

02-63



CONSULTATION ON SMOKING PREVENTION WORKING GROUP REPORT: TOWARDS A FUTURE WITHOUT TOBACCO

SUMMARY OF COSLA RESPONSE

COSLA welcomes the action taken by the Scottish Executive to establish the Smoking Prevention Working Group, has closely studied the findings of the reports, and notes with interest the comprehensive series of recommendations brought forward by the group which aims to:-

- set new targets for reducing the percentage of regular smokers among minors,
- commission research to provide a clearer understanding of current knowledge, attitudes and behaviour relating to the use of tobacco,
- take steps to reduce the availability, affordability and attractiveness of cigarettes and other tobacco products,
- implement and integrate a series of measures aimed at discouraging young people from starting to smoke and encourage and enable young smokers to stop.

COSLA will continue to work with the Scottish Executive in relation to ongoing enforcement, communications and educational activities, and will assist in the implementation of the recommendations as appropriate to the duties and responsibilities of local government.

DETAILED REPONSE

COSLA supports the main thrust of the recommendations made in the report. There is strong support for many of the recommendations particularly those on trading standards. We would like to point out that some of the education recommendations cover issues which are already recognised in ongoing work re: curriculum for excellence, health promoting schools.

We particularly agree with the recommendation that any action plan would need to be fully resourced but would suggest that some of the recommendations in this report need to be further development with relevant officer groups to enable them to dovetail with existing activity and establish their likely effectiveness, feasibility and the level of resources needed.

More detailed comments on each of the recommendations are made in bold italics, in the following sections.

TARGETS

1. New separate targets should be set for boys and girls at both 13 and 15 as follows (See paragraph 2.24).

% regular smokers at these ages

	Rate in 2002 SALSUS	Rate in 2004 SALSUS	Target for 2010	Target for 2015	Target for 2020	Target for 2025
Boys age 13	6	5	4	3	2	2
Girls age 13	9	7	6	5	4	3
Boys age 15	16	14	12	10	8	6
Girls age 15	24	24	20	15	10	6

These targets need to be finalised within the context of the results of the most recent 'post smoking ban' survey of 13 and 15 year olds.

2. The following new targets should be set for 16-24 year olds (See paragraph 2.25).

	Rate in 1998 Scottish Health Survey	Rate in 2003 Scottish Health Survey	Target for 2010	Target for 2015	Target for 2020
Adults age 16-24	35%	30%	25%	20%	15%

RESEARCH

3. Priority should be given to commissioning research that can provide a clearer understanding of current knowledge, attitudes and behaviour relating to the use of tobacco, alcohol and other drugs among 16-24 year olds. Regular surveys of 13 and 15 year olds should be continued (See paragraph 2.26).

COSLA supports this recommendation.

4. All the new measures proposed in this report should, if implemented, be subject to rigorous evaluation to establish their impact and cost-effectiveness (See paragraph 2.27).

COSLA supports this recommendation.

REDUCING AVAILABILITY

5. Ensure that much greater efforts are made to enforce the prevailing legal age of purchase. These should include: the use of proof of age; active test purchasing; prosecution with heavy fines and education of retailers and trading standard officers (See paragraph 3.6).

Many Scottish councils have invested significant resources in age-related sales enforcement, including test purchasing, promotion of a proof of age card and trader training but many do not have the additional resources to devote to labour intensive test purchasing regimes and there are still areas where staff require further training. Where resources have allowed they have been effective in reducing inappropriate age related sales so COSLA would welcome additional funding to be made available to enable efforts to be maximised across Scotland.

6. Introduce a negative licensing scheme to enable vendors who repeatedly sell cigarettes to under-age customers to be prohibited from selling tobacco products (See paragraph 3.8).

There is support among trading standards officers for a negative licensing scheme which prohibits repeat offending vendors selling tobacco all together, but there are some questions about its administration eg who would lose the right to sell, the shop/person/chain (re: big stores like ASDA) and who would hear appeals etc? These questions need clear answers prior to implementation.

7. Amend the current offence of selling tobacco products to anyone under the age of 16 by raising the minimum age to 18. There should be a sufficient delay between amending the legislation and its implementation to prepare both customers and retailers for a smooth transition. Its impact should be carefully evaluated (See paragraph 3.13).

COSLA supports raising the age of purchase to 18 not least because this would align with the age restrictions on other goods like alcohol, solvents and fireworks (see response the draft order to alter the age for tobacco purchase).

8. Urge the UK Government annually to increase the price of tobacco products at a rate faster than inflation (See paragraph 3.16).

COSLA supports this recommendation.

9. Make representations to the UK Government to urge that health considerations are taken into account in the decision making process of EU policy concerning the taxation of tobacco products, as is required by the Framework Convention on Tobacco Control (See paragraph 3.17).

COSLA supports this recommendation.

10. Refer the issue of the sale of packs of ten cigarettes to the UK Government for consideration in the light of further research into its likely impact (See paragraph 3.22).

COSLA supports this recommendation.

11. Commission research to ascertain the extent to which young people in Scotland purchase cigarettes in packs of ten (See paragraph 3.22).

COSLA supports this recommendation.

12. Commission research to ascertain the current extent of use of smuggled or personally imported tobacco by young people (See paragraph 3.31).

COSLA supports this recommendation.

13. Ensure that Customs and Excise and the police in Scotland both put a high priority on activities aimed at reducing the influx of smuggled tobacco (See paragraph 3.31).

COSLA supports this recommendation.

14. Urge the UK Government to maintain and if necessary increase the investment in staff and equipment needed to control the influx of smuggled tobacco (See paragraph 3.31).

