Smoke-free Lanarkshire – For you, for children, forever: Lanarkshire Tobacco Control Strategy 2018 – 2023

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Foreword

This Tobacco Control Strategy looks to the future, with a focus on tackling inequalities and putting children firmly at its centre. The vision is to create a society which is smoke-free and where adults are positive anti-tobacco role models, whether they smoke or not.

The strategy has been developed following consultation with communities, key partners, staff and young people across Lanarkshire. It has also been informed by national and local legislation, policies, plans, and strategic drivers and guidance.

This strategy is ambitious, and rightly so, if we are to have a positive change and promote a cultural shift in attitudes towards smoking in Lanarkshire so that not smoking is the normal thing to do. Success in the effective control of tobacco cannot be tackled in isolation by one agency and will require leadership from health and social care partnerships, community planning partnerships which include the health services, local authority departments, the voluntary sector, the independent and business sectors and most importantly the people who live and work in Lanarkshire.

Lanarkshire has a strong record for tobacco control. We have much to be proud of and have solid foundations upon which to implement future actions. Smoking prevalence across the whole population is reducing and in young people is at an all-time low. In recent years we have also seen increased use of E-cigarettes. It is recognised that these are definitely less harmful than smoking tobacco and are useful for public health and health service purposes only as a potential route towards stopping smoking however the risks associated with their use still requires further research.

We must also not lose sight of the fact that every year in Scotland more than 10,000 people still die as a result of smoking [(1)]. In 2013 the Scottish Government set the ambitious target of reducing smoking prevalence in Scotland to 5% by 2034. To achieve this target we need to ensure that the number of young people smoking and those taking up smoking continues to reduce. In Lanarkshire we must contribute to helping Scotland to become smoke-free by taking bold action, demonstrating strong leadership and importantly recognising that everyone can be a positive anti-tobacco role model for children. We can all help to reach this target whether we smoke or not. If you smoke, please conceal your cigarettes from children and never smoke in front of them and make your home and car smoke-free. If you are a non-smoker or an ex-smoker, support and encourage others to be smoke-free and to at least think about stopping. Talk to young people about the dangers of tobacco and more importantly, tell them the many benefits of never starting to smoke. The difference you can make also extends to workplaces, businesses and communities. Please get involved in introducing or implementing a smoke-free policy for your place of work and/or you could report illicit tobacco sales in your local community to Trading Standards Services.

There have been a number of legislative changes in recent years which support the ambitions of this strategy. The *Smoking, Health and Social Care (Scotland) Act 2005,* which led to the ban of smoking in enclosed public spaces from March 2006, has contributed to a significant reduction in the heart attack admissions to hospital [(2)].

Overall approximately 7% of Scottish children are still exposed to the harmful effects of second-hand smoke (SHS) in their home; however in the most deprived areas the level of exposure is higher at 15% compared to 1% in the least deprived areas [(3)].

The Scottish Government has set a target to reduce children's exposure to SHS to 6% by 2020. The *Children and Young People (Scotland) Act 2014* [4] supports this target by ensuring that children's rights for a smoke-free life are upheld.

From December 2016 *The Smoking Prohibition (Children in Motor Vehicles) (Scotland) Act 2016* banned smoking in motor vehicles carrying children under eighteen years of age. This Act will raise awareness of the dangers of SHS in enclosed spaces and will further protect children.

People from deprived areas are still more likely to smoke with thirty-five per cent of adults smoking in deprived areas compared to eleven per cent in the better off areas [5]. Tobacco use contributes to the cycle of deprivation and this affects the health and well-being of our children and prevents them from reaching their full potential. The actions outlined in this strategy will help us tackle inequalities and reduce the prevalence of smoking in Lanarkshire from 21.8% [6] to an overall 11% by 2022. Inequalities are therefore a key theme that runs through this strategy with a focus on targeting those communities at greatest risk of unequal health outcomes.

The challenges are clear. We need strong leadership and innovative action if we want to reduce the number of deaths due to smoking in Lanarkshire.

Gabe Docherty
Interim Director of Public Health and Health Policy
NHS Lanarkshire

Glossary of terms

Table 1 below describes meanings of words and/or terms used in this strategy.

Table 1

Adverse childhood experience	Harmful event that happens between birth and adolescence.
Asset based approach	An asset-based approach involves using the skills and knowledge of individuals and the connections and resources within communities and organisations. This approach aims to empower individuals, build resilience in communities and reduce reliance on services.
Carcinogens	Substances capable of causing cancer in living tissue.
Cessation	Stopping the use of tobacco.
Commission	Order or authorise (a person or organisation) to do or produce something.
Community planning partners	Key public, private, community and voluntary representatives who have specific strategic responsibilities for key areas of community planning.
Community Planning Partnerships (CPPs)	Public agencies working together with the community to plan and deliver services.
Cross curricular	A subject that can be taught across a number of other subjects e.g. teaching health along with Maths.
Curriculum for Excellence	The Scottish Government's lifelong learning strategy for learners aged from 3 to 18.
Cycle of Deprivation	A theory to explain the persistence of poverty and other forms of disadvantage through generations.
Datazone	A small area that has a population of between 500 and 1,000 household residents.
Determinants of health	Factors that influence health.
Dissemination	The act of spreading something, especially information, widely; circulation.
Equality and Diversity impact Assessment	A tool used to ensure services treat people fairly and equally and respect and value people's differences. For example making sure that services are available to everyone who needs them in a way they can access them.
Evaluation	The act of considering or examining something in order to judge its value, quality, importance, extent, or condition.
Evidence base	Information, facts or data supporting (or contradicting) a claim, assumption or theory.
Exposure to second-hand smoke (SHS)	Coming into contact with and breathing in other people's cigarette smoke.
Governance	A process in place to check that progress is being made in line with what has been agreed.
Health behaviours	Behaviours which can have an influence on health either negatively or positively.
Health Board	A Regional Board that is responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services.
Illicit	Forbidden by law, rules, or custom.

Implementation	The process of putting a decision or plan into effect.
Improving life circumstances	Improving the circumstances in which people live that impact directly on both their mental and physical health.
Inequalities	Avoidable differences in circumstances and outcomes for people and communities.
Inequalities gap	The existence of unequal opportunities and rewards for different social positions or statuses within a group or society.
Local authority/council	Local authorities/councils are responsible for providing a range of public services for example Education and Trading Standards Services.
Monitoring	Observe and check the progress or quality of (something) over a period of time.
Morbidity	The presence of illness or disease in a population.
Mortality	The number of deaths that occur at a specific time, in a specific group, or from a specific cause.
National Partners	Organisations that work at a national level e.g. Scottish Government.
Persistent correlation	Continued firm connection or association.
Persistent deprivation gradient	Unchanging differences which increase/decrease according to deprivation.
Prevalence	The current occurrence in the population.
Prevention	Actions that prevent the uptake of smoking, creating an environment where people choose not to smoke.
Primary preventable cause	The main thing that causes a disease, illness or condition. If this thing had been avoided it would have prevented the disease or condition from developing.
Proportionate universalism	The delivery of universal services to a level which is in line with the need required of the individual receiving the service.
Protection	Protecting children, adults and pets from second and third-hand smoke.
Proxy	To represent someone else.
Public health intelligence	The study of factors affecting the health and illness of populations.
Putting children firmly at its centre	The welfare of children is the most important consideration.
Quality improvement	A process to ensure that the highest possible standards are being met.
Quality improvement collaborations	Groups of professionals coming together, either from within an organisation or across multiple organisations, to learn from and motivate each other to improve the quality of health and social care services.
Quintile	Quintiles group datazones into 5 groups, each containing 20% of Scotland's datazones.
Role model	A person who someone respects and admires and whose behaviour they try to imitate.
SALSUS survey	Scottish Schools Adolescent Lifestyle and Substance Use Survey
SIMD – areas of deprivation	The Scottish Index of Multiple Deprivation (SIMD) identifies small area concentrations of multiple deprivation in Scotland. SIMD is defined by measuring levels of income, employment, crime, health, housing, access to services and education.

Strategic drivers	Influences that shape an organisation's strategy.
The Model for Improvement	A tool to speed up good progress.
Tobacco	A nicotine containing product made from the leaves of a tobacco plant used for smoking or chewing.
Tobacco Control	All actions that help to reduce the use, the visibility, accessibility and availability of tobacco.
Toxins	Substances that can accumulate in the body and causes it harm.
Vision	A future plan that has imagination and wisdom with a clear end goal.
Wealth inequality	Avoidable and unfair, unequal distribution of assets e.g. money, employment within a population.

1. Introduction

Lanarkshire has an estimated total population of 654,490 and is the third largest health board in Scotland covering two local authority areas, North Lanarkshire and South Lanarkshire [7]. 18.7% of the North Lanarkshire population and 17.4% of the South Lanarkshire population are children aged between 0-15 years old [7]. Smoking in Lanarkshire and in Scotland must be tackled if we want to achieve the best possible health for all. We want our children to live in a fairer, healthier Lanarkshire, where people choose not to smoke and live longer lives as a result.

Smoking prevalence in young people living in Lanarkshire has never been lower, which is good news. However, around 117, 000 adults living in Lanarkshire are current smokers [7]. The majority of people who smoke live in our most deprived areas, where there are already significant inequalities. See Appendix 1 for an explanation of data collection and reporting on smoking prevalence in Lanarkshire. It is important to remember in the context of this strategy that a deprived area does not just mean 'poor'. It can also mean people living in these areas have fewer resources and opportunities, for example access to services and education.

The high number of people smoking within Lanarkshire significantly affects the health and well-being of the wider population. Due to the strong link between smoking and deprivation, children's exposure to second-hand smoke is higher in deprived homes [3 & 8].

1.1 Harms from smoking

- Tobacco remains the primary preventable cause of ill health and premature death [9].
- Smoking causes a range of diseases including cardiovascular disease, respiratory disease and contributes to at least 16 different forms of cancers [9].
- Smoking is linked to inequity and exacerbates wealth inequality [10].
- The cost of smoking impacts on individuals, communities and society as a whole and costs, conservatively, around £1.1 billion to Scotland each year [11].
- A family with household income of £18,400 a year, and two parents each smoking 20 a day, will spend one quarter of their whole income on tobacco [12].
- Smoking is one of the main causes of household fires in Scotland [13].
- The risk of developing dementia is up to 70% higher amongst current smokers when compared to those who have never smoked [14].

1.2 Aim

The aim of this strategy is: ***To protect children's health, tackle inequalities and reduce the prevalence of smoking in Lanarkshire from 21.8% to an overall 11% by 2022*** [2]***.***

By putting children firmly at the centre of our tobacco control efforts we are focusing on creating a smoke-free Lanarkshire by 2034 in line with Scottish Government ambitions.

To achieve this aim we will be encouraging the commitment to the adoption of *Scotland's Charter for a tobacco-free generation* [15]. This charter, launched by ASH Scotland, includes principles to inspire organisations to take action to reduce the harm caused by tobacco.

The term "we" is often used throughout this document; "We" means all of us. This emphasises the importance of us all acting together to support and create a smoke-free Lanarkshire.

1.3 Key priorities for action

The main priorities which will help us achieve our aim are:

1. **Prevention** – supporting environments where children and young people choose not to smoke and don't see adults smoking.
2. **Protection** – protecting children, adults and pets from second-hand smoke.
3. **Cessation** – helping people to stop smoking.
4. **Support and leadership** – demonstrating the importance of anti-tobacco actions at an individual, team, organisational and societal level.

Prevention is the main driver for change however action is required, particularly in areas where inequalities exist, in the other three areas, to support a cultural shift regarding smoking in Lanarkshire.

1.4 Vision

The vision is to create a society for children which is smoke-free and where all adults are positive anti - tobacco role models, whether they smoke or not.

This strategy recognises that it is the positive actions of adults that will protect the children of Lanarkshire. It also reminds us of the rights everyone has for the best possible health, particularly the rights of children to be born free from tobacco and to live in a smoke-free community.

1.5 Inequalities

Tobacco use often has devastating consequences to individuals and their families in terms of shortening of life years, reduced physical health, reduced income and the psychological impact of having long term limiting health conditions.

The Marmot Review states *'tobacco control is central to any strategy to tackle health inequalities as smoking accounts for approximately half of the difference in life expectancy between the lowest and highest'* [16]. In order to address these unfair differences in health and life expectancy, reducing inequalities is a theme that features in all aspects of this strategy.

People who live in deprived communities are more likely to smoke and a key area for urgent action is the need to reduce this inequality. There is an increased focus on targeting those communities at greatest risk of unequal health outcomes. Tobacco use in our local communities contributes to the cycle of deprivation and this affects the health and well-being of our children and prevents them from reaching their full potential. The challenges are clear and we need bold, innovative action if we want to reduce morbidity and mortality from smoking. We need to work with communities on how best to support families to make their homes and cars smoke-free.

This strategy builds on actions set out in previous tobacco control strategies that laid out a broad range of activities and a need for collective effort from many organisations to help tackle inequalities. Third Sector organisations have a very important role in this because of the close connection they have with the most vulnerable in communities. It is children who suffer most from inequalities and because of their age and inexperience they are the most powerless to protect themselves. This strategy recognises that we need innovative action from within communities so that everyone knows the important role they must play in creating a smoke-free Lanarkshire.

1.6 Priority groups

There are many priority groups within our population that require support with tobacco control however over the next five years tobacco control work in Lanarkshire will have a more focused effort on the following:

- Children and young people
- Looked after Children (LAC)
- Pregnant women and their families
- Prisoners
- Those living in deprived areas
- People with mental ill health
- People with long term conditions and disabilities
- Unemployed, low income
- People experiencing homelessness
- All smokers, on admission to hospital, with issues relating to respiratory, vascular and cardiac conditions, diabetes, mental ill health, pregnancy and cancer.

All programmes of work and specialist services will be targeted at the priority groups listed above. It is recognised that there are other groups where the prevalence of smoking is high and this strategy does not exclude those groups. Through close monitoring of emerging evidence and evaluation of current programmes our partnership approach will ensure other groups are supported through use of Equality and Diversity Impact Assessments.

