



Highland Tobacco Strategy

2018-2021

Acknowledgements

Membership of the Highland Tobacco Strategy Group.

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Foreword

Tobacco remains the leading cause of preventable death in the UK¹, and across the world, kills more than 7 million people each year². One in two long term smokers will die from a smoking related conditions³ and, on average, smokers live 10 years less than non-smokers⁴. These figures are stark and remind us of the importance of this problem.

Smoking cessation is arguably the most important intervention delivered by public health departments. More than 200 scientific studies have shown its value. The data also shows that the more intensive the intervention, the more effective it is. A 2017 analysis by the National Institute for Health and Care Excellence, which took into account the harm associated with smoking due to its contribution to conditions such as lung cancer, myocardial infarction, coronary heart disease, chronic obstructive pulmonary disease and asthma, identified that smoking cessation had a cost per quality adjusted life year (QALY) of less than £1,000⁵. In comparison, it should be noted that NICE generally recommends the provision of treatments on the NHS that have a cost per QALYs of under £30,000 and in some cases an even higher cost per QALY may be accepted by NICE. Consequently, smoking cessation is one of the best value interventions provided by the NHS.

One may ask why so many people still smoke? Most smokers become addicted to tobacco as teenagers, well before they are able to make an informed choice regarding the addictive nature of tobacco and understand its long term consequences. In later life, simple awareness of the risks of smoking is often not enough to enable individuals to quit. We need to provide support to those who want to stop. The Scottish Government has recognised this in their strategy, Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland⁶.

This government strategy contains the ambitious aim of reducing the prevalence of smoking to 5% or less by 2034. Adult smoking prevalence in Scotland is falling and smoking prevalence among children and young people has rapidly declined since 1996, but this target remains challenging, particularly in deprived areas that have the highest smoking prevalence.

The NHS Highland Tobacco strategy has been developed in order to address smoking cessation, prevention and protection. The strategy takes a population approach as well as ensuring a focus on priority groups. A comprehensive action plan has been developed which is being implemented in the NHS Highland Health area and is designed to build on action at national level.

It is important to recognise that reducing harm associated with tobacco cannot be done by the NHS alone and the contribution of other statutory and voluntary organisations as well as communities themselves is key to reducing smoking rates in Highland. The strategy has therefore been developed by a number of statutory and voluntary partners in Highland.

I would like to thank all those who have contributed to the development of this report. I am confident that their commitment to this crucial public health issue will lead to continued progress in our joint efforts as a Board to reduce harm associated with tobacco in NHS Highland. The support of the Board in that regard is also very welcome.



Professor Hugo Van Woerden

27 July 2018

- 1 Gilmore, A, B, Britton, J, Arnott, D, Ashcroft, R, and Jarvis, M, J. (2008) 'The place for harm reduction and product regulation in UK tobacco control policy'. *Journal of Public Health* 31(1) 3-10
- 2 Seo, H, G. (2017) 'MS 09.03 Cost Effectiveness of Smoking Cessation'. *Journal of Thoracic Oncology*. 12(11) supp2:S1690-1
- 3 Lam, T, H. (2012) 'Absolute risk of tobacco deaths: one in two smokers will be killed by smoking: comment on "Smoking and all-cause mortality in older people"'. *Archives of Internal Medicine* 172(11):845-6
- 4 Banks, E, Joshy, G, Weber, M, F, Liu, B, Grenfell, R, Egger, S, Paige, E, Lopez, A, D, Sitas, F, and Beral, V. (2015) 'Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence'. *BMC Medicine* 13(1):38
- 5 NICE (2017) Smoking Cessation Interventions and Services. Draft Report. [online]
Available from <https://www.nice.org.uk/guidance/ng92/documents/economic-report> [20th July 2018]
- 6 Scottish Government. (2013a) Creating a Tobacco-Free Generation, A Tobacco Control Strategy for Scotland [online].
Available from <http://www.gov.scot/Resource/0041/00417331.pdf> [4th Sept 2017]

Introduction

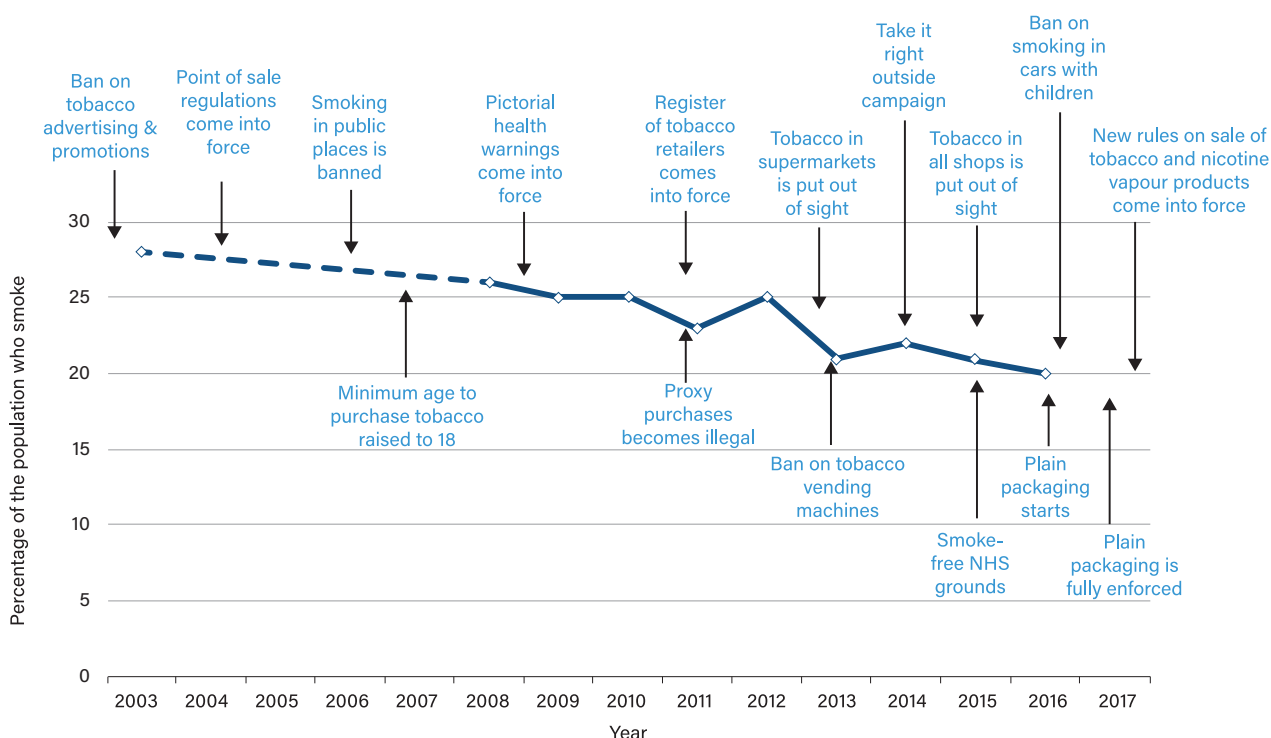
Scotland is a world leader in tobacco control, implementing legislation, policy and strategy with the aim of a tobacco free generation by 2034. Smoking causes much harm throughout Scotland; working towards this target will save lives and money, improve quality of life and reduce health inequalities. Supported by national level input, local areas must support progression towards creating a tobacco free Scotland. This NHS Highland strategy will describe aims to support smoking prevention, protection and cessation, with an underpinning principle of reducing health inequalities, and working towards the end goal.

