


# Smoke-free local authority implementation guidance

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This guidance has been produced in partnership by NHS Health Scotland, Convention of Scottish Local Authorities (COSLA) and members of the national smoke-free local authority group which included local authority, NHS and Scottish Government representation

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## Background and context

In 2013 the Scottish Government launched a five-year tobacco control strategy – [Creating a Tobacco-Free Generation](#) – with a series of actions aimed at achieving smoke-free status (less than 5% of the population as smokers) by 2034.

Tobacco control policies have impacted on adult smoking rates in Scotland, with a drop in smoking from 30.7% in 1999 to 21% (23% of men, 21% of women) in 2015.<sup>1</sup> Tobacco causes premature death and disability across the entire life course, from stillbirth and infant mortality, to respiratory diseases in childhood, to increased infectious and non-communicable diseases in adulthood.<sup>2</sup>

Tobacco is a leading contributing cause of overall health inequalities in Scotland – one in three (35%) adults in the 20% most deprived areas in Scotland smoke cigarettes, which is significantly higher than 11% of those in the 20% least deprived areas.<sup>1</sup>

The strategy sets out actions across the following themes:

- *Prevention* – creating an environment where young people choose not to smoke
- *Protection* – protecting people from second-hand smoke and smoking behaviour
- *Cessation* – helping people to quit smoking

The strategy sets out a number of key actions for local authorities and partners, which includes the action that: 'All local authorities should implement fully smoke-free policies across their properties and surrounding grounds by 2015, including setting out appropriate enforcement measures. Opportunities to extend smoke-free policies to other outdoor areas should be included in local tobacco control plans in support of Single Outcome Agreements (SOAs).'<sup>3</sup>

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<sup>1</sup> Scotland's People Annual Report: Results from 2014 Scottish Household Survey, Scottish Government, Edinburgh, August 2015. Available at [www.gov.scot/Publications/2015/08/3720/9](http://www.gov.scot/Publications/2015/08/3720/9)

<sup>2</sup> Tobacco and Inequities: *Guidance for addressing inequities in Tobacco-related harm*, World Health Organization, Copenhagen 2014.

<sup>3</sup> Scottish Government (2013) *Creating a Tobacco-Free Generation* – A Tobacco Control Strategy for Scotland. Edinburgh: The Scottish Government; 2013. Available at [www.scotland.gov.uk/Resource/0041/00417331.pdf](http://www.scotland.gov.uk/Resource/0041/00417331.pdf)

It was acknowledged in the strategy that realising the aspiration of a smoke-free Scotland requires local partnerships to develop their own approaches at a pace determined by local circumstances and priorities. In January 2013, Convention of Scottish Local Authorities (COSLA) leaders endorsed the Tobacco Control Strategy.

Local authorities have a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, their services. The implementation of smoke-free policies reduces opportunities to smoke, supports those who wish to give up smoking, reduces exposure to second-hand smoke, and helps to change social norms by reducing the visibility of smoking.

## **Purpose of this guidance**

This guidance is intended to support local councils to develop and implement their smoke-free policies across local authority owned and operated sites and to extend smoke-free areas in support of local planning. The guidance aims to give a practical focus for implementing smoke-free buildings and grounds and outlines the responsibilities of local authority partners.

Further complementary guidance **for employers** has been developed by the Society of Personnel and Development Scotland (SPDS) in partnership with COSLA, which is available at <http://employers.cosla.gov.uk/> [log in details required, contact COSLA].

The national tobacco control strategy similarly required all NHS Health Boards, including NHS National Boards, to implement and enforce smoke-free policies across their properties and surrounding grounds by 31 March 2015. There are therefore opportunities for public sector partners to work together, to share learning, and to ensure consistency and cooperation across Scotland.

This guidance draws on existing national NHS smoke-free guidance and is also intended to be useful to other public sector partners in their implementation of the tobacco control strategy.