1.7 Legislation

Scotland has taken a firm stance on Tobacco Control and recent legislation has improved the health of the public, including:

- *The Tobacco Advertising and Promotion Act 2002*, which banned tobacco advertising.
- *Smoking, Health and Social Care (Scotland) Act 2005*, which banned smoking in all enclosed public places and workplaces (excluding prisons). Prison rules were amended at the time to restrict smoking to certain areas, such as cells and outdoor recreation spaces. The Scottish Prison Service has since committed to making its prisons completely smoke-free by November 2018.
- *The Tobacco and Primary Medical Services (Scotland) Act 2010* which contained the following:
    - A ban on the display of tobacco products in shops

  - A ban on automatic vending machines
  - The creation of an offence of "proxy purchase"
  - The implementation of the Tobacco Retail Register on 1st April 2011
  - Prohibition on the sale of tobacco products to persons under 18 years of age.

- *The Standardised Packaging of Tobacco Products Regulations 2015* came into force in May 2016, which ensures all cigarettes and rolling tobacco must be sold in standard packs carrying graphic health warnings.
- *Smoking Prohibition (Children in Motor Vehicles) (Scotland) Act 2016* which makes it an offence for any adult to smoke in a vehicle where a child, under 18 years of age is present.
- *Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016* which created offences for:
  - Selling tobacco if you're under 18
  - Smoking within a set distance from an NHS hospital building; and
  - Allowing smoking within a set distance from an NHS hospital building.

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 also includes a range of offences for and regulation of selling and promoting Nicotine Vapour Products (referred to in this strategy as E-cigarettes) including proxy purchase, the need for retailers to be registered, and a ban on vending.

Locally, Trading Standards Services in both North and South Lanarkshire Councils enforce legislation controlling the quantity, quality, price, description and safety of most goods and services. Whilst this action prevents the sale of cigarettes to young people under 18, young people are still finding ways to buy or access cigarettes. For example, asking adults to buy cigarettes on their behalf or taking them without asking. We need to work collectively with communities to influence the enforcement of penalties associated with proxy sales of tobacco to children and young people. We also need to raise awareness of the value of communicating with trading standards to improve compliance of local retailers regarding under age sales.

There is considerable evidence that illicit tobacco is targeted at the most vulnerable groups: young people and those on low incomes, and that the cost of tobacco is a major factor in any decision to start or quit, or in relapse [(17)]. The sale of illicit tobacco has been linked to organised crime and therefore damaging to local communities [(18)]. Therefore we need to support the Tobacco Retailers Register to help control levels of illicit tobacco in Lanarkshire [(17)].

1.8 Local and national policies and strategic drivers

This strategy has been informed by, and contributes to a number of plans, policies and strategic drivers, (for more information see Appendix 2), including; *Creating a Tobacco Free Generation: A Tobacco Control Strategy for Scotland* [(2)], *Scotland's Charter for a Tobacco-free Generation* [(15)], *Lanarkshire Tobacco Control Strategy* [(19)], *Making a positive difference to children and young people through parenting* [(20)], *Building parenting capacity in Lanarkshire* [(21)], *Health Promoting Health Service CMO letter (19)* [(22)], *NHS Lanarkshire Children and Young People's Health Plan* [(23)], *Health Inequalities Action Plan* [(24)], *North Lanarkshire Joint Strategic Commissioning Plan* [(25)], *South Lanarkshire Health & Social Care Partnership Strategic*

Commissioning Plan [26], *National Performance Framework* [27], *North Lanarkshire Improving Children's Services Plan* [28], *Getting it Right for South Lanarkshire's children and Families* [29], *North Lanarkshire Local Outcome Improvement plan* [30], *South Lanarkshire Local Outcome Improvement Plan* [31], *Review of 'Creating a tobacco-free generation: A tobacco Control Strategy for Scotland'*[32] and *The Association of Directors of Public Health, Policy Position: Tobacco* [33].

1.9 Governance

The Lanarkshire Tobacco Control Steering Group will be responsible for: Dissemination, implementation, monitoring and evaluation of the strategy. This group will consist of Community Planning Partners across both North and South Lanarkshire local authority areas and will direct and commission tobacco control activity at a local level. Four sub groups will be formed to support the Tobacco Control Steering Group to deliver the actions of the strategy. Table 5 outlines the actions for which each group is responsible. The Lanarkshire Tobacco Control Steering Group will report on an annual basis to the Population Health & Primary Care and Community Services Governance Committee.

1.10 Health and Social Care Integration in Lanarkshire

The Public Bodies (Joint Working) (Scotland) Act 2014, has brought about the formation of two Health and Social Care Partnerships in Lanarkshire, one in North Lanarkshire and one in South Lanarkshire. These bodies have responsibility for delivering against 9 National Health and Wellbeing Outcomes.

Appendix 3 outlines how local tobacco control activity contributes to the achievement of these outcomes.

1.11 Monitoring

In times of reduced resources we need to ensure that our actions are making a difference and having an impact. To do this we need to monitor and evaluate what we do. *The Model for Improvement* [34] will be adopted to test changes and accelerate improvement in processes and outcomes within tobacco control. Importantly, when something has worked we need to share this with others so that they can in turn use the learning. Just as important, however, is to share and be open when something hasn't worked, so that others don't make similar mistakes.

It is recognised that the statutory, the third, and independent sectors all gather data and information that contributes to public health intelligence. Each may therefore wish to develop their own systems for governance, monitoring, evaluation, and quality improvement. Willingness to share intelligence between and within organisations is crucial if we are to make improvements.

2. Why the focus of this strategy is on Children and Young People

Children are four times more likely to smoke if both their parents smoke [35]. This is a startling statistic and one which lends itself most appropriately towards the creation of our vision for this strategy i.e. that all adults in Lanarkshire are positive anti-tobacco role models, regardless of their smoking status. The focus must therefore be on actions which help prevent young people from starting to smoke.

Tobacco control activities can contribute significantly to reducing inequalities and improving life circumstances and the well-being of children and adults alike. ASH Scotland have usefully outlined why tobacco control is integral to improving outcomes for children in line with the Getting it Right for Every Child Well-being Indicators [36]:

Safe: Exposure to second-hand smoke is associated with Sudden Infant Death Syndrome (Cot death) and childhood meningitis.

Healthy: All parents and carers want to do their best for their families. Taking smoking right outside is the only way to protect children.

Achieving: It's not just about smoking – learning about all aspects of tobacco – the financial and environmental impacts as well as the physical harm – is important for a rounded education.

Nurtured: Adults are all role models. Not smoking around children is the best way to encourage them to grow up as non-smokers.

Active: Smoking and second-hand smoke affects physical ability, causing breathlessness and respiratory infection and aggravating asthma.

Respected: Including children in the development of policies around tobacco and smoking demonstrates real respect for their views and opinions.

Responsible: Equipping children with knowledge about smoking helps them to make responsible choices for themselves and others.

Included: Tobacco use is one of the greatest causes and effects of inequality. Smoking prevalence in the most deprived areas is around four times that of the better off areas.

3. Tobacco control activity in Lanarkshire

3.1 Previous tobacco control activity in Lanarkshire

Key successes of the *Lanarkshire Tobacco Control Strategy (2012-15)* [19] included: meeting nationally set targets for supporting people to stop smoking through an established network of stop smoking support; work targeted at vulnerable young people at risk from starting to smoke; peer education projects for young people; tobacco resources for nurseries and schools and second-hand smoke campaigns that raised awareness of the dangers of exposure to children's health.

We have much to be proud of in Lanarkshire regarding tobacco prevention and stop smoking activities and have strong foundations upon which to implement future actions. For example, Lanarkshire received a national award in 2017 for its work to tackle the harm caused by tobacco. The Tobacco-free Generation Awards are part of *Scotland's Charter for a Tobacco-free Generation* founded by ASH Scotland.

3.2 Current position in Lanarkshire

Table 2 below lists some of the key opportunities and challenges that exist in Lanarkshire regarding tobacco.

Table 2

Opportunities
• Around 80% of adults living in Lanarkshire are non-smokers [37]
• Between 1st April 2016 and 31st March 2017, 2,481 people stopped smoking in Lanarkshire with support from Stop Smoking Services. Of these 1,382 came from our most deprived areas [38]
• Smoking rates amongst children and young people are at a historic low in Lanarkshire reducing from an overall prevalence of 20%, among all 15 year olds in 2002, to 9% in 2013 [39]
• In Lanarkshire 98% of 13 year olds are non-smokers [39]
• In 2015 there were 10, 484 quit attempts made by smokers in Lanarkshire which was higher when compared to the rest of Scotland [38]
• The rate of tobacco retailers per 1,000 population available to the Lanarkshire population in 2013 was not significantly different from the Scottish average (both 2.2). This was a slight reduction on the previous year (2.3) [40]
• A wide range of evidence based Stop Smoking Services, are available free of charge in Lanarkshire.
Challenges
• 116,920 adults living in Lanarkshire are current smokers [7]
• In 2014 there were 1,308 deaths in Lanarkshire as a result of smoking which was significantly higher compared to the rest of Scotland [40]
• In 2013 there were 15,840 admissions to hospital in Lanarkshire for a smoking related disease and this was significantly higher when compared to the rest of Scotland [40]
• Adult smoking prevalence in Lanarkshire is 21.8% [6]
• Adult smoking prevalence in North Lanarkshire is 22.8% [41]
• Adult smoking prevalence in South Lanarkshire is 19.9% [41]
• 19.2% of pregnant women in Lanarkshire smoke [40]

4. Tobacco and Inequalities

There is a strong and continuing link between smoking, poverty and inequalities and the gap between the most and least deprived areas is still significant [10]. People's personal and life circumstances will undoubtedly influence their opportunity to improve their lifestyle and contribute to how long they live. Inequalities are a result of a range of wider determinants including poverty, education, skills and employment opportunities, wider physical and mental health issues, housing, social networks, and physical environment.

4.1 Smoking prevalence in Scotland's most deprived communities

Please see Appendix 1 for an explanation of data collection and reporting on smoking prevalence in Scotland and Lanarkshire.

Figure 1

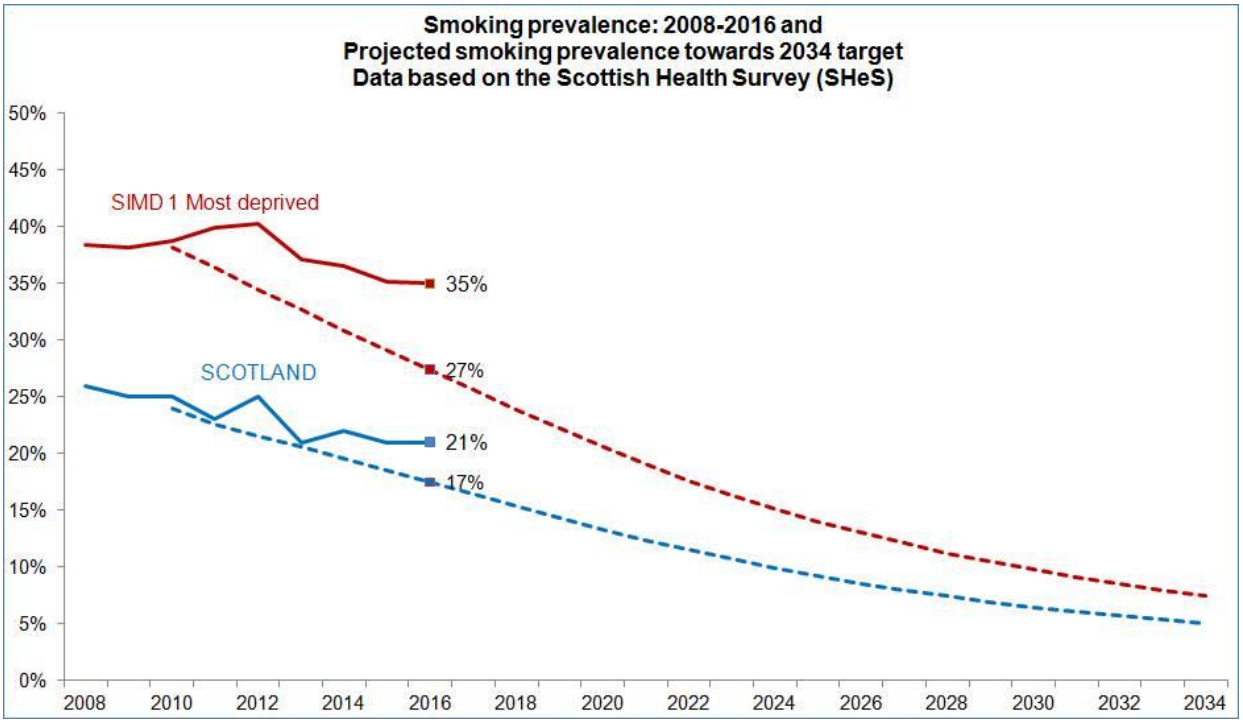


Figure 1 above shows smoking prevalence in Scotland and a projection towards the Scottish Government 2034 prevalence target of 5%. The blue line highlights overall smoking prevalence in Scotland and the red line highlights smoking prevalence in Scotland's most deprived communities. An increased effort is therefore required to close the gap between the least and most deprived communities.

The national Tobacco Control Strategy [2] sets out five year milestones see Table 3 below, by Scottish Index of Multiple Deprivation (SIMD) quintiles, for reducing smoking prevalence to the 5% target by 2034.

