

**SCOTLAND'S FUTURE IS SMOKE-FREE:
A SMOKING PREVENTION ACTION PLAN**



healthier
scotland
SCOTTISH GOVERNMENT

SCOTLAND'S FUTURE IS SMOKE-FREE: A SMOKING PREVENTION ACTION PLAN



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FOREWORD



Over the last 50 years, smoking has come to be recognised as uniquely dangerous and highly addictive, killing half of long term smokers before their time. In spite of that, smoking still remains one of the principal preventable causes of illness and premature death in Scotland.

Significant progress has been made, of course, in recent years to shift cultural attitudes to smoking including through firm legislative action such as the introduction of the smoking ban on 26 March 2006 and the rise in the age of sale for tobacco from 16 to 18 on 1 October 2007. While resultant declines in population smoking in recent years are welcome, the Scottish Government is determined to continue firm action to reduce smoking levels even further and is committing £42m over the next three years to achieve this.

We will continue to help smokers to quit but recognise that, if smoking is to become a thing of the past, we need to shift the focus towards preventing children and young people starting to smoke in the first place.

This action plan sets out an ambitious programme of measures designed specifically to dissuade children and young people from smoking. It builds upon and responds to the excellent report, “*Towards a Future without Tobacco*”, from an Expert Group, which considered a wide range of evidence from national and international research. The consultations undertaken on the Expert Group’s recommendations also provide a clear mandate for the action proposed.

By preventing smoking uptake in this and future generations, this Action Plan takes us further along the road to a non-smoking Scotland and towards achieving our goal of improving Scottish public health.

A handwritten signature in black ink that reads "Shona Robison". The signature is written in a cursive, flowing style.

Shona Robison, MSP
Minister for Public Health

SUMMARY OF ACTIONS

Action	Delivery Lead	Timescale
Chapter 3: Health Education & Promotion		
1. To facilitate the adoption of a holistic approach to health and well-being in Scottish schools to be fostered through the Health Promoting School and a <i>Curriculum for Excellence</i> , which will be aimed at ensuring the school ethos, policies, services and extra-curriculum activities all foster the health and wellbeing of all the pupils.	Scottish Government/ Learning Teaching Scotland	Ongoing
2. To produce advice, guidance and proposals aimed at helping schools and authorities via an expert steering group looking at substance misuse education in schools, to achieve the improvements sought through Curriculum for Excellence and The Schools (Health Promotion and Nutrition) Act 2007 (taking into consideration the key findings of the <i>Evaluation of the Effectiveness of Drugs Education in Schools</i>), particularly so that appropriate teaching materials are available and are being used most effectively, and education is planned and delivered in partnership with inputs from health, the Police and the community.	Scottish Government	Ongoing
3. To explore with relevant interests, including universities and colleges of further education and other major training providers, student associations and the National Union of Students, steps which they might take to discourage and support students and trainees from starting to smoke as a core part of wider substance use and other risk-taking behaviour programmes.	NHS Health Scotland	2008/09
4. To explore with relevant interests and agencies steps which might be taken to engage with harder to reach groups such as those who are not in employment, education or training or who are in occupations or settings with higher than average smoking levels, including through engagement with the Scottish Prison Service and HM Forces.	NHS Health Scotland/PATH	2008/09

Action	Delivery Lead	Timescale
5. To encourage all those responsible for smoking prevention activity aimed at children and young people to actively involve children and young people themselves in the planning and delivery of services and programmes to ensure their perspective is fully reflected in the approaches adopted and to encourage active citizenship.	All relevant agencies – NHS Boards, local authorities, etc	Ongoing
6. To embrace tobacco issues within the Health Improvement Social Marketing Strategy (HISMS) to ensure that future national campaigns and the local activity underpinning this, including by third sector organisations, provides a clear, supportive and inclusive route map to positive behaviour leading to a healthy life.	Scottish Government	Ongoing
7. To consider, as part of the collaborative planning and approval mechanisms under the HISMS, the value of developing a multi-faceted campaign, integrated with local services and initiatives and engaging the full range of health and other professionals, which is targeted at parents to raise awareness of the impact of tobacco on their children's health, including from second-hand smoke, specifically aimed at encouraging smoke-free lifestyles, homes and family vehicles.	Scottish Government/ NHS Health Scotland	Ongoing
8. To ensure as part of the youth strand of the HISMS an ongoing multi-stranded media campaign is in place to discourage uptake of smoking by young people and which has a specific strand focusing on girls and young women in disadvantaged areas.	Scottish Government	Ongoing
9. To encourage schools and all youth work/ community settings where young people gather to adopt clear no smoking policies and in addition we ask that they reinforce messages concerning the addictiveness and health risks associated with smoking.	Local Authorities/ Community Learning & Development Partnerships/YouthLink Scotland/NHS Boards	Ongoing

Action	Delivery Lead	Timescale
10. To develop and assess the feasibility of a small number of pilot interventions designed to discourage the uptake and/or encourage smoking cessation in young people, particularly those living in disadvantaged circumstances; and, if appropriate, to evaluate the effectiveness of the most promising intervention(s).	NHS Health Scotland/ Partnership Action on Tobacco & Health	2009/10
Chapter 4: Reducing the attractiveness of tobacco products		
11. To introduce legislative controls to further restrict the display of tobacco products at points of sale, and to work with retailers on the implementation of these measures.	Scottish Government	At the earliest legislative opportunity
12. To consider with the UK Government and other devolved administrations, the impact of the Tobacco Advertising and Promotion Act 2002 and consider further action which might be taken to reduce positive images of smoking in the media, including examining the impact of film classification, and the scope for making anti-smoking adverts mandatory prior to the screening of any film which contains smoking imagery.	Scottish Government	Ongoing
13. To consider with the UK Government and other devolved administrations the impact of the introduction by the end of 2008 of picture warnings on cigarette packs and to consider whether it would be desirable to move towards plain packaging of tobacco products.	Scottish Government	Ongoing
14. To encourage all organisations and agencies who in come into contact with children and young, including NHS organisations, local authorities and care providers, to have a health leadership role and be at the vanguard of changing smoking cultures in Scotland, by, for example, introducing smoke-free policies in external areas frequented by children and young people such as playgrounds.	NHS organisations, local authorities and care providers etc	Ongoing

Action	Delivery Lead	Timescale
Chapter 5: Reducing the availability of tobacco products		
15. To work in partnership with the Convention of Scottish Local Authorities (COSLA), Scottish local authorities, the Society of Chief Officers of Trading Standards in Scotland (SCOTSS) and other relevant interests to develop an outcome-focused scheme to secure more rigorous enforcement of tobacco sales law. Also, as per Action 20, to ensure this complements action to reduce illicit sales of tobacco.	Scottish Government/ Local authorities	Launch scheme by end 2008
16. To review and update statutory controls on the sale of tobacco products. This will involve a number of possible measures, including the introduction of a system of licensing and new sanctions such as cautions and fixed penalty notices for breaches of the law.	Scottish Government	At the earliest legislative opportunity
17. To consider with relevant stakeholders, including at UK level, what further steps, including legislative, might be taken to reduce illegal sales of cigarettes from vending machines as part of the review at Action 16.	Scottish Government	As per Action 16
18. To continue to work with all relevant stakeholders, including retailers, to promote and embed a “no proof, no sale” culture, including through measures to encourage the uptake of Young Scot/Dialogue Youth “ <i>National Entitlement Card</i> ”.	Scottish Government	Ongoing
Chapter 6 : Reducing the affordability of tobacco products		
19. To keep the pressure on the UK Government to ensure duty on tobacco products is sufficiently high to keep prices in line with the cost of living.	Scottish Government	Ongoing