## Principles underpinning the drive for smoke-free local authorities

The key principles that support the drive for smoke-free local authorities to contribute to the vision of a smoke-free generation by 2034 in Scotland are:

- The importance of local authorities as exemplars in the adoption of smoke-free policies and grounds.
- The provision of a healthy smoke-free environment for members of the public and especially children, customers, visitors, elected members and employees.
- Recognition of the harm caused by second-hand smoke.
- The key role of local authorities in ensuring smoking behaviours become a less visible, less attractive practice, thus supporting collective cross-sector efforts to reduce the number of people smoking.
- The need for local authorities with premises that are co-located, or are part of shared sites, with other public sector organisations to develop a common approach to smoke-free areas. Staff will be governed by their employing organisation's policy.
- Applying a universal approach to smoke-free areas, with a particular focus on priority areas and populations such as children and young people, will have the greatest impact on reducing health inequalities. Integrating tobacco control activities with local plans can ensure local priorities, target population groups and approaches are developed in partnership.
- A commitment to signpost people who wish to quit smoking to local NHS stop-smoking services – which are provided free of charge (see Appendix A for details).

To support implementation of smoke-free grounds, a short-life working group, with partners from Scottish Government, COSLA, local authority and NHS, worked together to develop this guidance and reported on progress to the Health & Wellbeing Executive Group of COSLA. This guidance document is intended to provide access to information to support local authorities in the development of local tobacco control policies.

# Legislative and policy drivers

## Legislation

Scotland is seen as a world leader in legislating and implementing effective tobacco control policies. In particular these policies include:

- the Smoking, Health and Social Care (Scotland) Act 2005, legislated to ban smoking in enclosed premises, workplaces and work vehicles
- legislation to increase the age of sale of tobacco from 16 to 18
- new restrictions on the sale and display of tobacco products
- the first tobacco retail register in the UK.

At the time of writing, two Bills have recently been passed in the Scottish Parliament and one piece of UK legislation. The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 places new controls on the sale and promotion of e-cigarettes including measures to prevent access to e-cigarettes by children and young people under the age of 18, bringing them in line with other age-restricted goods such as tobacco and alcohol. It also covers smoking on NHS grounds. Regulation to support the Act will be produced during 2017 and enacted in late 2017.

The Smoking Prohibition (Children in Motor Vehicles) (Scotland) Act came into force on 5 December 2016, and bans smoking in private vehicles when children under the age of 18 are present. Local authorities and Police Scotland are responsible for its enforcement.<sup>4</sup>

The [EU Tobacco Products Directive](#) came into force in May 2016. This is domestic legislation to harmonise and implement legislation across the EU. It covers the standardisation of tobacco products packs and is also known as plain packaging. All cigarettes and rolling tobacco must be sold in standardised packaging with graphic health warnings, which will cover 65% of both the front and back of tobacco and related products packs. The directive also regulates e-cigarettes and other nicotine vapour products (NVPs).

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<sup>4</sup> Scottish Parliament (2015) Smoking Prohibition (Children in Motor Vehicles) (Scotland) Bill (Available at: [www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/88923.aspx](http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/88923.aspx))

## Update on smoke-free NHS grounds

Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill (2016) was passed by the Scottish Parliament on 3 March 2016 and covers smoking outside hospitals.

A summary of its main points are:

- Powers for Scottish Ministers to designate no-smoking areas around certain buildings on certain NHS hospital grounds and provide for related duties, offences and penalties.
- An offence of permitting others to smoke outside hospital buildings.
- An offence of smoking outside hospital buildings.
- A duty on Health Boards to display warning notices in hospital buildings and on hospital grounds.
- Defining the meaning of 'no-smoking area outside a hospital building'; it is bounded by a perimeter of a specified distance from the building (within the hospital grounds).
- An authorised officer of a local authority, for the area in which the hospitals falls, has power to enter and search hospital grounds, and to require identification from an accused person or a person with information about offences.

Scottish Government has begun consulting with local authorities on enforcement and will shortly engage with NHS Boards on the perimeter and exemptions for secondary legislation which will be enacted in late 2017.