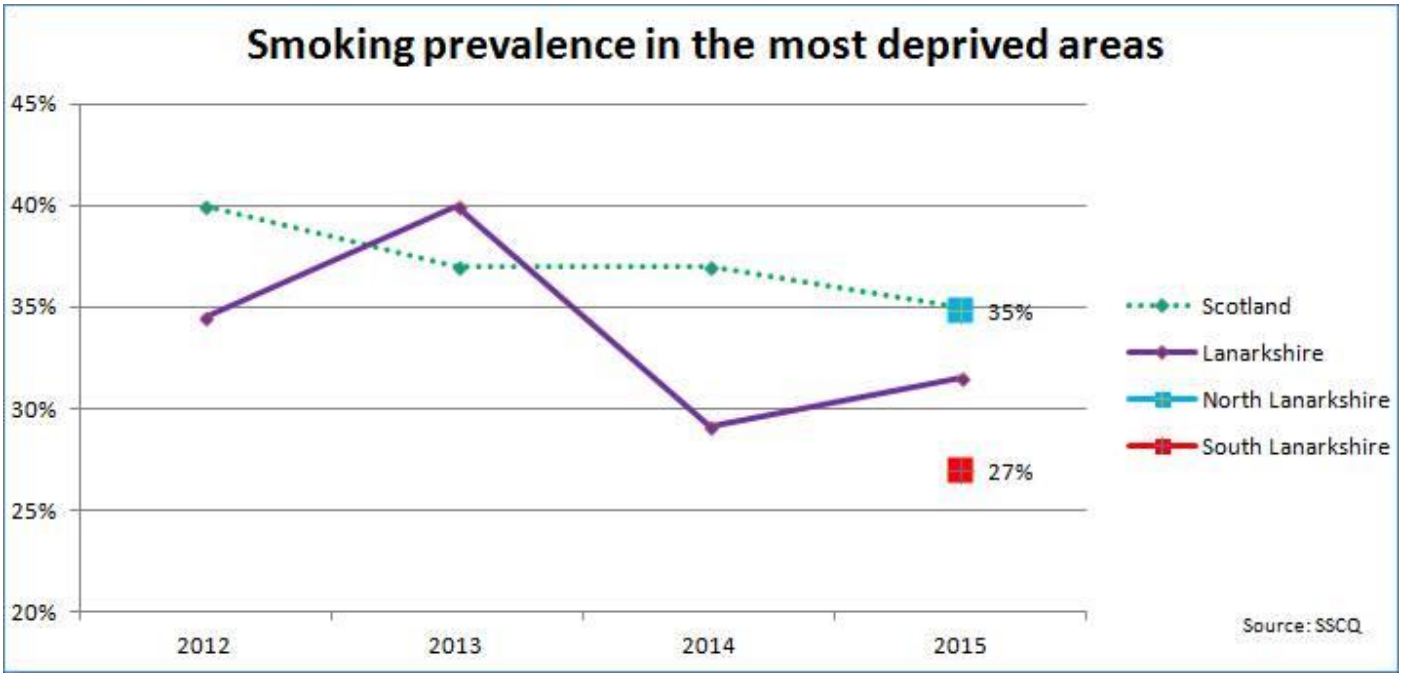
Table 3

DATE	SIMD 1 *Most deprived*	SIMD 2	SIMD 3	SIMD 4	SIMD 5 *Least Deprived*	SCOTLAND AVERAGE
2011	38	29	22	16	12	**23%**
2016	27	21	18	13	10	**17%**
2021	19	15	13	10	7	**12%**
2026	13	10	9	7	5	**9%**
2031	9	7	6	5	4	**6%**
2036	7	5	5	4	3	**4%**

4.2 Smoking prevalence in Lanarkshire's most deprived communities

Figure 2 below shows an overall downward trend in smoking prevalence in the most deprived communities of Lanarkshire (purple line) and Scotland (green broken line) as a whole.

Figure 2



From 2014/2015 data, figure 2 shows, smoking rates remain highest in our most deprived communities at 35% for North Lanarkshire and 27% for South Lanarkshire [(41)]. A contributing factor may be the greater availability of tobacco in these deprived areas. Across Scotland there are a significantly higher number of tobacco retailers in socially deprived areas when compared to more affluent areas. This not only increases

availability but increases the visibility of smoking and tobacco brands. This counters efforts to make not smoking the social norm [42].

There is still a long way to go to make a real impact on the inequalities gap between our most and least deprived communities and we should not underestimate the very real challenge that long-term behaviour change in communities with the highest smoking rates presents.

However, if we concentrate solely on the most disadvantaged this will not be enough to reduce health inequalities. Indeed this may miss opportunities to improve health across the population of Lanarkshire and increase the stigma attached to people who are already disadvantaged. To reduce inequalities in health, actions must be universal, but with an effort that is fair and in line with the level of disadvantage. This method is called 'proportionate universalism' [43].

The Health Inequalities Action Plan and *Local Outcome Improvement Plans* aim to create a focus for NHS Lanarkshire and both Community Planning Partnerships to address inequalities in Lanarkshire [24, 30, 31]. These plans acknowledge the need for more co-ordinated strategic action and effective targeting to improve the health of those living in deprivation. It is important to note that if we can address the wider factors which lead to poverty, including unemployment, poor housing, food, fuel and material deprivation and poorer life circumstances, this will also help to reduce smoking prevalence.

Action on smoking will also contribute to reducing levels of poverty in Lanarkshire. *The Scottish Household Survey* [44] reports that that the number of people who smoke is highest among those who are unemployed and seeking work (46%), and those who are permanently sick or disabled (48%). Smoking causes and worsens a number of long-term conditions such as respiratory and cardiovascular diseases, diabetes and cancers and reduces people's ability to work and earn a living.

We need to take action to break the cycle of deprivation and the strong, persistent correlation between deprivation and smoking. Tobacco use both contributes to and is a consequence of deprivation therefore the actions resulting from this strategy will tackle inequalities and reduce the prevalence of smoking in Lanarkshire to an overall 11% (18% in SIMD 1 and 14% in SIMD 2) by 2022.

4.3 How inequalities impact on children

It is important that we tackle the factors that lead to inequality for children. As noted earlier there are clear links between health behaviours and wider social and environmental determinants, having Adverse Childhood Experiences e.g. abuse, neglect and household adversity has been linked to a variety of health harming behaviours and illnesses including smoking and its early initiation [45].

Achieving a reduction in smoking prevalence across Lanarkshire and reducing children's exposure to second-hand smoke will support the ambitions of *The Child Poverty Strategy for Scotland* [46] by reducing the proportion of families living in poverty, improving children's wellbeing and life circumstances, and maximising household resources through sustained employment and financial inclusion.

5.0 Prevention

Smoking prevention means creating settings where young people choose not to smoke. In this strategy a young person is defined as someone up to 25 years old.

Smoking rates amongst children and young people are at a historic low in Lanarkshire. Smoking prevalence rates, as reported in the 2015 SALSUS survey for S2 (1.4%) and S4 (6.8%) school pupils in Lanarkshire were not significantly different than the Scottish average (1.6% and 7.3%, respectively).

We need to keep tobacco out of sight if we are to achieve the Scottish Government's vision for a smoke-free Scotland by the year 2034. Individuals, organisations, businesses and communities in Lanarkshire must make a contribution to creating an environment where young people choose not to smoke.

The *Children and Young People (Scotland) Act 2014* states that children and young people have a right to accurate health information [(4)]. It is important that initiatives with young people are needs led and information and programmes are delivered in a style and format that is suitable and are evidence based. Feedback from youth workers across Lanarkshire is that tobacco control programmes should be fun, interactive, challenging and informative.

All educational and youth settings aim to provide a nurturing, learning environment where young people are valued and protected. People who work with children and young people have a unique opportunity to be positive anti-tobacco role models for the children and young people in their care. *Curriculum for Excellence* [(47)] offers a framework for embedding tobacco prevention messages and programmes in schools and other educational establishments as it allows flexible learning, focussed on health and wellbeing, which is interactive and cross curricular.

In Lanarkshire there is a strong network committed to tobacco prevention who will continue to support initiatives which reduce the availability, attractiveness and affordability of tobacco to young people.

5.1 Evidence base for prevention

A *Review of Young People and Smoking in England* in 2009 [(48)] found limited evidence for effectiveness overall. However the review highlighted that the most effective interventions are those in which prevention activity addressed all levels of influence. These included combined school and community programmes and mass media and community interventions. There was also evidence of high impact being achieved through taxation, bans on tobacco marketing, tailored media campaigns, reducing adult (parents) smoking levels and parenting programmes for parents of young people. There was also consistent evidence that interactive school health promotion programmes which addressed social skills and social influences that were delivered in a consistent sustained way were effective.

More recently, the *ASSIST (A Stop Smoking in Schools Trial)* [(49)] has had success in reducing the chances of a young person becoming a smoker, when compared to control groups. This programme involved 12-13 year olds who had been nominated by their peers, to provide support in everyday situations to discourage their peers from smoking.

What action will we take?

Our approach is to build on the successes and lessons learned from the previous *Lanarkshire Tobacco Control Strategy 2013 -2015* [19], building the evidence base and using strong, effective partnerships to educate young people of the dangers of tobacco.

Following consultation with key stakeholders from the statutory, voluntary and independent sectors our key areas for action include:

5.2 *Scotland's Charter for a Smoke-Free Generation*

This charter will support organisations whose work directly or indirectly impacts on children, young people and families. The charter will be a way to receive recognition for work underway and inspire further action to reduce the harm caused by tobacco.

The principles of the Charter are:

1. Every baby should be born free from the harmful effects of tobacco
2. Children have a particular need for a smoke-free environment
3. All children should play, learn and socialise in places that are free from tobacco
4. Every child has the right to effective education that equips them to make informed positive choices on tobacco and health
5. All young people should be protected from commercial interests who profit from recruiting new smokers.

What action will we take?

Organisations across Lanarkshire will be encouraged to sign up *to Scotland's Charter for a Smoke-Free Generation* [50]. As part of the charter organisations will be asked to set out what they are going to do to help the next generation to grow up free from tobacco. A network of organisations signed up to the charter in Lanarkshire will be established, meeting regularly to share their practice and learning.

5.3 Vulnerable Young People Programmes

Key aspects of these programmes will include highlighting the many health benefits of not smoking, in particular the effects smoking has on respiratory health and physical appearance; the financial benefits of not smoking whilst highlighting the fact that the majority of young people in Lanarkshire don't smoke. Some programmes will promote the Stop Smoking Services and products available to young people and discuss e-cigarettes. They will also raise awareness of the tactics used by tobacco companies to target new consumers of tobacco products.

What action will we take?

We will continue to commission programmes which support and train staff and volunteers to undertake tobacco control work with vulnerable young people e.g. those who are looked after, using a holistic approach. This approach recognises the relationship between smoking and other behaviours including the use of drugs (in particular cannabis) and alcohol.

5.4 Work with families

A key focus of this strategy will be working with parents, care givers and those who support vulnerable young people, in particular children who are Looked After. We need to ensure that these adults have the knowledge, skills and confidence to support young people to make positive health decisions regarding smoking and support those young people who want to stop.

What action will we take?

We will develop projects that look at factors within families that influence a young persons' decision to smoke or not and develop programmes that assist parents to talk to their children about smoking.

5.5 Smoke-Free Environments

Despite the legislation to ban smoking in enclosed public spaces which resulted in a significant reduction in peoples' exposure to Second-Hand Smoke (SHS), there still remains significant sources of exposure within cars and homes in some communities. This is especially true for children as they often have little control over their environment. Statutory, Third and Independent sectors can all play a role in exemplifying Lanarkshire's smoke-free ambitions by having robust smoke-free policies across their organisation. They should also consider extending this approach to outdoor areas to reduce the visibility of smoking for children and young people.

What action will we take?

Programmes will involve statutory, independent and third sector organisations working together, using an asset based approach, to build capacity within communities. This will support and enable them to become anti-tobacco role models and contribute to a smoke-free Lanarkshire. Efforts to support and implement organisational tobacco policies will continue to protect people from the harmful effects of second-hand smoke (SHS) and to make not smoking the social norm. This should focus on areas likely to be frequented by children such as play parks, town centres with outdoor shopping areas and family attractions across Lanarkshire [33].

A youth friendly version of a Smoke-free Charter will be developed and shared widely with organisations which support children and young people. Informed by national guidelines [51, 52] North and South Lanarkshire Health and Social Care Partnerships will continue to develop No Smoking Policies for Looked after Children. Work will include building an evidence base for what activities are effective at preventing young people from starting to smoke and will include support for young people, especially those who are Looked After, and who want to stop.

5.6 Peer education

There is some evidence that such approaches are popular with young people and are an effective means of delivering tobacco prevention messages. Peer education approaches can be particularly good at ensuring messages are meaningful because they involve young people who belong to these groups and understand the needs and issues themselves [53].

What action will we take?

Peer educators will continue to be involved in updating the *"Nae Doubts Tobacco"* game, popular with young people and youth workers alike. This will be further improved to include information on Novel Psychotic Substances (NPS's) and E-cigarettes. The relationship between tobacco and cannabis use in young people will be investigated and publicity campaigns that educate and inform young people of the dangers of their use will be created.

5.7 Education

Engagement through education with young people helps to encourage them to be effective contributors, responsible citizens and successful lifelong learners [47].

What action will we take?

In line with the *Healthy Schools Approach* [54] and *Curriculum for Excellence* [47], we will ensure that all children in Lanarkshire receive opportunities for learning about all aspects of tobacco and are equipped with the knowledge to help them to make responsible choices for themselves and others. A tobacco curricular resource, *Smoke in Your Eyes*, which explores tobacco use as a social and personal issue, placing a strong emphasis on pupils' skills for learning and skills for life will be further developed and made available online. The pack is designed to ensure compatibility with Curriculum for Excellence and provides a curricular resource to support learning from the age of three to eighteen years. Staff within education settings will be offered training to develop the skills, knowledge and confidence to deliver tobacco education.

We will investigate implementing the ASSIST programme in Lanarkshire, given the evidence following its use of peer educators in schools [49].

We will support people working in youth settings so that they have a wide range of skills regarding tobacco prevention and protection. Programmes will highlight to workers their influence as positive role models to young people in their care, regardless of their role within that organisation. Moreover, organisations including workplaces will be encouraged to develop smoke-free policies as these are important in these settings as they keep tobacco "out of sight" and contribute to a smoke-free culture.