Action	Delivery Lead	Timescale
20. To collaborate with Her Majesty's Revenue and Customs to reduce the impact of illicit sales of tobacco products on Scottish communities with action linked to better enforcement of tobacco sales law as per Action 15.	Scottish Government	Ongoing
21. To consider issues arising from the sale of cigarettes in packets of less than 20, as part of the planned legislative review proposed at Action 16.	Scottish Government	As per Action 16
Chapter 7: Delivering, resourcing and measuring progress		
22. To use the Scottish Ministerial Working Group on Tobacco Control to oversee and advise upon the implementation of this Action Plan.	Scottish Government	Ongoing
23. To allocate additional funding to NHS Boards of £1.5m in each of the years 2008/09 to 2010/11 to enable them to co-ordinate action locally to underpin the measures outlined in this Action Plan and to ensure this is reflected in their tobacco control programmes.	Scottish Government/ NHS Boards	from 2008/09
24. To continue to support the activities of ASH Scotland, the Scottish Tobacco Control Alliance and Partnership Action on Tobacco and Health within an agreed outcome framework specifying their contribution to the actions identified in this Plan.	Scottish Government	from 2008/09
25. To allocate funding within the spirit of the new relationship between the Scottish Government and local authorities, of £1.5m in each of the years 2008/09 to 2010/2011 to enable them, as set out at Actions 15, 18 and 20, to step up enforcement of tobacco sales law and to work in partnership with HM Revenue and Customs to tackle illicit sales of tobacco.	Scottish Government/ Local authorities	from 2008/09

Action	Delivery Lead	Timescale
<p>26. To set new separate targets for boys and girls aged 13 and 15 and for 16 to 24 year olds to reflect the action within this plan as follows:</p> <p>To reduce the level of smoking amongst:</p> <ul style="list-style-type: none"> • 13 year old girls from 5% in 2006 to 3% in 2014. • 13 year old boys from 3% in 2006 to 2% in 2014. • 15 year old girls from 18% in 2006 to 14% in 2014. • 15 year old boys from 12% in 2006 to 9% in 2014. • 16 to 24 year olds from 26.5% in 2006 to 22.9% in 2012. 	Scottish Government	from 2008/09
<p>27. To develop a research and evaluation framework to support the action in this plan setting clear timelines for action under the plan to be reviewed, as part of the wider tobacco control research and evaluation programme for “A Breath of Fresh Air for Scotland”.</p>	NHS Health Scotland	2008/09



CHAPTER 1
INTRODUCTION

INTRODUCTION

“We will help people to sustain and improve health, especially in disadvantaged communities, ensuring better, local access to health care” the Scottish Government’s strategic objective for a Healthier Scotland:

- 1.1** A generation after the health risks associated with smoking were demonstrated beyond dispute, smoking remains one of the principal causes of illness and premature death in Scotland. It is estimated to be responsible for some 13,000 deaths each year and many more hospital admissions. Tackling smoking related harm thus lies at the heart of the Scottish Government’s health improvement and health inequalities drive.
- 1.2** Significant progress has been made since Scottish Devolution through the comprehensive programmes of action set out in the UK White Paper “Smoking Kills”¹ (1998) and the first ever action plan on tobacco designed specifically for Scotland “*A Breath of Fresh Air for Scotland*”² (2004). A record level of investment in tobacco control activity has resulted in the creation of a national network of cessation services helping thousands of people to stop smoking. Major inroads have also been made in shifting cultural attitudes to smoking through effective multi-media communications campaigns and firm legislative action, including the introduction in March 2006 of historic smoke-free legislation and an increase in the age of sale for tobacco from 16 to 18 on 1 October 2007.
- 1.3** Nevertheless, if smoking is to truly become a thing of the past, there is still much to be done, particularly to stop young people from starting to smoke in the first place. In order to advise the Scottish Government on how this should be done, a short-life expert group, the Smoking Prevention Working Group (SPWG), was set up as a sub-group of the Scottish Ministerial Working Group on Tobacco Control. It was asked to make recommendations for the development of a new long term smoking strategy for Scotland to guide future smoking prevention activity at national and local levels. Details of the SPWG’s membership and remit are at Appendix 1.
- 1.4** The proposals in “*A Breath of Fresh Air for Scotland*”, included reviewing available evidence on factors influencing smoking behaviour, including national and local communication and education programmes. SPWG was also asked to advise the Scottish Government on the question of evidence to support raising the age of sale of tobacco products from the age of 16 to 18.

¹ “*Smoking Kills*”: HMSO 1998 ISBN 0-10-141772-1

² Scottish Executive, “*A Breath of Fresh Air for Scotland*”, Tobacco Control Action Plan: 2004

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- 1.5** The SPWG's report "*Towards a future without tobacco*"³ was published on 22 November 2006. The report, which made 31 separate recommendations (see Appendix 2) to protect or dissuade young people from starting to smoke and deter adults from encouraging and enabling them to smoke, was subject to public consultation between 7 December 2006 and 28 February 2007. Parallel consultations also took place on draft legislation to implement the recommendation to raise the age of sale from 16 to 18, as part of a range of smoking prevention measures, to contribute to a reduction in consumption by young people, by reinforcing the message to the population in general and young people in particular that tobacco is a highly dangerous substance which should be avoided at all costs.
- 1.6** The evidence presented and the recommendations contained in "*Towards a future without tobacco*" provide the platform for this action plan. We would like to thank members of the SPWG, particularly the Chair, Dr Laurence Gruer, for such a thorough investigation of the issues and, importantly, for providing a strong evidence base for action.
- 1.7** We are grateful also to everyone who took part in the consultation process. The views expressed in the 64 written responses which were received; at the regional seminars held in Aberdeen, Edinburgh, Dundee and Glasgow; and by young people through focus groups, a Young Scot survey and a meeting with representatives from the Scottish Youth Parliament, have also been taken into account. Copies of individual consultation responses, can be found on <http://www.scotland.gov.uk/Publications/Recent/Q/MonthPicker/04/YearPicker/2007/Subject/-1/SortBy/0/Page/2>
<http://www.youngscot.org/surveys/?id=348&a=d&sr=242>
- 1.8** Crucially, while individuals and organisations might take issue with particular recommendations made by the SPWG, the consultation results were overwhelmingly positive and give the Scottish Government a strong mandate for the development of a longer term strategic approach to smoking prevention activity in Scotland.
- 1.9** This document confirms the Scottish Government's commitment to reducing the affordability, attractiveness and availability of tobacco products to children and young people. It sets out the direction we will take in the form of a comprehensive action plan aimed at addressing each of these issues. As part of the wider national programme of tobacco control action set out in "*A Breath of Fresh Air for Scotland*" the actions identified here represent another significant step along the road to a non-smoking Scotland.

