NHS Health Scotland

Review of 'Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland'

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This paper should be cited as: Reid G et al. Review of '*Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland*'. Edinburgh: NHS Health Scotland; 2017.

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Acknowledgements

We would like to thank Professor Linda Bauld for her guidance and comments on an initial draft of this review. We would also like to thank the members of the Research and Evaluation Sub-Group of the Scottish Ministerial Working Group on Tobacco Control who provided peer review. We are grateful to Dr Martin Taulbut for providing Figure 3 and Julia Hurst for her support creating Figure 1.

Published by NHS Health Scotland

1 South Gyle Crescent
Edinburgh EH12 9EB

Contents

Summary of main findings

- Overall, ‘Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland’ was implemented as intended.

- Smoking prevalence is falling in Scotland but is much higher in more deprived areas compared to more affluent areas. This indicates that more needs to be done to reduce inequalities in smoking.

- The evaluation of the school-based ASSIST smoking prevention programme identified that it is feasible and acceptable. However, the low prevalence of smoking among 11 and 15 year olds calls into question the value of ASSIST as a prevention tool.

- Compliance with the display ban was high and it was associated with a reduction in exposure to tobacco advertising. However, the evaluation is still ongoing and conclusions about the influence of the display ban on young people’s smoking and cigarette purchasing behaviour cannot yet be drawn.

- The proportion of children who were exposed to second-hand smoke in the home fell from 11% to 6% between 2014 and 2015. This equates to 50,000 children having been protected from the daily harm of second-hand smoke exposure at home.

- The ‘Take It Right Outside’ campaign was associated with an increase in awareness of the harms of second-hand smoke. However, it is less clear what impact it had on behaviour.

- Smoke-free NHS grounds have been implemented as intended, although compliance remains a challenge.

- Smoking prevalence remains high in prisons. The Scottish Prison Service has committed to making all prisons smoke-free by the end of 2018.

- The number of quit attempts using NHS smoking cessation services is continuing to fall. However, quit rates have increased.

- Pregnant women who smoke are being identified and referred to stop smoking services. New figures show a small reduction in the number of pregnant women smoking.

- Standardised packaging may reduce smoking prevalence but further evidence is needed to identify the impact in Scotland.

Executive summary

‘Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland’ was launched by the Scottish Government in 2013. The strategy contained the ambitious aim of making Scotland tobacco-free (prevalence of 5% or less) by 2034 and proposed 46 actions to help meet this aim. The purpose of this review was to map the actions in the strategy and synthesise the evidence on the impact of key policy actions.

Adult smoking prevalence in Scotland is falling and smoking prevalence among children and young people has rapidly declined since 1996. However, smoking rates are still highest in the most deprived areas, with 35% of people living in the most deprived areas of Scotland smoking compared to 10% in the least deprived areas. These inequalities in smoking may be reducing, with smoking prevalence falling fastest in the most deprived groups. Despite this good news the reductions are currently not rapid enough to achieve the target of making Scotland tobacco-free by 2034.

A mapping of the 46 actions in the 2013 tobacco control strategy was undertaken to ascertain if they had been implemented. This led to the identification of key policy actions to be included in this review. A rapid search of the evidence around each of the key policy areas was undertaken and the evidence critically appraised. A draft of the report was peer reviewed by an academic expert in the area of tobacco control and the findings were subsequently scrutinised by the Research and Evaluation Subgroup of the Ministerial Group for Tobacco Control.

Findings are classified into the following categories: smoking prevention, protection from second-hand smoke, and smoking cessation. In addition to describing the key actions and their impact, this review also highlights any limitations.

Smoking prevention

The key policy actions categorised under ‘smoking prevention’ included the creation of environments where young people do not want to smoke, the tobacco point of sale ban, illicit tobacco, and standardised packaging.

ASSIST is a peer-led, school-based smoking prevention programme, focusing on creating non-smoking social norms among young people by training 12–14 year old students to work as peer supporters. A process evaluation of ASSIST in Scotland found that the programme was both acceptable and feasible. However, no evidence has yet been gathered relating to the effectiveness of the programme in reducing smoking. Furthermore, the low prevalence rates of smoking among this age group may make ASSIST less valuable as a prevention tool.

The Scottish Government introduced legislation banning tobacco Point of Sale (PoS) displays in all shops in April 2015 (known as the display ban) because of their potential impact on youth smoking. There is evidence that compliance with the ban was high and the ban was associated with a reduction in young people’s exposure to tobacco advertising in shops. However, the evaluation is still ongoing and conclusions about the influence of the display ban on young people’s smoking and cigarette purchasing behaviour cannot yet be drawn.

Standardised packaging for tobacco packs was implemented in the UK in 2016. A recent Cochrane review identified that standardised packaging may reduce smoking prevalence. However, the evidence, which the systematic review analysed, was of limited quality. The data on smoking prevalence was also based on a single large observational study undertaken in Australia.

There is a long-term decline in the illicit trade of tobacco products, which according to ASH Scotland is due to effective enforcement. This evidence is based on data from the UK, rather than Scotland, due to lack of Scotland-specific data.

Protection

The key actions categorised under ‘protection’ included reducing the proportion of children exposed to second-hand smoke to 6% by 2020, delivering the ‘Take It Right Outside’ campaign, implementing smoke-free NHS grounds, and implementing smoke-free prisons.

Evidence from the Scottish Health Survey found a significant decrease in the proportion of children who were exposed to second-hand smoke in the home (11% to 6%) between 2014 and 2015. The ‘Take It Right Outside’ campaign was launched in March 2014 to raise awareness of the harmful effects of second-hand smoke in the home to empower both smokers and non-smokers to make their homes smoke-free. The campaign was associated with an increased awareness of the harms of second-hand smoke, but the impact upon behaviour itself is less clear.

Policies to introduce smoke-free NHS grounds were implemented across all NHS sites, but compliance remains a challenge. In response, the Scottish Government included measures to assist enforcement around buildings on hospital sites in the recent Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016.

In 2016 Ministers agreed the move to smoke-free prisons within a 5-year time frame. New research has identified that the median shift exposure to second-hand smoke for non-smoking staff was similar to that of someone living in a typical smoking home in Scotland. In July 2017 the Scottish Prison Service committed to making all prisons smoke-free by the end of 2018.

Smoking cessation

The key actions categorised under ‘smoking cessation’ included continued support of NHS smoking cessation services, and specifically smoking cessation services for pregnant women.

Quit attempts made through NHS smoking cessation services have reduced. However, quit rates have increased at both 4 and 12 weeks.

All NHS Boards offer a service for pregnant women, which includes the offer of carbon monoxide (CO) monitoring at booking and automatic referral for women who smoke, or have a raised CO level. Currently, 95% of pregnant women who smoke are CO monitored at booking. Referrals to smoking cessation services are at 93%. New figures show a small increase in the number of pregnant women stopping smoking tobacco.

1. Background

Introduction

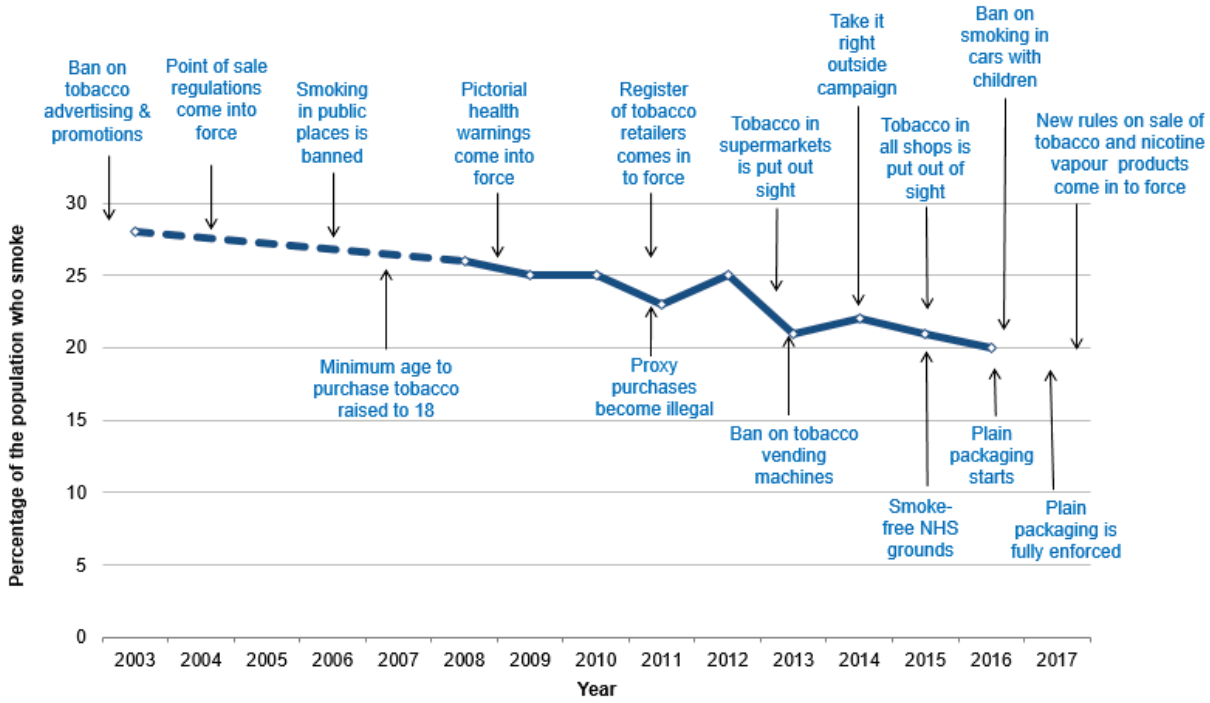
In 2013 the Scottish Government launched ‘Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland’ (hereafter referred to as the 2013 Tobacco Control Strategy). It contained the ambitious aim of making Scotland tobacco-free (smoking prevalence of 5% or less) by 2034. Forty-six actions were set out in the strategy to work towards achieving this goal.

