

02-24

Smith L (Lee-Anne)

From: Glen J (John)
Sent: 27 February 2007 13:56
To: Smith L (Lee-Anne)
Subject: FW: Health Scotland response - Consultation on the Smoking Prevention Working Group Report: Towards a future without tobacco, 31 recommendations

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

From: Nuala Healy [mailto:Nuala.Healy@health.scot.nhs.uk]
Sent: 26 February 2007 17:54
To: Glen J (John); Cuthbert MG (Mary)
Cc: Katy Hetherington; Anne Lee; Ann Kerr
Subject: Health Scotland response - Consultation on the Smoking Prevention Working Group Report: Towards a future without tobacco, 31 recommendations

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

John/Mary
Please find attached Health Scotland's response to the above consultation. As Health Scotland participated on the working group, we have kept our response short.
As before, we are happy for this response to be made public and shared as appropriate.

Please get in touch if you have any specific queries
Kind Regards
Nuala

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27/02/2007

practitioners and partner organisations working to improve health and reduce health inequalities.

Consultation on the Smoking Prevention Working Group Report: Towards a future without tobacco, 31 recommendations

NHS Health Scotland response

February 26th 2007

Health Scotland welcomes the focus and priority this report gives to tobacco use among young people, an area of work Health Scotland have always considered an important part of the health improvement effort in Scotland. The issues of prevention, cessation and control of tobacco consumption among young people cuts across many programme initiatives in Health Scotland including the tobacco programme, the schools programme, the young people's programme as well as our communications department. Health Scotland would expect to lead on key areas set out in the report and would welcome the opportunity to work with key partners to advance this agenda for the health gain of young people in Scotland.

TARGETS

The targets set out in the report are a useful starting point and it will be important that we take stock of progress against initial targets in 2010 and allow for a review of later targets based on evaluation findings, where required.

Any national action plan for smoking prevention and associated local action plans will need to reflect the targets and be appropriately resourced to allow focussed activity on achievement of targets within timeframes set.

RESEARCH

Health Scotland fully support the research recommendations set out in the SPWG report and would want to contribute to evidence gathering around knowledge, behaviour and attitudes among 16-24 years in relation to tobacco use and would support the view that regular surveys of 13 and 15 year olds should be continued.

Currently there is a clear gap in the research regarding the motivations and beliefs of 16-24 year olds, an age range during which many young people become smokers. This is recognised as a key period of youth transition (from home and school, to employment/further education and to their own homes) and interventions to help and support young people in this phase around smoking must be based on the best available evidence about what is likely to be effective. As well as looking at the settings where 16-24 year olds tend to interact with e.g. further education and employment, research would need to look at different groups of young people taking factor such as gender, ethnicity, sexual orientation, SES, vulnerability (e.g. looked after young people, NEET etc) and current smoking status.

Health Scotland would also support research and evidence gathering in relation to what is most effective in terms of education within a school setting. Evidence about where young people get their key health messages and what medium and genre is most effective/potent would be helpful.

REDUCING AVAILABILITY

In line with the recommendations of the Smoking Prevention Working Group, Health Scotland endorse the proposals to raise the minimum age for tobacco sales from 16 to 18 years as part of a comprehensive package of measures to reduce the growth of youth smoking rates in Scotland. Health Scotland believe that raising the age of purchase of tobacco products from 16 to 18 years would constitute an important part of measures to prevent young people from starting to smoke and to help those who do smoke to stop. With rigorous enforcement and appropriate support for young people, retailers and local services, the proposed legislation has the potential to reduce the prevalence of smoking among younger people in Scotland. Young people are a key priority for turning around Scotland's smoking rates.

Smoking is the most important preventable cause of ill-health and premature death in Scotland with around 13,000 people dying each year from smoking related diseases. Reducing smoking consumption among young people has potential to result in significant health gains as more and more young people move into adulthood as non-smokers. We know, for example, that over 80% of adult smokers started smoking in their teens and therefore approaches to prevent young people from starting to smoke will have a significant impact on adult rates. Supporting young people to never smoke or to stop smoking are key public health interventions and this proposed piece of legislation would positively contribute to this. We also recognise that smoking is just one health behaviour and it may be important to explore other, related behaviours at the same time. The social context of young people's health behaviours is a key consideration to designing an effective strategy for prevention and cessation.