³ Scottish Executive: "*Towards a future without tobacco*".

1.10 This aspiration for a non-smoking Scotland is in harmony with our desire, set out in *The Government Economic Strategy*⁴ to create a more successful country with opportunities for all to flourish and with the national outcomes that flow from that. Specifically this smoking prevention action plan forms a part of the programme of comprehensive and targeted action to accelerate progress on health improvement, tackling health inequalities, and improving the quality of health care set out in the Scottish Government's health action plan, "*Better Health, Better Care*"⁵. Importantly, the action outlined here will complement the work of the Ministerial Task Force on Health Inequalities and other key initiatives and policies, such as "*Delivering a Healthy Future – An Action Framework for Children and Young People's Health in Scotland*"⁶ which are underway to improve the health, wellbeing and life circumstances of the people of Scotland. It has also been subject to an Equality Impact Assessment details of which can be found on <http://www.scotland.gov.uk/Topics/People/Equality/18507/EQIASearch>

⁴ The Government Economic Strategy: Scottish Government, November 2007

⁵ Better Health, Better Care: action plan: Scottish Government, December 2007

⁶ "Delivering a Healthy Future – An Action Framework for Children and Young People's Health in Scotland": February 2007



CHAPTER 2
SMOKING AND YOUNG PEOPLE

SMOKING AND YOUNG PEOPLE

“We will ensure the best possible start in life for children and young people in Scotland through our approach to targeting early years and to early intervention.”

Shona Robison, Minister for Public Health, in launching the Health Inequalities Task Force – October 2007

The challenge

- 2.1** Traditionally, smoking rates in the UK are higher among 15 year old girls than in most European countries but, among boys of the same age, are among the lowest in Europe. Latest Scottish surveys results⁷ for 2006 suggest smoking prevalence among 15 year olds has declined since its peak in 1996 from 30% for both boys and girls to 12% and 18% respectively. Regular smoking is more common among disadvantaged young people, especially girls. The SPWG report points to clear evidence to suggest that, while many young people continue to take up the habit in their early teens, many young people start to smoke or progress to regular smoking once they leave school.
- 2.2** Smoking disproportionately affects those already disadvantaged by poverty and is a major contributor in health and premature mortality inequalities. Thus, while declines in teenage smoking are welcome, the Scottish Government is determined to reduce these figures even further.
- 2.3** If we are to be successful in stopping young people from becoming smokers we need to understand why they start to smoke in the first place. It is clear they do so for a variety of reasons. There is no single cause. Inevitably our choices are influenced by our surroundings. Parents, brothers and sisters who smoke are a powerful influence as are our peers. The images of smokers and smoking portrayed in the media also have an impact. However, the single most important factor which turns a beginner into a regular smoker is the addictiveness of nicotine in tobacco.
- 2.4** Some children and young people, of course, will experiment with smoking, whatever parents, teachers, doctors, or the Scottish Government say. Many experiment with smoking thinking they will give up when they want to but underestimate just how highly addictive smoking is. To underline this, the SPWG report points to recent research suggesting that addiction to nicotine can develop very quickly within a few months or sometimes a few weeks.

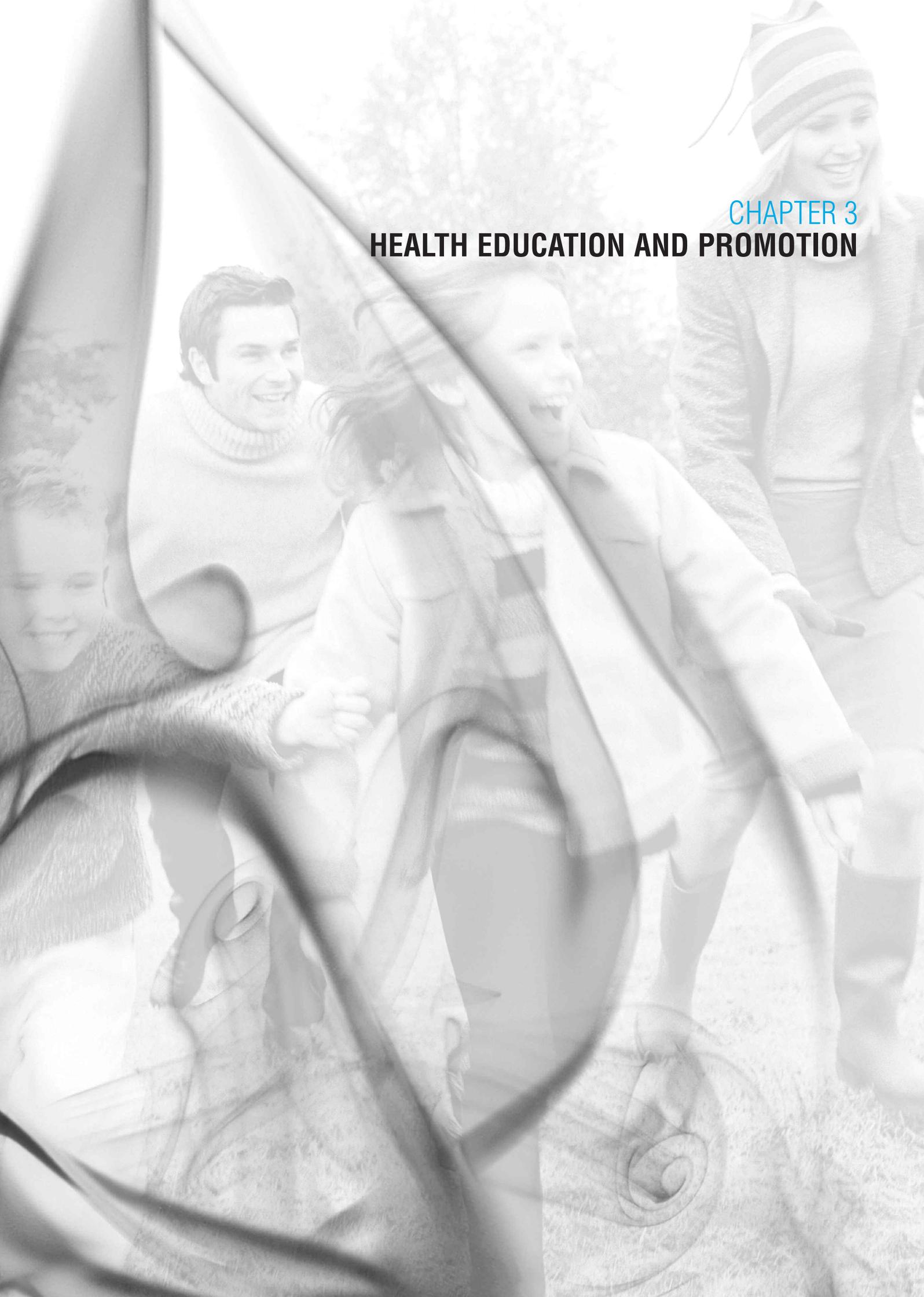
⁷ Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): Scottish Executive May 2007

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- 2.5** That said, while nicotine may explain why people become and remain regular smokers, it is not the factor which drives someone to try a cigarette in the first place. The SPWG report highlights clear evidence that the marketing of cigarettes has been successful in encouraging young people to smoke and suggests that the ban on tobacco advertising and promotion is being undermined by other opportunities which exist for other forms of marketing (such as cigarette displays) and the positive images of smokers and smoking which appear in the media, including youth media (e.g. magazines and films).
- 2.6** The SPWG report calls for a fundamental reassessment of the approach to health promotion and education to ensure smoking prevention activity constantly evolves to address the needs and circumstances of Scottish young people of the day, and especially those at most risk of starting to smoke. It also calls for steps to reduce the attractiveness of smoking. Moreover, the report underlines the need for more rigorous enforcement of the laws restricting the sale of tobacco to under 18s and strategies to deal with illicit sales of tobacco; and effective fiscal policies to reduce the affordability of cigarettes.
- 2.7** Thus the challenge is to put in place a programme of action to make cigarettes and other tobacco products less affordable, less available, and less attractive to children and young people. This requires ownership and action from a wide range of individuals and organisations including NHS Boards, Local Authorities, third sector bodies and the business sector.

