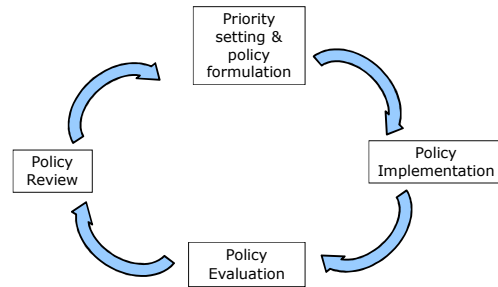


Case Study 2: Scotland's Smoke-free Legislation

Lost in Translation: Getting evidence into policy
 BMA, Edinburgh
 21st April 2010

Sally Haw
 Senior Scientific Adviser
 Scottish Collaboration for Public Health
 Research & Policy

Framework for Presentation: The policy cycle



CALVIN AND HOBBS

The policy makers dilemma...

Is KT into policy a special case?

“Most research is ambiguous when it comes to policy implications, and the notion you can just read off what ought to be done from research is nonsense.”

Rudolph Klein 2005

For policy makers research is only one component of knowledge and knowledge only one component of policy making

- Research evidence- generated by scientists according to accepted methodologies
- Evidence of feasibility – availability of resources, infra-structures and necessary skills & expertise
- Distribution of costs (ie who pays for what!!)
- Evidence of political acceptability – public opinion, politicians and other interests groups (including the media?)

Policy makers and researchers have different accountabilities

Policy makers	Researchers
Accountable for quality of policy decision to:	Accountable for quality of scientific evidence to:
<ul style="list-style-type: none"> • Ministers • Senior civil servants • General public • Media 	<ul style="list-style-type: none"> • Scientific colleagues • Policy makers

Process requires collaborative leadership

Scotland's Smoke-free Legislation

- Smoking, Health and Social Care (Scotland) Act
- From 6.00am 26th March 2006 it will be an offence:
- Comprehensive ban including majority of work places, as well as temporary, moveable and off-shore installations, tents, marquis and vehicles
- Excludes residential accommodation and designated rooms in care homes, psychiatric units and prisons.
- Rest of UK
 - Wales 2nd April 2007
 - Northern Ireland 30th April 2007
 - England 1st July 2007

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Review of Tobacco Policy

- Until 2004, UK White Paper *Smoking Kills* (1998) provided basis for tobacco control policy in Scotland.
- In 2003, Public Health Institute for Scotland (PHIS) and Health Education Board for Scotland (now NHS Health Scotland) and ASH Scotland conducted a review of tobacco control policy in Scotland:
 - Analysis of current patterns and trends in smoking
 - A rapid review of effective interventions
 - Analysis of current policy & practice
- Scottish Executive tobacco policy lead involved in process right from the start, attended some meeting and the review was prepared on a "no surprises" basis

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Reducing Smoking and Tobacco-related Harm

- Synthesis of information and evidence
 - Describing the size and nature of the problem
 - Identified what interventions work
 - Described current practice
 - Identified gaps and where changes could be made
 - Set out 18 recommendations for future actions
 - Development of a Scottish Tobacco Control Action Plan
 - Prevention
 - Smoking cessation
 - Control measures

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Reducing Smoking and Tobacco-related Harm

- Recommendation 16
- All schools in Scotland should be smoke-free zones for everyone as part of the Health Promoting School concept
- Recommendation 17
- Further steps should be taken to extend smoke-free zones in all public places
- The value of smoke-free environments explained in media campaigns
- Employers should be encouraged to create smoke-free work environments
- **The need for legislation to achieve these objectives should be carefully considered.**

Gruer et al. 2003

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Tobacco Control Action Plan

- Tobacco Control Action Plan published in January 2004.
- A major public debate on actions to minimise the impact of second hand smoke (SHS).
 - General public media campaign on SHS
 - National consultation to gauge public opinion
 - Regional seminars with stakeholders
 - International seminar on experience from other jurisdictions
 - **Independent research to support policy formulation**

Scottish Executive, 2004

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Policy Review

Factors that promoted uptake of recommendations from policy review

- Team had established reputation for evidence synthesis & review
- Robust evidence available
- Accessible
- Answered the right questions
- Available at the time required
- Built on earlier policy and pointed to actions for which support and resources were available
- Pointed to actions for which there were appropriate systems, structures and capacity for future action

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Policy Formulation: Independent research

