable diseases. *Lancet* [DOI:10.1016/S0140-6736\(11\)60615-6](https://doi.org/10.1016/S0140-6736(11)60615-6)
8. Gruer L, Hart CL, Gordon DS and Watt GC. Effect of tobacco smoking on survival of men and women by social position: a 28 year cohort study. *BMJ*. 2009 Feb 17; 338:b480. doi:10.1136/bmj.b480
9. Haw S. Fresh air? Second-hand smoke: Overview of the main outcomes of the evaluation of the smoke-free legislation [online]. 22 January 2010. Available from: <http://www.healthscotland.com/documents/3986.aspx>
10. Health Scotland, ISD Scotland and ASH Scotland. An atlas of tobacco smoking in Scotland: NHS Scotland/Scottish Public Health Observatory. 2007. Available from: <http://www.scotpho.org.uk/nmsruntime/saveasdialog.asp?IID=3907&slD=3256>
11. Hole D. *Passive smoking and associated causes of death in adults in Scotland* [online]. Edinburgh: Health Scotland. 2005. Available from: <http://www.healthscotland.com/uploads/documents/mortalitystudy.pdf>
12. ISD Scotland (2011). NHS Smoking Cessation Service Statistics (Scotland) 1st April 2008 to 31st March 2011. Available at:www.scotpho.org.uk/home/Publications/scotphoreports/pub_smokingcessationstats200811.asp
13. NHS Health Scotland and ASH Scotland. *A guide to smoking cessation in Scotland 2010*. Edinburgh: NHS Health Scotland. 2010.
14. National Statistics Publication for Scotland. Scottish Household Survey Annual Report - Scotland's People: results from the 2009 Scottish Household Survey. Scottish Government. 2010.
15. Scottish Government (2008). Scotland's Future is smoke free: a smoking prevention action plan (Online). Available from www.scotland.gov.uk/Publications//2008/05/19144342/13
16. Scottish Government (2011). Scotland's People Annual report: Results from 2009/2010 Scottish Household Survey. Available at: <http://www.scotland.gov.uk/Topics/Statistics/16002/PublicationAnnual>

17. Taulbut, M. Gordon, D and McKenzie K (2008). Tobacco smoking in Scotland: an epidemiological briefing (online). Edinburgh: NHS Health Scotland and Scottish Public Health Observatory. Available from www.scotpho.org.uk/nmsruntime/saveasdialogue.asp?IID=4210&slD=3590
18. Tobacco Advisory Group of the Royal College of Physicians (2010). Passive smoking and children. London: Royal College of Physicians.