The approach

- 2.8** In framing these proposals, we aim to deliver a co-ordinated programme of measures responding to all the factors which influence behaviour. This will include measures to:-
- **Educate and promote healthy lifestyles:** making clear to children and young people the risks associated with smoking and to do everything possible to counter the idea that there is any link between smoking and glamour, celebrity, maturity and independence, and to increase associations between smoking and seediness, unattractiveness, obscurity, childishness and dependence. (Chapter 3)
 - **Reduce the attractiveness of cigarettes:** countering positive images of cigarettes in the media and at points of sale and reducing the opportunities for children and young people to be exposed to smoking. (Chapter 4)

- **Reduce the availability of cigarettes:** enforcing the law vigorously to avoid cigarette sales to minors and prevent access to smuggled/counterfeit cigarettes. (Chapter 5)
- **Reduce the affordability of cigarettes:** ensuring cigarette prices are sufficiently high to discourage children and young people from smoking. (Chapter 6).



CHAPTER 3
HEALTH EDUCATION AND PROMOTION

HEALTH EDUCATION AND PROMOTION

“Public Health Policy is as much about preventing ill-health as it about treating it”:

Shona Robison MSP, Minister for Public Health, NHS Annual Conference, and June 2007

Current activity

3.1 There is currently a wide range of health promotional and educational activity going on at both national and local level in Scotland. The SPWG report assesses these efforts which include:

- Activities undertaken by NHS Boards as part of their tobacco control programmes.
- Multi-media campaigns orchestrated by NHS Health Scotland, including in conjunction with Young Scot and Youth Media, which currently devotes some £1.5m per annum across a range of programmes to these.
- Smoking education undertaken as part of substance use education which is offered in the vast majority of Scottish schools, and more generally the whole school approach to promoting physical, social, spiritual, mental, emotional wellbeing of pupils and staff fostered through Health Promoting Schools.
- Community-based programmes such as the experimental health promotion initiative *Breathing Space* which aimed to tackle smoking in a low-income area in Edinburgh but showing somewhat disappointing impact.

Future direction

3.2 The evidence presented in the SPWG report and the response to the consultation suggests the need for a fundamental rethink of health promotion and education to enable renewed efforts to be made encourage children and young people to make positive lifestyle choices. In determining the way forward, key points borne in mind were:

- Research undertaken between February 2004 and July 2005, “*The Evaluation of the Effectiveness of Drugs Education in Schools*”⁸ suggesting that while there is much good practice in Scotland on substance use education, more can be done to enhance its effectiveness, particularly through clearer guidance on evidence-based methods and approaches; and on continuity and progression; further training and support to boost teachers’ knowledge, skills and confidence; and more attention to resources.

⁸ “The Evaluation of the Effectiveness of Drugs Education in Schools” 2007

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- The suggestions made in the SPWG report that *A Curriculum for Excellence*⁹ programme which aims to achieve transformational change in education in Scotland provides an good opportunity to take stock of future direction.
 - The general perception from the young people's focus group element of the consultation that less time is spent in schools on tobacco education than on alcohol and drugs (and for some sex). The hypothesis being that this is because smoking is seen as less dangerous and education on it of less relevance to people than other topics.
 - The fact that many young people start to smoke or progress to regular smoking once they leave school, suggests there is a need for educational efforts to continue beyond schools, including into further and higher education and into non-school settings.
 - The evidence suggesting that the uptake of smoking by young teenagers is about the same across social classes at age 15 but by mid twenties most youngsters from higher social classes have quit. It would be important to learn more about the factors influencing more affluent youngsters not to continue and how these might be translated to lower income communities.
 - The work being undertaken by the National Institute of Clinical Excellence (NICE) to develop guidance on preventing the uptake of smoking by children and young people, and the NHS Health Scotland Commentary on this guidance that will follow from its publication in July 2008.
 - The Schools (Health Promotion and Nutrition) Scotland Act 2007 which will ensure health promotion will have a central and continuing focus in education and the related guidance and in education generally.
 - The commitment in section 2.4 of the *"Better Health, Better Care"* action plan to identifying and scaling up effective approaches to reaching and engaging with the most vulnerable groups of people to improve their physical and mental health.
 - The importance of involving young people, especially those young people most likely to take up and sustain smoking habits, directly in the planning and delivery of services and initiatives to ensure a young person's perspective is reflected in order to give maximum opportunity for innovative ideas and approaches to emerge.

⁹ Scottish Executive: Curriculum for Excellence 2004

- The important contribution third sector organisations can make to spreading smoking prevention messages.

Actions

Against this background, the Scottish Government proposes:

- 1. To facilitate the adoption of a holistic approach to health and well-being in Scottish schools to be fostered through the Health Promoting School and a *Curriculum for Excellence*, which will be aimed at ensuring the school ethos, policies, services and extra-curriculum activities all foster the health and wellbeing of all the pupils.**

Delivery lead: the Scottish Government/Learning Teaching Scotland. Timescale: Ongoing

- 2. To produce advice, guidance and proposals aimed at helping schools and authorities via an expert steering group looking at substance misuse education in schools, to achieve the improvements sought through Curriculum for Excellence and The Schools (Health Promotion and Nutrition) Act 2007 (taking into consideration the key findings of the *Evaluation of the Effectiveness of Drugs Education in Schools*), particularly so that appropriate teaching materials are available and are being used most effectively, and education is planned and delivered in partnership with inputs from health, the Police and the community.**

Delivery lead: Scottish Government. Timescale: Ongoing

- 3. To explore with relevant interests, including universities and colleges of further education and other major training providers, student associations and the National Union of Students, steps which they might take to discourage and support students and trainees from starting to smoke as a core part of wider substance use and other risk-taking behaviour programmes.**

Delivery lead: NHS Health Scotland. Timescale: 2008/09



4. To explore with relevant interests and agencies steps which might be taken to engage with harder to reach groups such as those who are not in employment, education or training or who are in occupations or settings with higher than average smoking levels, including through engagement with the Scottish Prison Service and HM Forces.

Delivery lead: NHS Health Scotland/PATH. Timescale: 2008/09

5. To encourage all those responsible for smoking prevention activity aimed at children and young people to actively involve children and young people themselves in the planning and delivery of services and programmes to ensure their perspective is fully reflected in the approaches adopted and to encourage active citizenship.