5.8 Availability and Enforcement of Tobacco Sales

Trading Standards' enhanced tobacco enforcement initiatives to restrict young people's access to tobacco products, which include engagement with retail outlets including ice cream vans, are invaluable preventative tools, supporting the reduction in tobacco supply and use.

The Tobacco and Primary Medical (Scotland) Act 2010 [55] contains measures aimed specifically at reducing the attractiveness and availability of tobacco to under 18s. This Act has reduced the sale of cigarettes from primary sources such as shops including supermarkets and newsagents to young people under 18 from 87% in 1990 compared to 22% in 2013 [39]. However, young people are still managing to buy or access to cigarettes from secondary sources such as asking an adult to buy them or being given them by others and this position has remained stable since 1990 [39]. In 2015 in Lanarkshire 16% of 13 year olds and 15 year olds said they had bought cigarettes from a newsagent, tobacconist or sweet shop, 42% said they got someone else to buy them and 44% said friends had given them cigarettes or tobacco.

Table 4 highlights Lanarkshire tobacco test purchasing statistics.

Table 4

Lanarkshire	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
% of tobacco retailers given advice and guidance	34%	55.5%	48.9%	50.8%	66%	33.39% (North Lanarkshire) 20% (South Lanarkshire)
Number of test purchase visits to retailers of tobacco	331	228	206	262	200	100*
% failures at 1st visit	25.5%	16.4%	14%	24.6%	9.8%	5.68%*
% failures at follow up visit	0%	9.4%	17.9%	16.7%	5.6%	0%*
Number of Fixed Penalty Notices (FPNs) issued	51	62	39	42	27	11*

*based on North Lanarkshire only, South Lanarkshire figures , nil return

What action will we take?

The focus of action will be on targeting the secondary sources of tobacco i.e. parents, carers and the wider community to encourage a shift in behavioural, attitudinal and cultural values so that adults do not supply children with cigarettes. We will ensure local support for national campaigns, such as the #notafavour campaign being coordinated by ASH Scotland, by coordinating local activity, involving key partners, and utilising existing local networks. Where possible, and in line with local desire, need, and ability the reach and duration of said campaigns will be extended.

Trading Standards Services in both North and South Lanarkshire Councils will continue to issue fixed penalty notices and banning orders, if appropriate, to prevent underage sales and to enforce legislation controlling the quantity, quality, price, description and safety of most goods and services. To ensure compliance, they will undertake visits to businesses, and provide advice to traders and consumers. Both local authorities will continue to implement tobacco test purchasing schemes and offer guidance and support to business on age restricted products.

5.9 Illicit tobacco

Information on the illicit tobacco market is only available at UK level; this strategy recognises the serious problems that are posed by the illicit tobacco trade which has strong links to organised crime [(56)]. Illicit tobacco restricts measures by trading standards and others to limit young people's access to tobacco. Importantly illicit tobacco also mitigates efforts to use high tobacco prices to reduce smoking rates and poverty in local communities. Trading Standards Officers need information about illicit tobacco in Lanarkshire in order that positive action can be taken.

What action will we take?

We will highlight the harm caused by illicit tobacco in local communities and encourage the reporting of illicit tobacco trading.

6.0 Protection

6.1 Second-hand smoke (SHS)

Second-hand smoke (SHS) is the smoke breathed out by a smoker and from the burning tip of a cigarette and can linger in the air for up to five hours even after the cigarette is extinguished. Most SHS is invisible, you can't see or smell it and it is harmful to everyone's health including pets. Children are especially vulnerable to SHS as their lungs and immune systems are still developing making them breathe faster; therefore they inhale more toxic chemicals from tobacco smoke than adults [(57)].

Exposure to SHS has been linked to an increased risk of a range of illnesses including lower respiratory tract infections, asthma, wheezing, middle ear infections, sudden unexpected death in infancy and invasive meningococcal disease. Exposure to SHS has also been found to be linked to increased risks of a range of other health conditions, including some types of childhood cancer, emphysema in adulthood, impaired olfactory (sense of smell) function, and may exacerbate chronic conditions such as sickle cell disease [(57)]. The toxins from SHS linger in the environment and can settle on carpets, furnishings and walls. These materials absorb the toxins and gradually release them back into the air, posing another risk of exposure [(57)]. This has been referred to as Third hand smoke and children are believed to be particularly susceptible to this kind of exposure [(57)].

A study in 2003, estimated over 11,000 deaths were attributed to SHS exposure per annum in the UK [(58)]. Unfortunately routine data is not available on second hand smoke morbidity or mortality. It is known that approximately 7% of Scottish children are exposed to the harmful effects of SHS in their home; and in the most deprived areas the level of exposure is higher at 15% compared to 1% in the least deprived areas [(3)]. The Scottish Government has set a target to reduce children's exposure to second hand smoke to 6% by 2020. Information at a local level regarding children's exposure is not yet readily available. However, from 2012, the Scottish Health Survey [(37)] has included questions that gather more information on children's exposure to SHS so local data will be available through this source in the future.

More than a decade has passed since the *Smoking, Health and Social Care (Scotland) Act 2005*, which prohibited smoking in all enclosed public places and workplaces. This has helped to put smoking "out of sight" and changed the smoking culture in Lanarkshire. Everyone can now go to restaurants, cinemas, educational establishments and other public spaces, safe in the knowledge that they will be smoke-free. This legislation reduces the chances that a child will see someone smoking but also protects them from the harmful effects of exposure to second hand smoke. Recent research suggests that providing some parents with information about air quality in their own home can help people to make these simple changes [(59)]. However for other disadvantaged families, where there are more challenging life circumstances, the provision of information regarding indoor air quality in their home in itself has not been found to result in behaviour change [(60)].

6.2 Evidence base for protection

Scientific research has proven without doubt that exposure to Second Hand Smoke (SHS) causes death, disease and disability [(61)].

Protecting children and families from tobacco related harm has proved challenging within Scotland. Findings from Phase 1 of the Scottish Government SHS Social Marketing Campaign *"Take It Right Outside"*

highlighted that although smokers understood the key tobacco messages and had the motivation to change; there were many social and environmental barriers that prevented them from doing so [62]. There have been other studies [63, 64] conducted to encourage people to make their home and car smoke-free including the *Reducing Families' Exposure to SHS (REFRESH) Indoor Air Quality Study (IAQM)* [59] however the evidence in this area is still very developmental.

What action will we take?

Data collection

We will monitor the impact of interventions to reduce exposure to second hand smoke. Gathering this local information, on the level of children's exposure to SHS in Lanarkshire, will allow us to develop initiatives that work with families and reduce the barriers they face to creating a smoke-free home and car.

Air Quality monitoring

Along with researchers from Aberdeen and Edinburgh Universities we will publish the results of the *First Steps to Smoke-free* study. The 30 month research study looked at the barriers and challenges parents face to creating a smoke-free home. This local study was one of the largest studies of its kind in the world and its results will inform action to support parents and care givers to make their homes smoke-free and in turn protect children.

6.3 Legal Rights of the child

The Smoking, Health and Social Care (Scotland) Act 2005 and the *Smoking Prohibition (Children in Motor Vehicles) (Scotland) Act 2016* protect children from exposure to SHS in public spaces including schools, and vehicles. Currently there is no legislation that protects children against exposure to SHS in the home; however the need to protect the health of children does have some legal recognition via the *UN Convention on the Rights of the Child* [57].

According to the World Health Organisation*: "because of the enormous potential harm to children from tobacco exposure, States have a duty to take all necessary legislative and regulatory measures to protect children from tobacco and ensure that the interest of children take precedence over those of the tobacco industry"* [57].

What action will we take?

Education and raising awareness of Second Hand Smoke

Through partnership working with agencies and early years' providers that support children and families, people will become more aware of the health harms associated with SHS. Organisations will be offered SHS training that will support and encourage families to create smoke-free homes and cars.

Educational resources that raise the issue of SHS among children in an age appropriate manner will be developed for the early years setting.

Community and family activities

Part of the development of this strategy included consulting with adults living in areas of deprivation in Lanarkshire [65 & 66]. Of the adults who were consulted, the majority were supportive of becoming anti-tobacco role models e.g. one participant in the consultation said *"If young people don't see it happening then they are less likely to copy the adults in their life"* [65]. We will continue to work with parents, especially new parents and carers, to investigate how partners and organisations can best support parents and adults to discuss tobacco issues with children. This will encourage parents to become positive anti-tobacco role models and this work will be particularly relevant in areas of deprivation.

7.0 Cessation

Smoking cessation means stopping the use of tobacco. Tobacco contains nicotine, which is highly addictive, making quitting difficult. It is primarily the toxins and carcinogens in tobacco smoke, not the nicotine, that cause illness and death. The best way to reduce these illnesses and deaths is to stop smoking [(67)].

In 2014 there were 1308 deaths in Lanarkshire as a result of smoking which is significantly higher (worse) when compared to the rest of Scotland [(40)]. In the time period from 2011 to 2013, the number of people in Lanarkshire with Chronic Obstructive Pulmonary Disease (COPD) and Lung Cancer admissions to hospital was significantly higher (worse) than the Scottish average [(40)].

The health benefits of stopping smoking start immediately. For example, the heart rate drops and oxygen levels in the blood improve within days, lung function begins to improve and the incidence of respiratory infections and symptoms decreases within weeks. Stopping smoking can slow the progression of heart or respiratory disease and reduce the risk of it recurring [(9)].

A national review of NHS smoking cessation specialist services [(68)] highlighted the need for action across the following three key themes:

1. Reducing variation in outcomes and improving consistency between services.
2. Increasing reach and success, particularly with priority groups.
3. Improving processes within services and training for staff.

Importantly the review also highlighted that "*whilst generic untargeted interventions may contribute to reducing adult smoking they may increase inequalities in smoking*" [(68)]. It also reported that the intensive behavioural support provided by Specialist Stop Smoking Services achieved higher success rates when compared to Community Pharmacy Stop Smoking Services.

The actions outlined in this strategy are in line with the recommendations made within the national review.

7.1 Evidence base for Smoking cessation

Evidence based smoking cessation support is ranked the most cost-effective intervention by the National Institute of Clinical Excellence (NICE) [(69)]. Using a combination of pharmacotherapy and structured behavioural support provided by trained staff increases the chance of quitting by up to four times, compared to trying to give up without help [(69)]. Stopping smoking, with the use of NRT, in one step (sometimes called 'abrupt quitting') offers the best chance of lasting success. However, there are other ways of reducing the harm from smoking, even though this may involve continued use of nicotine [(67)].

What action will we take?

We will contribute and respond to the new NICE guidelines around Smoking cessation: interventions and services which are currently being developed and due for publication within the time frame of this strategy. We will continue to be guided by *A guide to smoking cessation in Scotland 2010, Planning and providing specialist smoking cessation services, Updated 2017* [(69)].

7.2 Lanarkshire Stop Smoking Services

We are fortunate in Lanarkshire to have a wide range of evidence based Stop Smoking Services, including a specialist nurse service and 144 community pharmacies which offer behavioural support and products to help people quit and all services are delivered free of charge.

There has been a reduction in the number of people making quit attempts and seeking support from Lanarkshire Stop Smoking Services; from nearly 17, 000 quit attempts in 2012/2013, to 9,960 in 2016/2017. There has also been a decrease in the number of smoking cessation products dispensed [(70)]. One possible explanation for these reductions may be the increase in popularity of e-cigarettes [(70)].

What action will we take?

The smoking cessation support in Lanarkshire will build on existing assets and will be person centred and delivered at the right time, in the right place. The services will be designed and developed to ensure they are flexible to meet any future national priorities and changes e.g. the introduction of a new national brand for smoking cessation services. The services provided in Lanarkshire will be a partnership between NHS, Third and independent sector organisations, local authorities, the communities of Lanarkshire and community pharmacies.

It is important to provide help to all those who want to stop smoking. Stop Smoking services will continue to be available and will provide support that is free and accessible. The core Stop Smoking Services in Lanarkshire will continue to be provided by a team of nurses, health improvement practitioners, community pharmacists and healthcare practitioners both in primary and secondary care as well as via the *Quit Your Way Scotland* service (formerly known as Smokeline). Community pharmacy provides a universally accessible service and the Specialist Nurse Service is able to provide a more flexible and targeted approach with priority groups. The important role that communities can play in supporting people to stop smoking should not be underestimated and new approaches will be tested to investigate the role for example the Third Sector and businesses can undertake in this regard.

Stop Smoking Services will be provided in locations and in ways which are likely to reduce barriers to access (e.g. public transport; appointment times, service information in accessible formats such as different languages). Stop Smoking Services will link with other services (e.g. income maximisation welfare advice for low income families and Scottish Fire and Rescue services) to support the most vulnerable clients. Services will provide specialist outreach and targeted services for identified priority groups. Staff working within services will seek the views of clients to continually develop and improve the services provided ensuring they are needs led and person centred [(71)]. To support and extend the reach and impact of existing services harm reduction approaches will be tested and made available when appropriate.

7.3 Children and young people

Nearly 70% of smokers start smoking before the age of eighteen [(72)]. We also know that the younger you are when you start smoking the more likely you are to smoke into adulthood. Smoking rates are also disproportionately high in vulnerable groups such as Looked after Children (LAC) and young offenders [(73)].

Therefore supporting children and young people to not smoke will both improve health and tackle inequality.

What action will we take?

We will raise awareness of Stop Smoking Services to all staff and volunteers who support children and young people especially vulnerable young people who are looked after, young carers, young offenders and those young people living in areas of deprivation.

7.4 Pregnant women

Reducing the rates of smoking in pregnancy particularly in those from deprived backgrounds and in younger pregnant women is a priority area to tackle inequalities and ensure that children get the best possible start in life [74 & 75].