Tobacco Control in Scotland

Scotland has introduced tobacco control, legislation and implemented effective policies, shifting cultural attitudes about smoking. Recent legislation includes:

- *Smoking, Health and Social Care (Scotland) Act 2005* which introduced the ban on smoking in public places and the rise to 18 as the legal age to buy tobacco
- *Tobacco and Primary Medical Services (Scotland) Act 2010* which created the Scottish tobacco retailer register, made proxy purchases an offence, and prohibited vending machines for the sale of tobacco products
- *The Sale of Tobacco (Display of Tobacco Products and Prices etc.) (Scotland) Regulations 2013* which prohibited tobacco displays at point of sale.

The following graph shows correlation between smoking prevalence and recent policy actions.



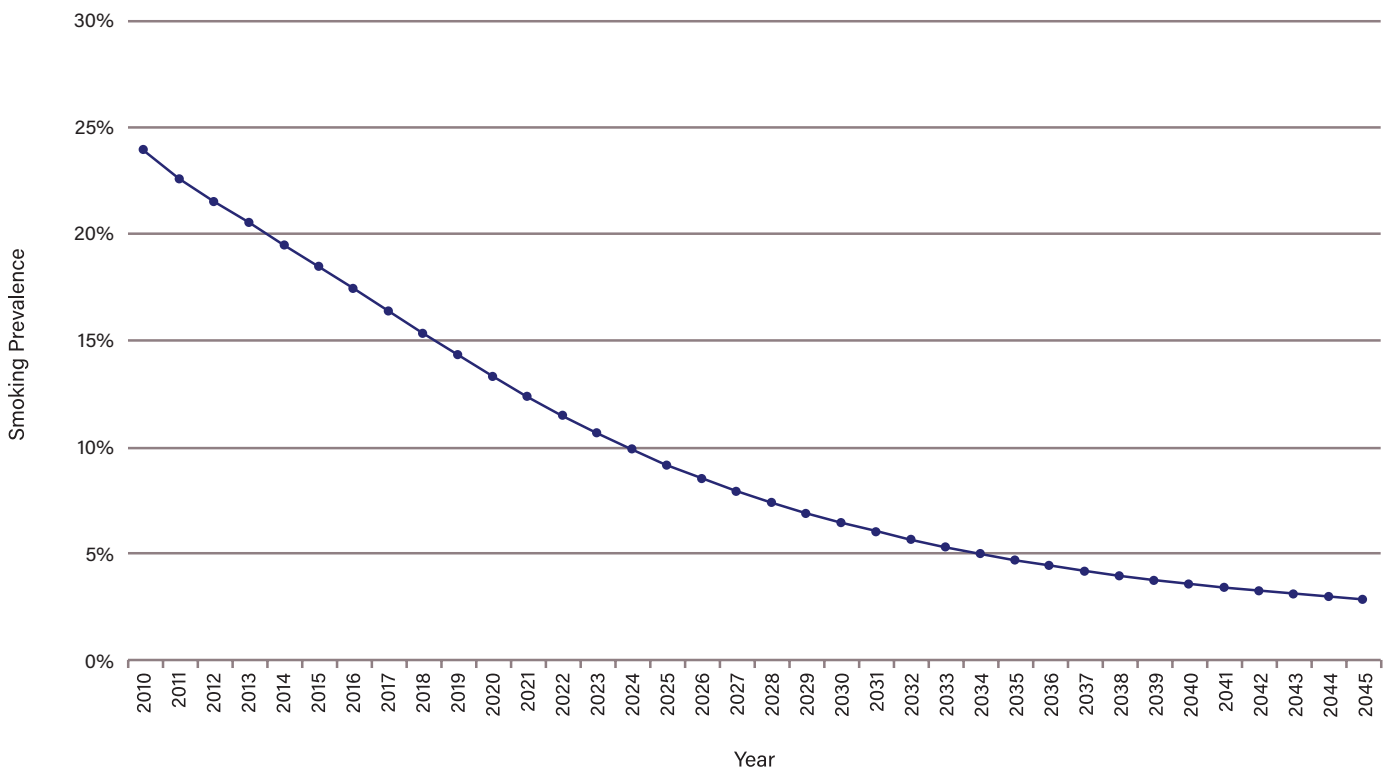
Smoking prevalence and introduction of policy actions (NHS Health Scotland, 2017)

In addition, Scotland delivers a network of comprehensive, free smoking cessation behavioural support and pharmacotherapy for people who wish to stop smoking. These factors have assisted the shift in attitudes regarding smoking, which is now seen as negative rather than a norm. The current national Tobacco Control Strategy – Creating a Tobacco-Free Generation (Scottish Government, 2013a) and Action Plan (Scottish Government, 2018) continues to show dedication to remaining a world leader in tobacco control, describing aims and direction towards the ambitious end goal, which is for Scotland to be tobacco free by 2034 (adult smoking prevalence of $\leq 5\%$).

