

SCOTTISH MINISTERIAL WORKING GROUP ON TOBACCO CONTROL

MINUTES OF MEETING ON 29 MARCH 2017

Chair: Ms Aileen Campbell, Minister for Public Health & Sport

Present:

Dawn Adamson, Society of Chief Officers of Trading Standards in Scotland
Prof Amanda Amos, University of Edinburgh
Prof Linda Bauld, University of Stirling
Peter Cheema, Scottish Grocers Federation
Sheila Duffy, ASH Scotland
Dr Andrew Fraser, NHS Health Scotland
Prof James Friend, Fellow of the Royal College of Physicians of Edinburgh
Karen Gray, NHS Lothian
Irene Johnstone, British Lung Foundation
John Lee, Scottish Grocers Federation
Louise Macdonald, Young Scot
Garrick Smyth, COSLA
Craig Somers, Chief Officers of Environmental Health Group
David Thomson, Society of Chief Officers of Trading Standards in Scotland
Paul Waterson, Scottish Licensed Trade Association
David Woodrow, National Federation of Retail Newsagents (Scotland)

SG Officials:

Fiona Dunlop, Tobacco Control Team
Morris Fraser, Tobacco Control Team
John Glen, Tobacco Control Team
Elaine Mitchell, Tobacco Control Team
Rebecca Shevlin, Tobacco Control Team
Julie Landsberg, Health and Social Care Analysis
James Niven, Health and Social Care Analysis

Apologies

Moyra Burns – Scottish Health Promotion Managers
Dr James Cant, British Heart Foundation
Heather Dick, The Royal Environmental Health Institute of Scotland
Geoff Earl, Royal College of Nursing
Celia Gardiner, NHS Health Scotland
Prof Gerard Hastings, University of Stirling
Prof Sally Haw, University of Stirling
Councillor Peter Johnston, COSLA
Dr Alison McCallum, NHS Lothian
Doug McLean, HMRC
David McNeill, Young Scot
Gregor McNie, Cancer Research UK
Helen Reilly, British Medical Association

ITEM 1: Welcome & Introductions

1. The Minister welcomed everyone to the meeting.
2. The Minister asked Members to declare if there were any additions to the statements previously provided relating to Article 5.3. The Group indicated that there were no further changes to report since the previous meeting.
3. The Minister noted apologies and that the minutes of the last meeting of the Group held on 11 November 2015 had been cleared in advance of the meeting. There were no additional comments on the Minutes. The Minister advised the Group of changes to its membership and welcomed those new members to the Group. The Minister noted that the Strategy Progress Report had been circulated to members and invited Members to make comments throughout the meeting and provide feedback to the Tobacco Control Team with any thoughts on the Report. She also noted that this continues to be a varied and fast moving policy area and thanked the members for their continued work to reduce the harm caused by tobacco.

ITEM 2: Smoking Prevalence - Latest Evidence

4. Julie Landsberg gave a presentation to the group on Smoking statistics update. A link to the presentation is attached for ease of reference.



5. In discussion the following points were made:
 - a) The Scottish Government was congratulated on meeting the target of reducing reported Second Hand Smoke in the home from 11% to 6%;
 - b) At a recent European conference on Tobacco and Health a recurring theme was inequalities. Other countries were impressed with work that had been done so far in Scotland;
 - c) It was too early to be able to judge whether there had been an upturn in trade in illicit tobacco as a result of the introduction of standardised packaging;
 - d) There were variations within NHS Boards on delivering stop smoking services in a pharmacy setting;
 - e) Successful quit rates were higher in specialist services than through pharmacy and this partly explained the difference in quit rates between boards – as boards had adopted different mixes of specialist and pharmacist services.

ITEM 3: Update on Legislation

6. Morris Fraser said that the majority of Part 1 of Chapter 1 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 had been commenced on 1 April 2017. The following offences were now in force:

- The sale of NVPs (nicotine vapour products) to under 18s;
- The sale of NVPs by under 18s unless authorised;
- The purchase of NVPs on behalf of an under 18 (proxy purchase);
- Failure to register NVP businesses;
- Failure to have an age verification policy for sales of tobacco products and NVPs.