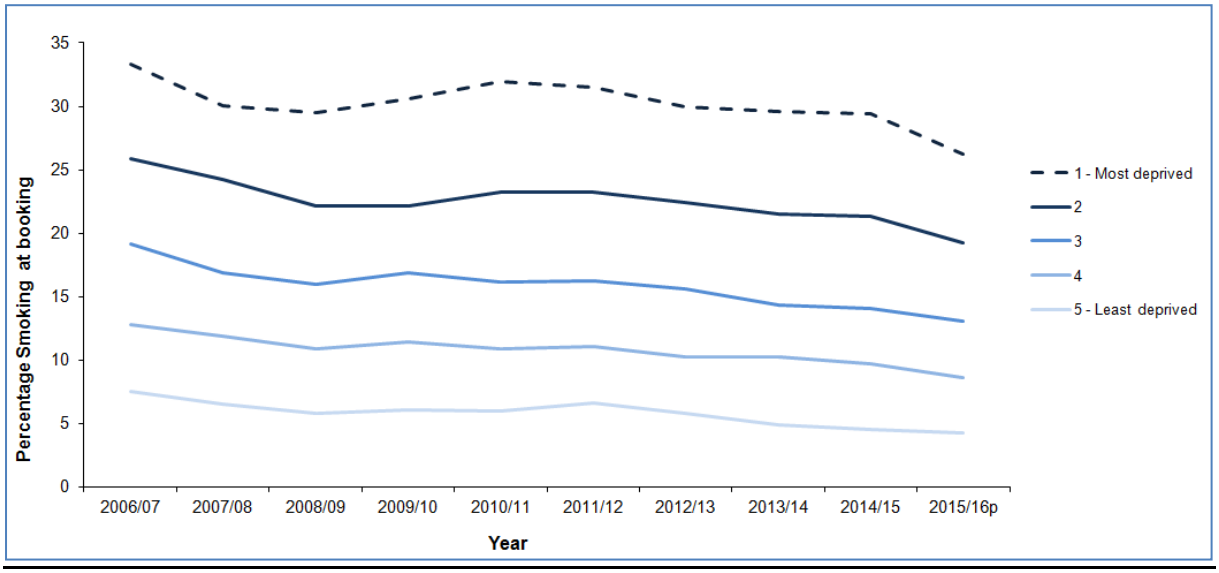
Smoking during pregnancy can harm the baby in the uterus from day one, every cigarette smoked causes damage to both the mother to be and her baby [76].

The percentage of women smoking during pregnancy in Lanarkshire has reduced from 28% in the early 2000's to 18.3% in 2015/2016 [40]. Protecting babies from tobacco smoke is one of the best things we can do to give children a healthy start in life. Although stopping smoking can be difficult, it has an immediate positive effect on both pregnant woman and baby. Stopping smoking will reduce the risk of pregnancy complications and poor pregnancy outcomes including miscarriage and stillbirth, preterm and low birth weight babies, sudden infant death syndrome (Cot death), asthma and attention deficit hyperactivity disorder [57 & 77].

There is evidence of under-reporting by women of their smoking behaviour at their first booking appointment with the midwife. Figure 3 depicts the numbers of pregnant women, in Scotland, who report they are smokers when they attend their booking appointment with the midwife. This graph displays this data by deprivation quintile from 2006/07 to 2015/16 highlighting that pregnant women living in most deprived areas are more likely to smoke. The same is also true, represented in Figure 4, in Lanarkshire; pregnant women living in the most deprived areas are approximately five times more likely to smoke during pregnancy than those in the least deprived areas [70].

Figure 3

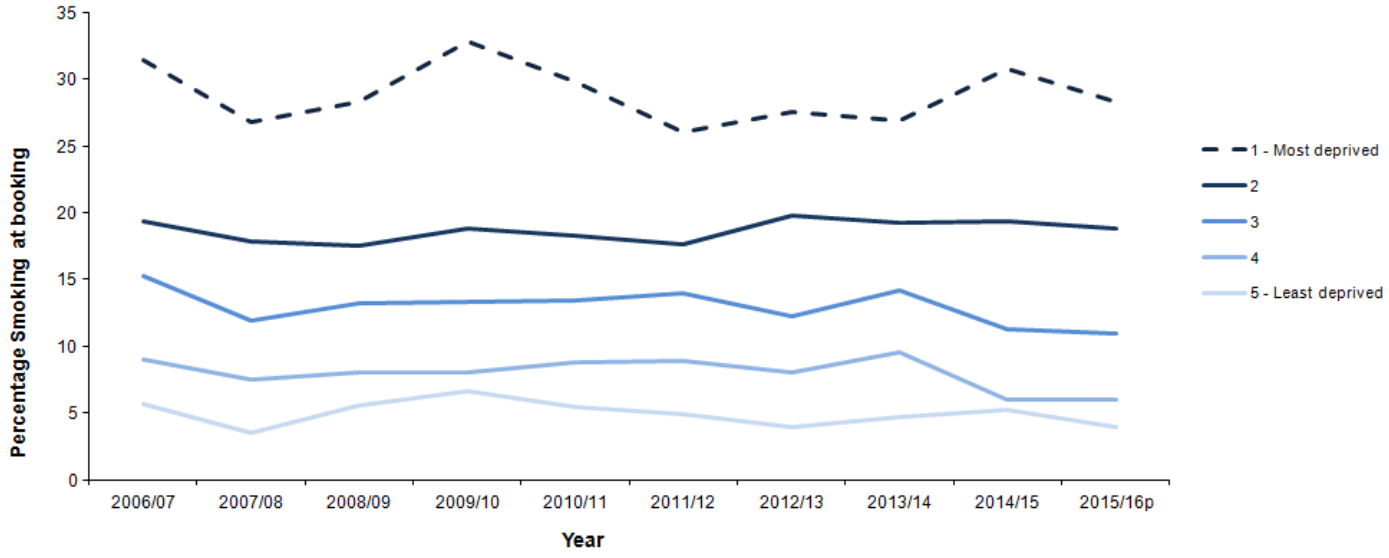
Numbers of pregnant women, in Scotland, who report they are smokers when they attend their booking appointment with the midwife



Source: Births in Scottish Hospitals 2015/16 – SMRO2, ISD Scotland

Figure 4

Numbers of pregnant women, in Lanarkshire, who report they are smokers when they attend their booking appointment with the midwife



Source: isdmaternity (NATIONAL SERVICES SCOTLAND)

Figure 4 above shows the percentage of pregnant women smoking at first booking within each SIMD quintile, in Lanarkshire, from 2006/07 to 2015/16.

What action will we take?

We will support the work of the *Maternity and Children's Care Quality Improvement Collaborative* and prioritise smoking cessation in pregnancy within all appropriate plans e.g. neighbourhood plans. Stop Smoking Services across Lanarkshire will prioritise support to pregnant women and their families. We will provide a specialist stop smoking in pregnancy service. This service will be supported by the Smoking Cessation Advisory Group and the Tobacco and Pregnancy Steering Group which will include experts in the field and have representation from partner organisations that also support pregnant women. The service will also support the pregnant women's partners, family members and others living in same household who smoke. Specialist advice will be given to pregnant women in relation to other health promoting behaviours. For example mothers who smoke will be informed of the benefits of breastfeeding as it remains the best option for feeding a baby even when a mother has been unable to stop smoking [(78)]. Every opportunity will be utilised to record smoking status during pregnancy and to give advice and support. We will promote three key messages, listed below, to pregnant women and those planning a pregnancy:

- Smoking is harmful to you and your baby's health
- Stopping smoking is the best thing you can do for you and your baby
- Stopping smoking will reduce your chance of miscarriage, stillbirth and Sudden Infant Death Syndrome (SIDS also known as cot death)

These messages were developed following consultation with women who had smoked during pregnancy, one partner of a woman who had smoked during pregnancy, Stop Smoking Service staff, Midwives, Health Visitors, First Steps Workers, and Social Work staff including Social workers and Family support workers.

We will support the recommendations included within *Reducing Smoking in Pregnancy* [(75)]. We will undertake research to explore the use of incentives for smoking cessation in pregnancy in Lanarkshire based on the findings from the 2015 *Financial Incentives for Smoking Cessation in Pregnancy: Randomised Controlled Trial* [(79)] which found substantial evidence for the efficacy of incentives for smoking cessation in pregnancy.

7.5 Prisoners

In July 2017 the Scottish Prison Service (SPS) announced that it is committed to achieving a smoke-free prison estate across all prison premises by November 2018. This announcement was made in response to the *Tobacco in Prisons Study (TIPS)* publication of air quality findings from all Scotland's prisons. Rates of smoking in prisons are extremely high with three-quarters of prisoners reporting that they are smokers. This has been consistently reported in the Scottish Prison Service (SPS) biannual surveys, with the 2013 survey reporting that 74% of prisoners smoked [(80)].

The prison setting offers the opportunity to engage with hard-to-reach smokers and presents a location and time for smokers to access smoking cessation support [(81)]. Lanarkshire Stop Smoking Services provide support to prisoners within and on liberation from HMP Shotts. The service is also available to the 70% of prisoners from HMP Addiewell who are liberated into communities in Lanarkshire.

What action will we take?

We will work with the Scottish Prison Service and other partners to ensure that HMP Shotts is completely smoke-free by November 2018. A Stop smoking service, in line with the *Specification for a national prison smoking cessation service in Scotland* [82] will continue to be provided in HMP Shotts and other actions will be delivered in line with Shotts Prison Health Improvement Strategy [83].

7.6 Those living in deprived areas

There is a strong and continuing link between smoking, poverty and inequalities. In recent years the number of people smoking has reduced, however in Lanarkshire twice as many adults smoke in the most deprived communities compared to those living in more affluent areas. Smoking contributes significantly to low life expectancy in more deprived areas [84].

What action will we take?

Support to stop smoking will be targeted towards the less affluent areas of Lanarkshire. We will continue to highlight the services that are available to the local communities via the community pharmacy and the specialist stop smoking service as well as *Quit Your Way Scotland* service. We will commission and conduct research into the needs within these communities in order to provide services that are needs led and delivered at the right time in the right place. We will improve the smoking cessation service provided via community pharmacies by implementing the *National Pharmaceutical Smoking Cessation Service Specification* [85] and developing a Pharmacy Improvement Project.

7.7 People with Mental ill health

Smoking is higher amongst people with mental health issues and they are just as likely to want to stop smoking as the general population [86]. Those with severe mental health problems and those who are inpatients in mental health services are especially likely to smoke [87]. The quit success rate for smokers with mental health issues is lower when compared to the general population as they are more likely to be heavily addicted to smoking [84]. Smoking can also negatively affect the efficacy of medication taken for mental health problems, thereby increasing pharmaceutical costs [88].

What action will we take?

We will take actions to improve the physical health and well-being of people with mental ill health. We will continue and enhance the provision of the specialist Stop Smoking Service and support within all mental health services. We will target actions towards reducing the rates of smoking amongst people with a diagnosed mental health problem at the same rate as for the general population. We will seek the views of clients and where appropriate their carers of these services to ensure that it is person centred and sufficiently flexible to respond to the needs of this client group. Staff working in mental health services will be provided with training regarding smoking cessation. The *Nicotine Addiction Integrated Care Pathway* [89] already in place will be reviewed and further implemented in the acute and community mental health settings. The Smoke-free policy will be embedded into all mental health settings. We will explore the implementation of the *IMPACT guidance (Improving Mental and Physical health: Achieving Cessation Targets)* [90] across Lanarkshire to support tobacco control within community-based mental health services.

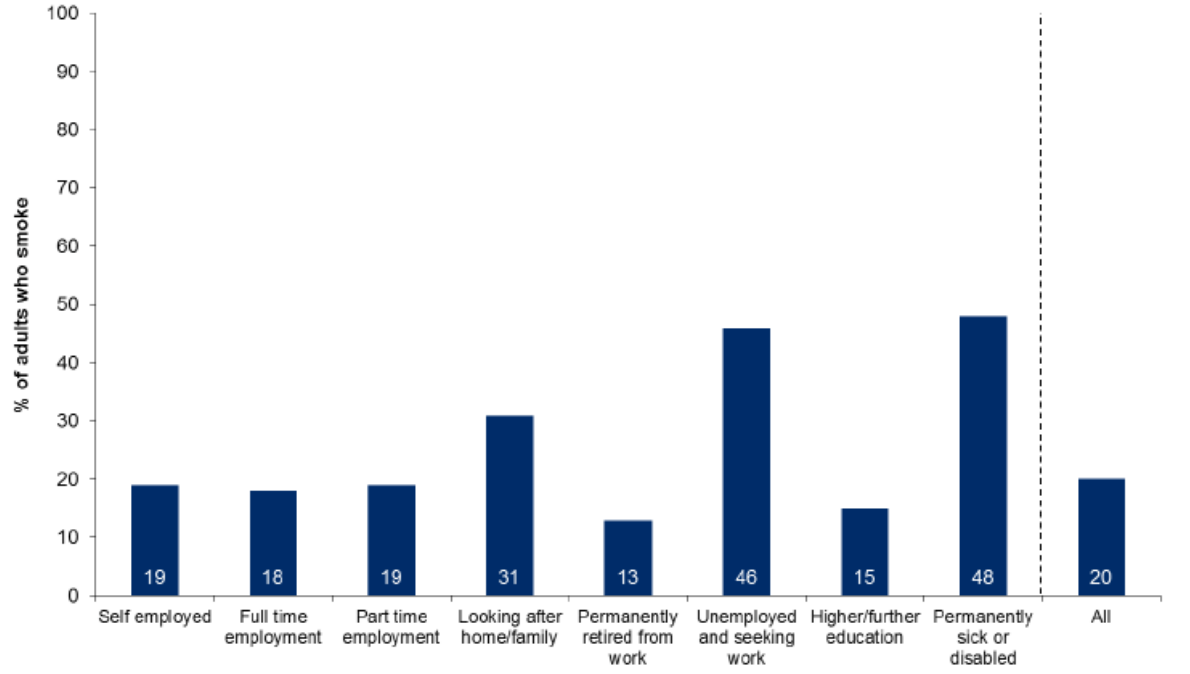
7.8 Disability, Long Term Conditions, Unemployed and economically deprived

Over time the numbers of people in Lanarkshire living with a disability and /or long term condition(s) are projected to increase. They are therefore a key priority for health and social care as they represent a large proportion of the population who will use services.

