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**CHIEF EXECUTIVE**

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Dear Mr Glen

**Towards a Future Without Tobacco**

On behalf of Angus Council, I would like to note our full support for the aims and actions within the report 'Towards A Future Without Tobacco'.

Angus Council welcomes the opportunity to comment on the report. Local Authorities are health improvement organisations and make a significant contribution to improving health through service delivery within local communities. Local council services have an important link with communities as customers, through community based activity, and accountability through elected councillors.

This engagement is within a context of competing strategic and resource priorities. Resources for health improvement activities have tended to be directed through NHS Boards. Funding directed through Community Planning Partnerships to support community based approaches would enable better targeting of resources using the existing infrastructure.

**Comments on the report**

Angus Council supports the proposal to amend the current offence of selling tobacco products to anyone under the age of 16 by raising the minimum age to 18. More effort should be made to enforce the age restriction on the sale of tobacco products bearing in mind the restrictions on using children as witnesses in court, which have prevented efforts by Local Authorities to enforce the legislation.

We fully support the introduction of negative licensing. This would take enforcement action out of the hands of the Procurator Fiscal and the criminal courts and leave it to the Licensing Boards or similar to deal with. Those suppliers flouting the law (after warnings have been given) would lose their right to sell tobacco products.

There is a need for more research on whether packs of ten cigarettes should continue. We also support the recommendation to ensure that tobacco smuggling and counterfeit cigarette selling are dealt with and the HMRC should have sufficient resources to deal with this. The link between sizeable increases in tobacco duty and illegal activity requires a suitable level of funding.

Angus Council supports the use of graphic photographs on packs of cigarettes and suggest this should also be displayed at the point of sale.

The report mentions Health Inequalities briefly. It should be noted that the first round of funding for smoking cessation work has focused on post code sectors where there are deprivation categories 6 and 7 population groups.

The link with health inequalities and smoking needs further work. While lower income deprivation category population groups, have a higher prevalence of smoking, the range of interventions currently do not seem to be shifting this trend.

We welcome the identified need to address other factors which make young people more inclined to start smoking. The table on pages 17-18 is useful. The lack of evidence base, however should stop these type of initiatives being developed. The challenge is how evaluation should take place. LEAP for Health could be used to promote a participative model for planning and evaluation, which promotes stakeholder involvement and a learning culture. Use of the national minimum dataset for monitoring smoking cessation activity could be adapted to pilot ways of tracking young people and their smoking behaviours.

The report notes on p24 that some young people view smoking as a method of dealing with negative feelings. Boys associate cigarettes with anger management, while girls associate cigarettes with weight control and dealing with emotional upset. These support the case for a skills based approach.

The report mentions the enforcement of smoking policies as important to create a culture where it is unacceptable for young people to smoke. Currently all Youth and community services, which are based in public buildings come under the ban on smoking in public places.

Young people, as a group are transient, experience periods of change, physically, socially and emotionally. Self image and self esteem are important for this age group.

The report identifies peer support schemes as an effective and realistic way of preventing young people experiment and start smoking. This is to be welcomed. School and community learning and development staff have key roles to play in developing peer education.

The report notes on p 41 that smoking is a behaviour embedded in a social context. The types of smoker identified as resigned smoker, contented experimenters and

reluctant experimenters (view smoking as a social tool), present a challenging but effective way of targeting a range of appropriate responses. Key factors for successful community based activity are: the level of community involvement, extent it is community rather than worker led, the duration of intervention and follow up. Currently the burden to resource this activity would fall on the community planning partners.

Action on the wider environmental factors affecting smoking should be co-ordinated locally through community planning partners using a multi-agency approach.

On p 42 the Minnesota Heart Health Programme was identified as a good practice example. It promotes social learning with an integrated heart disease prevention message. It notes that it is unclear which factors contribute towards successful programmes with young people; however characteristics were identified which increase the likelihood of success.

The report identifies that a trend for smoking for young girls is expected to rise. In particular methods of targeting disadvantaged girls should involve a community based approach using methods which address decision making, self esteem, peer pressure resistance and skills. As part of a wider agenda this would support opportunities for exploring themes like smoking and drugs and alcohol.

The diversity of participant understanding of smoking dependence, addiction and cessation require more information using varied methods and media than with adults. The report states that multi strand campaigns which are resourced and sustained by local activity are more likely to work.

The report notes the links with smoking and juvenile offending and drugs and alcohol misuse. Some of the responses to tackling the issues identified in the report from Angus Council are shown below. There are underlying issues about how a universal service setting such as schools can be used as a setting to target young people.

Below are some examples of activity in Angus Council to raise awareness of the harmful effects of tobacco and promote smoking cessation. As mentioned, there is additional work in schools in this area, particularly in senior classes.

- Liaison with social care services examples in Angus include: Integrated Community Schools, Local Multi Agency Resource Panels (LMART) links with Youth Justice, juvenile offending and drugs and alcohol misuse.
- Angus schools adhere to the Health Education 5-14 National Guidelines (Scottish Executive, 2000).
- The National Guidelines subdivide Health Education into 3 strands: Physical Health; Emotional Health and Social Health with harmful substances being addressed in the first strand.
- An Angus 5-14 Health Education Programme of Study was devised by a local support group in response to these guidelines in sessions 2003/2004.

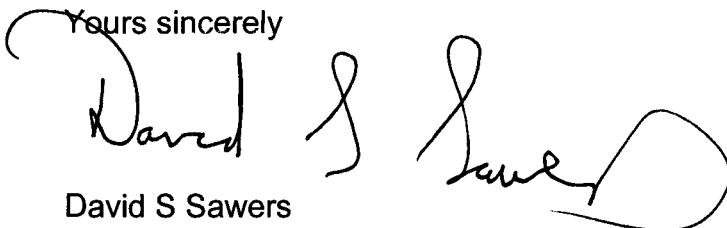
- The Angus programme touches on use of tobacco and its impact on health at Levels C, D and E (covering P5/6 to S2). It progressively explores issues around tobacco use including, health impact and the myths and facts of tobacco use.
- Pupils work expressing their feelings and key health messages will regularly be displayed within schools. Most schools will follow this programme of study, particularly primaries, or base their own programmes on it. Schools will use a range of commercially produced resources paper based, video/DVD and models to illustrate this work.
- The 'Kick It' video (London Bus Theatre Company) was purchased on behalf of all primary schools.
- Schools can bid into NHS Tayside Health Promotion funding for additional resources.
- Schools will also call on partner agencies with expertise in this area, most notably School Health Workers / Nurses and NHS Tayside Health Promotion Specialists to work with young people – particularly in upper primary and secondary – and with parents/carers.
- It is likely that these themes are re-visited in S3-6 but there is no formal programme.
- Two schools are participating in a 3 year NHS SHAW exercise exploring the impact on young people of the ban on smoking in public places.

### **Concluding comments**

Angus Council welcomes the proposal to raise the age to purchase tobacco products to 18 years. There is no question that action is needed on several fronts to address the health harm caused by smoking. In particular, young people need to be protected and adults need to play their part, those in positions of authority and parents, to help young people make the right choices about their health and lifestyle. We look forward to seeing more work in this area.

I hope these comments are useful.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David S Sawers', written in a cursive style.

David S Sawers  
Chief Executive