

Tobacco control policy in Scotland: A qualitative study of expert views on successes, challenges and future actions

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1. Health Inequalities

2. Prevention

3. Cessation

4. Protection

5. Monitoring and Evaluation

Health

equalities

Prevention

Cessation

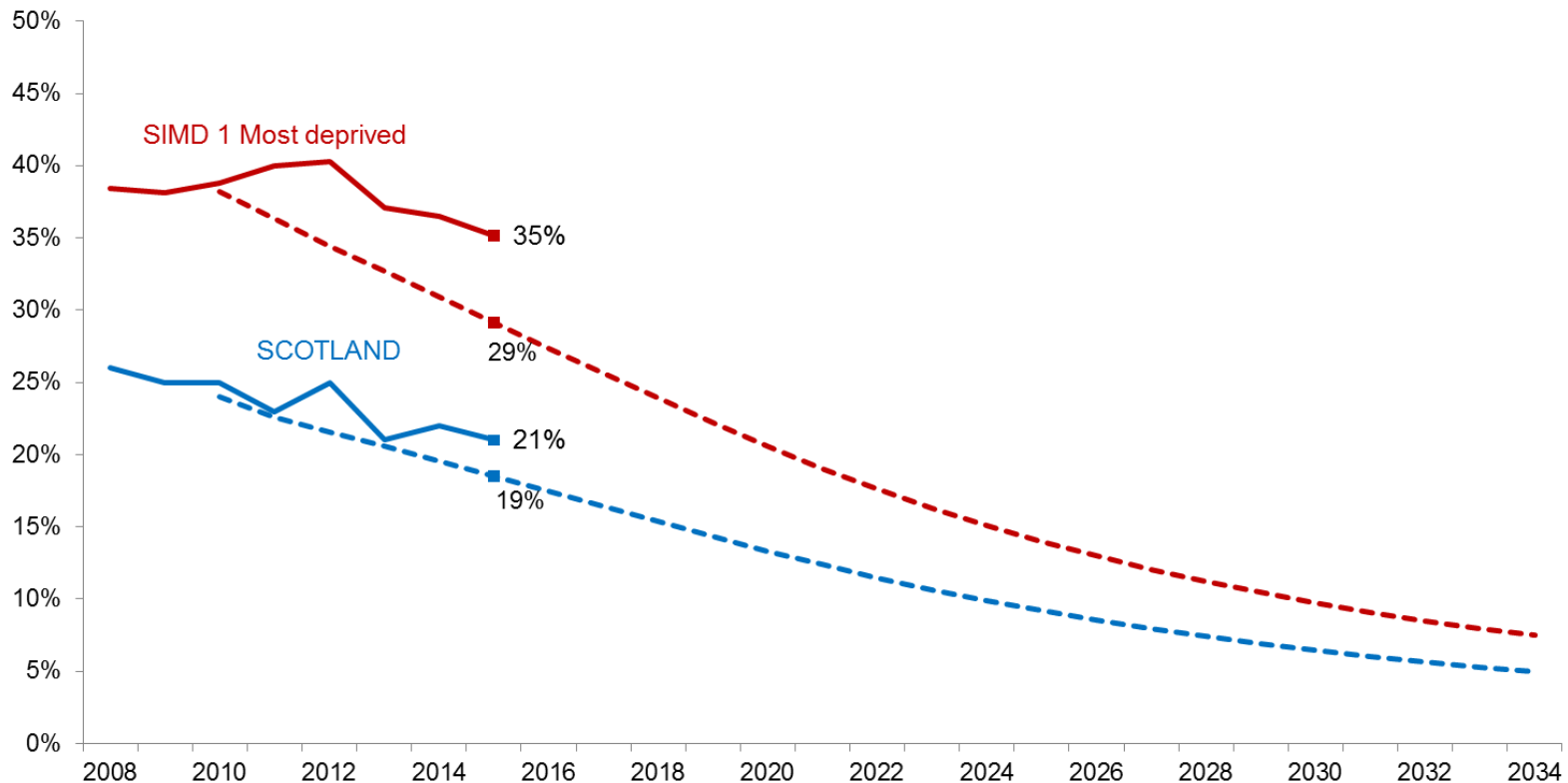
Protection

Monitoring

Evaluation

No	LEAD	No	LEAD	No	LEAD
No	ACTION	No	ACTION	No	ACTION
20	We will undertake which time the Re	30	The Scottish Government recognises the cont raising campaigns in support of this Strategy campaign in 2013 to raise awareness of se spaces and to support people to reduce the will be designed and delivered in partnerst organisations.	38	The Maternity Care Quality Improvement Collaborative will combine a focus on improving the public health role of maternity services alongside improvements in clinical care. Its overall aim is to improve outcomes and reduce inequalities in outcomes in maternity settings in Scotland. This will include measures to improve the numbers of women who are referred to smoking cessation services and improvements in the clinical management of risks for those women who are unable or unwilling to stop smoking. Key aims of the Collaborative will be: to refer 90% of women who have raised CO levels or who are smokers to smoking cessation services; and to provide a tailored package of care to all women who continue to smoke during pregnancy.
21	We will continue to underage purchase Programme and als	31	The Scottish Government will work in par Service and local NHS Boards to have p indoor smoke-free prison facilities will t	39	NHS Health Scotland will work together with health professionals and pregnant women to develop effective means of communicating the risks of smoking in pregnancy and motivating women to quit smoking and stay quit, as part of the broader strategy to reduce inequalities in maternal and infant health.
22	We will consider how legislation can be take granting a personal alc	32	Taking account of the outcome of the decision to prohibit smoking, mental t facilities are smoke-free by 2015.	40	NHS Boards should develop systems and provide training to ensure clear and effective care pathways for smoking in pregnancy in line with current guidance. This should include CO monitoring at booking and automatic referral to smoking cessation services.
23	We will work with retail verification policy to the s	33	All NHS Boards will implement and Smoke-free status means the remo Board buildings or grounds. We wi move to smoke-free hospital grou facilities.	41	The Scottish Government will develop a successor smoking-related HEAT target to the current target which is due to be delivered in March 2014. The successor target will specifically focus on addressing health inequalities.