COSLA supports this recommendation.

15. Urge the UK Government to review the appropriateness of the current limits for the importation of cigarettes from other EU countries for personal use and the effectiveness of the controls thereof (See paragraph 3.31).

COSLA supports this recommendation.

16. Urge the UK Government to work collaboratively with the EC and other Member States to help develop a comprehensive international protocol on illicit tobacco as agreed at the first Conference of the Parties of the Framework Convention on Tobacco Control (See paragraph 3.31).

COSLA supports this recommendation.

17. Reinforce the UK Government's intention to require graphic photographs of smoking-related diseases to be displayed on cigarette packets (See paragraph 3.37).

COSLA supports this recommendation.

18. together with the UK Government and other devolved administrations, look at ways to reduce positive images of smoking in the media and associated publicity materials, including

reviewing any additional measures which might be taken to strengthen the ban on tobacco advertising and promotion introduced in 2002 (See paragraph 3.38).

COSLA supports this recommendation.

19. Prohibit the display of cigarettes at the point of sale, to be replaced by a simple list of the brands available and their prices (See paragraph 3.39).

COSLA supports this recommendation.

DISCOURAGING YOUNG PEOPLE FROM SMOKING

20. Building on previous work by Health Scotland and the Health Education Board for Scotland, an on-going, multi-stranded media campaign should be designed and implemented to discourage the uptake of smoking by young people of any age. One strand should have a strong focus on developing messages and using media that will have resonance with girls and young women in disadvantaged circumstances. Another should target young people in their late teens (See paragraph 6.2).

COSLA supports this recommendation.

21. A comprehensive reassessment and reform of education on tobacco, alcohol and other drugs in Scottish schools should be carried out by a working group whose members bring expertise in drugs education research and delivery and in the design, integration and delivery of complex educational programmes across the curriculum. (See paragraph 6.5).

COSLA supports a reassessment and review of the place and content of education programmes around tobacco, alcohol and other drugs which links the current work being done by the Scottish Executive Education Department on the 'Curriculum for Excellence'. The outcomes of a review may or may not suggest that the current approach to education on tobacco, alcohol and other drugs is appropriate so reform would only be an option if the review indicates that this is appropriate.

22. Given the importance of parents' influence upon whether or not their child will smoke, an integral part of drugs education in school should be to inform parents about tobacco, alcohol and other drugs and their responsibilities in this regard. This should mainly be done by sending parents clear, consistent information at regular points during their child's progress through school (See paragraph 6.6).

A decision will be required about who would produce the materials and careful consideration is needed to ensure this is integrated into the existing arrangements schools have for communicating with parents (eg surveys, school news letters etc).

23. At the relevant stages, parents should be encouraged by midwives, health visitors, general practitioners and hospital doctors, nursery staff and teachers to create a smoke-free home and not smoke when their children are present. (See paragraph 6.6).

It may not be realistic for teachers to be 'encouraging' parents to create a smoke free home. The role of teachers might not extend to providing recommendations or advice to parents and might, in some circumstance, be unhelpful in establishing a mutually supportive partnership aimed at teaching. Teaching unions would need to be consulted about this recommendation.

24. Embracing the concept of the Health Promoting School, all schools should develop an holistic approach to the health and well-being of their pupils. The aim should be to ensure that

the school's ethos, policies, services and extracurricular activities all foster the health and well-being of all the pupils. This should include having and strictly enforcing a school no-smoking policy covering everyone using the school grounds (See paragraph 6.7).

All local authorities currently have a duty to provide guidance and support to children and young people in terms of their Personal, Social and Health education. All school premises, including play areas, car parks and grounds are already designated no smoking areas.

25. Given the association between smoking (and other drug use) and mental health problems, truancy and juvenile offending, all schools should have effective systems for the assessment, support and care for such pupils, including the ability to liaise effectively with social services where necessary (See paragraph 6.8).

Schools currently have pupil support systems which deal with a wide range of issues some of which will invoke the corporate responsibilities of local authorities. Further work needs to be done on whether these need to be revised to deal specifically with smoking.

26. Given the clear evidence that many young people start to smoke or progress from occasional to regular smoking (and drink heavily or use other drugs) once they leave school, Universities, Colleges of Further Education, student associations, the National Union of Students and other major training providers should be invited to explore how they could better enable students or trainees to avoid starting to smoke or misuse alcohol or other drugs. This could be developed within the framework of "The Health Promoting University" (See paragraph 6.9).

COSLA supports this recommendation.

27. Research studies should be commissioned to test innovative, carefully designed ways of protecting and dissuading young people in disadvantaged areas from starting to smoke or becoming regular smokers (See paragraph 6.11).

COSLA supports this recommendation.

28. All community-based youth organisations should be encouraged to adopt clear no-smoking policies and to use the opportunities open to them to reinforce the message about the addictiveness and harm to health of smoking (See paragraph 6.11).

COSLA supports this recommendation.

29. In the light of the recent poor outcome of the pilot smoking cessation services for young people in Scotland we recommend that active consideration is given to developing other approaches within a carefully designed evaluation framework (See paragraph 6.12).

MAKING THINGS HAPPEN

30. Given that implementation of the recommendations in this report would largely affect young people, a representative sample of young people should be consulted to seek their views on the recommendations (See paragraph 6.14).

COSLA supports this recommendation.

31. The recommendations in this report should be used by the Scottish Executive as the basis for developing a fully resourced five year Action Plan, with built in performance measures subject to monitoring by the Scottish Ministerial Group for Tobacco Control (See paragraph 6.15).

COSLA supports this recommendation within the context of the comments already made on individual recommendations.