The harms caused by smoking tobacco are many. Smoking is the most preventable cause of ill health and premature mortality in Scotland, with over 10,000 deaths and 128,000 hospital admissions annually (ScotPHO, 2015). In Highland, this equates to 592 deaths and 7,589 hospital admissions annually (ScotPHO, 2017). Smoking has an estimated annual cost to NHS Scotland of between £300 million and £500 million. In Highland, this equates to between £19 million and £30 million each year (ScotPHO, 2012). Another detrimental effect of smoking is time loss; productivity losses due to associated absenteeism & smoking breaks and lost output through premature death at a cost of £692 million. Overall, the societal costs of tobacco use to Scotland amount to around £1.1 billion annually (ASH Scotland, 2010).

Perhaps the most significant impact of smoking relates to health inequalities. Although no one factor is responsible for the gap in health outcomes, smoking prevalence and healthy life expectancy have an opposing relationship (Scottish Government, 2013a). Tobacco use is a significant predictor of health inequality, affecting the most deprived sections of our communities the most; with smoking prevalence ranging from 11% in the least deprived sections of our communities to 35% in the most deprived (Scottish Government and National Statistics, 2017). This gradient prevents improvement in health and wellbeing for families and individuals most in need, therefore working towards a tobacco free Scotland will also allow for progressive movement towards health equity.

Adult smoking prevalence in Scotland is currently 21% (Scottish Government and National Statistics, 2017). This falls short of the smoking prevalence projection, depicted in the graph below at this stage.



Projected Smoking Prevalence (Scottish Government, 2013b)

The Scottish Strategy has recently been evaluated, and although progress has been made in various aspects, health inequalities and smoking require further attention (NHS Health Scotland, 2017).

Tobacco in NHS Highland

North Highland's quit rates are higher than the Scottish average with 41.3% quit rate at 4 weeks and 24.6% at 12 weeks in North Highland compared to 37.1% at 4 weeks and 22.6% at 12 weeks in Scotland. However, Argyll and Bute's quit rates are lower than the Scottish average, with 25.4% quit at four weeks, and 10.3% quit at 12 weeks.

In North Highland, a well established network of smoking cessation advisors cover our geography. In Argyll & Bute the service is currently provided by GP Practices.



In addition, 81 community pharmacies deliver smoking cessation support.



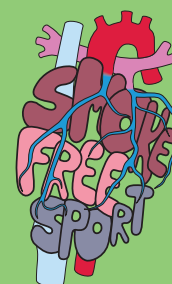
1,234 promises have been made to our Smoke-free Homes & Cars challenge, helping to protect over 1,400 children and young people.



Over 2,700 people stopped smoking with help from our services in 2016.



Our Smoke-free Sports programme has reached over 700 young people.



We have 26 hospitals, including a mental health hospital.



There is also one prison within the Highlands.



Florence is a tele-health initiative that is supporting some of our clients to remain smoke free.



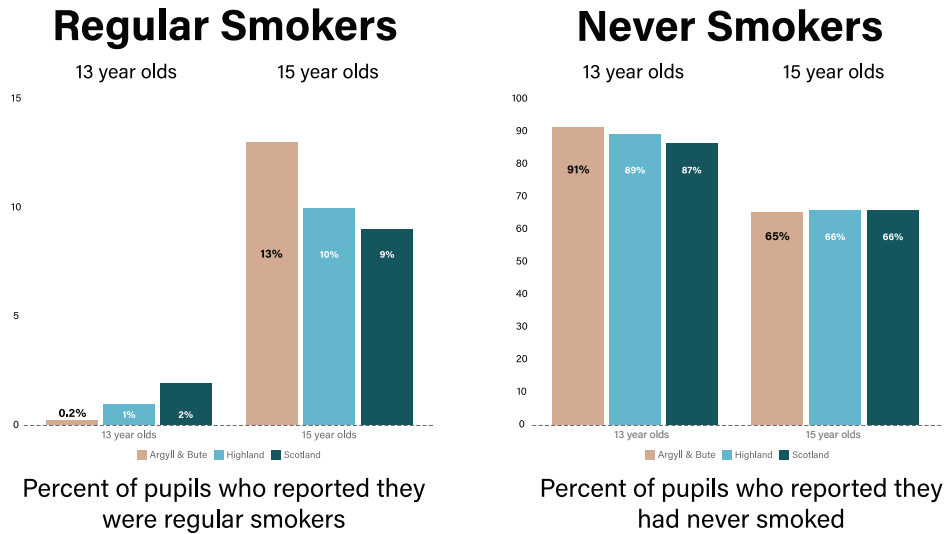
We've branded our service as e-cigarette friendly to support more people to stop smoking.



Adult smoking prevalence in Highland is 20.9% (ScotPHO, 2017). However, this does not show the range of prevalence across SIMD categories or other groups with higher smoking prevalence than the general population. Although we do not have local specific data, we know that nationally these patterns occur within certain groups who are disproportionately affected by tobacco use, and NHS Highland is unlikely to differ. It is important to consider minority ethnicities in order to support everyone to become smoke free.