Delivery lead: All relevant agencies - NHS Boards, Local Authorities etc. Timescale: Ongoing

6. To embrace tobacco issues within the Health Improvement Social Marketing Strategy (HISMS) to ensure that future national campaigns and the local activity underpinning this, including by third sector organisations, provides a clear, supportive and inclusive route map to positive behaviour leading to a healthy life.

Delivery lead: Scottish Government. Timescale: Ongoing

7. To consider, as part of the collaborative planning and approval mechanisms under the HISMS, the value of developing a multi-faceted campaign, integrated with local services and initiatives and engaging the full range of health and other professionals, which is targeted at parents to raise awareness of the impact of tobacco on their children's health, including from second-hand smoke, specifically aimed at encouraging smoke-free lifestyles, homes and family vehicles.

Delivery lead: Scottish Government/NHS Health Scotland. Timescale: Ongoing

8. To ensure as part of the youth strand of the HISMS an ongoing multi-stranded media campaign is in place to discourage uptake of smoking by young people and which has a specific strand focusing on girls and young women in disadvantaged areas.

Delivery lead: Scottish Government Timescale: Ongoing

9. To encourage schools and all youth work/community settings where young people gather to adopt clear no smoking policies and in addition we ask that they reinforce messages concerning the addictiveness and health risks associated with smoking.

Delivery lead: Local Authorities/Community Learning and Development Partnerships/YouthLink Scotland/NHS Boards. Timescale: Ongoing

10. To develop and assess the feasibility of a small number of pilot interventions designed to discourage the uptake and/or encourage smoking cessation in young people, particularly those living in disadvantaged circumstances; and, if appropriate, to evaluate the effectiveness of the most promising intervention(s).

Delivery lead: NHS Health Scotland/Partnership Action on Tobacco and Health. Timescale: September 2009/10



CHAPTER 4
**REDUCING THE ATTRACTIVENESS OF
TOBACCO PRODUCTS**

REDUCING THE ATTRACTIVENESS OF TOBACCO PRODUCTS

“Let’s be clear: there is no such thing as a ‘safe’ cigarette.”

Philip Morris, International tobacco company

Current activity

4.1 It has long been recognised that the marketing and promotion of tobacco products has done much to counter public health messages. Moreover, there is strong evidence linking the prohibition of tobacco advertising with a decrease in smoking levels. The SPWG report assesses the efforts made to date in order to reduce the impact of such activity:

- Tobacco advertising and promotion was banned in the UK and across the EU in 2002 and tobacco sponsorship which substantially came to an end in 2005. As a result tobacco advertising in the press and on billboards; the promotion of tobacco products through brand-sharing, free gifts, coupons and mail shots; and the sponsorship of sporting and other events is banned, and internet advertising restricted.
- In 2003, larger, hard-hitting health warnings on tobacco packs were introduced in the UK and misleading terms such as low-tar, mild and light were also banned. This was followed in August 2007 by legislation requiring picture warnings to appear on cigarette packs from the end of 2008, and on other tobacco products by the end of 2009.

Future direction

4.2 The SPWG report points to clear evidence that the marketing of cigarettes has been successful in encouraging young people to smoke and suggests that the ban on tobacco advertising and promotion is being undermined by other opportunities which exist for other forms of marketing (such as cigarette displays) and the positive images of smokers and smoking which appear in the media. In determining the way forward, key points borne in mind were:

- Although tobacco advertising, promotion and sponsorship are prohibited in the UK, opportunities exist for other forms of marketing, including product placement and prominent displays of tobacco products at points of sale
- While strong support was evident for SPWG’s recommendation that displays of tobacco products should be banned, the consultation results suggest retailing interests are strongly opposed to such a move including for operational reasons, indicating a need to consider the proportionality of such a step

- Positive images of smokers continue to be featured in the media, including youth media (e.g. films and magazines) and there is a suggestion from the young people's focus group that this normalises smoking
- The evidence to suggest graphic picture warnings are highly effective in discouraging people to quit smoking.

Actions

Against this background the Scottish Government proposes:

11. To introduce legislative controls to further restrict the display of tobacco products at points of sale, and to work with retailers on the implementation of these measures.

Delivery lead: Scottish Government. Timescale: At the earliest legislative opportunity

12. To consider with the UK Government and other devolved administrations, the impact of the Tobacco Advertising and Promotion Act 2002 and consider further action which might be taken to reduce positive images of smoking in the media, including examining the impact of film classification, and the scope for making anti-smoking adverts mandatory prior to the screening of any film which contains smoking imagery.

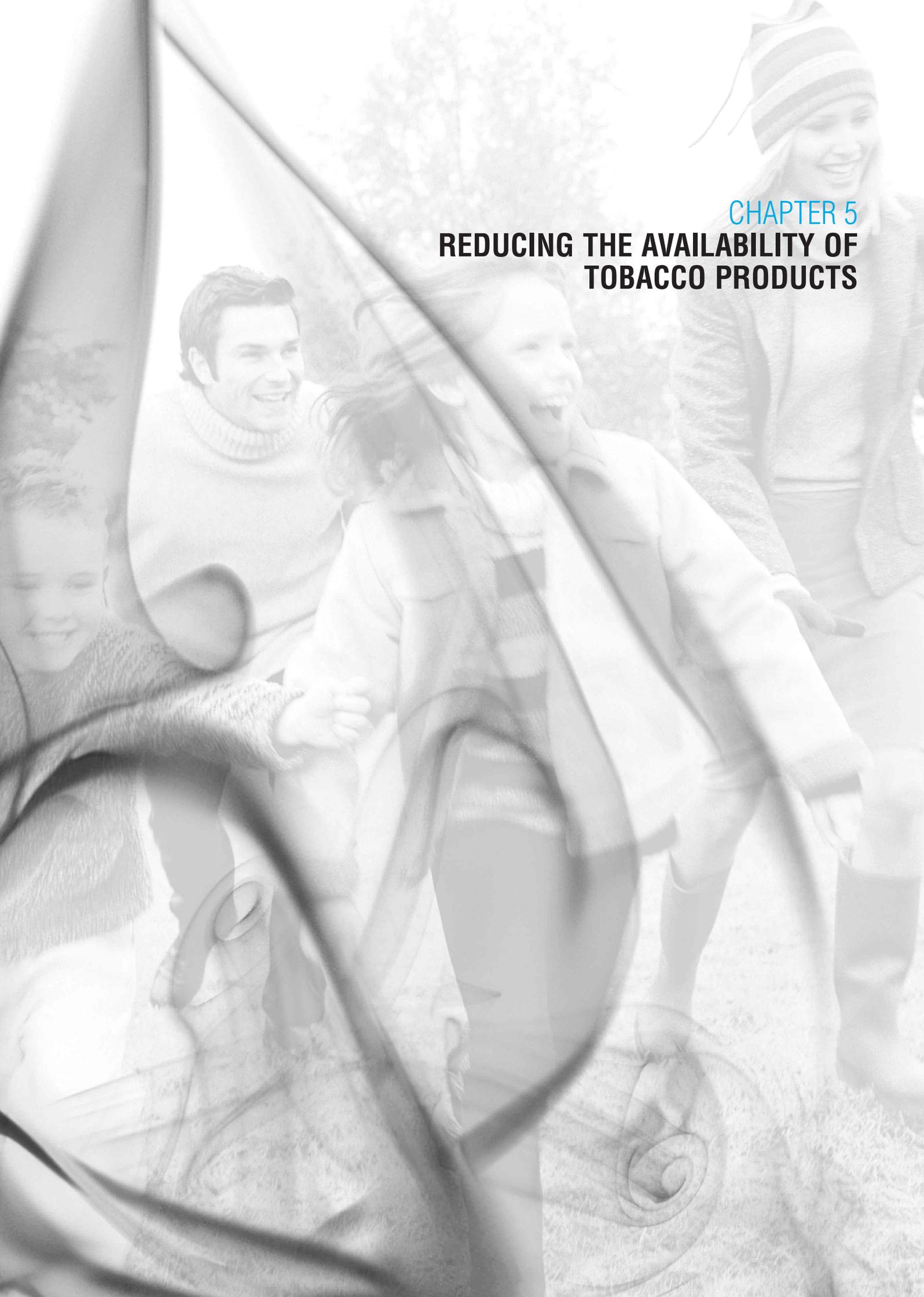
Delivery lead: Scottish Government. Timescale: Ongoing