This review synthesises evidence on the impact of key actions in the strategy. It is important to highlight that it is not possible to link actions in the policy to changes in smoking prevalence directly (i.e. causation), but it is possible to identify other outcomes which have been achieved. Appendix 1 describes each of the 46 actions and maps whether or not they have been achieved.

Smoking prevalence in Scotland

The prevalence of adult smoking in Scotland is falling. Scotland continues to be at the forefront of tobacco control policy globally. Figure 1 below sets out 16 policy actions which have been implemented since 2002.

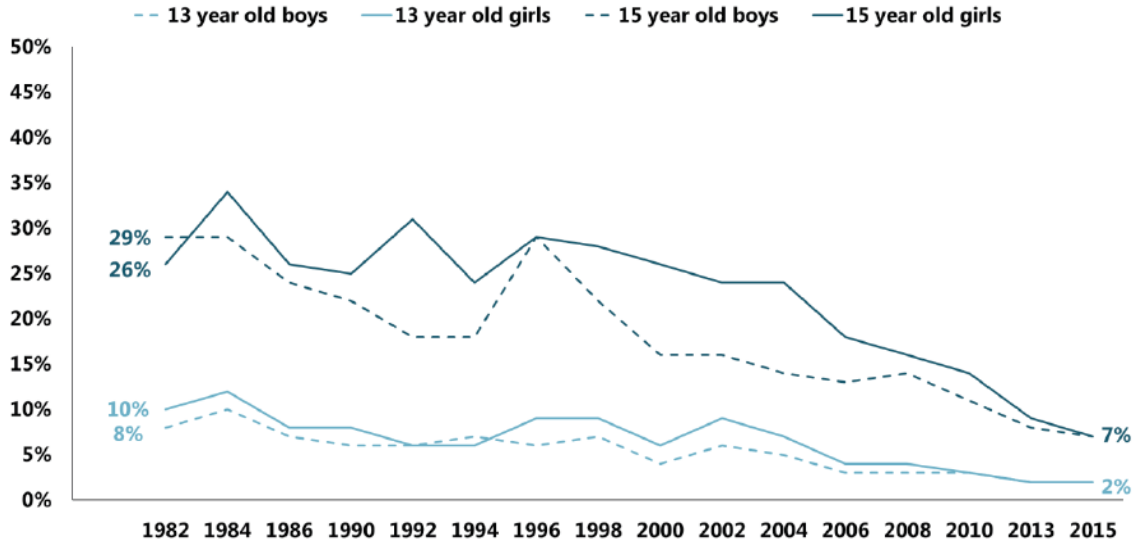
Figure 1: Smoking prevalence in Scotland and policy actions



Source: Scottish Government. (2016) Health of Scotland's population – Smoking. Available from: www.gov.scot/Topics/Statistics/Browse/Health/TrendSmoking

In addition to the reduction in smoking prevalence for adults presented in Figure 1, smoking prevalence among children and young people has also declined. Data from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) show that the proportion of 15 year olds who smoke has fallen from almost 30% in the 1980s to 7% in 2015 (see Figure 2 below).

Figure 2: Smoking prevalence for 13 and 15 year olds in Scotland

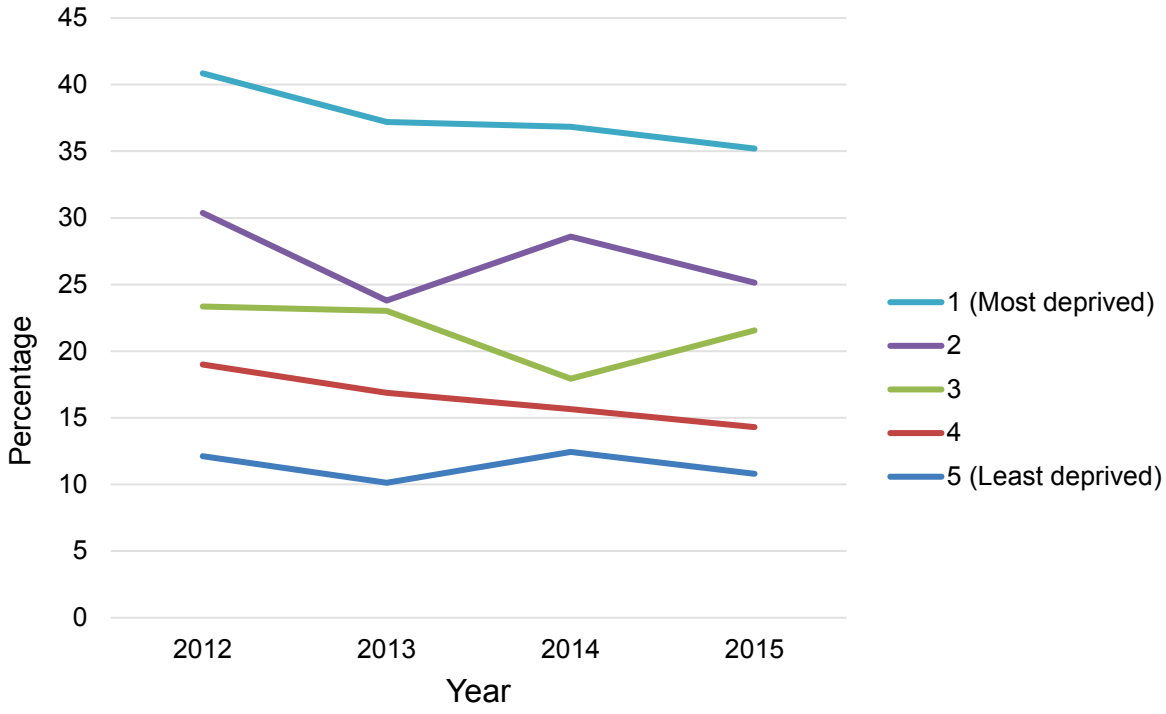


Source: Scottish Government. (2015) Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) Smoking Report. Available from: www.gov.scot/Resource/0050/00508401.pdf

Smoking and inequalities

Prevalence of smoking is highest in the most deprived areas. Thirty-five per cent of people living in the most deprived areas of Scotland smoke, compared to 10% of those living in the most affluent areas.[1] However, these inequalities in smoking may be gradually narrowing (see Figure 3 below).[1]

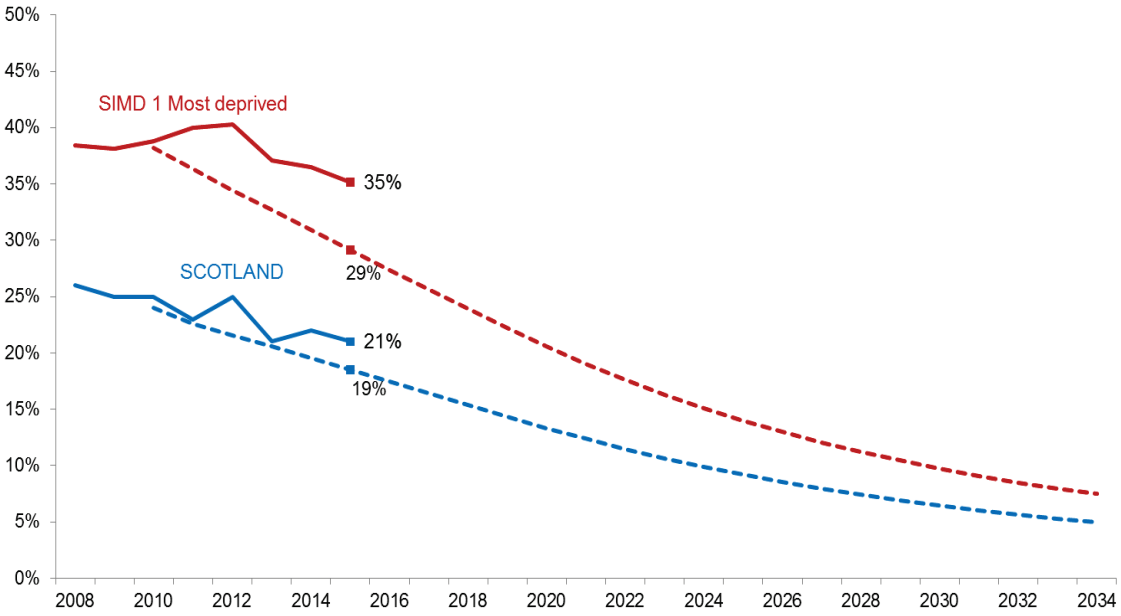
Figure 3: Smoking prevalence rates (age-standardised) by 2012 SIMD quintile: adults in Scotland, 2012–2015



Source: Scottish Surveys Core Questions 2012–15

Nevertheless, it has become increasingly clear that further action to reduce inequalities in smoking is necessary if the government's aim of making Scotland tobacco-free by 2034 is to be achieved. Figure 4 below illustrates the magnitude of the challenge.