- The Black and Minority Ethnic (BME) population in NHS Highland is small:
 - 2% are other white (including white gypsy/traveller)
 - 1.5% of the population is Polish
 - 0.8% is Asian
 - 0.6% belong to other minority ethnic groups (Scotland's Census, 2011). Some evidence suggests higher smoking rates amongst some ethnic minorities (ASH Scotland, 2008).
- 48% of people who are permanently sick or disabled in Scotland smoke (Scottish Government and National Statistics, 2015)
- 46% of adults who are unemployed or seeking work in Scotland smoke (Scottish Government and National Statistics, 2015)
- 33% of routine and manual workers in Scotland smoke, compared to 14% of highly skilled professionals and managers (ScotPHO, 2008)
- 72% of prisoners smoke in Scotland (Scottish Prison Service, 2015)
- 44% of looked after and accommodated children and young people smoke in Scotland (Metzer et al., 2004)
- Smoking prevalence is higher amongst people with mental health issues than the general population, with a third of all tobacco being smoked by people with mental health issues (ASH Scotland, 2015)
- LGBTI+ people are more likely to smoke than the general population in Scotland. 28% of lesbian and gay people, 27% of bisexual people, and 36% of people that identify as having other sexual orientation smoke (Scottish Government, 2013c). No information is available on the smoking prevalence for trans and intersex people (ASH Scotland, 2016).
- LGBTI+ people also smoke more cigarettes than the general population, and begin to smoke at a younger age (Scottish Government, 2013c).
- In NHS Highland, 16.1% of pregnant women report smoking at their first booking appointment with a midwife; higher than Scotland prevalence of 15.5%. By the first health visitor visit, 13.7% of women in NHS Highland report smoking, compared to 14% in Scotland. However, smoking rates could be an underestimate, with a national figure of 2.6% and 3.6% smoking status not recorded at booking and first health visitor visit respectively (NHS National Services Scotland and National Statistics, 2016).
- From April 2016 to March 2017, 126 quit attempts were made by pregnant women in Highland; this equates to 29% of pregnant smokers. In Scotland, 24% of women smoking in pregnancy made quit attempts (ISD Scotland and NHS National Services Scotland, 2017).
- Notably, Highland quit rates in pregnant women are also higher than those in Scotland with 46% quit rate at 4 weeks compared to 31.7% in Scotland and 36.5% quit rate at 12 weeks compared to 19.9% in Scotland (ISD Scotland and NHS National Services Scotland, 2017). In addition, we support family members or partners of pregnant women to stop smoking, in order to further support the pregnant woman while also protecting against second hand smoke.
- In Argyll and Bute, 0.2% of young people aged 13 regularly smoke, compared to 1% in north Highland. Across Scotland, 2% of 13 year olds smoke. By age 15, 10% of north Highland pupils regularly smoke and 13% of Argyll and Bute pupils; higher than the 9% across Scotland. The majority of young people in north Highland and Argyll and Bute have never smoked (NHS National Services Scotland, 2014a and NHS National Services Scotland, 2014b).

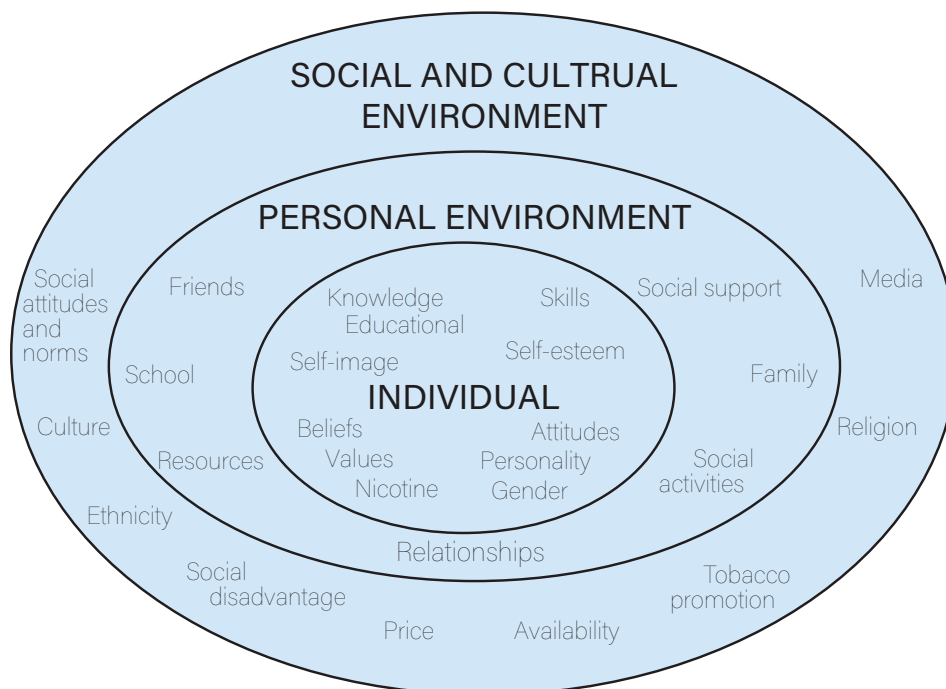
Smoking Prevalence



Smoking prevalence among young people in the Highlands

There are various factors which may influence young people to begin smoking, as depicted in the image below. Effective prevention approaches must consider all influences (Scottish Executive, 2006). As a sign of our commitment to supporting young people we have signed up to Scotland's Charter for a smoke free generation.

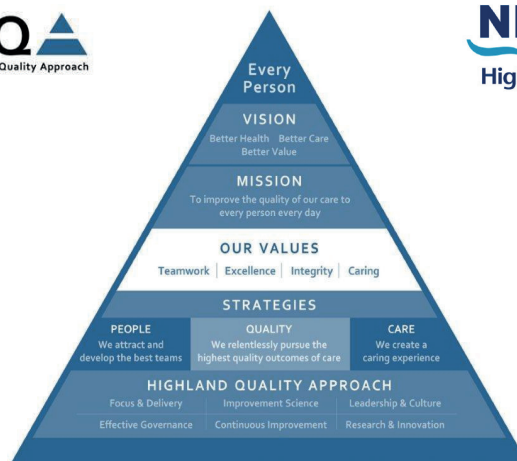
Levels of influence for youth smoking (Scottish Executive, 2006)



The Highland Quality Approach includes a vision for Better Health, to ensure that people live longer healthier lives through promoting wellbeing and equality of treatment.

We will work towards Better Health so that all young people grow and develop in an environment free from tobacco, to help to prevent them from beginning to smoke, and protect them from second hand smoke. We will also strive to ensure every person in the Highlands that needs help to stop smoking can access support to achieve that goal.

NHS Highland employees and the employees of stakeholders make up a significant proportion of people living in the Highlands. Therefore, we must work towards supporting staff to make informed choices around tobacco, as well as all the other people that access our services.