## Policy drivers

There are a number of policy drivers that the implementation and extension of smoke-free areas support:

- The Scottish Government's tobacco control strategy – *Creating a Tobacco-Free Generation*
- National Health & Wellbeing Outcomes – There are a number of National Health & Wellbeing Outcomes<sup>5</sup> which are supported by protecting people from exposure to second-hand smoke; supporting efforts to decrease smoking rates and uptake and to improve health, particularly among those with greater need. ASH Scotland have developed an illustrative guide on how action on tobacco can deliver on Health and Social Care Partnership outcomes:

[www.ashscotland.org.uk/media/7536/HSCP\\_Tobacco\\_Control\\_Guidance.pdf](http://www.ashscotland.org.uk/media/7536/HSCP_Tobacco_Control_Guidance.pdf)

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<sup>5</sup> See [www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes](http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes)



- Single Outcome Agreements – The review of Single Outcome Agreements (SOAs) in 2013 has:

- put in place the building blocks for community planning to work more effectively
- created an appetite across local and national government for that process to be at the heart of public sector reform
- set out the characteristics that partners and government need to exemplify
- significantly raised expectations about what might be achieved as a result.

The expectation is that all partners – local authorities, the NHS, public bodies, third sector, businesses and communities – rise to the challenges set out and deliver a step change in how they work together and commit to decision-making and resource allocation.

The development and implementation of SOAs as a shared ‘plan for place’ in each Community Planning Partnership (CPP) area is one element in giving practical expression to that process. The review set out SOA guidance for CPPs and their partners that build on existing SOAs as an already familiar part of the outcomes landscape for local authorities, but which establish a strong collective responsibility for planning, resourcing, and prioritising of outcomes across all partners. Local tobacco control plans should embrace these principles in setting out how they will interact with other health improvement work to support CPPs to reduce health inequalities.

Extending smoke-free policies to other outdoor areas beyond local authority grounds can further support local SOAs. Local review of SOAs priorities can include considering opportunities to prevent children and young people’s exposure to smoking behaviours, to protect people from exposure to second-hand smoke, and to support people to stop smoking.

Implementing smoke-free grounds will support local authorities in their contribution to tackling health inequalities. It is an important step in changing the culture of tobacco use in our society.

Within education, work to implement and extend smoke-free areas supports Getting it Right for Every Child (GIRFEC) and Curriculum for Excellence by enhancing efforts to maintain, promote and protect the health and wellbeing of every child.<sup>6</sup>

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<sup>6</sup> Scottish Government Getting it Right for Every Child (GIRFEC) Webpages (see: [www.gov.scot/Topics/People/Young-People/gettingitright](http://www.gov.scot/Topics/People/Young-People/gettingitright))

ASH Scotland have developed a [Charter for a Tobacco-Free Generation](#) that includes six principles for ensuring achievement of a tobacco-free generation. These are that:

1. every baby should be born free from the harmful effects of tobacco
2. children have a particular need for a smoke-free environment
3. all children should play, learn and socialise in places that are free from tobacco
4. every child has the right to effective education that equips them to make informed positive choices on tobacco and health
5. all young people should be protected from commercial interests which profit from recruiting new smokers
6. any young person who smokes should be offered accessible support to help them to become tobacco-free.

Local authorities may wish to consider signing up to the Charter and its supporting actions, within local tobacco control strategies. Supporting partners include Royal Environmental Institute of Scotland (REHIS), Scottish Government, NHS Health Scotland, Aberlour and Children in Scotland.

## Scope of guidance

This overarching guidance is to support local authorities with the implementation of smoke-free areas across their buildings and surrounding grounds. The following areas are all to be considered within the scope of the guidance, with some being implemented in the short-term. It is acknowledged that for other areas and settings the achievement of smoke-free grounds will be a longer-term aim.

- Schools, playgrounds, nurseries and day centres – there is an implicit expectation that school grounds are included within local smoke-free policies
- Playparks, parks
- Local authority premises and grounds, including venues for hire<sup>7</sup> and private vehicles parked on Council grounds
- Shared local authority and NHS sites
- Commissioned services

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<sup>7</sup> Where events and buildings are revenue generating, there may be concerns over how the implementation of smoke-free grounds could impact on potential private bookings or hires. Organisations should consider the benefit of being smoke-free and work towards the vision of a smoke-free Scotland; however, each local area or venue should decide how they will approach this. Consideration should therefore be given clearly, outlining the local smoke-free policy in any agreements and contracts relating to private bookings or hires.

- Local authority funded events, particularly those marketed as family friendly, such as Christmas events, local food markets and so on.

This is not an exhaustive list and each local authority should identify other areas to be included.