7. Morris said that further offences were to be commenced later in 2017 on:

- Smoking within 15 metres of NHS hospital buildings; and
- Allowing smoking within 15 metres of NHS hospital buildings.

8. Discussions between the Scottish Government and hospitals were continuing on the details of a smoke-free perimeter around hospital buildings.

9. In discussion the following points were made:

- a) The Scottish Government has suggested the wording for signage on banning smoking within the perimeter of hospital buildings;
- b) The government would be paying for the signage which will help to explain the relationship between the local administrative restrictions in place and the new offences;
- c) Enforcement of the offence would be for local authority enforcement officers rather than hospital staff;
- d) The enforcement approach was likely going to be more about encouraging behaviour change, rather than seeking to issue penalty notices to every smoker. Enforcement would have to be handled sensitively in a hospital setting.

ITEM 4: Update on Strategy

Strategy Update

10. Morris Fraser said that we were now in the last year of the five-year Tobacco Control Strategy and so this was an opportunity for the Working Group to consider a more-detailed summary of progress.

11. Morris summarised the contents of the strategy update paper which had been circulated to the group prior to the meeting for information.

12. The key points from the Strategy Update paper were that:
- a) The majority of the measures set out in the 2013 strategy have been completed or embedded;
 - b) Smoking prevalence continues to decline but not as fast as we would prefer;
 - c) All four of our strategy Health Inequality measures have been embedded or complete and further work is being proposed in relation to prevention work;
 - d) Prevention will remain a central theme in the next phase of the tobacco control strategy;
 - e) On Protection, there has been significant success particularly through the *Take It Right Outside* campaign and progress has been made in hospital grounds and is planned in prisons. The next challenge will be in local authority grounds such as school playgrounds and play parks;
 - f) Cessation progress has stalled somewhat and numbers of attempted quits through specialist services are on a decline. The uptake of e-cigarettes amongst smokers making quit attempts is likely to be a major cause of this, but there still remain aspects of the 2014 report into cessation service which remain unimplemented. This will be a central issue for the next phase of the strategy;
 - g) The role of Health and Social Care Partnerships is still developing. The potential for dilution of any NHS national messaging where joint boards have been delegated responsibility for local services is becoming a concern, especially in cessation services, where national co-ordinated branding and approach is seen as vital;
 - h) SG is working with Health Scotland on an evaluation of the five-year strategy, with a view to informing the development of the new 2018 strategy;
 - i) It is planned to convene an expert group in September 2017 to help with the development of the 2018 strategy refresh;
 - j) Achieving consistency and improvement in tackling smoking in pregnancy and beyond is also going to be an action point for the remainder of the 2013 strategy;
 - k) There is still a review of the application of FCTC Article 5.3 by public authorities to complete before April 2018.

Prevention

13. Louise Macdonald gave an update regarding the PASS scheme, which can be used to provide proof of age. The Young Scot card now contained increased security to help build retailer confidence in accepting the Young Scot cards as proof of age.

The new card will now have a pink strip behind the PASS sticker on each card as an added security measure.

14. Louise said she was looking for new ways to share information to young people regarding the Young Scot card.

15. Louise Macdonald said that a refresh of the Prevention Sub-Group was under consideration. She said significant progress and actions that had been delivered since the group had originally been set up. She listed the considerable engagement within the youth-work sector which had taken place to tackle inequalities. In particular, new youth work networks had been developed.

16. She said further work that had been completed by the Youth Commission, the piloting of ASSIST had been reviewed and the sub-group had contributed to a successful educational policy summit. NUS Scotland had embedded cessation advice into the *Healthy Body Healthy Mind* awards. ASH Scotland had contributed to the work within the youth sector. Looking forward the issue remaining to be tackled was the inequality gap and that there was still scope to work on inequalities and poverty together in terms of their relationship with smoking.

17. Louise said the sub-group has considered shifting the focus of the Prevention Sub Group, refreshing the membership and concentrating now on inequalities and poverty (not just in a health setting) and the link to tobacco and smoking prevention.