Figure 4: Smoking prevalence 2008–2015 and projected smoking prevalence towards 2034 target



Source: Analysis based on Scottish Health Survey Data

In light of these challenges, the Scottish Government requested that 'Creating a tobacco-free generation' was reviewed to assess its impact and to inform the development of the new tobacco control strategy which is planned for 2018. Thus, the aim of this review was to map the 46 actions in the 2013 tobacco control strategy and synthesise the evidence on the impact of key policy actions within it.

2. Methods

A mapping exercise was undertaken of each of the 46 actions in the 2013 Tobacco Control Strategy to explore whether or not they had been implemented (see Appendix 1). This enabled key policy actions to be identified for inclusion in this review. Actions which were outcome focused were included and are highlighted in the findings section.

A rapid search of the evidence was carried out for each of the key policy actions. This involved searching seven major bibliographic databases for peer-reviewed journal articles, in addition to seeking relevant grey literature (such as reports by third sector organisations or government). The search strategy is presented in Appendix 2. Findings were collated and strengths and weaknesses assessed.

An initial draft of the report was peer reviewed by an academic expert in the area of tobacco control and the findings were also scrutinised by the Research and Evaluation Subgroup of the Ministerial Group for Tobacco Control, to seek further peer review.

3. Findings

This section describes the key policy actions from the 2013 Tobacco Control Strategy with an overview of their impact. Limitations are also highlighted. The key policy actions are categorised under actions aimed at:

1. smoking prevention
2. protection
3. smoking cessation.

3.1 Prevention: creating an environment where young people do not want to smoke

Smoking prevention focuses upon reducing the uptake of smoking. Policy actions undertaken within this category have primarily aimed to create environments that support young people to choose not to smoke, through introducing smoking prevention programmes and removing exposure to tobacco advertising.

a) ASSIST smoking prevention programme (actions 7 & 12)

ASSIST is a licensed, peer-led, school-based smoking prevention programme that aims to create environments with strong non-smoking norms, by training S1 (aged 12 to 13 years) and S2 (aged 13 to 14 years) students to work as peer supporters. It was piloted in Greater Glasgow within the Greater Glasgow and Clyde NHS Health Board area, as well as Lothian and Tayside NHS Health Boards. An evaluation of the ASSIST pilot was led by the University of Stirling. The aim of that study was to evaluate the process of implementing ASSIST in Scotland.

Key message: The evaluation of ASSIST identified that the programme was both feasible and acceptable. However, the low smoking prevalence rates in 13–15 year olds (see Figure 2 above) may make the programme less valuable as a prevention tool.

Further detail: ASSIST was generally implemented as intended. Barriers and facilitators to implementation were categorised as macro (strategic) and micro (operational). At the macro level, these included relationships with schools, school budget and culture. At the micro level, these included mode of delivery and behaviour management.

The evaluation also examined whether refinements to programme content would be needed in order to implement ASSIST in Scotland. The programme was implemented with a high degree of fidelity, and some minimal refinements were identified. The acceptability of the programme was also assessed. ASSIST was viewed favourably by study participants.

The evaluation did not assess the impact upon smoking behaviour. However, there was some evidence to suggest the benefits of taking part in ASSIST for peer supporters in terms of personal skills developed, and potential wider impact upon schools and communities. Additionally, the evaluation identified that peer supporters were not having as many conversations with peers as anticipated. This is thought to be due to the low prevalence of smoking in this age group. The research could indicate that the low prevalence rates of smoking among this age group may make the programme less valuable as a prevention tool than when it was originally developed and tested. The issues described above should be taken into consideration if ASSIST is to be adopted elsewhere in Scotland.[2] [3]

Limitations: The evaluation carried out by the University of Stirling was a process evaluation, and as such it did not evaluate the effectiveness of ASSIST for reducing smoking. While prior research conducted in England and Wales found ASSIST to be effective at preventing smoking in 12 to 13 year olds, further research is necessary to understand the effectiveness of ASSIST in schools in Scotland.[4] This is particularly pertinent since smoking prevalence rates in this age group have dropped significantly since the original research was undertaken (see Figure 2).

b) Tobacco point of sale ban (action 17)

Responding to concerns about the impact of point of sale (PoS) tobacco displays on youth smoking, the Scottish Government introduced legislation banning PoS displays

in shops (known as the display ban). Tobacco was removed from display in large retailers (relevant floor area exceeding 280 square metres) from 29 April 2013 and all shops (including smaller shops) from 6 April 2015.

Key message: Data from a retailer audit show that compliance with the tobacco display ban was high. Higher cigarette brand awareness was significantly associated with regular visits to small shops and the noticing of tobacco displays in small and large shops.

Further detail: There is previous research to show that exposure to PoS displays is associated with both the likelihood of taking up smoking (smoking susceptibility) and smoking among young people. [5] [6]

Exposure to PoS displays may also increase young people's awareness of brands and new packaging, both of which have been shown to influence attitudes towards smoking, the perceived attractiveness of smoking, and susceptibility to smoke among those who have never smoked.[7] [8] [9]

A mixed-methods evaluation of PoS exposure on school students in four Scottish communities was undertaken by a collaboration between Scottish universities and ScotCen (the DISPLAY study).[7] The evaluation identified that 98% of retailers which were included in the study complied with the legislation.[5] The researchers found that recall of cigarette displays in small shops was higher in young people living in areas of greater socio-economic deprivation. They also found that confectioners/tobacconists/newsagents (CTNs) and grocery/convenience stores located in more deprived areas had significantly larger average display unit size than CTNs and grocery/convenience stores in areas of less deprivation. These data were collected in 2013, prior to the implementation of the PoS legislation. As such, these data provided a baseline measure for evaluating the effectiveness of the legislation in prohibiting such displays.[8]

The DISPLAY study also showed that higher cigarette brand awareness was significantly associated with regular visits to small shops. This highlights the importance of PoS displays of tobacco products in increasing brand awareness, which is known to increase youth smoking susceptibility, and thus the importance of

implementing PoS display bans in all shops.[9] The longer-term impacts of the display ban are yet to be identified but initial findings are instructive.[7]

Limitations: The mixed-methods study[9] had a couple of limitations: it had a cross-sectional design so could not investigate any causal associations, and the study sample was not representative of the whole of Scotland.[8] It is also too early to tell from the van der Sluijs et al. study how the attractiveness of PoS displays might influence young people's smoking and cigarette purchasing behaviour.[9]

c) Illicit tobacco (action 19)

The illicit market consists of smuggled, bootlegged, counterfeit and otherwise illegally manufactured tobacco.

Key message: UK level data indicate that the illicit trade in tobacco products is on a long-term decline. There is a paucity of evidence for Scotland, but UK estimates are robust.

Further detail: The illicit tobacco market in the UK has changed significantly since 2000. Progress has been made in tackling the illicit market over the last decade, which, according to ASH Scotland, is because of effective enforcement. The illicit market for cigarettes has been declining from around 20% in 2000 to around 10% in 2014/2015. There have been similar reductions in sale of illicit hand-rolled tobacco over the same time period,[10] [11] however consumption of illicit hand-rolled tobacco increased between 2011/12 and 2013/14. HM Revenues and Customs launched a strategy in 2015 to continue to tackle illicit tobacco.[12] It is important that illicit tobacco continues to be closely monitored and that there is sustained action to tackle it.

Limitations: There is little known about the extent of the illicit tobacco trade in Scotland, but there are robust UK-wide estimates.

d) Standardised packaging (action 16)

Tobacco packs are a form of advertising, sometimes referred to as 'silent salesmen'. Standardised or 'plain' packaging aims to remove this form of advertising so that packs have no branding other than the name of the tobacco product. They are also a uniform colour and shape with highly visible health warnings which cover 65% of the front and back of packs. Australia was the first country to introduce standardised packaging (in December 2012). Standardised packaging was rolled out across the UK in May 2016 and shops had until May 2017 to sell all their stock. The purpose of standardised packaging was to protect children from tobacco advertising.

Key message: A recent Cochrane review identified that there is limited evidence that standardised packaging may reduce smoking prevalence. Further data are required to assess the impact of standardised packaging in Scotland and the UK as a whole.

Further detail: In April 2017, a Cochrane review was published by McNeil et al. to assess the effect of standardised packaging on smoking initiation, cessation and reduction. [13] The review identified limited evidence that standardised packaging may reduce smoking prevalence. The authors stated:

> 'The one included study assessing the impact of standardised tobacco packaging on smoking prevalence in Australia found a 3.7% reduction in odds when comparing before to after the packaging change, or a 0.5 percentage point drop in smoking prevalence, when adjusting for confounders. Confidence in this finding is limited, due to the nature of the evidence available, and is therefore rated low by GRADE standards.'