Figure 5 below shows information from the Scottish Household Survey 2014 [44]. This survey found that 46% of those who are seeking work and 48% who are permanently disabled, smoke. Smoking rates amongst the unemployed are more than double than those in full or part-time employment.

Figure 5

Prevalence of smoking in Scotland by employment status



What action will we take?

We will ensure Stop Smoking Services are accessible to people with disabilities, Long Term Conditions, and people who are unemployed and economically deprived.

We will build capacity in our staff and volunteers to enable them to become positive anti-tobacco role models. We will do this by providing them with education that highlights the many benefits of stopping smoking. These role models will then become confident in making appropriate referrals to stop smoking services in their local communities.

7.9 Smoking cessation support for patients before admission to and whilst in hospital

In 2013 in Lanarkshire there were 15,840 hospital admissions resulting from a smoking related condition and this is significantly higher (worse) when compared to the rest of Scotland [40]. Smoking causes or is linked to poorer outcomes for those people with respiratory, vascular, cardiac, diabetes, mental health problems, and cancer [9].

Stopping smoking before an operation decreases the risk of complications, the risk of infection and the length of stay in hospital [9].

Secondary care providers have a duty of care to protect the health of and promote healthy behaviour among people who use or work in their services [86]. The Chief Medical Officer provides a vision for a Health Promoting Health Service (HPHS) that aims to ensure that every healthcare contact is a health improvement opportunity [22]. Smoking cessation is highlighted as an area of work within *The Health Promoting Health Service Framework* [22] and *Care Assurance & Accreditation System Standards for Acute and GP Hospitals 2017 [91].*

What action will we take?

We will help people to stop smoking prior to admission or to stop smoking while in hospital with the overall aim of improving their health and preventing a reoccurrence of illness. Patients in hospital with respiratory, vascular, cardiac, diabetes, mental health, and pregnancy or cancer issues will be supported to stop smoking by a specialist stop smoking service. The stop smoking service will also be available to staff working in the hospital who would like support to stop smoking.

All staff will be encouraged to embrace the concept that every appropriate healthcare contact is a health improvement opportunity regarding tobacco and all smokers, on admission to hospital, are supported to manage their smoking and offered NRT, and encouraged to quit. They will be supported to do this by a review of and further implementation of *The Integrated Care Pathway for Nicotine Addiction [89]* and Smoke-free Policies.
Staff training will be provided to ensure that all staff are confident to support smoking cessation in the hospital setting and raising the issue of other healthy lifestyle behaviours e.g. physical activity. This strategy will support the implementation of *The Care Assurance & Accreditation Standards for Acute and GP Hospitals, 2017*, in particular standard 9: Person Centred Health and Care and Standard 13: Working effectively in the Multidisciplinary Team. *The Care Assurance and Accreditation System* (CAAS) [92] is designed to support nurses and the multi-professional team in practice to understand how they deliver care, identify what works well and where further improvements are needed. Patients will be provided with information prior to their admission to hospital regarding the support available in hospital and the Smoke-free Policies.

7.10 People experiencing homelessness

In comparison to the general population people experiencing homelessness have higher levels of mortality and morbidity from a range of causes including drug and alcohol dependence, mental ill-health, smoking and chronic obstructive pulmonary disease (COPD) [93]. Children within families who are homeless are a particularly vulnerable group [94].

What action will we take?

We will be informed by the recent *Health and homelessness in North Lanarkshire, A rapid health needs assessment*, *2016* [94] and Stop Smoking Services for people who are homeless or at risk of homelessness will be developed.

7.11 E-cigarettes

E-cigarettes are battery-powered devices, many of which deliver nicotine by heating a solution of nicotine, flavouring, additives and propylene glycol and/or vegetable glycerine (glycerol). The devices typically consist of a mouthpiece, battery and cartridge or tank containing the nicotine solution. Current evidence suggests that they are safer than lit tobacco products [(95)].

E cigarettes were previously only regulated as general consumer products. However, in May 2016 the European Union (EU) Tobacco Products Directive (TPD) came into effect regulating e-cigarettes containing up to 20mg/ml nicotine. The UK Government implemented the measures of *the EU TPD in the Tobacco and Related Products Regulations* which came into force in the UK in May 2016. The exception is where therapeutic claims are made or they contain over 20 mg/ml of nicotine, when they will require to be regulated as a medicine by the medicines regulator. *The Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill* was passed by the Scottish Parliament in March 2016 and includes further measures to regulate the sale and promotion of e-cigarettes. The Bill was introduced in 2017 and includes:

- A ban on selling e-cigarettes to under-18s, along with supporting measures to ban proxy sales and unstaffed vending machines
- A register for retailers selling e-cigarettes
- Powers for Scottish Ministers to introduce restrictions on e-cigarette advertising

The UK Medicines and Health Regulatory Authority has granted the first General Sales License to an e-cigarette. However, the manufacturer has not yet made the product available in the UK and there are currently no plans for it to be routinely available on prescription.

As no e-cigarette product is available as a licensed stop smoking aid on prescription, Lanarkshire's Stop Smoking Services cannot prescribe e-cigarettes however it can and will provide support to those smokers who choose to use an e-cigarette to help them stop smoking lit tobacco.

The guidance from the national consensus statement [(96)] is that there are two key messages regarding e-cigarettes:

1. To smokers we say: whether or not you use e-cigarettes, try stopping smoking for the sake of your health and well-being and those around you. There is lots of help at hand to help you quit. NHS Scotland stop smoking services are free and are here to help you do that (https://www.nhsinform.scot/care-support-and-rights/nhs-services/helplines/quit-your-way-scotland).
2. To health professionals we say: when smokers come to you, advise them about the different ways they can quit and which are most effective. Be clear with them that expert support and medicinal treatments* have the strongest evidence base to help people stop smoking. Do not turn anybody away because they choose to use e-cigarettes.

* Medicinal treatments include Nicotine replacement therapy (NRT), Varenicline (Champix), Bupropion (Zyban) and behavioral support

What action will we take?

We will continue to monitor the evidence and contribute to the evidence base and research regarding these devices and make appropriate changes as required. We will closely monitor their use amongst the general population of Lanarkshire, paying particular attention to their use by children and young people. The Stop Smoking Services will continue to support those using e-cigarettes as an aid to stop smoking. We will disseminate public health information regarding the use of E-cigarettes.

Trading Standards Services will enforce legislation in relation to e-cigarettes. Enforcement includes a prohibition on sales to persons under the age of 18 years, restrictions on advertising, child resistant closures on e-liquids containing nicotine and compliance requirements for labelling and packaging.

8.0 Support and leadership

8.1 Leadership and influence

This strategy requires strong support and leadership in the tobacco control effort to ensure it meets its aim.

We need a significant proportion of our population to support smoke-free environments and make a smoke-free Lanarkshire a reality for our children. Given that the vast majority of adults are non-smokers they can play a significant role in supporting smokers to create a smoke-free environment e.g. by understanding the nature of addiction, be empathetic when smokers are trying to make a quit attempt, and imposing strict no smoking rules in their homes and cars.

The Lanarkshire Tobacco Control Steering Group will be responsible for: Dissemination, implementation, monitoring and evaluation of the strategy. This group will consist of Community Planning Partners across both North and South Lanarkshire Local authority areas and will influence and negotiate tobacco control activity at a local level.

What action will we take?

Leaders, managers, local employers and local communities are required to demonstrate strong anti – tobacco principles to help achieve a smoke-free Lanarkshire. Whilst not exhaustive the list below gives some examples of how they can do this:

- Acting themselves as positive role models regarding their own smoking behaviour
- Contribute to the Tobacco Control Steering Group and related working groups
- Ensuring tobacco control policies regarding workplace premises and company vehicles are enforced and rigorously implemented including prosecution
- Prioritisation of funding for tobacco control
- Giving staff time off to attend smoking cessation support.

8.2 Consultation

This strategy was developed following consultation with communities, key partners, staff and young people across Lanarkshire. The purpose was to establish key drivers and areas for action within tobacco control and to seek agreement as to how this strategy should be implemented. The need to work in partnership using an asset based approach with children, young people, families and communities was a strong recurring theme that emerged from the consultation. Consultation has taken place with over 400 people living in the most deprived local communities in Lanarkshire to enable them to contribute meaningfully to this tobacco control strategy. The overall aim of these consultations was to help people feel empowered and motivated to make a difference in their community and work towards the overall ambition of a tobacco free Lanarkshire.

What action will we take?

On-going consultation will be an integral part when planning tobacco control programmes, activities and Stop Smoking Services. The consultation process will be evidenced as part of action plans and evaluation reports. We will continually involve young people in policy, strategy and programme development using a

wide range of appropriate consultation methods and ensure actions to consult with young people are included in action and commissioning plans.

8.3 Funding and resources

The years in which this strategy spans (2018-2023) are set to be the most challenging years for all statutory, third sector and independent organisations in terms of funding restrictions. The challenge for tobacco control is to continue to provide high-quality, safe, effective and person-centred care and services, as well as prevention and protection programmes of work, within these funding restrictions, ensuring value for money and return on investment.

What action will we take?

We need to continue to invest in evidence based preventative tobacco control activities and support people in communities to take greater responsibility for their own health which in turn should reduce the financial pressure on health and social care services as a result of tobacco related harm.

8.4 Partnerships, collaboration and shared resources

The Scottish Government, in their Tobacco Control Strategy [(2)], promote an Asset-based approach to all tobacco related activity. Assets are described in the national strategy as "*the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health status*". Third sector organisations have a long history of working with the most disadvantaged in our society and it is recognised that they are equal partners in implementing this strategy.

From April 2016 there has been a significant reform in the way Health and Social Care services are now provided. This integration extends the benefits of integrating planning and delivery of services across Lanarkshire. Integration is focused on person-centred care, health, planning and delivery so people get the right advice and support in the right place and at the right time.

Community planning and Children's Services Planning Structures along with Health and Social Care Partnerships will strengthen the significant contribution to tackling inequalities via tobacco control activity.

The Primary Care Contract [(97)] is designed to allow a more "generalist" approach in the primary care setting thus allowing practitioners to be more flexible. The aim is to improve patient's experiences of consultations and staff experience of working in primary care. The new contract is designed to enable a more focused approach on prevention, self management and to support those people most in need in our communities. These changes give an opportunity for increased partnership working and directing resources to the most vulnerable in our communities [(98).]

What action will we take?

Work with local people and communities is crucial in ensuring that services are directed at those most in need and that tobacco control activity is needs led. We need support from national organisations and Scottish government and will continue to be actively involved in national programmes of work. We will ensure our involvement continues on key national work groups including Smoking cessation co-ordinators group, Smoking cessation network, Second hand smoke network all of which will report to the ministerial

working group on tobacco control. Health and Social Care Partnerships should commit to the implementation of the actions from this strategy. This commitment will support the strategic intentions of the commissioning plans and Local Outcome Improvement Plans with respect to early intervention and health inequalities. In line with the Primary Care Contract joint working opportunities will be explored and intelligence will be shared to improve the services available.

8.5 Workforce development

This strategy calls for a workforce that goes "above and beyond" and is skilled, confident and knowledgeable on prevention, protection and cessation and who can recognise the importance of tackling inequalities and evidencing good practice. The workforce for tobacco control will be all staff and volunteers within the range of partnership organisations who are working together to achieve the ambitions of the strategy. The value of the workforce of the future will also be recognised and students will be encouraged to take up experiential workplace placements as well as research projects within areas of tobacco control.

What action will we take?

We will develop a workforce development plan. We will develop the workforce to be skilled and confident when addressing tobacco issues who also act as positive anti-tobacco role models, regardless of their smoking status. Staff will support organisational Smoke-free policies as well as the principle that "every contact with clients is a health promoting opportunity". We will develop a workforce that can confidently and with credibility support people to improve their lifestyles by addressing their health and social care needs in a holistic fashion rather than by simply treating them as a "smoker".

8.6 Communications

There needs to be continuing communications activity to understand the health harms of tobacco, exposure to second and third hand smoke and promotion of services available to help people to stop smoking. Modern developments in communication such as social media including Facebook and twitter should be used to spread the key messages about tobacco prevention, protection and provision of stop smoking services.

What action will we take?

We will appeal to all adult smokers in Lanarkshire to never smoke in front of children and to make their homes and cars smoke-free. To do that well and succeed we will work together towards this shared vision. A Tobacco Control communication plan will be developed to outline all the communication necessary to achieve the aim of this strategy. A key element of this plan will be to communicate how everyone living and working in Lanarkshire can become positive anti-tobacco role models. We will support national communication campaigns and the re-branding of Stop Smoking Services. It will also be important to produce resources that illustrate the inequalities perpetuated by tobacco use particular to Lanarkshire.

8.7 Smoke-free Policies, Guidance and Legislation

Smoke-free policies guidance and legislation are vital to support tobacco control; all health promoting organisations must continue to demonstrate leadership in implementing smoke-free policies and adhering to guidance and legislation. This includes for example, the implementation of smoke-free Scottish Prisons,

smoke-free hospital grounds and other smoke-free areas including play parks which will promote healthy lifestyles.

What action will we take?

We will follow guidelines included within *Smoke-free local authority implementation guidance* [51] and will work with partners to implement these guidelines.

We will aim to achieve the requirements of the *Health Promoting Health Service Chief Medical Officer letter (19)* to maintain a comprehensive organisational tobacco policy within NHS Lanarkshire and alignment with partners on shared sites. We will also utilise the resources we have to inform and support development of smoke-free policies across all businesses and establishments in order to reach and empower our local communities.

We will support the implementation of smoke-free prisons proposals and implement the legislation relating to smoke free perimeters around NHS buildings (acute sites).

8.8 Healthy working lives

Smoking is a major cause for concern within a workplace. It can have a direct impact on both smokers and non-smokers, and ultimately employers. In addition, most employers now have a legal responsibility to ensure that people do not smoke in the workplace.