24	We will maintain pressure products remains above in	34	All Local Authorities should imp properties and surrounding gro enforcement measures. Oppor outdoor areas should be inclu SOAs.	42	As part of the wider monitoring framework for the Health Promoting Health Service, the Scottish Government, NHS Health Scotland and NHS Boards will ensure progress in improving the level of support on managing temporary abstinence in acute settings across NHSScotland This will include offering specialist smoking cessation support and ensuring pre-admission and post- discharge care pathways.
25	The Scottish Government will Working Group on Tobacco C reducing the attractiveness, av smoking-related products.	35	The Scottish Government v of smoking cessation serv to improve the effective particular among depriv	43	Within the context of health and social care integration, NHS Boards should take action to ensure health professionals address smoking in all care settings and provide effective and person-centred referral pathways to appropriate smoking cessation support.
26	Advice on creating a smoke-free post-natal services and adoption, Therefore, in keeping with GIRFEC that practitioners have access to ap make their homes smoke-free.	36	The Scottish Governme with NHS Boards and C required to ensure ser	44	The review of smoking cessation services will establish future smoking cessation training needs.
27	We will ensure that advice to reduce as cessation advice and support, is fu offered by Scotland's public health nur 27 to 30-month review, as set out in th	37	The review of smok on delivering servic people living in de role in unequal he	45	We will await the findings of the current MHRA and NICE guidance before considering what further advice on tobacco harm reduction and the use of nicotine containing products, such as e-cigarettes, is required.
28	We will continue to support and promote families make their homes smoke-free.			Monitoring and Evaluation	
29	We will make use of baseline data provide to set a target for achieving a substantial reduction in children's exposure to second-hand smoke by 2020.			46	The Scottish Government will provide an annual Progress Report on implementation of this Strategy to the Ministerial Working Group on Tobacco Control.
					Scottish Government

Smoking prevalence: 2008-2015 and projected smoking prevalence towards 2034 target



Source: Analysis based on Scottish Health Survey Data

How effective have policy efforts been?