The Highland Quality Approach

Engagement

Engagement with numerous stakeholders has informed this strategy and action plans. Interactions have occurred with the following organisations:

NHS Highland

- Health Improvement
- Smoke Free Highland Midwife
- Community Pharmacy
- Mental Health services
- Argyll & Bute Midwifery Service
- Argyll & Bute Health and Wellbeing Networks
- Technology Enabled Care Team

Highland and Argyll & Bute Councils

- Health Development, Health and Social Care, Care and Learning
- Youth Action Team
- Kinship Care Panel (Highland Council)
- Resource Manager, Residential Childcare
- Trading Standards
- Environmental Health
- Midwifery Development Officer
- Welfare Team
- Equalities Improvement Group – LGBTI+ Sub Group

Other statutory organisations

- HMP Inverness
- Scottish Fire and Rescue
- Highlife Highland
- Youth Convener (Highlife Highland)
- Inverness College, University of the Highlands and Islands (UHI)
- Argyll & Bute Community Planning Partnership Management Committee
- Department of Work and Pensions (DWP)

Third Sector organisations

- Highland Third Sector Interface
- Highland Third Sector Interface, Adult Health and Wellbeing Forum
- Let's Get on with it Together (LGOWIT)
- Youth Highland
- Action for Children
- Waverley Care
- Homestart MAJIK

Next Steps

Our aim: To reduce the harm to physical health, mental health, personal finances and societal costs and implications caused by tobacco use in the NHS Highland area.

Our objectives:

- Prevent children and young people from beginning to smoke
- Protect people from the harms of second hand smoke, in particular young people and pregnant women
- Encourage people to stop smoking, particular aim to reach hard to engage groups including pregnant women, people with long term conditions and people in the most deprived areas.

Under pinning principle: To tackle health inequalities associated with, and caused by tobacco use.

In NHS Highland, we are committed to achieving a smoke free generation by 2034. Although much progress has been made, we are keen to build on this and consider further innovative approaches to each hard to engage groups. Therefore, we plan to work better with key stakeholders from statutory and voluntary sectors.

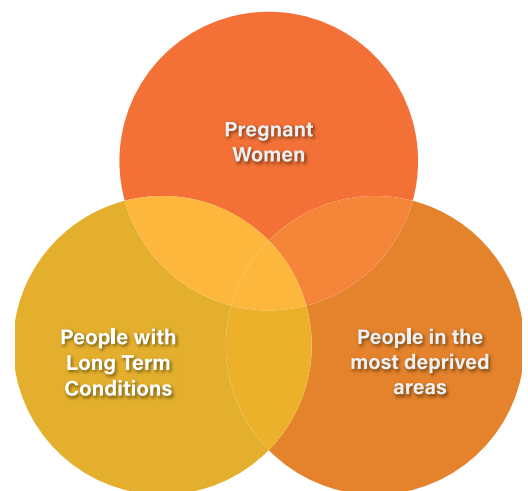
A Highland tobacco strategy group has been established to plan how agencies might work collaboratively towards this goal. This local strategy will describe and plan for agreed actions, mirroring the national strategy topics that focus on prevention, protection and cessation; all the while aiming to reduce health inequalities and highlighting the relevance of tobacco control to achieve this.

Within this work we define the key elements as follows:

Prevention – creating an environment where children and young people do not want to smoke, and do not see adults smoking.

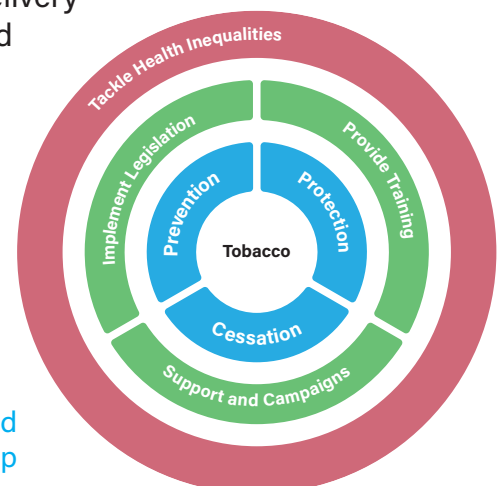
Protection – protecting children, adults and pets from second hand smoke, and unlawful sale / supply of tobacco or other nicotine containing products.

Cessation – helping people to stop smoking, in particular priority groups such as pregnant women, people with long term conditions, and people in the most deprived areas. Some people may be associated with more than one of these priority groups, as shown in the Venn diagram to the right.



Cessation priority groups

Meanwhile, we will continue to work towards the NHS Local Delivery Plan (LDP) Standards, which states we must sustain and embed successful smoking quits at twelve weeks post quit, in the 40% most deprived SIMD areas (Scottish Government, 2016). We will also work towards establishing a training programme for smoking and tobacco in Highland, implement current and upcoming legislation, and support anti-smoking and tobacco campaigns. The following diagram connects these areas of focus.



Overall objectives of the Highland Tobacco Strategy group

Highland Strategy Actions

Within our actions we have included a range of universal and targeted approaches. This will ensure all people in NHS Highland benefit, but will allow us to target those that are most affected by tobacco use. This is essential in order to gain the most benefit from our work.

*Indicates where Argyll & Bute are working towards this action

** Indicates where Argyll & Bute has agreed action

Prevention

Actions within this section aim to create an environment where children and young people do not want to smoke, and don't see adults smoking. Smoking prevention is imperative as smoking usually starts when we are children, not adults. On average, 36 young people under the age of sixteen begin smoking in Scotland every day (ASH Scotland, 2017), with 83% of people who begin to smoke doing so by age 19 (Office for National Statistics, 2012).