This finding fits with previous research which identified that standard packaging should reduce the appeal of smoking.[14]

Limitations: Although the systematic review was robust, some of the evidence which was included in that review was of limited quality. Furthermore, the data on the impact on prevalence are also based on a single large observational study from

Australia. Consequently, further research is needed to identify what impact standardised packaging has had in Scotland and the UK.

3.2 Protection: protecting people from second-hand smoke

This section of the 2013 strategy focuses on reducing the harm caused by second-hand smoke, particularly for children. The key policy actions in the strategy aimed to highlight the risks of second-hand smoke and to implement smoke-free NHS grounds and smoke-free prisons.

a) Reducing the harm caused by second-hand smoke, particularly for children (actions 26–30)

The Scottish Government set out a range of actions to attempt to reduce the harm caused by second-hand smoke, particularly for children. These included NHS, local authority and third sector services providing advice to the public on creating smoke-free homes; public health nurses offering advice on reducing the exposure to second-hand smoke, and the promotion of interventions such as REFRESH to help families make their homes smoke-free.

In addition, one key policy action was to set a target for achieving ‘a substantial reduction in children’s exposure to second-hand smoke by 2020’. This was later specified as reducing children’s exposure to second-hand smoke from 11% in 2014 to 6% by 2020.[15]

Key message: Evidence from the Scottish Health Survey found a significant decrease in the proportion of children who were exposed to second-hand smoke in the home (11% to 6%) between 2014 and 2015.

Further detail: The target of reducing children’s exposure to second-hand smoke to 6% was achieved 5 years early, far earlier than anticipated. It equates to 50,000 children having been protected from the daily harm of second-hand smoke exposure at home.[14]

Limitations: Although the policy actions in this section of the 2013 strategy are associated with a significant decrease in the exposure to second-hand smoke in the home, it is important to note that causality has not been proved. Further work is required to identify whether and how much of this reduction can be attributed to actions taken in 'Creating a tobacco-free generation'. In addition, the second-hand smoke exposure data is based on self-reports. Having an objective measure of second-hand smoke exposure would greatly strengthen the self-reported data.

b) Take It Right Outside (action 30)

A second key policy action in this part of the strategy was the 'Take It Right Outside' campaign. It was launched in March 2014 as a collaboration between COSLA, NHS, ASH Scotland, Cancer Research UK (CRUK), British Lung Foundation (BLF), British Heart Foundation (BHF) and the Universities of Edinburgh and Aberdeen. 'Take It Right Outside' was based on the REFRESH campaign undertaken by ASH Scotland. The campaign ran from 26 March to 15 June 2014 and was re-launched on 7 October 2014 by the Minister for Public Health. This re-launch ran for four weeks. The overall aims of the campaign were to:

- raise awareness about the harmful effects of second-hand smoke in the home and car
- empower both smokers and non-smokers to make their home and cars smoke-free.

The campaign was advertised in a number of ways including TV, radio, internet and posters.

Key message: The campaign was memorable and key messages perceived to be clearly communicated. The campaign was associated with an increased awareness of the harms of second-hand smoke. However, it is less clear what impact it had on behaviour.

Further detail: A pre and post evaluation was undertaken of 'Take It Right Outside'. It focused on testing three communication channels: TV, radio and online.[16] There was an increase in spontaneous recall of advertising about the harms of second-hand smoke (54% pre rising to 68% post advertising). Key messages related

to specific behaviours were well communicated, for example the importance of not smoking around children, and smoking outside rather than indoors.

There were high levels of motivation among the study participants and a clear shift in attitudes and awareness towards second-hand smoke. For example, there was increased awareness that smoking outside the home is the only way to ensure children do not breathe second-hand smoke and that smoking in a car with the windows open is still harmful to children. It is important to note, however, that engaging in these behaviours may not always be feasible for individuals, such as sole carers for small children or those living in accommodation which lacks a safe outdoor area to smoke.[17] [18]

The impact on smoking behaviour was mixed. On the one hand there was little change in the number of cigarettes smoked by study participants before and after the campaign. On the other hand there was a change in where individuals reported smoking. An increased proportion of participants reported that they now 'always smoke outside of the home away from the main door', from 23% before the campaign to 30% post campaign.

Impact on smoking behaviour was more likely for light smokers, those with children under 5 years old, and those living in more affluent areas. Consequently, more needs to be done to influence the behaviour of smokers living in deprived areas, heavy smokers and parents of older children.[16]

Limitations: Firstly, it is not clear what impact the campaign had on smoking behaviour. Better communication on the harms of second-hand smoke is also required because some false perceptions still persist:

- That you can see or smell second-hand smoke.
- That second-hand smoke can be contained in one room.

c) Smoke-free NHS grounds (action 33)

In March 2015 all NHS Boards implemented and enforced smoke-free grounds. Smoke-free status was defined as being the removal of any designated smoking

areas in NHS Board buildings or grounds. The Scottish Government worked with Boards to raise awareness of the move to smoke-free hospital grounds.

Key message: Smoke-free NHS grounds were implemented as intended. NHS Boards had a number of challenges, specifically surrounding compliance. A key element of successful implementation was found to be senior and Board-wide ownership for implementation.

Further detail: A national smoke-free grounds working group was established in April 2014 and was facilitated by NHS Health Scotland. This working group was tasked with working alongside local strategic and communication leads for tobacco to coordinate their work towards smoke-free grounds by 2015, emphasising the public health benefits of smoke-free grounds. The group also aimed to identify key actions and provide direction to support local delivery. The focus was to build on existing smoke-free policies by supporting the implementation of a national smoke-free NHS grounds approach by March 2015.

The work of this group resulted in the development of implementation guidance for Boards.[19] This guidance provided a clear and consistent approach. All NHS Boards commented that the implementation guidance had been useful.

The national smoke-free grounds working group also devised a national campaign to raise awareness of smoke-free NHS grounds. This group found that a consistent issue reported across NHS Boards related to concerns around compliance and enforcement.[20]

Despite the implementation of smoke-free grounds policies across all NHS sites in Scotland, compliance remains a challenge. In response to this, the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 includes measures to assist enforcement around buildings on hospital sites. Regulations which will bring into force the ban on smoking near hospital buildings, such as smoke-free perimeters outside hospital buildings, are scheduled to be in place by the end of 2017.

Limitations: Although smoke-free grounds policies were implemented across all NHS sites in Scotland, compliance is still perceived to be a challenge.

d) Smoke-free prisons (action 31)

Smoking is very common in Scottish prisons. A survey carried out by the Scottish Prison Service in 2015 identified that 72% of prisoners smoke.[21] There have been policy changes over the last decade to restrict smoking in Scottish prisons. Current prison rules mean that those in custody are only permitted to smoke in their own cells and during outdoor recreation. However, despite these restrictions, staff and those in custody are still potentially exposed to second-hand smoke. Action 31 in the 2013 Tobacco Control Strategy states that the Scottish Government will 'work in partnership with the Scottish Prison Service and local NHS Boards to have plans in place by 2015 that set out how indoor smoke-free prison facilities will be delivered'.

Key message: In 2016 Ministers agreed the move to smoke-free prisons within a 5-year time frame. New research[23] has identified that the median shift exposure to second-hand smoke for non-smoking staff is similar to that of someone living in a typical smoking home in Scotland. In July 2017 the Scottish Prison Service committed to making all prisons smoke-free by the end of 2018.

Further detail: The Scottish Prison Service convened a multi-disciplinary National Tobacco Strategy Workstream (Prisons). This group oversaw the development of a national specification for smoking cessation and a joint action plan for how smoke-free indoor prison facilities will be delivered in all prisons in Scotland.

A smoking cessation specification was circulated to all NHS Boards for implementation, but there are still issues in terms of consistency and capacity of the services. All NHS Chief Executives and relevant NHS managers have been contacted to ensure cessation services can meet the demands associated with the introduction of the smoke-free policy in prisons.[22] In 2016 Ministers agreed the move to smoke-free prisons within a 5-year time frame.

A study was recently published which gathered pre- and post-shift saliva samples of non-smoking prison staff. It identified that the median shift exposure to second-hand smoke was similar to that of someone living in a typical smoking home. The study found that 'the median shift exposure to SHS-PM 2.5 was ~20 to 30 μg m−3'.[23]

Subsequently, the Scottish Prison Service committed to making all prisons smoke-free by the end of 2018.

Limitations: There remain questions surrounding compliance with and acceptability to prisoners of smoke-free prisons. This topic is a focus for the Scottish Prison Service and Scottish Government going forward.

3.3 Cessation: helping people to quit smoking

This section focuses on NHS smoking cessation services and smoking in pregnancy.

a) NHS smoking cessation services (actions 27, 35, 37)

The 2013 Tobacco Control Strategy states that:

> 'Over the last decade there has been significant investment in developing a strong network of NHS smoking cessation services across Scotland. This network includes: specialist smoking cessation services, comprising intensive behavioural multi-session support together with pharmacotherapy; a nationally funded community pharmacy smoking cessation service; and national telephone support, Smokeline, and support website www.canstopsmoking.com.'[24]

Key message: Overall quit attempts have been falling since 2011/12 (see Figure 5). However, quit rates at 12 weeks have been increasing, from 14% in 2013/14 to 22% in 2015/16. In addition, quit rates at 4 weeks remain stable. A review has identified how the effectiveness of stop smoking services can be improved.