18. In discussion the following points were made:

- a) The Scottish Grocers Federation would be interested in working together with Young Scot on promoting the use of Young Scot cards;
- b) The Prevention Sub-Group had achieved a lot to date and as the focus changes towards inequalities it will be important to maintain momentum on what has already been achieved.

19. The **Working Group agreed** that a refresh of the Prevention Sub-Group remit, and possibly a refresh of members should be taken forward, as suggested by Louise and the Sub-Group. (**Action: Morris and Louise**)

E-cigarette research

20. Linda Bauld provided an update on research into e-cigarettes. The main points made in her presentation were that:

- a) Regular e-cigarette use among children is still confined to those who have smoked;
- b) Very few never-smoking adults use e-cigarettes, a similar proportion to never-smokers who use NRT;
- c) Dual use for cigarettes and e-cigarettes is similar in proportion to dual use with NRT;

- d) The first long term e-cigarette toxicant exposure study in humans suggests toxicant exposure from e-cigarettes is significantly less than exposure to cigarette smoke;
- e) Despite the evidence of e-cigarettes being significantly less harmful than cigarettes, public perception about the relative harm is growing in the opposite direction.

21. A copy of the presentation is attached for ease of reference.



UK eCig Min Group
March 2017.ppt...

22. Linda said that research was also under way on the exposure risk to customers and staff in vape shops where customers were offered samples of NVPs. This work was being led by Public Health England. She said that ASH Scotland had produced a briefing note, available on its website on this topic.

Enforcement

23. David Thomson updated members on trading standards enforcement activities. The 2016/2017 enforcement figures showed that fewer test purchases had been made than planned this year and that the failure rate for retailers was 7%. This was a very encouraging figure, when test purchasing was introduced the failure rate was 20%.

24. He said that tackling proxy purchase had been a key theme this year and said that his own authority, South Ayrshire, had produced a video clip to train retailers on the consequences of proxy purchase.

ITEM 5: Smoke-free Prisons

25. Fiona Dunlop updated the group on the current progress with moving towards smoke-free prisons. She said that NHS cessation services would be available so that each prisoner would be offered advice and support to quit in advance of their prison going smoke-free. The move to all prisons being smoke-free would likely be phased one or two prisons at a time.

ITEM 6: Advertising

26. Morris Fraser updated the group on plans for a domestic ban on advertising and promotion of NVPs. The banning of (domestic) advertising is planned to align domestic advertising restrictions with the EU “cross-border” advertising ban that is already in place. The Scottish Ministers have a stated that they are taking a precautionary approach to NVP and support a ban on domestic advertising and promotion of NVP. Morris said that the Policy Memorandum for the 2016 Act included a commitment to the precautionary approach and indicated that Ministers planned to ban a range of domestic advertising and promotion activities.

27. The aim of the ban would now be to tackle the potential harms of vaping. The original intent had also been to guard against the “*re-normalising*” of smoking that could follow on from increasing levels of vaping being seen and to guard against any “*gateway*” effect that could non-smokers start smoking through their vaping experience.

28. However, even before cross-border advertising had been banned, evidence was showing that re-normalisation and gateway fears had seemed to be ill-founded. Maris said vaping amongst non-smokers, including amongst children and young people does not seem to have caught on even in the pre-ban advertising opportunities. It appears that vaping remains largely conditional on already being a smoker.

29. Nevertheless, there remains a potential health risk from vaping which requires caution and an advertising and promotion ban is still a sensible precaution. Morris said that the consultation on the outright ban would be issued shortly

ITEM 7: Smoking in Pregnancy

30. Fiona Dunlop updated the group on smoking in pregnancy. The number of pregnant women smoking was reducing but young pregnant women smoking levels remained high. Plans for a small working group to be created focusing on improving the services that was currently on offer. There was also the issue of mothers resuming smoking after the birth of their child. The focus of the group would be to work more collaboratively and encourage boards to put efforts in to cessation advice for mothers.

ITEM 8: AOB and Date of Next Meeting

31. There were no other business items. The **Working Group agreed** that its next meeting should be scheduled to feed into the work proposed for September 2017 – April 2018 on the next tobacco control strategy. Secretariat would circulate a date of the next meeting to members once finalised. (**Action: Secretariat**)

Tobacco Control Team
May 2017