## **Settings for children and young people**

To support the extension of smoke-free environments and to encourage young people not to start smoking, a consistent policy should be developed across children and young people's spaces and services. During contact with service-users and their families/carers, local authorities should provide clear information and advice about their smoke-free policy. This should include explicit mention of the local authority's smoke-free policy on all written communication prior to residential admission and discussion of options either for quitting or managing their nicotine addiction while they are in residential accommodation.

Settings/services and vulnerable groups which should be considered include:

- Schools, nurseries and day centres
- Residential service-users and visitors
- Vulnerable young people
- People with learning disabilities
- Family centres
- Respite carers
- Commissioned services, for example:
  - LAAC residential units – ASH Scotland have produced a smoke-free policy for looked-after and accommodated children and young people:  
[www.ashscotland.org.uk/media/483620/final-lac-tobacco-policy-1014-new-logo.pdf](http://www.ashscotland.org.uk/media/483620/final-lac-tobacco-policy-1014-new-logo.pdf)
  - Young offender accommodation.

Consideration should be given to the possibility of unintended consequences resulting from smoke-free policies. In particular LAAC residential units where young people may leave the grounds to smoke, and the impact of smoke-free policies on the recruitment of potential foster families and kinship carers.

ASH Scotland's web pages on [Children, Young People and Tobacco](#) have links and resources to help support those working with young people to make positive and healthy choices on tobacco.

## Who is this guidance for?

This guidance applies to all local authority staff, and elected members who, as part of an exemplar public sector organisation, all have an important role as leaders, supporters, implementers and observers of successful smoke-free policies. Additionally it outlines what service users and members of the public should expect from their local authority area's smoke-free policy. This guidance is complemented by SPDS's Smoke-free Workplaces Guidance for Employers which is available at <http://employers.cosla.gov.uk/> [log in details required].

Within this guidance there are clear responsibilities for:

- Council leader / elected members – to provide strong leadership, model appropriate behaviour and provide clear communication during the development and ongoing implementation of smoke-free policies.
- Local authority senior management teams – to provide communication on the development, implementation and adherence of smoke-free policies; to support staff in knowing how to maintain a smoke-free environment and how to respond in the event of non-compliance or negative responses; and to support staff who wish to address their own smoking behaviour.
- All local authority staff – to adhere to local smoke-free policies and to support implementation of said policies.
- Existing clients and service-users – all clients and service-users should receive clear verbal and written information from a person in the organisation known to them about the smoke-free policy before their attendance.
- Prospective clients and visitors – prospective clients and visitors should receive written information from the organisation about the smoke-free policy, and local authority correspondence could be branded smoke-free with relevant messaging. Where they are being admitted to a local authority service, correspondence should be sent in a timely manner to allow them to address their own smoking behaviour and access stop-smoking services if they want to.
- Prospective customers, volunteers and people on work placements.
- Contractors working for local authority commissioned services (potentially through service level agreements).

# **E-cigarettes**

## **E-cigarette evidence**

E-cigarettes have developed relatively recently. They are consumer products which offer an alternative to tobacco products. There is ongoing debate about the safety of e-cigarettes and their potential role as an aid for quitting tobacco. The general consensus, as recently reflected in a review of evidence commissioned by Public Health England (McNeil et al., 2015) and position statements by [NHS Health Scotland](#) and the Scottish Directors of Public Health, is that:

- these products are much less harmful than tobacco but are not risk-free
- they should not be used by non-smokers, particularly young people
- e-cigarettes may have benefits for current smokers if they use them as a full replacement for tobacco
- more evidence is needed on the long-term benefits.

## **E-cigarette regulation**

Under the revised EU Tobacco Products Directive (TPD) which came into force in May 2016, e-cigarettes are regulated as consumer products unless the manufacturer chooses to seek a medicinal licence. The EU regulations ensure that e-cigarettes sold as consumer products are subject to various criteria regarding the quality and safety of e-cigarette devices and refills, maximum nicotine strength, size of nicotine-liquid containers, such containers being tamper-proof, packaging labelling, and advertising and promotional restrictions.

## **Scottish Government legislation**

Once the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill is enacted it will regulate the sale and promotion of these products to children and young people, making it an offence to sell an e-cigarette to someone under the age of 18. There will also be a range of other measures to regulate the sale and domestic marketing of these products. The intention is to build on the EU TPD to achieve a comprehensive ban on all advertising of e-cigarettes with the exception of most point of sale advertising.