Other issues include:

Absenteeism: Smokers tend to have more sick leave than non-smokers and the estimated cost of smoking-related absence in Scotland including total productivity losses is estimated at approximately £692 million per annum [99].

Safety: It is estimated that around 20% of workplace fires are started by cigarettes or discarded matches. This can lead to higher fire insurance premiums. In addition, the resources cost in terms of losses from fires caused by smoking materials is an estimated £4 million per annum [100].

Keeping key personnel: Smoking is an important contributory factor in Scotland's top three causes of death and major ill health: coronary artery disease, cancers and strokes. Losing employees due to these illnesses can have a major impact on a workplace [101].

What action will we take?

We will continue to promote the benefits of the Healthy Working Lives Award. The award requires all participating workplaces to implement a smoke-free policy for employees, particularly those who are paid lower than the living wage, over and above the legislative requirements, for example; participating in campaigns that encourage employees to quit as well as providing information on smoking cessation advice and services.

8.9 Monitoring, Improvement and Evaluation

The ambition of this strategy will require robust governance, monitoring, evaluation and quality improvement and assurance. The Scottish Health Survey is the current preferred source for smoking prevalence figures in Scotland [37].

What action will we take?

Appropriate methods for monitoring, evaluation and project planning will be utilised and the main objective will be to learn from all elements of tobacco control activity in order to know where things worked and where things didn't work to make changes.

Quality improvement methodologies will be used to monitor and improve tobacco control activity. *The Model for Improvement* will be adopted to test changes and accelerate improvement to processes and outcomes. The *Model for Improvement* consists of three key questions;

1. What are we trying to accomplish? (Aims)

2. How will we know change is an improvement? (Measures)

3. What changes can we make that will result in improvement? (Selecting changes)

A Plan-Do-Study-Act cycle is then used to test changes to determine whether the change leads to improvement.

Throughout the implementation of the strategy on-going consideration will be given to building an evidence base of good practice by regularly reviewing published research and ensuring evidence is put into practice and practice is developed into evidence.

We will build an evidence base around effective programmes that explore how we support young people not to start smoking and the role of family life and how it influences the choices people make regarding smoking. We will further investigate the barriers and challenges that families face in creating smoke-free homes and cars. We will also contribute to research on the role that e-cigarettes can play in smoking cessation.

Achieving and reporting on targets is a key ambition of this strategy and to support the monitoring and reporting of these targets a data measurement plan will be developed. We will develop the information technology systems to record, monitor and report tobacco control activity. Action will include working with Scottish Health survey, Information Services Division (ISD) to improve data collection, analysis and interpretation.

8.10 Targets

We will work towards achieving high level targets in each of our main areas for action (listed below); these have been derived from national strategy and policy. A list performance indicators which will contribute to the achievement of high level targets will be outlined in the data measurement plan.

Short term (2018-2019)

By March 2018:

- Local Delivery Plan annual smoking cessation target will be met (12 weeks quits will be achieved in SIMD 1 and 2 areas of Lanarkshire).

By November 2018:

- Implementation of a smoke-free HMP Shotts.

Medium term (2019-2022)

By 2022:

- Exposure to Second Hand Smoke (SHS) in Lanarkshire will reduce to 6%
- Prevalence of smoking in Lanarkshire will reduce from 21.8% to an overall 11% by 2022

Long term (beyond 2022)

By 2034:

- Smoking prevalence in Lanarkshire will be 5% or less.

9.0 Summary

This strategy recognises the important contribution that can be made by all partners from the statutory, independent, businesses and Third Sectors using asset based approaches for tobacco control. This approach will utilise the existing strengths in our communities, to create a smoke-free Lanarkshire.

North and South Lanarkshire Community Planning and Health and Social Care Partnerships, including NHS Lanarkshire, Third Sector Organisations and North and South Lanarkshire Councils' and the communities of Lanarkshire must all work together and each use our ability to influence, demonstrating strong leadership in implementing this five year strategy. The key actions from this strategy are summarised in Table 5 below.

9.1 Summary of key actions

Table 5 below lists the actions that will be undertaken within the four key areas of this strategy, it also highlights which of the governance groups will lead on the action. This table will form the basis of the Tobacco Control Action Plan which will be published following the publication of this strategy.

Table 5

	PREVENTION						
	What action will we take?	**Lead**	**timescale**				
			18/19	**19/20**	**20/21**	**21/22**	**22/23**
1	Organisations across Lanarkshire will sign up to *Scotland's Charter for a Smoke-Free Generation.*	Tobacco Control Implementation Group					
2	A network of organisations signed up to the charter in Lanarkshire will be established, meeting regularly to share their practice and learning.	Tobacco Control Implementation Group					
3	Commission programmes which will support and train staff and volunteers to undertake tobacco control work with vulnerable young people using a holistic approach.	Tobacco Control Implementation Group					
4	Work with parents, care givers and those who support vulnerable young people, in particular children who are Looked After.	Tobacco Control Implementation Group					
5	Develop projects that look at factors within families that influence a young persons' decision to smoke or not and develop programmes that assist parents to talk to their children about smoking.	Tobacco Control Implementation Group					
6	Involve young people in policy, strategy and programme development.	Smoke-free Lanarkshire Implementation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
7	Develop No Smoking Policies for Looked after Children.	Smoke-free Lanarkshire Implementation Group					
8	Build an evidence base for what activities are effective at preventing young people from starting to smoke and will include support for young people who are Looked After and who want to stop.	Tobacco Control Monitoring, Improvement and Evaluation Group					
	Smoke free environments						
9	Programmes to support and implement organisational tobacco policies will continue to protect people from the harmful effects of second hand smoke (SHS) and to make not smoking the social norm.	Smoke-free Lanarkshire Implementation Group					
10	Focus on areas likely to be frequented by children such as play parks, town centres with outdoor shopping areas and family attractions across Lanarkshire.	Smoke-free Lanarkshire Implementation Group					
11	A youth friendly version of a Smoke-free Charter will be developed and shared widely with organisations which support children and young people.	Smoke-free Lanarkshire Implementation Group					
12	Informed by national guidelines North and South Lanarkshire Health and Social Care Partnerships will continue to develop No Smoking Policies for Looked after Children.	Smoke-free Lanarkshire Implementation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
	Peer influence						
13	Peer education work will continue in Lanarkshire.	Tobacco Control Implementation Group					
14	Investigate the relationship between tobacco and cannabis use in young people.	Tobacco Control Monitoring, Improvement and Evaluation Group					
15	Create publicity campaigns that educate and inform young people of the dangers of using tobacco and cannabis.	Tobacco Control Implementation Group					
	Education						
16	All children in Lanarkshire will receive opportunities for learning about all aspects of tobacco and will be equipped with the knowledge to help them to make responsible choices for themselves and others.	Tobacco Control Steering Group					
17	We will support people working in education and youth settings to have a wide range of skills, knowledge and confidence regarding tobacco prevention and protection education.	Tobacco Control Implementation Group					
18	Organisations will be encouraged to develop No Smoking Policies.	Smoke-free Lanarkshire Implementation Group					
19	Develop Tobacco curricular resources which inform teachers and pupils about tobacco harms, whilst addressing social, moral and environmental tobacco issues.	Tobacco Control Implementation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
20	Investigate implementing the ASSIST programme in Lanarkshire, given the evidence following its use of peer educators in schools.	Tobacco Control Monitoring, Improvement and Evaluation Group					
	Availability and Enforcement of Tobacco sales						
21	Targeting the secondary sources i.e. parents, carers and the wider community to encourage a shift in behavioural, attitudinal and the culture so that adults do not supply children with cigarettes.	Tobacco Control Implementation Group					
22	We will ensure local support for national campaigns, such as the #notafavour campaign, by coordinating local activity, involving key partners, and utilising existing local networks.	Tobacco Control Implementation Group					
23	Trading standards will continue to issue penalties to prevent underage sales including a fixed penalty notice issued if a retailer sells tobacco products.	Tobacco Control Steering Group					
24	Trading standards will continue to undertake age restricted sales test purchasing programmes to prevent underage sales including a fixed penalty notice issued if a retailer sells tobacco products in contravention of the law.	Tobacco Control Steering Group					
25	Trading Standards Services will continue to enforce legislation controlling the quantity, quality, price, description and safety of most goods and services, including the new legislative requirements in relation to tobacco related products, standardised packaging and e-cigarettes.	Tobacco Control Steering Group					

		Lead	18/19	19/20	20/21	21/22	22/23
	Illicit tobacco						
26	We will highlight the harm caused by illicit tobacco in local communities and encourage the reporting of illicit tobacco trading.	Tobacco Control Steering Group					
	PROTECTION						
	What will we do?						
	Data collection						
27	Monitor the interventions that have resulted in reduced exposure to second hand smoke.	Tobacco Control Monitoring, Improvement and Evaluation Group					
28	Develop initiatives that work with families and reduce the barriers they face to creating a smoke-free home and car.	Tobacco Control Implementation Group					
	Air quality monitoring						
29	Along with researchers from Aberdeen and Edinburgh Universities we will publish the results of the *First Steps to Smoke-free* study.	Tobacco Control Monitoring, Improvement and Evaluation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
	Education and raising awareness of SHS						
30	Through partnership working with agencies and early years' providers that support children and families, people will become more aware of the health harms associated with Second Hand Smoke.	Tobacco Control Implementation Group					
31	Organisations will be offered Second Hand Smoke training and training in the use of Motivational interviewing techniques that will support and encourage families to create smoke-free homes and cars.	Tobacco Control Implementation Group					
32	Educational resources that raise the issue of Second Hand Smoke among children in an age appropriate manner will be developed for the early years setting.	Tobacco Control Implementation Group					
	Community and family activities						
33	Work with parents, especially new parents, and carers to investigate how partners and organisations can best support parents and adults to discuss tobacco issues with children.	Tobacco Control Implementation Group					
34	Resources will be developed which will support parents and carers to discuss tobacco issues with their children.	Tobacco Control Implementation Group					
	CESSATION						
	What will we do?						
35	We will respond to the new NICE guidelines on Smoking cessation: interventions and services.	Smoking Cessation Advisory Group					

		Lead	18/19	19/20	20/21	21/22	22/23
36	We will continue to be guided by *A guide to smoking cessation in Scotland 2010, Planning and providing specialist smoking cessation services, Updated 2017.*	Smoking Cessation Advisory Group					
37	Services will be designed and developed to ensure they are flexible to meet any future national priorities and changes.	Tobacco Control Steering Group					
38	Provide free Stop Smoking services in Lanarkshire which are needs led, person centred and delivered in the right time at the right place.	Smoking Cessation Advisory Group					
39	Stop Smoking services will be delivered as a partnership between NHS, Third and independent sector organisations, local authorities, the communities of Lanarkshire, community pharmacies and the *Quit Your Way Scotland* service.	Tobacco Control Implementation Group					
40	Respond to recommendations made within the 2014 national review of Smoking Cessation Services.	Smoking Cessation Advisory Group					
41	New approaches will be tested to investigate the role the Third Sector can undertake.	Smoking Cessation Advisory Group					
42	Stop Smoking Services will link with other services (e.g. income maximisation welfare advice for low income families) to support the most vulnerable clients.	Tobacco Control Implementation Group					
43	Services will provide specialist outreach and targeted services for its identified priority groups.	Tobacco Control Implementation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
44	Staff working within services will seek the views of clients to continually develop and improve the service it provides.	Smoking Cessation Advisory Group					
45	Harm reduction approaches to smoking cessation will be tested.	Smoking Cessation Advisory Group					
	Children and young People						
46	Raise awareness of the Stop Smoking Services to all staff and volunteers who support children and young people especially vulnerable young people who are looked after, young carers, young offenders and those young people living in areas of deprivation.	Tobacco Control Implementation Group					
	Pregnant women						
47	Provide a specialist stop smoking in pregnancy service.	Smoking Cessation Advisory Group					
48	Support partners and others living in the same household, as the pregnant women, who smoke.	Smoking Cessation Advisory Group					
49	We will offer specialist advice to pregnant women in relation to other health promoting behaviours e.g. breastfeeding.	Smoking Cessation Advisory Group					
50	Support the work of the Maternity Care Quality Improvement Collaborative and prioritise smoking cessation in pregnancy within action plans.	Smoking Cessation Advisory Group					

		Lead	18/19	19/20	20/21	21/22	22/23
51	Promote key messages to pregnant women: • Smoking is harmful to you and your baby's health • Stopping smoking is the best thing you can do for you and your baby • Stopping smoking will reduce your chance of miscarriage, stillbirth and Sudden Infant Death Syndrome (SIDS also known as cot death)	Tobacco Control Implementation Group					
52	Explore the use of incentives for smoking cessation in pregnancy in Lanarkshire based on the findings from the 2015 Financial incentives for smoking cessation in pregnancy: randomised controlled trial.	Smoking Cessation Advisory Group					
53	We will support the recommendations included within *Reducing Smoking in Pregnancy.*	Smoking Cessation Advisory Group					
	Prisoners						
54	We will ensure that HMP Shotts is smoke-free by November 2018.	Tobacco Control Steering Group					
55	A Stop smoking service, in line with the *Specification for a national prison smoking cessation service in Scotland,* will be provided in Shotts prison.	Tobacco Control Steering Group					
56	Actions will be delivered in line with *HMP Shotts Health Improvement Strategy*.	Tobacco Control Steering Group					
	Those living in deprived areas						
57	Highlight the services that are available to the local communities via the community pharmacy and the specialist stop smoking service as well as *Quit Your Way Scotland* service.	Tobacco Control Implementation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
58	Commission research into the needs within these communities in order to provide services that are needs led and delivered at the right time in the right place.	Tobacco Control Monitoring, Improvement and Evaluation Group					
59	Improve the smoking cessation service provided via community pharmacies by implementing the *Pharmaceutical Smoking Cessation Service Specification* and developing a Pharmacy Improvement Project.	Smoking Cessation Advisory Group					
	People with Mental Health issues						
60	Continue and enhance the provision of the specialist smoking cessation support within all mental health services.	Tobacco Control Steering Group					
61	We will target actions towards reducing the rates of smoking amongst people with a diagnosed mental health problem at the same rate as for the general population.	Tobacco Control Steering Group					
62	Seek the views of clients of these services to ensure that it is person centred and sufficiently flexible to respond to the needs of this client group.	Tobacco Control Steering Group					
63	Staff working in mental health services will be provided with training regarding smoking cessation.	Tobacco Control Implementation Group					
64	Smoke-free policy will be embedded into all mental health settings.	Smoke-free Lanarkshire Implementation Group					
65	We will explore the implementation of the *IMPACT (Improving Mental and Physical Health: Achieving Cessation Targets)* across Lanarkshire.	Smoking Cessation Advisory Group					