Further detail: A review of NHS smoking cessation services was published in 2014 and contained recommendations on how to improve the effectiveness of these services. These were grouped under the following themes:

- Reducing variation in outcomes and improving consistency between services.
- Increasing reach and success, particularly with priority groups.
- Improving processes within services and training for staff.[25]

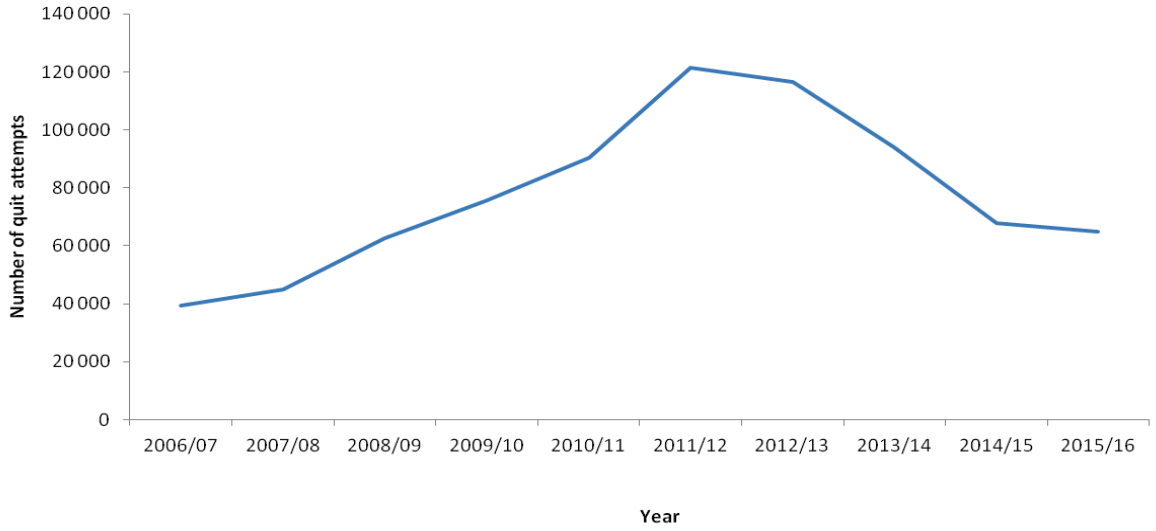
There have been regular meetings of the National Smoking Cessation Network and national NHS smoking cessation coordinators. These groups share best practice and ensure a more consistent and joined up approach to service delivery across Scotland (across NHS Boards, with pharmacy and with Smokeline).

NHS Boards have been mapping their services against the recommendations and they are focusing on developing a more consistent and evidence-based approach to smoking in pregnancy and more joint working on marketing.

In April 2015 the previous HEAT target was replaced by a Local Delivery Plan (LDP) standard. The focus of this standard was to target people in deprived areas where smoking prevalence is highest. The target was to achieve at least 7,278 successful quits, at 12 weeks post quit, in the 40% most deprived within-Board SIMD areas (60% for island NHS Boards) over 1 year ending March 2016.

In October 2016 performance data for 2015/16 was published. This highlighted that 64,736 quit attempts were made with the help of NHS smoking cessation services between April 2015 and March 2016. The majority (60%) of these quit attempts were made in the most deprived areas in Scotland (39,062) and of these quit attempts 7,947 were still not smoking at 12 weeks post quit against the target of 7,278.

Figure 5: Quit attempts made in NHS smoking services, Scotland; 2006/07–2015/16



Source: Information Services Division (ISD). (2016) NHS Smoking Cessation services (Scotland). www.isdscotland.org/Health-Topics/Public-Health/Publications/2016-10-04/2016-10-04-SmokingCessation-Report.pdf.

As can be seen in Figure 5 above, the trend for Scotland overall shows a large reduction in numbers of quit attempts between 2011/12 and 2015/16. This needs to be seen in the context of a reduction in the number people accessing smoking cessation services. For example, since 2011/12, the number of people accessing NHS services for cessation support has dropped by 47%. The reasons for the fall in quit attempts is likely to be the result of a combination of factors. These could include the lack of a stop smoking media campaign and the increasing use of electronic cigarettes (e-cigarettes).

There is some evidence that the rate of fall has slowed since 2014/15.[26] It is important to note that there were higher quit rates achieved at both 4 and 12 weeks for treatment with varenicline compared with nicotine replacement therapy.[26]

The 2016/17 Local Delivery Plan (LDP) smoking cessation standard has been revised. The revised 2016/17 LDP standard for NHSScotland was to achieve at least 9,404 successful 12-week quits through smoking cessation services in the most deprived areas of Scotland.

The Smoking Cessation Service Specification for Community Pharmacy was implemented in 2014. Progress has been made on issues such as the use of the electronic recording system (PCR), data inputting and conducting the 4 and 12 week follow-ups. The service specification is currently being renewed.

A National Centre for Smoking Cessation and Training (NCSCT) was set up in 2009 and was tasked with improving the overall quality of behavioural support and narrowing the gap between the poorer and the better-performing stop smoking services in England. NCSCT provides a comprehensive online training and assessment programme for stop smoking practitioners and post-certification modules for smoking cessation in pregnancy and for those with mental health problems. Scottish Government has bought a number of online modules from NCSCT and are currently reviewing these, with partners, to ensure relevance for Scotland. In addition, the Scottish Government and partners are developing a face-to-face element to the training for specialist smoking cessation advisors from the NHS.

Limitations: There is still variation between NHS Health Boards on the number of quit rates and differences in practice.

b) Smoking in pregnancy (actions 26, 35, 38, 39)

The Maternity and Children Quality Improvement Collaborative (MCQIC) was launched in 2013 to improve outcomes and reduce inequalities in outcomes for all women, babies, children and families in Scotland. A key area of activity for MCQIC has been the identification, referral and management of pregnant women who smoke. This has included offering all pregnant women carbon monoxide (CO) monitoring at their first appointment with their midwife (known as ‘booking’) and aiming to refer 90% of those identified as smokers or with a raised CO level (> 4 ppm) to the NHS stop smoking service. They also developed a tailored package of care for women who continue to smoke during pregnancy. This work has involved collaboration between MCQIC champions and local smoking cessation services.

All NHS Boards offer a smoking cessation service for pregnant women. This includes offering CO monitoring at booking and automatic referral of women who smoke or

have a raised CO level to the NHS smoking cessation service. All Boards are testing and reporting on the offer of CO monitoring to women at booking.

Key message: Current NHS data shows that 95% of pregnant women who smoke are CO monitored at booking, with 93% referred to the local stop smoking services. In addition, quit rates for pregnant smokers have increased. Quit rates at 4 weeks increased from 30% in 2013/14 to 34% in 2015/16. Similarly, quit rates at 12 weeks increased from 14% in 2013/14 to 21% in 2015/16.

Further detail: It has been agreed that MCQIC will continue for a further 3 years and will strengthen work on smoking across maternity and early years, particularly looking at measures to improve quit rates and raise awareness of the harm caused by exposure to second-hand smoke.

A national working group on smoking in pregnancy has also been established.* They have drafted a proposal on how to improve outcomes for pregnant women who smoke, including better collaboration between agencies and policy areas relating to smoking in pregnancy.

A subgroup of the smoking cessation coordinators group reviewed the most effective method for providing information on CO monitoring to pregnant women. It was decided to provide information on CO monitoring through the revised NHS Health Scotland resource for pregnant women, 'I Quit', which will only go to the subset of pregnant women who smoke.

Limitations: Despite very high levels of both CO monitoring of pregnant women who smoke at booking and referral to the local stop smoking services, supporting pregnant smokers to quit remains a challenge.

* See: www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/mcqic

4. Conclusion

This report has outlined the findings of a mapping exercise to assess the extent to which key policy actions outlined in the 2013 Tobacco Control Strategy have been implemented, alongside an overview of their impact where such data are available. The report draws on evidence in peer-reviewed publications, in addition to the grey literature. Existing evidence suggests a number of strengths in all three areas of policy action outlined by the strategy: prevention, protection and cessation.

Prevention efforts have primarily focused upon reducing uptake of smoking by creating environments supporting young people in particular, and the wider population in general, to remain smoke-free. Firstly, the implementation of the ASSIST smoking prevention programme in schools within three NHS Health Board areas has shown promise in terms of feasibility of delivery and acceptability among those delivering it. However, the low levels of smoking now observed in 11–15 year olds raises questions about the effectiveness of the programme as a prevention tool. Secondly, the removal of point of sale advertising was associated with a reduction in brand awareness among young people, a factor known to increase youth smoking susceptibility. Further research is needed to identify the impact on smoking behaviour. Lastly, there is some international evidence showing that standardised packaging may be effective. However, the evidence base is limited and further research is needed to identify the impact in Scotland and the wider UK.

Protective actions have focused primarily upon reducing the harm caused by second-hand smoke, particularly for children. Evidence from the Scottish Health Survey[2] found a significant decrease in the proportion of children who were exposed to second-hand smoke in the home (11% to 6%) between 2014 and 2015. In addition, the ‘Take It Right Outside’ campaign was successful in raising the awareness of the harms of smoking, however it is less clear what impact it has had on smoking behaviour.