As previously stated e-cigarettes are far less harmful than tobacco, if used exclusively instead of tobacco, and can aid smokers to stop smoking and become smoke-free, which not only benefits them but also those around them and wider society. Therefore there are particular considerations

around e-cigarettes that local authorities should give thought to and include when developing local smoke-free policies<sup>8</sup>:

- 1 Terminology – the use of smoking terminology should be avoided when referring to e-cigarettes. E-cigarette use is often known as ‘vaping’ and e-cigarettes users are often known as ‘vapers’. Make clear the distinction between vaping and smoking, and the evidence on the relative risks for users and bystanders.
- 2 Supporting smokers to stop smoking and stay smoke-free – an enabling approach may be appropriate in relation to vaping, to make it an easier choice than smoking.
- 3 Children and young people – e-cigarette use is not recommended for young people and legislation is in place to prohibit the sale of e-cigarettes to under-18s. However, in their role as aids to help adults quit smoking and stay smoke free, e-cigarettes can help reduce children and young people’s exposure to second-hand smoke and smoking-related behaviour, therefore any policy should balance the needs of guarding against potential youth uptake with the development of an environment where it is easier for adults not to smoke.

## **What do we mean by smoke-free?**

This guidance uses a comprehensive definition of smoke-free which does not allow smoking anywhere on the premises, be that inside the buildings or in the grounds, including smoking in vehicles parked on Council grounds. Under the Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006, smoking in vehicles used for business purposes is prohibited. These include light and heavy goods vehicles, and public transport such as taxis, buses, trains and ferries.

Smoke-free status in relation to NHS grounds includes the removal of any designated smoking areas and shelters in NHS operated buildings or grounds. Local authorities should give consideration to whether shelters should be retained for people who choose to vape.

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<sup>8</sup> Use of e-cigarettes in public places and workplaces: Advice to inform evidence-based policy, Public Health England, 2016

## Responsibilities for Scottish local authorities

The principles underlying the implementation of smoke-free local authorities in Scotland align with the responsibilities Councils have to prepare for and enforce smoke-free local authority grounds. This responsibility extends to elected members, Chief Executives and senior managers in terms of providing leadership as visible endorsement to progress towards smoke-free local authorities.

Learning from the introduction of NHS smoke-free grounds indicates that where NHS organisations had consulted with staff and members of the public in the development of smoke-free policies, and there was clear communication well in advance of the 'go live' date for smoke-free grounds, there were fewer reported problems in the implementation of, and compliance with, smoke-free policies and grounds.

A number of actions require clear communication from senior leadership to support compliance and aid enforcement. These include:

- Develop, implement and ensure compliance with a comprehensive local authority-wide smoke-free policy regardless of the size, nature or number of sites.
- Communicate this policy to employees, visitors and the public. When appropriate, use contacts with service-users and public to ensure messages get across clearly and consistently.
- Local authorities have a duty of care to provide an environment free from the harms of tobacco. They should promote the shift to smoke-free as a positive public health message concerned with improving and protecting health.
- Strong consideration should be given to working with partner organisations to develop cross-organisational smoke-free policies. Where joint smoke-free policies are not in place, ensure that any partner organisations and their employees who share premises and/or grounds with the local authority are aware of and comply with the smoke-free policy.
- Ensure that Fire Safety and Health & Safety Officers actively promote the organisation's smoke-free policy routinely as part of their role and include it in their communication and training with employees and with external contractors.
- Where appropriate signpost and promote NHS stop-smoking services<sup>9</sup> to both visitors and service users who wish to quit. Visit [www.canstopsmoking.com](http://www.canstopsmoking.com)

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<sup>9</sup> Local NHS stop-smoking services can be accessed by (1) Calling Smokeline on 0800 848484, (2) visiting [www.canstopsmoking.com](http://www.canstopsmoking.com) or (3) asking at any community pharmacy.