No.	Action	Agencies Involved (Lead Agency in bold)	Timescale and Review Date	Evaluation / Measurement	Inequalities Approach
1	**Scope prevention programmes for delivery in Highland schools	NHS Highland (Health Improvement)	Ongoing Review Spring 2019	Decide on programme and conduct a small test of change	Universal
2	Review smoking related material on Highland Substance Awareness Toolkit (www.h-sat.co.uk)	NHS Highland (Health Improvement) Highland Council (Health Development, Health & Social Care, Care & Learning)	By Spring 2019 Review: March 2020	Current, suitable content on H-SAT which has been quality assured	Universal
3	Promote the Smoke Free Charter	NHS Highland (Health Improvement) Highland Council (Trading Standards) Highlife Highland	Ongoing Review Winter 2018	Measure number of organisations in Highland signed up to the Charter via interactive map	Universal
4	**Work with communities to market events as smoke free events.	NHS Highland (Health Improvement) Argyll and Bute Council (Events Manager) Health and Wellbeing Networks (H&WN)	For Summer 2019 December 2019	Signage in place at junior / family orientated events Signage in place at junior / family orientated events Smoke Free conditions included to H&WN grants	Universal
5	**In conjunction with young people, develop smoke free policies at schools	NHS Highland (Health Improvement) Argyll and Bute Council (Education Authority)	Summer 2019	Focus group with young people to inform their school smoking policy	Targeted

6	Review youth focused smoking leaflets with young people	NHS Highland (Health Improvement) Youth Highland	By Autumn 2019	Insight provided by young people	Targeted
7	**Support other organisations to implement a smoke free policy	NHS Highland (Health Improvement) Youth Highland	2019	Host event to increase awareness and showcase good examples Raise awareness and offer support and monitor smoke free policy uptake	Targeted
8	**Consider kinship care and smoking rules at Looked After and Accommodated Children (LAAC) Improvement Group, to avoid staff modelling smoking and influencing young people. This will include the development of a smoke free policy for staff and young people.	Highland Council (Kinship Care Panel) NHS Highland (Health Improvement) Argyll and Bute Council Children and Families Social Work Department (Acting Placement Manager) NHS Health Improvement	Bring to LAAC Health Group Autumn 2018 Review Spring 2019 Review Summer 2019	Inclusion of smoking related questions within kinship carer assessment. Alignment of kinship carer and foster carer paperwork SLA's reflect providers smoking policy has been addressed and actions identified if relevant	Targeted
9	**Consider service level agreements with providers of care regarding smoking policy and requirements	Highland Council (Kinship Care Panel, Resource Manager, Residential Childcare) Argyll and Bute Council (Acting Placement Manager) NHS Health Improvement	Initial meeting planned Review Spring 2019	Tobacco policy included within service level agreements	Targeted
10	*Expand Smoke Free Sports to include other sports	NHS Highland (Health Improvement) Highland Council (Trading Standards) Highlife Highland	Ongoing Review Winter 2018	Additional sports included with Smoke Free Sports project Options available for consideration in Argyll and Bute	Targeted
11	*Consider how smoking prevention could be included within the Saltire Award	Highland Third Sector Interface NHS Highland (Health Improvement)	By Winter 2018	Smoking prevention considered as a life skill within review of Saltire Award	Targeted
12	*Scope smoking prevention input for young people aged 16-24	NHS Highland (Health Improvement) Highlife Highland	Initial meeting planned Autumn 2018	Options available for consideration	Targeted

13a	**Continue to develop, implement and evaluate Smoke Free programme in Argyll and Bute Primary Schools	NHS Highland (Health Improvement) Argyll and Bute Council Education Authority	Spring 2019	Evaluation of intervention and lessons	Targeted
13b	**Amend the Argyll and Bute S3 Drama project as necessary, implement and evaluate	NHS Highland (Health Improvement) Argyll and Bute Council Education Authority	Spring 2019	Evaluation of intervention and lessons	Targeted
14	Explore prevention strategies for young people not in education, employment or training	NHS Highland (Health Improvement) Action for Children Highland Council (Youth Action Team)	Winter 2018 Review Summer 2019	Options available for consideration	Targeted
15	*Increase awareness of modelling unhealthy behaviours to young people by youth workers Learning from awareness of modelling unhealthy behaviours to young people by youth workers in north Highland	NHS Highland (Health Improvement) Highlife Highland Highland Council (Youth Action Team) Highland Third Sector Interface Action for Children	Following training	Modelling included within training programme	Targeted
16	Discover what's most important to young people about tobacco and smoking	Youth Convener (Highlife Highland) NHS Highland (Health Improvement)	Autumn 2018	Connection made with Highland Youth Parliament Executive Group	Targeted

Protection

Actions within this section aim to protect children, adults and pets from the harmful effects of second hand smoke, and children and young people against the unlawful sale / supply of tobacco or other nicotine containing products. There is no safe level of exposure to second hand smoke (WHO, 2011), and children are most vulnerable to the effects of second hand smoke (ASH Scotland, 2013).

No.	Action	Agencies Involved (Lead Agency in bold)	Timescale and Review Date	Evaluation / Measurement / Outcome	Inequalities Approach
Second hand smoke					
17	Provide second hand smoke monitor in wards at New Craigs to address staff concern	NHS Highland (Health Improvement)	By Autumn 2018	Dylos report shared	Targeted
18	Provide second hand smoke monitor for use with pregnant women in North Highland	NHS Highland (Health Improvement) Smoke Free Highland Midwife	Review Spring 2019	Reports of second hand smoke within homes shared with pregnant women	Targeted
19	**Continue to promote Smoke Free Homes and Cars challenge	NHS Highland (Health Improvement) Scottish Fire and Rescue	Autumn 2018 Review: Spring 2019	Review and update of current materials for dissemination	Targeted
20	**Offer Smoke Free Homes and Cars leaflet and smoking cessation signposting to Kinship carers who have a family member smoking in the household. Consider training on Raising the Issue for staff going into homes.	NHS Highland (Health Improvement) Highland Council (Kinship Care Panel) Waverley Care Children Argyll and Bute Council Practice Lead Family Placement Team (Children and Families Social Work Department) Homestart, (Mid Argyll, Jura, Islay, Kintyre, Cowal and Bute (MAJIK) Argyll and Bute Council Families Social Work Department	Winter 2018	Monitor Raising the Issue training uptake	Targeted