Smoke-free NHS grounds were implemented successfully but there remains a perception that compliance is a challenge. In addition, the implementation of smoke-free prisons is still in its early stages. The Scottish Prison Service committed to making all prisons smoke-free by the end of 2018.

Actions related to cessation focused specifically upon NHS smoking cessation services and smoking in pregnancy in particular. The reduction in number of quit attempts made through NHS smoking cessation services between 2011/12 and 2015/16 indicates the challenges they face. However, the increase in quit rates at both 4 and 12 weeks gives cause for optimism. A number of actions have been taken related to smoking cessation among pregnant women, such as establishment of the Maternity and Children Quality Improvement Collaborative (MCQIC). There is evidence that pregnant women who smoke are being identified and referred to stop smoking services. There has also been a small reduction in the number of pregnant women smoking.

To summarise, this review has identified that overall 'Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland' was implemented as intended. The successful policy actions included reducing children's exposure to second-hand smoke to 6%, the implementation of the tobacco display ban, the 'Take It Right Outside' campaign, creating smoke-free NHS grounds and the introduction of standardised packaging.

Other policy actions had a more mixed impact. Although the evaluation of the smoking prevention programme ASSIST found that it was feasible and acceptable and could be adopted across Scotland, questions remain about its effectiveness, with smoking prevalence now being so low among its target group. Policy actions relating to smoking in prisons have also had a mixed impact. The implementation of smoke-free prisons is making progress but it has taken longer than anticipated. This review also identified that policy actions relating to smoking cessation had mixed success. There has been a reduction in the number of quit attempts through smoking cessation services in Scotland. However, quit rates are increasing. Pregnant women who smoke are being identified by NHS services and referred to stop smoking services successfully, but enabling them to quit remains a challenge.

Thus, the current evidence suggests a number of strengths in the 2013 strategy, and highlights areas in which further evidence and intervention may be needed. One of the most pressing is to reduce inequalities in smoking. In addition, there is a need to collect longitudinal data in relation to many of these initiatives, specifically in relation

to impact upon smoking behaviour both in the short and longer term. Future Scottish Government tobacco control strategies would be greatly strengthened if they included a comprehensive monitoring and evaluation framework.

Appendix 1: Mapping the implementation of ‘Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland’

Introduction

In 2013 the Scottish Government launched ‘Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland’. It set out an ambitious aim of making Scotland tobacco-free by 2034.

Smoking prevalence in Scotland continues to fall and it is plausible to conclude that the actions in the 2013 Tobacco Control Strategy have contributed to this reduction. However, prevalence has not fallen as much as is required if Scotland is to be tobacco-free by 2034, and prevalence remains higher in more deprived areas (Figure 4).

This Appendix maps the implementation of the 46 actions in the 2013 Tobacco Control Strategy. It sits alongside the main body of the review, which describes the impact of key actions.

Health inequalities

Action	Lead partners	Status	Achieved / not achieved
1. Maintain the tobacco control budget at current levels across the 5-year lifetime of this strategy.	Scottish Government (SG)	The tobacco control budget has been maintained for the 5-year lifetime of the strategy.	Achieved
2. The Ministerial Task Force on Health Inequalities will reconvene in 2012/13 to review and refresh SG's strategy for addressing the root causes of health inequalities.	SG	The Task Force reconvened and reported. SG launched the Fairer Scotland Action Plan in October 2016. The plan sets out actions to make Scotland a fairer and more equal place to live, and includes the commitment to reduce smoking prevalence to 5% or lower.	Achieved
3. Local authorities and NHS Boards should work with partners in the voluntary sector and local communities to develop local tobacco control plans. These plans should be integrated with wider health improvement activity to help Community Planning	Local authorities (LAs) and NHS Boards	All NHS Board/LA areas are aware of the need for local tobacco control plans or for tobacco control to feature appropriately in strategic and local planning to help Community	Underway

Action	Lead partners	Status	Achieved / not achieved
Partnerships reduce health inequalities as set out in the 2013 single outcome agreement (SOA).		Planning Partnership partners reduce health inequalities. Variable performance across NHS Board/LA areas. However all areas have plans or strategies in place or under review or under development. The Improvement Service are leading on the consistency of approach for councils.	
4. The recommendations of the Health Inequalities Impact Assessment (HIIA) will be incorporated in the implementation of this strategy.	SG / NHS Health Scotland	HIIA is complete and the recommendations have been shared with stakeholders involved in implementation of this strategy.	Achieved

Prevention

Action	Lead partners	Status	Achieved / not achieved
5. Commission an audit of the implementation of Article 5.3 of the Framework Convention on Tobacco Control in Scotland, with a view to providing SG with options for ensuring the continued protection of public health policy from undue interference from the tobacco industry.	SG	The Scottish Ministers (and their Directorates) and the Scottish Parliament (and its Committees) have been made aware of their Article 5.3 commitment. Cross-Party Working Group may ask for a more coordinated check of current practice during 2017.	Underway
6. Establish a Prevention Sub-Group of the Ministerial Working Group on Tobacco Control. The sub-group will be responsible for overseeing the implementation of the preventative actions in this strategy, and for advising SG on new actions to prevent the uptake of smoking among young people. The sub-group will ensure alignment with wider national prevention priorities and collaborations.	SG	Group established in Autumn 2013, chaired by Louise Macdonald, OBE (chief executive of Young Scot) and included representatives from a wide range of public and third sector organisations with an interest in young people's issues. With the majority of prevention actions in this strategy complete or ongoing, the future role of the group is	Achieved

Action	Lead partners	Status	Achieved / not achieved
		under review. Focus will now turn to links with poverty and inequalities.	
7. Reinvest any recovered costs in prevention programmes designed to support young people to choose not to smoke.	SG	Costs have been recovered and will be reinvested in implementation of ASSIST pilot (see action 12).	Achieved
8. Following the success of the Youth Commission on Alcohol, we will commission Young Scot to deliver a Youth Commission on Smoking Prevention. The Commission will recruit young people aged 12–21 from a range of backgrounds to provide the Scottish Government and local delivery partners with a series of recommendations and solutions which support young people to choose not to use tobacco.	Young Scot	The Youth Commission published its final report in October 2014. SG continues to take account of the Youth Commission's recommendations.	Achieved
9. Work with learning establishments and partner agencies to identify good practice and high quality resources which will be shared on	SG / Education Scotland / NHS Health Scotland	An education summit was held in April 2015 involving key decision makers to discuss how to embed	Achieved

Action	Lead partners	Status	Achieved / not achieved
the GLOW schools intranet site.		smoking prevention into school education. A report of the key actions discussed on the day was produced and local authorities and Boards have worked together to provide local activities in schools.	
10. Publish a National Action Plan for Health and Wellbeing in the Curriculum for Excellence by autumn 2013.	SG	This has been replaced by a curriculum impact report (Health and Wellbeing: the responsibility of all 3–18) published by Education Scotland. It contains a number of actions to improve delivery of health and wellbeing education in schools.	Achieved
11. Local tobacco control plans should take account of the potential interactions between tobacco and wider health behaviours. These plans should explicitly focus on vulnerable young people such as looked after children	NHS Boards / local authorities / ADPs / third sector	ASH Scotland and local NHS Boards are working closely with local authority social work services to develop appropriate smoke-free policies for looked	Underway

Action	Lead partners	Status	Achieved / not achieved
and young offenders.		after and accommodated children (LAAC). Through the Prevention Group, the youth work sub-group undertook activity to raise the profile of tobacco among youth workers in order to increase the number of interventions to support young people to make healthy choices. The Prevention Group will continue to consider where it might be able to identify further opportunities to progress this.	
12. Undertake a pilot of ASSIST, which will consider its suitability for Scotland and potential for further adaptation to other risk-taking behaviour.	SG	ASSIST was being piloted in schools across the NHS Tayside, NHS Greater Glasgow and Clyde, and NHS Lothian Board areas for 3 years from 2014/15. An	Achieved

Action	Lead partners	Status	Achieved / not achieved
		evaluation of the implementation was published in March 2017.	
13. Work with the youth sector to support smoking prevention programmes.	Youthlink Scotland / Youth Scotland / SYP / Young Scot / ASH Scotland / Fast Forward	The youth sector was strongly represented on the Prevention Group (action 6). A youth work project with funding from SG increased the number of youth work interventions supporting young people in Scotland – helping to make positive choices on tobacco. Increasing the number of youth work interventions will directly contribute to the Tobacco Control Strategy commitment to achieving a tobacco-free generation by 2034. Promotion is continuing at a range of youth work events	Achieved

Action	Lead partners	Status	Achieved / not achieved
		around Scotland.	
14. In support of the SG Parenting Strategy, we will work with service providers in the statutory and third sector to assist parents, carers and professionals address the smoking habits and associated health behaviours of young people.	SG / local authorities / ADSW / CCPS / NHS Health Scotland / third sector	Strong links were made around the time of the launch of the Parenting Strategy and SG continues to encourage partners to work closely.	Achieved
15. In conjunction with relevant bodies, including higher and further education and vocational training providers, we will explore what measures can be developed to support young people between 16–24 in making decisions about smoking and other health behaviours.	SG / NHS Health Scotland / NHS Boards / Young Scot / ASH Scotland	The NUS Scotland and Scottish Student Sport Healthy Body Healthy Mind Award programme incorporated smoking prevention for the first time over 2014/15, supported by funding from the Scottish Government. This changed the focus of the awards to include criteria around the link between sports, physical activity, smoking prevention and mental health.	Achieved