13. To consider with the UK Government and other devolved administrations the impact of the introduction by the end of 2008 of picture warnings on cigarette packs and to consider whether it would be desirable to move towards plain packaging of tobacco products.

Delivery lead: Scottish Government. Timescale: Ongoing

14. To encourage all organisations and agencies who in come into contact with children and young, including NHS organisations, local authorities and care providers, to have a health leadership role and be at the vanguard of changing smoking cultures in Scotland, by, for example, introducing smoke-free policies in external areas frequented by children and young people such as playgrounds.

Delivery lead: NHS organisations, local authorities and care providers, etc. Timescale: Ongoing



CHAPTER 5
**REDUCING THE AVAILABILITY OF
TOBACCO PRODUCTS**

REDUCING THE AVAILABILITY OF TOBACCO PRODUCTS

“Those who sell to the underage should be fined, and if they reoffend they should lose the right to sell tobacco products”: Philip Morris International, tobacco company

Current activity

5.1 Bearing in mind young people can only smoke if they are able to buy or otherwise get hold of cigarettes, measures to protect young people from the impact of tobacco, through legislation and other forms of regulation/control are a vital component of any smoking prevention strategy. It was for this reason, as recommended by the SPWG, that the age of sale was raised from 16 to 18 with effect from 1 October 2007. The SPWG report reviews the evidence and assesses efforts made to date to reduce youth access to cigarettes and other tobacco control products:

- The Children and Young Persons (Scotland) Act 1937, which originally set the age of sale for tobacco at 16, was strengthened in 1991 to create new offences and penalties, including for selling unpackaged cigarettes. It also gave courts the power to order the removal of cigarette vending machines where the court is satisfied an underage young person has used it.
- The steps taken since 1999 to strengthen enforcement activity, including the decision by the Lord Advocate, in February 2005, to allow evidence gained through test purchasing to be admissible as evidence.
- In March 2000 the UK Government created the Tackling Tobacco Smuggling strategy¹⁰ focusing on tackling the trade in smuggled cigarettes backed by a £209m funding package (see also paragraph 6.1).

Future direction

5.2 Tobacco products are widely available from retail outlets across Scotland and smuggled tobacco products are also available, particularly in more disadvantaged areas. The SPWG report calls for more vigorous enforcement of the tobacco sales law and for more effective measures to tackle tobacco smuggling. In determining the way forward, key points we have borne in mind are:

- Surveys which suggest that young people have little difficulty in accessing cigarettes either from a range of shops or from vending machines
- Evidence pointing to more stringent underage sales policies being associated with lower youth smoking rates

¹⁰ HM Customs and Excise/HM Treasury: Tackling Tobacco Smuggling: March 2000

- Good evidence to suggest vigorous enforcement of under-age sales law does reduce tobacco sales to minors
- The suggestion that statutory controls can contribute to shifting social norms by making smoking less socially acceptable within communities across Scotland
- The response to consultation which suggest that, while there is strong support for more vigorous enforcement of tobacco sales law, retailing interests are not convinced of the need for what they perceive to be a further burden to be placed on legitimate business by the introduction of a licensing scheme.

Actions

Against this background the Scottish Government proposes:

15. To work in partnership with the Convention of Scottish Local Authorities (COSLA), Scottish local authorities, the Society of Chief Officers of Trading Standards in Scotland (SCOTSS) and other relevant interests to develop an outcome-focused scheme to secure more rigorous enforcement of tobacco sales law. Also, as per Action 20, to ensure this complements action to reduce illicit sales of tobacco.

Delivery lead: Scottish Government/Local authorities. Timescale: Launch scheme by end 2008

16. To review and update statutory controls on the sale of tobacco products. This will involve a number of possible measures, including the introduction of a system of licensing and new sanctions such as cautions and fixed penalty notices for breaches of the law.

Delivery lead: Scottish Government. Timescale: At the earliest legislative opportunity

17. To consider with relevant stakeholders, including at UK level, what further steps, including legislative, might be taken to reduce illegal sales of cigarettes from vending machines as part of the review at Action 16.

Delivery lead: Scottish Government. Timescale: As per Action 16

18. To continue to work with all relevant stakeholders, including retailers, to promote and embed a “no proof, no sale” culture, including through measures to encourage the uptake of Young Scot/Dialogue Youth “National Entitlement Card”.

Delivery lead: Scottish Government. Timescale: Ongoing



CHAPTER 6
**REDUCING THE AFFORDABILITY OF
TOBACCO PRODUCTS**

REDUCING THE AFFORDABILITY OF TOBACCO PRODUCTS

“Price increases have been a highly successful way of helping people to become non-smokers: UK budget changes to tobacco duty have saved lives and prevented much serious illness.” HM Revenue and Customs

Current activity

6.1 There is strong evidence that tobacco taxation is a particularly effective way of reducing tobacco consumption among young people. It also suggests that cheaper smuggled tobacco products undermine the impact of pricing and sales control. Fiscal policy matters such as these are reserved to Westminster, and the SPWG report notes that since 2000:

- The rise in duties has varied over the years but has been kept broadly in line with inflation. In the 2008 Budget duty was raised in line with inflation putting 11p on the price of a packet of 20 cigarettes.
- As indicated at paragraph 5.1, the UK Government has been implementing a package of measures designed to curb smuggling, including the deployment of 1,000 additional Customs officers; additional specialist investigators and intelligence staff; additional x-ray scanners; tougher sanctions and penalties; and a public awareness campaign. In addition cigarette packets and hand-rolling tobacco sold for consumption in the UK are now required to carry a duty paid mark.

Future direction

6.2 The price of tobacco products is one of the most important factors in determining consumption and, thus, taxation policy is one of the main tools for preventing nicotine addiction. As indicated above the availability of much cheaper smuggled tobacco products - both cigarettes and loose tobacco - sold from vans, at open-air markets and by other means across the UK, undermines fiscal policies aimed at reducing tobacco consumption. Key points we have borne in mind:

- The UK has the highest priced cigarettes in the EU. In the Cancer Reform Strategy¹¹ for England and Wales which was published on 19 November, the UK Government pledged to continue to follow a policy of using tax to maintain the high price of tobacco at levels that impact on smoking prevalence.