- **Passive smoking and associated causes of death in adults in Scotland (Hole, 2005)**
 - 865 SHS-related deaths per annum
- **International review of the Health & Economic Impacts of the regulation of smoking in public places (Ludbrook et al, 2005)**
 - Comprehensive ban would reduce both morbidity & mortality
 - **Hospitality sector +£97m**
 - Savings to NHS +£8m
- **Workplace Smoking Policies in Scotland (Mallam et al, 2005)**
 - 20% of owners/managers both opposed a smoking ban and did not have policies in place

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Policy Formulation: Other Influences on policy decision

Jan-Mar	Tobacco Control Action Plan published Research commissioned	Smoke-free legislation unlikely
Apr-Jun	General public campaign General public consultation Irish Legislation appeared to be working	Opinion moving
Jul-Sep	Regional seminars led by Minister International seminar FM visit to Ireland	Smoke-free legislation a possibility
Oct-Nov	Publication of Bill proposing comprehensive legislation and the supporting research brought forward to November	Comprehensive Smoke-free a realistic outcome

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Policy Formulation: Critical Factors in Opting for Comprehensive Legislation

- Political champion
- Recent devolved power to legislate as a public health measure rather than using Health & Safety regulations (reserved to UK parliament), provided the vehicle for Scotland to go it alone.
- Implementation evidence from Ireland (Spring 2004)
- Media campaign followed by public consultation (53,000 responses overwhelmingly support for legislation)
- Results from independent research:
 - Robust evidence of likely health impact in Scotland
 - Modelled economic data demonstrated -ve impact on hospitality sector was unlikely
 - Opposition in SME's limited

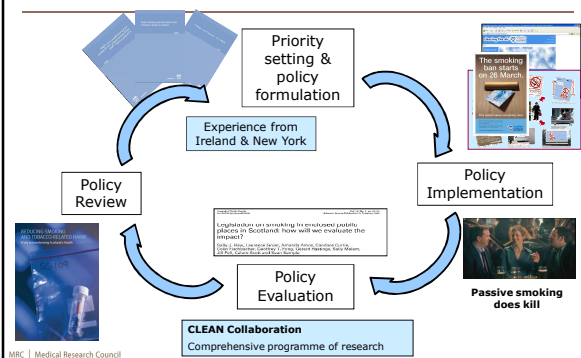
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Effect of this

Reduced political uncertainty

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Use of Evidence in the Policy Cycle



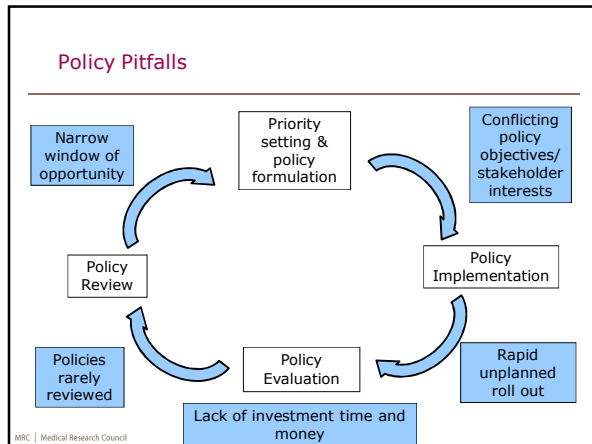
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Summary of Evaluation Findings

- An 89% improvement in air quality in pubs
- An 86% reduction in occupational exposure in bar workers maintained at one year post-legislation
- Nearly 40% reduction in SHS exposure in adults and children, with greatest reductions in adults and children from non-smoking households.
- 17% reduction in ACS admissions
- Improvement in respiratory health of bar workers
- Reduction in tobacco consumption and smoking prevalence
- No evidence of displacement into homes
- Change in social norms about acceptability of exposing others to SHS
- Increase in smoking restrictions in the home
- **HOWEVER** children from households where both parents smoke continue to be exposed at levels similar to bar workers pre-legislation

www.healthscotland.com/scotlands-health/evidence/Smokefreelegislation.aspx

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- ### Outcome is not guaranteed – more reliance on quality of process
- Transparency
 - Evidence doesn't necessarily force the policy decision but is a transparent part of it
 - Decisions also include value judgements
 - Reliability
 - Sustainable process that results in improvement in the quality of and satisfaction with decision making
 - Inclusiveness
 - Involves consultation with all key stakeholders (researchers, policy makers, public, service providers, special interest groups)
 - Explicitness
 - Clarity about who is making the decisions; what evidence is being used; and how it is weighted
- MRC | Medical Research Council 6th CHSRF Annual Invitational Workshop, 2004