Action	Lead partners	Status	Achieved / not achieved
		The NUS is on target to increase the number of colleges taking part over 2015/16 and 2016/17. It is hoped that through the additional elements of support offered by more sharing events and an online forum, new institutions as well as those who have taken part before, are able to make a bigger impact on campus culture, reducing the numbers of students in Scotland who smoke and contributing to the Scottish Government's ambition for a smoke-free Scotland by 2034.	
16. We will await the UK Government and the other devolved administrations' responses to the recent consultation before deciding on the most appropriate legislative option for introducing the standardised packaging of	SG	Plain packaging has now been introduced throughout the UK.	Achieved

Action	Lead partners	Status	Achieved / not achieved
tobacco products.			
17. The bans on the sale of tobacco from automatic vending machines and the display of tobacco and smoking related products in large shops will come into force on 29 April 2013. The ban on the display of tobacco and smoking related products in all other shops will come into force on 6 April 2015.	SG	The display ban was successfully implemented in large stores in April 2013. The ban for small stores came into force in April 2015. Implementation was smooth, compliance is high and positive feedback was provided by retailers following the measures coming into force. Compliance with the vending machine ban was very good.	Achieved
18. We will maintain pressure on the UK Government to address the representation of tobacco use in the media and welcome the commitment in their most recent tobacco strategy to bring together media regulators and the entertainment industry to consider what more can be done.	SG	The Scottish Government engaged with the UK Government to ensure the UK implementation of the revised Tobacco Products Directive. This was transposed into UK law in May 2016.	Achieved

Action	Lead partners	Status	Achieved / not achieved
19. Continue to support strong national and local alliances to tackle the availability of illicit tobacco through the Enhanced Tobacco Sales Enforcement Programme (ETSEP).	SCOTSS / COSLA / local authorities / STCA / HMRC / NHS Boards	The last meeting of the Age-Restricted Enforcement Group (Chaired by SG) was on 1 November 2016. Recent meetings have included discussions around enforcement of e-cigarette regulations and smoking in cars.	Achieved
20. Undertake a review of the Scottish Tobacco Retailer Register in 2015, by which time the Register will have been in force for 3 years.	SG	A review of the Register is currently underway and is being taken forward by CRUK.	Underway
21. Continue to support strong national and local alliances to tackle underage purchases through ETSEP and also more rigorous enforcement of existing tobacco sales laws.	SCOTSS / COSLA / local authorities / STCA	ETSEP facilitates rigorous enforcement of tobacco sales law by local authorities – test purchasing activity to prevent underage cigarette sales, and working in partnership with HMRC. SG funding has been maintained. Activity reports are	Achieved

Action	Lead partners	Status	Achieved / not achieved
		presented at meetings of the Age Restricted Products Group.	
22. Consider how best to ensure that any offences under tobacco sales legislation can be taken into account by Police and Licensing Boards when granting a personal alcohol licence under the Licensing (Scotland) Act 2005.	SG	The Air Weapons and Licensing (Scotland) Act 2015 introduced a fit and proper person test for alcohol personal and premises licences. This would remove the restriction on Boards considering just a set list of relevant and foreign offences. This would allow, for police to present and for them to consider, other/any convictions such as breaches of tobacco legislation.	Achieved
23. We will work with retailers to encourage the extension of the alcohol age verification policy to the sale of tobacco and nicotine vapour products.	SG	The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 introduced a statutory requirement for retailers of tobacco and e-cigarette products to operate an age verification	Achieved

Action	Lead partners	Status	Achieved / not achieved
		scheme. The requirement was introduced in law on 1 April 2017.	
24. We will maintain pressure on the UK Government to ensure duty on tobacco products remains above inflation.	SG	Tobacco duty remains above inflation.	Achieved
25. SG will look to the Prevention Sub-Group of the Ministerial Working Group on Tobacco Control to provide advice on further options for reducing the attractiveness, availability and affordability of all tobacco and smoking-related products.	Prevention Sub-Group	The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 brings in several measures to strengthen tobacco control in Scotland that seek to further de-normalise smoking and protect young people from second-hand smoke.	Achieved

Protection

Action	Lead partners	Status	Achieved / not achieved
26. Advice on creating a smoke-free home should be a feature of all antenatal and postnatal services and adoption, foster,	NHS Boards / local authorities / third sector	SG provided match-funding (alongside the Robertson Trust) to enable ASH Scotland to	Achieved

Action	Lead partners	Status	Achieved / not achieved
kinship and residential care services. Therefore, in keeping with GIRFEC principles, service providers should ensure that practitioners have access to appropriate resources to support families to make their homes smoke-free.		provide training to practitioners around smoke-free homes. ASH Scotland and local NHS Boards are continuing to work closely with local authority social work services to develop smoke-free policies for looked after and accommodated children (see action 11). Working with Early Year Collaborative, NHS pregnancy smoking cessation services, Family Nurse Partnership and Maternity and Children Quality Improvement Collaborative (MCQIC) to develop a 'joined up approach' to reducing smoking in pregnancy (see action 38),	

Action	Lead partners	Status	Achieved / not achieved
		including providing advice and support to families on effective ways to protect children from exposure to second-hand smoke (SHS) in the home and advice and support on stopping smoking. Supporting the SHS in the Home Network Meeting – network of academics and health professionals working to reduce exposure to SHS in the home.	
27. We will ensure that advice to reduce exposure to second-hand smoke, as well as cessation advice and support, is fully incorporated in the range of services offered by Scotland's public health nurses, including the reintroduced 27- to 30-month review, as set out in the Parenting Strategy.	NHS Boards	NHS Boards are aware of the need to include advice on second-hand smoke exposure and cessation services across the full range of services offered by public health nurses and have taken appropriate local action.	Achieved

Action	Lead partners	Status	Achieved / not achieved
28. We will continue to support and promote interventions such as REFRESH to help families make their homes smoke-free.	SG / NHS Boards / NHS Health Scotland / ASH Scotland	SG has agreed match funding (alongside the Robertson Trust) for ASH Scotland to take forward training around the REFRESH legacy work (see action 26).	Achieved
29. We will make use of baseline data provided by the 2012 Scottish Health Survey to set a target for achieving a substantial reduction in children's exposure to second-hand smoke by 2020.	SG	The target to reduce the number of children exposed to SHS to 6% by 2020 was announced at the launch of the smoke-free homes campaign in 2014. The 2015 Scottish Health Survey indicates that this target was achieved 5 years early.	Achieved
30. The Scottish Government recognises the continued importance of awareness-raising campaigns in support of this Strategy. We will run a social marketing campaign in 2013 to raise awareness of second-hand smoke in enclosed spaces and to support people to reduce the harm it can cause. The campaign	SG	The 'Take It Right Outside' campaign was launched in March 2014 in collaboration with stakeholders including COSLA, NHS, ASH Scotland, CRUK, BLF and BHF. The campaign has been extremely successful – high	Achieved

Action	Lead partners	Status	Achieved / not achieved
will be designed and delivered in partnership with NHS Boards and third sector organisations.		levels of motivation among the target audience and a clear shift in attitudes and awareness towards second-hand smoke. The campaign was re-launched on 7 October 2014 by the Minister for Public Health. It ran for 4 weeks.	
31. Work in partnership with the Scottish Prison Service (SPS) and local NHS Boards to have plans in place by 2015 that set out how indoor smoke-free prison facilities will be delivered.	SG / SPS / NHS Boards	A Prisons Tobacco Workstream oversaw the development of a national specification for smoking cessation and a joint action plan for how smoke-free indoor prison facilities will be delivered in all prisons in Scotland. In 2016 Ministers agreed the move to smoke-free prisons within a 5-year time frame.	Underway

Action	Lead partners	Status	Achieved / not achieved
		Independent research has been carried out to assess staff and prisoner attitudes to smoking and measure levels of exposure to second-hand smoke in prisons. It has identified that the median shift exposure to second-hand smoke for non-smoking staff was similar to that of someone living in a typical smoking home in Scotland. In July 2017 the Scottish Prison Service committed to making all prisons smoke-free by the end of 2018.	
32. Taking account of the outcome of the Judicial Review of the State Hospital decision to prohibit smoking, mental health services should ensure that indoor facilities are smoke-free by 2015.	NHS Boards	All NHS Boards have now implemented a smoke-free policy covering indoor mental health facilities.	Achieved

Action	Lead partners	Status	Achieved / not achieved
33. All NHS Boards will implement and enforce smoke-free grounds by March 2015. Smoke-free status means the removal of any designated smoking areas in NHS Board buildings or grounds. We will work with Boards to raise awareness of the move to smoke-free hospital grounds. This action will not apply to mental health facilities.	NHS Boards	All NHS Boards implemented smoke-free grounds policies by 1 April 2015. Many NHS Boards have, as part of their smoke-free policies, banned the use of e-cigarettes on the grounds. However, compliance remains a challenge. In response to this, the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 includes measures to assist enforcement immediately around hospital buildings. Following discussions in summer 2017 with all Boards, regulations are likely to be in force late in 2017.	Achieved
34. Local authorities should implement fully smoke-free policies across their properties and surrounding grounds by 2015, including setting out appropriate enforcement	COSLA / local authorities	Some councils have smoke-free areas, and others decided to wait and learn from NHS experience. Some remain concerned about	Underway

Action	Lead partners	Status	Achieved / not achieved
measures. Opportunities to extend smoke-free policies to other outdoor areas should be included in local tobacco control plans in support of SOAs.		how to engage with and enforce among the general public. A working group chaired by COSLA and supported by NHS Health Scotland has published guidance on implementing the policy in January 2017.	