¹¹ Department of Health: Cancer Reform Strategy; 2007

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- Young people may be up to three to four times more price sensitive than older adults. This is borne out by a systematic review among 13 to 24 year olds which concluded that price affected both the number of young smokers and the amount of tobacco consumed.
 - The World Bank has calculated that a 10% increase in the price of cigarettes on average reduces demand by 4% in high-income countries such as the UK. The effect of a 10% price increase would be to reduce consumption in the UK by about 3 billion cigarettes per year.
 - Although there is a lack of empirical evidence about the effectiveness of banning the sale of packets of less than 20 cigarettes on young people's smoking prevalence, there is growing concern, including among the World Health Organisation, about the relationship between packets of 10 cigarettes or "kiddie packs" and tobacco consumption among young people. Recent research from the Republic of Ireland indicates that 75% of smokers under 17 buy packs of 10.
 - Tobacco smuggling constitutes a serious public health risk by undermining initiatives aimed at reducing tobacco consumption. As smuggled tobacco is most likely to be sold in deprived areas and increasingly to target children, smuggling would appear to have a disproportionate impact on smoking behaviour by young people in these areas and be a factor in perpetuating health inequalities.
 - The announcement made by the UK Government in the 2008 budget that tackling tobacco smuggling would be a major priority for the newly-established UK Borders Agency.

Actions

Against this background the Scottish Government proposes:

19. To keep the pressure on the UK Government to ensure duty on tobacco products is sufficiently high to keep prices in line with the cost of living.

Delivery lead: Scottish Government. Timescale: Ongoing

20. To collaborate with Her Majesty's Revenue and Customs to reduce the impact of illicit sales of tobacco products on Scottish communities with action linked to better enforcement of tobacco sales law as per Action 15.

Delivery lead: Scottish Government. Timescale: Ongoing

21. To consider issues arising from the sale of cigarettes in packets of less than 20, as part of the planned legislative review proposed at Action 16.

Delivery lead: Scottish Government. Timescale: As per Action 16



CHAPTER 7
DELIVERING, RESOURCING, AND
MEASURING PROGRESS

DELIVERING, RESOURCING, AND MEASURING PROGRESS

“By focusing on outcomes we expect those delivering services to be freed to collaborate in achieving those outcomes”

Shona Robison MSP, Minister for Public Health, NHS Annual Conference, June 2007

Delivering

7.1 Earlier chapters of this Plan have described the challenges faced, including trends in youth smoking, and how a number of different organisations and interests will contribute towards achieving our ambition for a non-smoking Scotland. The SPWG report highlights the important contribution of a range of different professionals and individuals who can bring influence to bear upon children and young people to encourage and promote a smoke-free lifestyle from parents and carers through to teachers and youth leaders, nurses, doctors and other health professionals. It also stressed the importance of involving young people themselves in the policy development process.

7.2 At a strategic level a wide range of organisations and interests will have a role to play in delivering the actions set out in this Action Plan. At national level:

- The Scottish Ministerial Working Group on Tobacco Control will oversee the Action Plan's implementation as part of its overall responsibilities for providing expert advice to the Scottish Government on tobacco control.
- The Scottish Government will play a major role in ensuring effective delivery and, specifically, we will be responsible for disseminating and promoting the Plan widely; ensuring appropriate systems are in place to measure its success; and making new resources available to facilitate that delivery. An additional £9m over the next 3 years (2008/09 to 2010/11) is being made available to support action in this Plan, bringing the total specific resources for tobacco control to £42m over the same period.
- The Convention of Scottish Local Authorities (COSLA) will play an important role in fostering, co-ordinating and overseeing the local authorities' contribution to delivering action within the Plan.
- The Scottish Prison Service and other relevant criminal justice authorities, alongside other agencies, will play an important role in engaging harder to reach groups.
- NHS Health Scotland will also have a key role in delivery including through partnership working with other key interests, for example, in providing the evidence base for action, supporting the continuous improvement approach to effective interventions, and in developing and supporting the health promotion and education aspects of the Action Plan.

- Other key bodies include ASH Scotland, Partnership Action on Tobacco and Health, the Scottish Tobacco Control Alliance, the Scottish Cancer Coalition on Tobacco, Learning and Teaching Scotland, Young Scot and YouthLink Scotland, who all have a role in supporting the objectives set out here.
- Academic institutions and research units will have an important role to play in developing evidence to inform policy.

7.3 At local level, NHS Boards, Local Authorities, and their community planning partners in collaboration with local business and communities, including local tobacco control alliances, will be responsible for ensuring delivery. Key points to bear in mind:

- As reflected in section 1.3 of “Better Health, Better Care”, Community Health Partnerships (CHPs) have a crucial role to play in delivering better outcomes.
- The new national performance framework for local authorities and their partners which is enshrined in the Scottish Government and Local Authority concordat which underpins the funding provided to local government in Scotland over the period 2008-9 to 2010-11.
- The changes to the HEAT targets which reflect the thinking emerging from the review of health improvement performance management which aims to spell out the specific contribution of the NHS – along with partners in local authorities, and the voluntary and community sector – to achieving shared national outcomes and targets.
- The importance of interventions and approaches adopted being based on existing evidence of effectiveness.

Resourcing

7.4 Much of the action in this Plan will be delivered through use of resources already within the system although in some cases there may require to be a refocusing or reprioritisation of efforts, for example in social marketing and communications activity. However, it is recognised that in order to boost delivery of action within this plan some additional pump priming funding is necessary and, as indicated above, an additional £9m is being made available over the next 3 years (2008/09 to 2010/11) for this purpose.

Measuring progress

- 7.5** Targets are a key means of both driving progress and measuring performance. The current smoking reduction targets were originally set in the 1999 White Paper “*Towards a Healthier Scotland*”¹² and the adult targets were rebased and tightened in January 2006. The current targets are:
- To reduce smoking among adults (16 and over) from 26.5 in 2004 to 22% by 2010.
 - To reduce smoking among children and young people (aged 12 to 15) from 14% to 12% between 1995 and 2005 and to 11% by 2010.
- 7.6** Targets are monitored through the Scottish Household Survey (16 and over) and the Scottish Schools Adolescent Lifestyles and Substance Use Survey (13 and 15 year olds). In 2006, 25% of adults (16 and over), 4% of 13 year olds and 15% of 15 year olds were regular smokers.
- 7.7** Local authorities’ contribution will be measured through their Single Outcome Agreements which include scope for national indicators and targets, including those which to contribute towards reductions in smoking prevalence.
- 7.8** It is important for performance management activity not only to monitor progress against the targets but to evaluate and assess the impact of different measures. Research and evidence gathering will also have a place to play in determining policy.

Actions

Against this background, the Scottish Government proposes:

22. To use the Scottish Ministerial Working Group on Tobacco Control to oversee and advise upon the implementation of this Action Plan.