21	**LGBTI and those affected by HIV are offered Smoke Free Homes and Cars	Waverley Care NHS Highland NHS Highland (Health Improvement)	Spring 2019	Uptake of pledges	Targeted
22	Evaluate Smoke Free Homes and Cars challenge	NHS Highland (Health Improvement)	Winter 2017/2018	Report of findings from questionnaires	Targeted
23	Support staff / volunteers that smoke to be smoke free while working with young people	NHS Highland (Health Improvement) Highlife Highland Highland Council (Youth Action Team) Highland Third Sector Interface	By Summer 2018 Review Spring 2018	Creation and dissemination of resource promoting temporary abstinence	Targeted
24	Include smoking related materials into Highland Council area family education within adult learning	Highlife Highland NHS Highland (Health Improvement)	Initial meeting Autumn 2018	Options available for consideration	Targeted
Implement Legislation					
25	**Support smoke free hospital grounds legislation and increase awareness amongst staff at all NHS Highland hospitals, including awareness of Smoke-free service and how to access	NHS Highland (Health Improvement) Highland Council, (Environmental Health) NHS Highland Communication Teams Hospital Healthy Working Lives Groups	Winter 2018	Plan series of awareness raising events throughout hospitals in North Highland and record activity in Argyll and Bute	Universal
26	**Create card resource to highlight new smoke free grounds legislation to the public, and distribute	NHS Highland (Health Improvement) Highland Council (Environmental Health) Argyll and Bute Council (Environmental Health)	By Autumn 2018	Resource available to share amongst hospital users: staff, contractors, patients, and visitors	Universal
27	**Include Highland Smoke Free Service details on Environmental Health fixed penalty notices and Environmental Health website	Highland Council (Environmental Health) NHS Highland (Health Improvement) Argyll and Bute Council (Environmental Health)	By Winter 2018	Details sent to EH for inclusion in notice Details on fixed penalty notices and on website	Universal

Sales and supply of tobacco					
28	**Ensure those that sell e-cigarettes are compliant with legislation, including pharmacies, and are aware of smoke free services	Highland Council (Trading Standards) NHS Highland (Health Improvement, Community Pharmacy) Argyll and Bute Council (Trading Standards) NHS Highland (Health Improvement)	Ongoing By Autumn 2018	(Reports on visits submitted to SG via database) Information communicated via Community Pharmacy newsletter	Universal
29	**Ensure under-age sales enforcement (of nicotine vapour products (NVP) and tobacco) by recruiting young people for targeted positive / diversionary initiatives	Highland Council (Trading Standards, Youth Action Team) Argyll and Bute Council (Trading Standards) NHS Highland (Health Improvement)	Spring 2018 Review Autumn 2018	Compliant with target 10% test purchases for NVP and tobacco	Targeted
30	**Premises compliant with smoking in enclosed and public spaces smoke-free legislation, and appropriate enforcement 1. Responding to complaints regarding smoking in public places and regulation 2. Alternative enforcement and auditing of premises as part of other commercial premises inspections	Argyll and Bute Council (Environmental Health)	Winter 2019	Monitoring activity 1. 100% of complaints investigated and actioned 2. 98% compliance	Universal
Support Campaigns					
31	Support and promote national No Smoking Day and other tobacco related campaigns, including #notafavour *Awareness raising of the Scottish Government campaign 'Quit Your Way' to all NHS staff	NHS Highland (Health Improvement) and stakeholders	Ongoing	Promotion of campaigns via social media and in the press	Universal

Cessation

Actions within this section aim to help people who want to stop smoking, in particular, harder to reach groups. Importantly, 68% of smokers in Scotland would like to stop smoking (Scottish Government and National Statistics, 2017). Even a 1% reduction in the Scottish smoking rate would save approximately 540 lives per year, reduce smoking-related hospital admissions by around 2,300 and reduce NHS spending on smoking related illness by between £13 million and £21 million (ASH Scotland, 2014). Although a 1% reduction would come with considerable benefits, the aim is a 16% reduction in smoking prevalence by 2034.

No.	Action	Agencies Involved (Lead Agency in bold)	Timescale and Review Date	Evaluation / Measurement	Inequalities Approach
32	**Capture the range of work Smoking Cessation / Health Improvement Advisers are delivering – particularly good working practice with voluntary sector organisations and community groups that target the hardest to reach	NHS Highland (Health Improvement)	Ongoing Review March 2019	Add questions to local screen of ISD national database	Universal
33	**Develop contracts for smoking advisors in Argyll & Bute	NHS Highland (Health Improvement)	Winter 2018	New smoking cessation services in place	Universal
34	**Continue to promote Florence to pharmacies and their smoking cessation clients by encouraging and monitoring use, delivering training as and when required	NHS Highland (Health Improvement) NHS Highland (Community Pharmacy and Technology Enabled Care)	Ongoing Review: March 2019	Monitor numbers of clients signed up to Florence	Universal
35	**Promotion of smoking cessation through primary care and HSCP	NHS Highland (Health Improvement)	Review March 2019	Increase in referrals	Universal
36	**Continue to work towards the Local Delivery Plan (LDP)	NHS Highland (Health Improvement)	Ongoing	Monitored through ISD database	Targeted
37	**Review of beneficiaries of smoking cessation advice	NHS Highland (Health Improvement)	To be completed by Spring 2019	Measured through areas of deprivation through ISD database	Targeted
38	Support HMP Inverness to become a smoke free prison	NHS Highland (Health Improvement) HMP Inverness	Ongoing To be implemented in November 2018	Number of prisoners using smoking cessation service Recording of incidences of smoking	Targeted