- Communicating widely about the removal of any smoking shelters prior to the 'go live' date, where it has been agreed that smoking shelters should be removed.
- Utilising appropriate local communication methods on an ongoing basis to ensure all employees are aware of the 'go live' date, such as local intranet, messages in pay slips, induction programmes, and so on.
- Ensure that all contractors, students and volunteers who use or work on sites are aware that the smoke-free policy applies to them.
- Ensure all staff are aware of their role in supporting culture and behaviour change to going smoke-free, embedding smoke-free messages and support signposting within contacts with service-users, and with a particular focus on vulnerable/priority groups.
- Consider providing visual references such as a site map to ensure everyone is aware of the smoke-free grounds' boundaries.
- Ensure adequate no-smoking signage is displayed.
- Ensure resources are available to support implementation and enforcement of smoke-free grounds and the ongoing support for service-users and visitors.
- Ensure tobacco policies include specific recommendations for staff when in uniform or wearing items which identify them as local authority staff.

### **Training for local authority staff**

Local training providers, including the NHS and local third-sector agencies, can provide training to ensure staff have the skills and confidence required to raise awareness of a local authority's smoke-free policy and, where appropriate, to signpost to and promote local NHS stop-smoking services to service-users and visitors.

### **Visitors and service-users**

It is recommended that existing clients/service-users should be alerted to the move to smoke-free grounds both in writing and verbally, by a staff member known to them, and that new clients/patients/service-users are alerted in writing a *few weeks before* attending.

Good communication and engagement with staff and members of the public at the development, pre- and post-implementation phases of smoke-free policy is critical to ensuring successful implementation. Feedback from NHS sites going smoke-free reported that areas where they gave plenty of lead-in time, engaged with staff and service-users in the development for plans for change and clearly communicated the change messages had more success with compliance.



## **Commissioned services**

Commissioned services also have a role to play in ensuring smoke-free grounds and embedding a smoke-free culture and should be bound by local smoke-free policies. When commissioning or renewing services, adherence to smoke-free policies should be included within contract terms and conditions.

## **Responsibilities for local authority staff**

The SPDS Guidance – Smoke Free Workplaces Guidance for Employers which is available at <http://employers.cosla.gov.uk/> [log in details required, contact COSLA] provides a reference for employers to support local authorities in the development of smoke-free policies.

Suggested responsibilities for local authority staff:

- Responsibility to know the ‘go live’ date and adhere to policy of smoke-free grounds.
- Responsibility to support clients/residents/members of the public, including conveying the key tobacco messages and benefits of quitting, access and referral to smoking cessation support.
- Responsibility of elected members, senior management teams and managers to include compliance with the tobacco policy into their regular activities.
- Responsibility not to smoke in uniform, in vehicles used for business purposes covered by legislation, and when wearing organisational identity badges.
- To recognise it is everyone’s responsibility to help promote smoke-free grounds and to support clients, visitors and colleagues alike, including action to take in event of non-compliance or negative responses to smoking restrictions.
- Recognise that persistent disregard for the policy could result in disciplinary action through the agreed disciplinary procedures.
- Consider using NHS support services if they wish to stop smoking.
- Support and engage with any organisational initiatives aimed at improving the health and wellbeing of service-users.

## **Compliance and enforcement – upholding smoke-free grounds**

See SPDS guidance for further guidance on enforcement.

As previously stated, local authorities through COSLA leaders have committed to progressing smoke-free policies across their properties and surrounding grounds as set out in *Creating a Tobacco-Free Generation*, the Scottish Government tobacco control strategy, launched in 2013.

No specific enforcement powers were extended directly to local authority employees; rather, the legislation affords powers to local authority enforcement officers through the use of fixed penalty notices for offenders who smoke inside local authority premises and vehicles. Furthermore, it will be evident that these enforcement officers are a finite resource.

The decision whether to encourage/instruct staff to challenge people smoking on local authority premises or sites will be a decision for local senior management teams and their respective local authorities to determine.

## **Signage and messaging**

Signage and information on smoke-free buildings and grounds for staff and service-users is important. Local authorities should strive to have consistent messaging, in particular on shared sites – for example with NHS. Links could be made with the local NHS Board who will have already developed public messaging and appropriate signage.

## **Health and social care settings exemptions**

There are other exemptions in the Smoking, Health and Social Care (Scotland) Act 2005, including the following premises, which may be the responsibility of the NHS, local authorities or care service providers, as follows:

- Designated rooms in adult care homes (an establishment providing a care home service exclusively for adults).
- Designated rooms in adult hospices (a hospice providing care exclusively for adults).