NHS Health Scotland were tasked with evaluating the impact of the 2013 tobacco control strategy

A review of progress on actions was carried out

- Policy actions were largely implemented as intended
- More needs to be done to reduce smoking prevalence, particularly in the most deprived communities

Aims

We interviewed experts in tobacco control in Scotland with an aim to:

1. Identify successes and challenges of the policy actions outlined in the 2013 tobacco strategy
2. Identify recommended actions for the forthcoming strategy due in 2018

Method

- We interviewed 10 tobacco control experts in Scotland [policy makers, practitioners and researchers]
- Face-to-face and telephone interviews were conducted
- Interviews were transcribed, then later analysed using thematic analysis

Findings

The findings were organised into three themes:

1. Perceived successes
2. Perceived challenges
3. Future actions

Perceived successes

- The most frequently mentioned successes were in relation to:
 - Political leadership
 - Tobacco marketing legislation
 - Mass media
 - Smoke-free environments

Perceived successes

'It [the strategy] has allowed... the greater cohesion of effort across the various players, so the strategy helped bring together people who would otherwise be doing what they do anyway, but by bringing them together they got to share ideas and see better where they fit in the bigger picture... Government is more closely linked with local authorities and the health boards in particular. And all that linkage has been done because there has been a strategy... it's brought people together and given it a political place, we have a ministerial working group which oversees how the strategy is implemented. So the existence of the strategy I think has been its greatest success' – Participant 4

Perceived challenges

- Key challenges included:
 - Scope for widening inequalities
 - Changing tobacco landscape
 - Difficulty demonstrating impact/evaluation
 - Enforcement of legislation
 - Resource allocation
- Additional challenges:
 - Workplace exposure to second hand smoke
 - Sustaining momentum
 - Variable quality of cessation services

Challenges – widening inequalities

'What hasn't gone well is coverage. There are good things going on in a lot of different places, but it's not being done everywhere, so some Health Board areas are doing it, are investing more... time in it and have more resource... What we have done though by the success of that sort of initiative is kind of... widened an inequalities gap in the sense that we're talking about people who have attained a certain level of education have probably benefited most from the prevention aspects of the policy. So we haven't done enough in the workplace for young people, we haven't engaged enough with people not in work or education because the way Health Boards and local authorities tend to focus is on specific settings and it's easier to get people in employment but even easier to get people in educational institutions. I think what hasn't worked so well is that given the whole ethos of what we're doing is to tackle inequality, by the methods we've employed, because it's the easiest, lowest hanging fruit, we probably have helped better in better off groups to not take up smoking.' - Participant 7

Future actions

- Sustained action and momentum
- Mass media
- Robust monitoring and evaluation procedures
- Addressing the price and availability of tobacco products
- E-cigarettes
- Cessation services

Future actions – Price and availability

'From prevention, our two big things going forward ought to be maybe adjusting the price and looking at overprovision density of retailers; there's one tobacco outlet for every 90 smokers and there are nine retail outlets per pharmacy in our high streets, and the clustering of retail outlets is almost completely around areas of multiple harm, comorbidities and multiple deprivation. And we've had some research done on which is the chicken and which is the egg, and it looks like controlling retail density, there's good evidence to suggest that controlling retail density can help stop people taking up cigarettes in the first place. So these are the things to look at in the future.' - Participant 2

Conclusions

- The 2013 strategy was perceived by participants as a success
- Five key actions identified for new strategy:
 - Maintaining strong political leadership
 - Addressing price
 - Addressing availability
 - Mass media campaigns
 - Ensuring all work focuses on reducing inequalities

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