Delivery lead: Scottish Government. Timescale: Ongoing

23. To allocate additional funding to NHS Boards of £1.5m in each of the years 2008/9 to 2010/11 to enable them to co-ordinate action locally to underpin the measures outlined in this Action Plan and to ensure this is reflected in their tobacco control programmes.

Delivery lead: Scottish Government/NHS Boards. Timescale: From 2008/09

¹² *Towards a Healthier Scotland*. The Scottish Office 1999

24. To continue to support the activities of ASH Scotland, the Scottish Tobacco Control Alliance and Partnership Action on Tobacco and Health within an agreed outcome framework specifying their contribution to the actions identified in this Plan.

Delivery lead: Scottish Government Timescale: From 2008/09

25. To allocate funding within the spirit of the new relationship between the Scottish Government and local authorities, of £1.5m in each of the years 2008/09 to 2010/2011 to enable them, as set out at Actions 15, 18 and 20, to step up enforcement of tobacco sales law and to work in partnership with HM Revenue and Customs to tackle illicit sales of tobacco.

Delivery lead: Scottish Government/Local Authorities. Timescale: From 2008/09

26. To set new separate targets for boys and girls aged 13 and 15 and for 16 to 24 year olds to reflect the action within this plan as follows:

- To reduce the level of smoking amongst 13 year old girls from 5% in 2006 to 3% in 2014.
- To reduce the level of smoking amongst 13 year old boys from 3% in 2006 to 2% in 2014.
- To reduce the level of smoking amongst 15 year old girls from 18% in 2006 to 14% in 2014.
- To reduce the level of smoking amongst 15 year old boys from 12% in 2006 to 9% in 2014.
- to reduce the level of smoking amongst 16 to 24 year olds from 26.5% in 2006 to 22.9% in 2012.

Delivery lead: Scottish Government. Timescales: From 2008/09

27. To develop a research and evaluation framework to support the action in this plan setting clear timelines for action under the plan to be reviewed, as part of the wider tobacco control research and evaluation programme for “A Breath of Fresh Air for Scotland”.

Delivery lead: NHS Health Scotland. Timescale: 2008/09

APPENDIX 1: SMOKING PREVENTION WORKING GROUP

Membership

Chairman

Dr Laurence Gruer OBE, Director of Public Health Science, NHS Health Scotland

Members

Dr Amanda Amos, Reader in Health Promotion, Edinburgh University

Susan Charleston, ASH Scotland

Dr Candace Currie, Director, Child & Adolescent Health Research Unit, Edinburgh University

Mary Cuthbert, Tobacco Control Division, SEHD

Sarah Davidson, Tobacco Control Division, SEHD

Professor James Friend, Past Chair of Scientific Committee on Tobacco and Health

Wendy Halliday, Development Manager, Scottish Health Promoting Schools Unit

Professor Gerard Hastings, Director of the Institute for Social Marketing and Centre for Tobacco Control Research, University of Stirling

Michelle Hunt, Health promotion Officer, Ayrshire and Arran Health Board

Ann Kerr, NHS Health Scotland

Katherine McNab, Pupil Support Team, SEED

Mark O'Donnell, ASH Scotland

David Pattison, Public Health Advisor, CMO's office

Brian Pringle, West Lothian Drugs and Alcohol Project/Scottish Tobacco Control Alliance

Professor Patrick West, Head of Youth and Health Programme, Faculty of Medicine, Glasgow University

Gary Wilson, NHS Health Scotland

Cath Young, Health Promotion Manager, NHS Borders

Secretariat

Joyce Whytock, Tobacco Control Division, SEHD

Nim Kumar, Tobacco Control Division, SEHD

Remit

General

- To scope current national and local activity aimed at preventing smoking among young people in Scotland since 1999
- To review the evidence of effectiveness of different approaches to preventing smoking among young people
- To identify gaps in our knowledge which require to be filled
- To make recommendations to assist the development of a new long-term integrated smoking prevention strategy.

Specific to the age of purchase

- To consider in relation to the age of purchase:
- The significance of the legal age limit in relation to smoking uptake
- The evidence on this from other countries
- To make recommendations to Ministers.

APPENDIX 2: RECOMMENDATIONS FROM THE SMOKING PREVENTION WORKING GROUP REPORT “TOWARDS A FUTURE WITHOUT TOBACCO”

Targets

- 1 New separate targets should be set for boys and girls at both 13 and 15 as follows:

% 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

- 2 The following new targets should be set for 16-24 year olds:

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

Reducing availability

The Scottish Executive should implement an integrated series of measures aimed at **substantially reducing the availability, affordability and attractiveness** of cigarettes and other tobacco products to young people. It should:

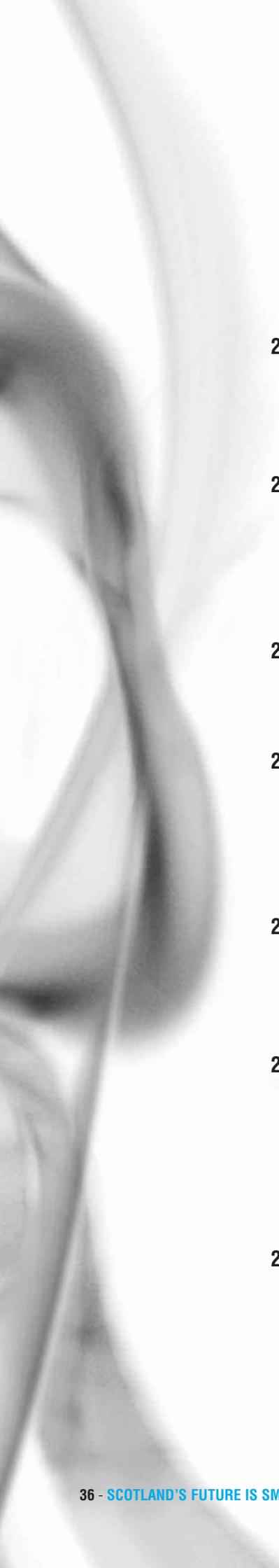
- 5 ensure that much greater efforts are made to enforce the prevailing legal age of purchase. These should include: the use of proof of age; active test purchasing; prosecution with heavy fines and education of retailers and trading standard officers.
- 6 introduce a negative licensing scheme to enable vendors who repeatedly sell cigarettes to under-age customers to be prohibited from selling tobacco products.
- 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.
- 8 urge the UK Government annually to increase the price of tobacco products at a rate faster than inflation.
- 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.
- 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.
- 11 commission research to ascertain the extent to which young people in Scotland purchase cigarettes in packs of ten.

- 12 commission research to ascertain the current extent of use of smuggled or personally imported tobacco by young people.
- 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.
- 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.
- 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.
- 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.
- 17 reinforce the UK Government's intention to require graphic photographs of smoking-related diseases to be displayed on cigarette packets.
- 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.
- 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.

Discouraging young people from smoking

The Scottish Executive should also implement an integrated series of measures aimed at **discouraging young people from starting to smoke and encouraging and enabling young smokers to stop:**

- 20 Building on previous work by Health Scotland and the Health Education Board for Scotland, an ongoing, 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.

- 
- 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.
 - 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.
 - 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.
 - 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 extra-curricular 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.
 - 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.
 - 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".
 - 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.

- 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.
- 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.

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.
- 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.

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