Similarly, the law also provides an exemption for adult care homes. There is no legal obligation on the proprietors of premises to which an exemption applies to provide designated areas for

smoking if they do not wish to do so. Circumstances will vary depending on the establishment and its location and configuration. However, due to the impact of second-hand smoke on non-smoking residents and on staff, adoption of indoor smoke-free premises wherever possible is actively encouraged, and ongoing consideration and review of policies to move towards smoke-free grounds should be maintained.

## **Exposure to second-hand smoke (SHS) for health and social care staff**

Strong consideration and an agreed approach should be given to the exposure of health and social care staff to SHS in clients' homes. Suggestions to be considered:

- Educating the client/service user in relation to the potential harm that SHS can cause to the local authority member of staff visiting the home and everyone else who enters the home.
- Discussion with the client/service-user around what can be done in relation to reducing SHS concentrations – such as not smoking during a visit, reduction in smoking prior to the visit.
- Ensuring staff at risk (such as people with asthma, those at risk of heart/lung conditions, pregnant staff) are not exposed to SHS in their work.
- Where SHS concentrations cannot be reduced, limiting the amount of time spent in the home and accessing areas where SHS concentrations are lower.
- Consider staff rotation so no one member of staff is repeatedly exposed to SHS within the same home.

## Appendix A

### Smoking cessation services

Free smoking cessation services are offered nationally and in a variety of ways. Visit Smokeline online ([www.canstopsmoking.com](http://www.canstopsmoking.com)) or telephone 0800 84 84 84 (7 days a week; 8am – 10pm) to:

- find the right type of service
- find available local services in your area
- get a free Smokeline pack and DVD
- get free live or text support

Free [one-to-one support](#) or [drop-in classes](#) (with others trying to stop smoking at the same time) are available. [Smokeline advisers](#) can talk through the various options.

The NHS also offers free nicotine replacement therapy (NRT) such as patches. This can be arranged directly by signing up to a smoking cessation scheme at community pharmacies or through their registered GP.

There are three routes into smoking cessation services:

- NHS Smokeline
- Community pharmacies
- GP practices

## Appendix B

### Additional information and resources

[Smoke-free NHSScotland implementation guidance](#) has been developed to support NHS Boards to achieve smoke-free grounds. The guidance applies to all members of NHSScotland as all NHS staff have an important role as supporters and implementers of successful smoke-free policies. This guidance is complemented by the Partnership Information Network (PIN) policy, *Managing Health at Work*, which helps to deliver NHSScotland's commitment to protect and promote the health, safety and wellbeing of its staff.

The following resources have been developed for NHS settings to support with implementing and extending smoke-free grounds. They are available to local authorities for information and/or to adapt and tailor to local settings:

[Training guidance](#) is available to support the implementation of NHS smoke-free policies and includes an outline for a staff briefing session. The video clips referred to within the staff briefing session can be viewed online or via the links below for alternative full-screen access. The training guidance is intended to enhance staff knowledge, skills and confidence to raise the issue of refraining from smoking on NHS grounds.

- [How not to approach smokers on site \(YouTube video to view full screen\)](#)
- [How to approach smokers on site \(YouTube video to view full screen\)](#)
- [Transcript of smoke-free grounds video clips developed by County Durham & Darlington NHS Foundation Trust](#)

Resources for the NHS campaign can be found on [NHS Health Scotland's smoke-free grounds pages](#):

- Key phrases and Questions & Answers
- Template magazine articles
- Template press releases

ASH Scotland and NHS Greater Glasgow and Clyde Smoke-free Services have developed a [tobacco policy support guide](#) for voluntary sector organisations and groups that work with young people.

The tobacco policy guide aims to encourage and support organisations to extend their tobacco policies beyond simply stating where staff and young people can and cannot smoke and instead focus on:

- a plan for how organisations address tobacco use, including staff smoking behaviour as well as cultural and contextual changes such as health promotion (for example smoke-free events)
- clarity on the short- and long-term effects of smoking to young people and staff, including reinforcing messages concerning the addictiveness and health risks associated with smoking and second-hand smoke
- tobacco education to reduce the perception that smoking and tobacco use is the norm
- ensuring that stop-smoking support is included and provided as a key component of the tobacco policy for each organisation.