DISCOURAGING YOUNG PEOPLE FROM SMOKING

Multistranded media campaign

Health Scotland have a good deal of experience and knowledge of raising awareness in young people about smoking and would welcome the focus and priority a cohesive and coordinated action plan would bring. Previous smoking prevention campaigns such as 'Stinx' and more recently 'Butts' have provided motivating messages for young Scots acknowledging their ability and responsibility for taking these decisions themselves (through strapline 'Think About It'). Building on the existing positive relationship with young Scots, Health Scotland would welcome the opportunity to give stronger focus to developing messages and using media that will resonate with particular groups of young people, including younger girls in disadvantaged communities.

Mass media campaigns are most effective when the campaign coordinators research and develop their messages with the target group and when they are complimented with activity in the local community, school, youth club or other settings where the target group are. Communication strategies like this also need to be long term and sustainable with robust evaluation systems to monitor effects. A review of best potential routes for reaching the target audience would need to inform any approach as communication needs among young people are constantly shifting.

Although we are aware of successful prevention programmes around this issue from the US, similar approaches in Scotland would need to be tested for relevance and effectiveness within a Scottish context.

Schools

Schools are a key setting for health improvement with children and young people and Health Scotland are currently working closely with the Policy Partners Strategic Group and the Scottish Health Promoting Schools Unit, the Scottish Executive and other key partners to ensure that all schools in Scotland becoming health promoting by 2007. Schools need to take a consistent and integrated whole school approach to the issue of tobacco use among young people.

Health Scotland would recommend that an audit of school policies be conducted to provide a clear picture of where tobacco policies are in existence, and where support or assistance may be required to develop policies that are line with the recommendations of the SPWG report.

A single 'one programme fits all' approach in schools may not be enough. The evidence supports a multi-faceted approach, which would see a broad education programme being further enhanced by some more targeted programmes and/or interventions for those young people who are regular smokers and those who are considered to be more vulnerable. Health Scotland would wish to explore further the ASSIST trials currently being rolled out in Wales and consider their suitability for Scottish schools. Piloting may be required to this end. Work with and information for parents would support and compliment this approach.

Currently the evidence about prevention programmes in schools shows short term effects. We welcome the findings of the current review of drug education programmes in schools and recommend that new developments that result should be well evaluated.

Further education

Once they leave school, many young people move from occasional smoking to regular smoking and partnerships with further education institutions would provide opportunities to prevent young people from becoming regular smokers and to help those who are to stop. Health Scotland have already worked with a number of institutions in Scotland to provide *HealthBits*, an online resource for students through the college network providing up to date advice and support on health topics from smoking to sexual health, linking them to local services, where available. Health Scotland intends to continue to forge greater links with this sector to support a more health promoting culture.

Vulnerable groups

Issues pertaining to tobacco use among vulnerable groups of young people such as those in looked after or secure accommodation or those in the NEET group should be explored as part of an inequalities framework. Specific focus given to supporting appropriate and needs led interventions with vulnerable young people around tobacco and other health improvement issues. Health Scotland's Young People programme has a strong inequalities dimension and would recommend that any topic based strategy takes account of the broad range of influential factors that vulnerable young people are faced with and how these factors can affect health behaviour.

Families/Home

It is known that young people are more likely to smoke if older siblings or parents smoke so providing support to families to enable smoking cessation will have a positive effect on smoking rates among young people. Around 70% of smokers want to quit and Health Scotland and local partners offer a range of services to help support smokers who want to quit. These include Smokeline, local smoking cessation services, DVDs and a dedicated website www.canstopsmoking.com. Parental smoking and smoking at home are key areas for exploration and Health Scotland proposes to look at this area in 2007/8

Marketing of tobacco

Health Scotland would welcome the opportunity to work with key players in Scottish media organisations alongside young people themselves to challenge the positive images of smoking which are presented to young people through TV, magazines and other media. A media summit could kick start this dialogue and open up a debate about the portrayal of smoking in the media as it affects young people and their attitudes toward smoking.