Cessation

Action	Lead partners	Status	Achieved / not achieved
35. SG will commission NHS Health Scotland to lead a review of smoking cessation services in Scotland. This will inform recommendations to improve the effectiveness of service provision and service outcomes, in particular among deprived groups. The review will report in summer 2013.	NHS Health Scotland / NHS Boards	The review was published in the summer of 2014. The SG tobacco team seconded a national tobacco control adviser (from NHS Greater Glasgow and Clyde) to work with NHS Boards and partners to build on the recommendations of the review.	Achieved

Action	Lead partners	Status	Achieved / not achieved
		NHS Boards have in most cases mapped their services against the recommendations. Key areas of focus included developing a more consistent and evidence-based approach to smoking in pregnancy, more joint working on marketing and developing standardised materials, progressing national branding.	
36. The Scottish Government and NHS Health Scotland will continue to work closely with NHS Boards and Community Pharmacy Scotland to implement changes required to ensure service improvement.	SG / NHS Health Scotland / NHS Boards / Community Pharmacy Scotland	The Smoking Cessation Service Specification for Community Pharmacy was implemented in 2014. Progress has been made on issues such as on the use of the electronic recording system (PCR), data inputting and conducting the 4 and 12 week	Achieved

Action	Lead partners	Status	Achieved / not achieved
		follow-ups. The Service Specification is currently being renewed.	
37. The review of smoking cessation services will include specific recommendations on delivering services that are person-centred and that support the needs of people living in deprived areas and other groups where tobacco use plays a key role in unequal health outcomes.	NHS Health Scotland	See action 35.	Achieved
38. The Maternity Care Quality Improvement Collaborative (MCQIC) will combine a focus on improving the public health role of maternity services alongside improvements in clinical care. Its overall aim is to improve outcomes and reduce inequalities in outcomes in maternity settings in Scotland. This will include measures to improve the numbers of women who are referred to	Healthcare Improvement Scotland (HIS) / NHS Boards	All Boards are testing and reporting on the offer of CO monitoring to women at booking, and improvement has been demonstrated. All pregnant women are offered CO monitoring at booking. The aims are to refer 90% of those	Achieved

Action	Lead partners	Status	Achieved / not achieved
smoking cessation services and improvements in the clinical management of risks for those women who are unable or unwilling to stop smoking. Key aims of the Collaborative will be: to refer 90% of women who have raised CO levels or who are smokers to smoking cessation services; and to provide a tailored package of care to all women who continue to smoke during pregnancy.		identified as smokers or with a raised CO level (> 4 ppm) to the NHS stop smoking service (opt out service rather than opt in) and to implement a tailored package of care for women who continue to smoke during pregnancy. 95% of pregnant women are CO monitored at booking with 93% referred to the local stop smoking service. There is still not universal implementation of the tailored package of antenatal care for women who continue to smoke during pregnancy.	
39. NHS Health Scotland will work together with health professionals and pregnant women to develop effective means of communicating the risks of smoking in	NHS Health Scotland	The NHS Health Scotland resource on smoking in pregnancy (previously Fresh Start) has been rewritten and	Achieved

Action	Lead partners	Status	Achieved / not achieved
pregnancy and motivating women to quit smoking and stay quit, as part of the broader strategy to reduce inequalities in maternal and infant health.		re-launched as 'I Quit'. Copies have been widely circulated.	
40. NHS Boards should develop systems and provide training to ensure clear and effective care pathways for smoking in pregnancy in line with current guidance. This should include CO monitoring at booking and automatic referral to smoking cessation services.	NHS Boards	A sub-group of the Smoking Cessation Coordinators Group reviewed how best to provide information on CO monitoring to pregnant women. Information on CO monitoring has been incorporated into the 'I Quit' resource for pregnant women who smoke. A national working group on smoking in pregnancy has been established and has drafted a proposal for Ministers on improving coordination and collaboration.	Achieved

Action	Lead partners	Status	Achieved / not achieved
41. Scottish Government will develop a successor smoking-related HEAT target to the current target which is due to be delivered in March 2014. The successor target will specifically focus on addressing health inequalities.	SG	A new cessation HEAT-type target was included in 2015/16 NHS Boards Local Delivery Plans (LDPs). The target was to: deliver universal smoking cessation services to achieve at least 12,000 successful quits, at 12 weeks post quit, in the 40% most deprived within-board SIMD areas (60% for island Health Boards) over the 1 year ending March 2015. The 2016/17 LDP smoking cessation standard is to deliver 9,404 quits for at least 12 weeks (3 months) within our most deprived communities.	Achieved
42. As part of the wider monitoring framework for the Health Promoting Health Service	SG / NHS Health Scotland / NHS	NHS Boards submit progress reports for the HPHS CEL(1)	Achieved

Action	Lead partners	Status	Achieved / not achieved
(HPHS), the Scottish Government, NHS Health Scotland and NHS Boards will ensure progress in improving the level of support on managing temporary abstinence in acute settings across NHSScotland. This will include offering specialist smoking cessation support and ensuring pre-admission and post-discharge care pathways.	Boards	monitoring process around April, which include measures to provide and increase smoking cessation provision and referrals in hospitals, and referrals to community services. Findings from these reports were analysed by NHS Health Scotland and feedback was given to all NHS Boards on their progress in June 2014.	
43. Within the context of health and social care integration, NHS Boards should take action to ensure health professionals address smoking in all care settings and provide effective and person-centred referral pathways to appropriate smoking cessation support.	NHS Boards	NHS Board tobacco teams are working closely with their local Health and Social Care Partnerships. For example a number have prioritised work with looked after and accommodated young people, particularly in the development of effective smoke-free policies. This work is	Achieved

Action	Lead partners	Status	Achieved / not achieved
		being supported by ASH Scotland. A guide has been produced by ASH Scotland and NHS GGC outlining how best to implement such policies including cessation support for young people. Most areas are still in the processes of finalising structures associated with health and social care integration. The completion of this will allow cessation services to identify opportunities to progress more integrated working practices with partners, in particular with social work.	
44. The review of smoking cessation services will establish future smoking cessation training needs.	NHS Health Scotland / SG	Building on the recommendations from the national review, a proposal for new arrangements to	Underway

Action	Lead partners	Status	Achieved / not achieved
		ensure appropriate delivery of smoking cessation training was developed and has been agreed. National training will be coordinated by NHS Health Scotland, NES and Scottish Government and will involve both online and face-to-face specialist training, plus updating of the NHS Health Scotland brief intervention and smoking training. Training provision is intended to be in place by the end of 2017.	
45. We will await the findings of the current MHRA and NICE guidance before considering what further advice on tobacco harm reduction and the use of nicotine containing products, such as e-cigarettes, is required.	SG	The Scottish Government has taken a precautionary approach to electronic cigarettes and is keen to monitor the developing research base on the relative benefits of nicotine vapour	Achieved

Action	Lead partners	Status	Achieved / not achieved
		products in harm reduction – in the context of the unintended health impacts of vaping. SG acknowledges the statements from UK organisations such as Public Health England and the Royal College of Physicians on the merits of informing smokers of the relative harms. We recognise the practical action already being taken elsewhere in the UK to use electronic cigarettes to help smokers quit. However, SG remains cautious about the unknown effects of vaping. NHS Health Scotland is leading on developing formal advice on the Scottish position during 2017.	

Monitoring and evaluation

Action	Lead partners	Status	Achieved / not achieved
46. SG will provide an annual progress report on implementation of this strategy to the Ministerial Working Group on Tobacco Control.	SG	Three tobacco reports were sent to the Ministerial Working Group for Tobacco Control for consideration.	Achieved

Appendix 2: Search strategy

We searched seven databases (Web of Science, Embase, Medline, Proquest Public Health, ASSIA, Sociological Abstracts and International Bibliography of the Social Sciences) to identify journal article references to support the development of this report.

The search terms used included the following: Scotland, tobacco, smoking, pregnancy, ASSIST, point of sale, display, illicit, counterfeit, illegal, right outside, smokefree, grounds, prisons, cessation, quit, packaging, cars.

This identified (post-deduplication and removal of references from low and middle income countries) 300 references, published from 2013 onwards.
The title and abstracts were viewed for relevance (using both Refworks and Covidence) and the references deemed relevant are provided in the bibliography of this report.

Database searching was supplemented with limited internet searching. A search for grey literature (using the search terms identified above) revolved around use of Google Advanced.

Further reading

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