39	Scope what support LGBTI+ people may look for in a smoking cessation attempt	NHS Highland (Health Improvement)	Finalise survey ready for sharing by Spring 2019	Report on findings following survey	Targeted
40	**Offer signposting to smoke free services for LGBTI+ community	Waverley Care NHS Highland (Health Improvement)	Winter 2018		Targeted
41	**HIV SLA staff trained in Raising the Issue of Smoking	Waverley Care NHS Highland (Health Improvement)	Autumn 2018	Number of staff trained	Targeted
42	Scope what support transgender people may look for in a smoking cessation attempt	NHS Highland (Health Improvement)	Summer 2019	Report on findings following survey	Targeted
Pregnancy					
43	Scope a closed Facebook group page to support pregnant ladies quit attempts	NHS Highland (Smoke Free Highland Midwife, Health Improvement)	Early 2019	Review feedback from similar peer support methods	Targeted
44	Scope hypnotherapy for smoking cessation for pregnant women	NHS Highland (Smoke Free Highland Midwife, Health Improvement)	Review Summer 2019	Review current evidence and trial approach	Targeted
45	Disseminate the upcoming 'conversation tool' and harm reduction 'e-cigarettes in pregnancy' resources to midwives and smoking cessation advisors, and provide education on its use Smoking cessation training for midwifery staff	Highland Council (Midwifery Development Officer) NHS Highland (Smoke Free Highland Midwife, Health Improvement) NHS Highland (Smoke Free Highland Midwife, Health Improvement)	By Winter 2018 Review Summer 2019 Ongoing Review Summer 2019	Midwives when asked are using resources, and 'e-cigarettes in pregnancy' will be included in information trail Monitor and evaluate training	Targeted
46	Create a bi-annual Smoking in Pregnancy newsletter for midwives in North Highland	NHS Highland (Smoke Free Highland Midwife, Health Improvement)	First edition by Winter 2018 Review Spring 2019	Midwives receive bi-annual newsletters	Targeted
47	Promote Baby Buddy and Smoke Free Baby apps in North Highland	Highland Council (Midwifery Development Officer) NHS Highland (Smoke Free Highland Midwife, Health Improvement)	By Winter 2018	Advertised in Highland Information Trail and Smoking in Pregnancy bi-annual newsletter	Targeted

48	Improve attendance at first appointment for pregnant women in the community, by delivering training to community smoking cessation advisers	NHS Highland (Health Improvement, Smoke Free Highland Midwife) Highland Council (Midwifery Development Officer)	Include in Smoking Advisers Network Day Winter 2018	Review MCQIC data	Targeted
49	**Improve smoking cessation support for pregnant women in Argyll and Bute by rolling out the model adopted in Campbelltown	NHS Highland (Midwifery Department, Health Improvement)	Review Summer 2019	Monitor progress	Targeted
50	Decide what information would be useful to collect via the upcoming electronic system for midwifery	NHS Highland (Smoke Free Highland Midwife, Health Improvement)	Awaiting project midwife appointment Review when system is in use	Describe dataset held on Badgernet	Targeted
51	Input to review of the Highland Substance Misuse Guidelines in Pregnancy	Highland Council (Midwifery Development Officer) NHS Highland (Health Improvement)	Consultation commenced December 2017 Review Autumn 2018	Updated information published with Highland Substance Misuse Guidelines in Pregnancy	Targeted
People with long term conditions					
52	Promote Highland Smoke Free Service on LGOWIT website in North Highland	LGOWIT NHS Highland (Health Improvement)	Autumn 2018	Increased awareness of SFS amongst people with LTCs	Targeted
53	Establish referral pathways between Highland Smoke Free Service and LGOWIT	NHS Highland (Health Improvement) LGOWIT	Winter 2018	Following LGOWIT event, decide how best to proceed.	Targeted
54	Provide input to Adult Health and Wellbeing Highland TSI forum in North Highland	NHS Highland (Health Improvement) Highland Third Sector Interface	By Autumn 2018	Feedback gathered from group	Targeted
55	*Consider current smoking behaviours at New Craigs and how we might challenge these to improve the health of people with mental ill health	NHS Highland (Health Improvement) Mental Health	Autumn/Winter 2018	Audit of admission forms Referrals to smoking cessation service	Targeted
56	*Consider champions in each mental health ward	NHS Highland (Health Improvement) Mental Health	Autumn/Winter 2018	Number of staff trained in smoking cessation	Targeted

57	*Consider e-cigarettes for mental health inpatients	NHS Highland (Health Improvement) Mental Health	Spring 2019	Informed by outcome of pilot of prisoners using e-cigarettes	Targeted
58	Scope whether people in the Recovery community want to stop smoking, and what support they may look for in a smoking cessation attempt	NHS Highland (Health Improvement)	Finalise survey ready for sharing by Winter 2018	Report on findings following survey	Targeted
59	Promote easy to read materials and accessible information	NHS Highland (Health Improvement)	Winter 2018	Advisors aware of appropriate materials to support attempts to quit	Targeted
People in deprived areas					
60	Promote awareness and develop a referral pathway between welfare services and Smoke Free Highland	NHS Highland (Health Improvement) Highland Council (Welfare Team)	Summer 2019	Pathway used to increase referrals between services	Targeted
61	**Further develop harm reduction in deprived areas for those who are not yet ready to quit	NHS Highland (Health Improvement)	Winter 2018	Add questions to local screen of ISD national database	Targeted
62	*Develop shared-care good practice guidelines between community advisers and community pharmacies	NHS Highland (Health Improvement)	Autumn 2018	Uptake and quit rates through ISD database	Targeted
63	Work with Department of Work and Pensions (DWP) to support people on low incomes to access smoking cessation support	NHS Highland (Health Improvement) Department of Work and Pensions	Summer 2019	Increase in referrals	Targeted
Provide Training					
64	*Included ASH Scotland Smoking Brief Intervention flowchart in Health Promoting Health Service (HPHS) nugget to support staff to raise the issue of smoking	NHS Highland (Health Improvement)	By Autumn 2018	Flowchart available for staff to refer to	Universal
65	**Implement the new nationally developed smoking cessation training and establish a training programme	NHS Highland (Health Improvement)	Awaiting details	Training programme that provides different levels of support to people is available	Targeted

66	Inform input to college curriculum materials regarding tobacco	NHS Highland (Health Improvement) Inverness College, UHI	Ongoing Review: Spring 2019	Raised profile of tobacco during students education	Targeted
67	**Explore workplace opportunities for supporting staff to access smoke free services	NHS Highland (Health Improvement)	Winter 2018	Information through Healthy Working Lives programme	Targeted
68	Include tobacco as a topic within Discussing Drugs and Alcohol with Young People training	NHS Highland (Health Improvement)	By Autumn 2018 Review Spring 2019	Tobacco content included within briefing papers for course participants	Targeted
69	**Ensure alcohol and drug training contains appropriate tobacco input	Argyll & Bute ADP Co-ordinator	Autumn 2018	Course contents include tobacco	Targeted
70	Ongoing training to HMP Inverness staff as smoke-free legislation progresses	NHS Highland (Health Improvement)	Ongoing Review November 2018	Number of quit dates and successful quits	Targeted

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Notes

Working in partnership with:

