

01-57

Smith L (Lee-Anne)

From: Glen J (John)
Sent: 01 March 2007 10:11
To: Smith L (Lee-Anne)
Subject: FW: Consultation on Smoking Prevention Working Group Report: Towards a Future Without Tobacco
Importance: High

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-----Original Message-----

From: Malone, Jackie [mailto:Jackie.Malone@ggc.scot.nhs.uk]
Sent: 28 February 2007 18:26
To: Glen J (John)
Subject: Consultation on Smoking Prevention Working Group Report: Towards a Future Without Tobacco
Importance: High

 This email has been received from an external party and
 has been swept for the presence of computer viruses.

Please find attached NHS Greater Glasgow and Clyde's response on the above consultation.

<<Consultation on Towards a Future Without Tobacco.doc>> <<Template of Form for Consultation responses to Scottish Exec.doc>>

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NHS Greater Glasgow and Clyde - Comments on Towards a Future Without Tobacco

This document is most welcome which, together with "A Breath of Fresh Air" helps to address the urgent issue of working with young people and tobacco.

Targets

Having national targets helps galvanise local revenue & activity. Local research is being undertaken with Glasgow City schools on the health & wellbeing of young people including information on smoking which will contribute to developing realistic local targets & workplans for areas of deprivation in Glasgow.

Research

NHSGGC would support further research and rigorous evaluation of proposed new measures.

Reducing Availability

The Board believe that raising the minimum age of purchase from 16 to 18 is advisable as it will:

- Reinforce the message that tobacco is as, if not more dangerous than alcohol
- At least delay the onset of smoking in young teens. The younger a smoker starts, the more likely they are to become heavily dependent and the more damage is done to their health
- Help to reduce impact of peer influence by restricting older pupils/friends from smoking legally

Currently, among regular smokers almost all (86%) of 15 year olds and almost 2/3 (62%) of 13 year olds report buying cigarettes from shops. Clearly then effective enforcement and monitoring is essential if the proposed amendment is to bear any credence. In addition, a comprehensive retailer education initiative is required, particularly targeting small, independent enterprises that may have less rigorous staff training procedures. This information must be presented in an easily understood format with multi-lingual versions available in order to ensure small retailers with literacy issues or English as a second language are not penalised for failing to comprehend new legislation rather than deliberately flouting it.

In order to ensure compliance from retailers, NHS Greater Glasgow and Clyde support the proposal for negative licensing i.e. the removal of the right to sell the age-restricted product, would be an effective consequence of selling to under 18s.

Raising the age of purchase should also be accompanied by a wider educational initiative aimed at:

- Young people, to whom it must be explained *why* the age is to be raised
- Parents/carers, who may already be buying their children cigarettes or failing to prevent them from taking without asking. This could be coupled with an increased promotion of adult cessation services and may prompt quit attempts in the parents themselves

The time frame must take into account adequate planning time but anecdotal evidence from local tobacco work undertaken with young people suggests that it should also consider the rights of 16&17 year olds already addicted to tobacco to whom this may seem like an unjust measure. Given the limited findings of the eight pilot programmes established to develop evidence for best practice in youth smoking cessation, it would seem that the provision of services for this age group following implementation of the new legislation will be a complex issue.

Discouraging Young People from Smoking

Prevention and education form a large part of NHS Greater Glasgow and Clyde's Tobacco Control Programme through the Smoke Free schools initiatives and the board would therefore support continued work in this area plus expansion into new projects. In the long term, tobacco education should be part of the curriculum, not just in PSE classes but integrated into History, Modern Studies, Biology, P.E, Human Geography, and Chemistry etc.

The board agrees that parents/carers have great influence on their child's choice to smoke and can be responsible for supplying cigarettes to young people. Parents should therefore be provided consistent messages on the dangers of their actions through health and education staff. NHS Greater Glasgow & Clyde is supportive of this recommendation and will provide information to parents. Experience suggests however that this could prove challenging, as some head teachers may be loath to potentially damage relationships with parents by being perceived as "lecturing" or "nagging" on health issues.

The board agrees that schools should be strict about no smoking zones and that this ban must include teachers and other staff. In our experience, young people are often able to state which of their teachers are smokers and so questioning why they themselves shouldn't smoke too. It is acknowledged that teaching is a highly stressful job and so teaching staff could be offered a cessation support service with stress relief activities. The Health Promoting School model provides an excellent vehicle for a whole school approach to the issue.

A joint post with NHS Greater Glasgow and Clyde and Glasgow City Council has been recruited to undertake work with disadvantaged young people through the Looked After and Accommodated Children Service. This work will include awareness raising sessions for staff, foster parents and carers.

Community based youth organisations help reach young people excluded from school environments. Glasgow has an established programme of training for youth workers on tobacco awareness including No Smoking policy information when working with young people.

Existing adult cessation services are inappropriate for young people a pilot youth cessation service providing a structured intervention adapted from the adult evidence based model is currently being tested within the existing Youth Health Service based at Maryhill Health Centre.