		Lead	18/19	19/20	20/21	21/22	22/23
	Disability, Long Terms Conditions, Unemployed and economically deprived						
66	Stop Smoking Services will be accessible to people with disabilities, Long Term Conditions, and people who are unemployed and economically deprived.	Smoking Cessation Advisory Group					
67	Education that highlights the benefits of stopping smoking will be provided, in order to build capacity in our staff and volunteers to enable them to become positive anti-tobacco role models.	Tobacco Control Implementation Group					
	Smoking cessation support for patients before admission to and whilst in hospital						
68	Help people to stop smoking prior to admission or stop smoking while in hospital.	Tobacco Control Steering Group					
69	Patients in hospital with respiratory, vascular, cardiac, diabetes, mental health, and pregnancy or cancer issues will be supported to stop smoking by the specialist stop smoking service.	Tobacco Control Steering Group					
70	Stop Smoking services will be available to staff working in the hospital who would like support to stop smoking.	Tobacco Control Steering Group					
71	Staff will be encouraged to embrace the concept that every appropriate healthcare contact is a health improvement opportunity regarding tobacco and all smokers, on admission to hospital, are supported to manage their smoking and offered NRT, and encouraged to quit.	Tobacco Control Steering Group					
72	Review and implementation of the Integrated Care Pathway for Nicotine Addiction.	Smoking Cessation Advisory Group					

		Lead	18/19	19/20	20/21	21/22	22/23
73	Further implementation of No Smoking Policies.	Smoke-free Lanarkshire Implementation Group					
74	Staff training will be provided to ensure that staff feel confident in supporting smoking cessation in the hospital setting and raising the issue of other healthy lifestyle behaviours e.g. physical activity.	Tobacco Control Implementation Group					
75	Support the implementation of the Care Assurance & Accreditation Standards for Acute and GP Hospitals, 2015, in particular standard nine: Person Centred Health and Care. The Care Assurance and Accreditation System (CAAS).	Tobacco Control Steering Group					
76	Patients will be provided with information prior to their admission to hospital regarding the support available in hospital and the no smoking policy and any emerging smoke-free policies.	Smoking Cessation Advisory Group					
	People experiencing homelessness						
77	Stop Smoking Services for people who are homeless or at risk of homelessness will be developed.	Smoking Cessation Advisory Group					
	E-cigarettes						
78	Continue to monitor the evidence and contribute to the evidence base and research regarding these devices and make appropriate changes as required.	Tobacco Control Monitoring, Improvement and Evaluation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
79	Closely monitor their use amongst the general population of Lanarkshire paying particular attention to their use by children and young people.	Tobacco Control Monitoring, Improvement and Evaluation Group					
80	Lanarkshire Stop Smoking Services will continue to support e-cigarette users, who also smoke tobacco, to stop smoking.	Smoking Cessation Advisory Group					
81	We will disseminate public health information regarding the use of E-cigarettes.	Tobacco Control Implementation Group					
82	We will enforce legislation in relation to e-cigarettes.	Tobacco Control Steering Group					
	SUPPORT AND LEADERSHIP						
	What will we do?						
83	Leaders and managers will demonstrate strong anti-tobacco principles to help achieve a smoke-free Lanarkshire.	Tobacco Control Steering Group					
	Consultation						
84	On-going consultation and feedback will be an integral part when planning and delivering tobacco control programmes, activities and Stop Smoking Services.	Tobacco Control Monitoring, Improvement and Evaluation Group					
	Funding and resources						
85	Continue to invest in evidence based preventative tobacco control activities and support people in communities to take greater responsibility for their own health.	Tobacco Control Steering Group					

		Lead	18/19	19/20	20/21	21/22	22/23
	Partnerships, collaboration and shared resources						
86	Work with local people, communities and local businesses to ensure that services are directed at those most in need and that tobacco control activity is needs led.	Tobacco Control Implementation Group					
87	Be actively involved in national programmes of work for example; attending national network meetings and contributing to national developments.	Tobacco Control Steering Group					
88	Health and Social Care Partnerships should commit to the implementation of the actions from this strategy. This commitment will support the strategic intentions of the commissioning plans and Local Outcome Improvement Plans as well as neighbourhood plans with respect to early intervention and health inequalities.	Tobacco Control Steering Group					
89	In line with the Primary Care Contract joint working opportunities will be explored and intelligence will be shared to improve the services available.	Smoking Cessation Advisory Group					
	Workforce development						
90	Develop a workforce development plan.	Tobacco Control Implementation Group					
91	Develop a workforce that is skilled and confident and act as positive role models when addressing tobacco issues.	Tobacco Control Implementation Group					
92	Support student placements.	Tobacco Control Implementation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
	Communications						
93	Develop a Tobacco Control communication plan to outline all the communication necessary to achieve the aim of this strategy.	Tobacco Control Implementation Group					
	Smoke-free policies, Guidance and Legislation						
94	We will follow guidelines and legislation and establish a partnership group to implement these across Lanarkshire.	Smoke-free Lanarkshire Implementation Group					
95	Staff will support organisational No Smoking and smoke-free policies and legislation as well as the principle that “every contact with clients is a health promoting opportunity”.	Smoke-free Lanarkshire Implementation Group					
96	Promote the Healthy Working Lives Award Scheme.	Tobacco Control Implementation Group					
	Monitoring, Improvement and Evaluation						
97	Encourage appropriate methods for monitoring, evaluation and project planning and the main objective will be to learn from all elements of tobacco control activity whether they are deemed successful or not.	Tobacco Control Monitoring, Improvement and Evaluation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
98	Quality improvement methodologies will be used to monitor and improve tobacco control activity.	Tobacco Control Monitoring, Improvement and Evaluation Group					
99	Build an evidence base of good practice by regularly reviewing published research and ensuring evidence is put into practice and practice is developed into evidence.	Tobacco Control Monitoring, Improvement and Evaluation Group					
100	Build an evidence base around effective programmes that explore how we support young people not to start smoking and the role of family life and how it influences the choices people make regarding smoking.	Tobacco Control Monitoring, Improvement and Evaluation Group					
101	Investigate the barriers and challenges that families face in creating smoke-free homes and cars.	Tobacco Control Monitoring, Improvement and Evaluation Group					
102	Contribute to research that is needed on the role that E-cigarettes can play in smoking cessation.	Tobacco Control Monitoring, Improvement and Evaluation Group					

		Lead	18/19	19/20	20/21	21/22	22/23
103	Develop a data measurement plan this will enable the identification of new and emerging trends and enable a response to them.	Tobacco Control Monitoring, Improvement and Evaluation Group					
104	We will develop the information technology systems to record, monitor and report tobacco control activity.	Tobacco Control Monitoring, Improvement and Evaluation Group					
105	We will work towards achieving targets in each of our main areas for action.	Tobacco Control Monitoring, Improvement and Evaluation Group					
106	Influence and contribute towards national developments around data measurement and analysis.	Tobacco Control Monitoring, Improvement and Evaluation Group					

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11.0 Appendices

Appendix 1 - Data on tobacco prevalence in Scotland

Traditionally the Scottish Household Survey and Scottish Health Survey have both collected and published statistics on smoking prevalence. This has resulted in two national estimates of smoking prevalence being published each year. The Scottish Household Survey, which has a larger sample size, was used as the preferred source to monitor smoking prevalence in Scotland. The Scottish Health Survey differs from the Scottish Household Survey as it includes a self-completion survey for younger adults, who are more likely to accurately report their smoking behaviour this way compared to a face-to-face survey question. This strategy reports smoking data used from both surveys.

The decision was taken by the Scottish Government to publish a single figure for Scotland and from July 2016 the Scottish Health Survey became the preferred source for the National Indicator.

Both surveys will however continue to gather information on smoking prevalence. Also, a question relating to smoking behaviour was synchronised across the Scottish Crime and Justice Survey, the Scottish Health Survey and the Scottish Household Survey. Using samples across all three surveys enables detailed and robust data and estimates for low levels of geography. Figures based on the pooled samples are published annually.

Appendix 2- Supporting policies

This strategy is supported by a number of national and local policies, strategies and legislation that ensure that children are at the centre of all activity to improve their health and well-being and reduce inequalities. The following have highlighted the need for partners to support parents and children at the earliest possible stage to improve their life chances:

- *The United Nations Convention on the Rights of the Child (UNCRC), 1989* [(102)]
- *Equally Well (2008)* [(103)] *– A* report of the Ministerial Task Force on Health Inequalities.
- *Getting it Right for Every Child 2008 (GIRFEC)* [(104)] – A policy to drive towards achieving better futures for all of our children and young people across children's and adults' services in the public and voluntary sectors.
- *Achieving our potential (2008)* [(105)] – A framework to tackle poverty and income inequalities in Scotland.
- *The Early Years Framework 2009* [(106)] - A framework about giving all our children the best start in life.
- *Making a positive difference to children and young people through parenting (National Parenting Strategy 2012)* [(20)] - The strategy reinforces the importance of parenting, by strengthening the support on offer to parents and by making it easier for them to access this support.
- *Children and Young People (Scotland) Act 2014* [(4)] – This act ensures that children's rights properly influence the design and delivery of policies and services.
- *Child Poverty Strategy (2014 – 2017)* [(46)] – This strategy sets out to improve children's wellbeing and life chances by agencies, individuals and communities working together to break cycles of inequality, poverty and deprivation.
- *It takes all of us to build a fairer Scotland, Fairer Scotland Action Plan 2016 – 2030* [(107)] – This action plan is based on five ambitions and fifty actions to help build a better country that has genuine equality of opportunity, stronger life chances and support for all those who need it.
- The Health and Social Care Delivery Plan [(108)]
- Mental health Strategy 2017 – 2027 [(88)] - This strategy sets out to change how society thinks about mental health in how decisions are made.
- A Fairer Healthier Scotland: A Strategic Framework for action 2017 – 2022 [(109)] – this framework sets out NHS Health Scotland's key priorities to achieve fairer health improvement over a five year period.

Policies have been implemented through quality improvement and collaborations such as the *Maternity and Children's Quality Improvement Collaborative (MCQIC*), and *The Children and Young People Improvement Collaborative (CYPIC)* which is an amalgamation of the *Early Years Collaborative* (*EYC*) and the *Raising Attainment for All Collaborative* (RAfA) as well as Children's Services structures in both North and South Lanarkshire. These collaborations bring together partners, parents and communities. The aim is to improve and achieve positive outcomes in services throughout a child's lifetime. This is achieved in conjunction with Community Planning Partnerships (CPPs) and National Partners.

Putting policies into practise at a local level

Building Parenting Capacity in Lanarkshire 2011

The Lanarkshire Parenting Support Strategy and Pathway*, Building Parenting Capacity in Lanarkshire 2011,* [21] describes how work coming from the national policies (described above) is put into practise in Lanarkshire. The parenting strategy has ten core commitments and this tobacco strategy positively contributes to all of the core commitments, however, in particular Commitment One which is: *to ensure the unique role of parents as the child's role model and most important resource is promoted* [21].

Getting it right for every child, (GIRFEC)

Getting it right for every child has been implemented in Lanarkshire. GIRFEC calls for the workforce and volunteers within health centre's and hospitals, nurseries, schools and leisure centre's, family centre's, social work services and housing offices, and in the community to work together towards changes in culture, systems and practice that will help all children and young people to grow, develop and reach their full potential [110].

Curriculum for Excellence [47] offers an excellent framework for embedding tobacco prevention messages and programmes in schools and other educational establishments as it allows flexible learning, focused on health and wellbeing, which is interactive and cross curricular.

Appendix 3 – Tobacco Control's contribution to the National Outcomes

National Outcomes	
Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer	Smoking is the single biggest preventable cause of ill health and death. In 2014 there were 1,308 deaths in Lanarkshire as a result of smoking which was significantly higher when compared to the rest of Scotland. In 2013 there were 15,840 admissions to hospital in Lanarkshire for a smoking related disease and this was significantly higher when compared to the rest of Scotland Stopping smoking is associated with reduced depression, anxiety and stress and improved positive mood and quality of life.
Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Smoking causes and worsens a wide variety of long term conditions including COPD, Type 2 Diabetes, asthma, coronary heart disease, cancers and dementia. Stopping smoking is the single most preventable cause of ill health & can prevent the development of these conditions meaning a reduced likelihood of the need for hospitalisation and people can live longer at home. Smoking and its related illnesses reduces people's ability to work and earn a living.
Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Stop Smoking Service in Lanarkshire is person centred and delivered at the right time in the right place. The services provided in Lanarkshire are a partnership between NHS, Third and independent sector organisations, local authorities, the communities of Lanarkshire and community pharmacies.
Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	Around 13,300 young people start smoking each year in Scotland. Second-hand smoke exposure in children causes a range of illnesses and one in five of all cot deaths. Children living in smoking households are much more likely to start smoking themselves. The risk of developing dementia is up to 70% higher amongst current smokers when compared to those who have never smoked. 19.2% of pregnant women in Lanarkshire smoke higher than the Scottish average.
Outcome 5. Health and social care services contribute to reducing health inequalities	Smoking rates remain highest in our most deprived communities at 42% for North Lanarkshire and 49% for South Lanarkshire compared to 21.1% in our least deprived communities in North Lanarkshire and 21.6% in our least deprived communities of South Lanarkshire. Almost half of adults who are permanently sick or disabled, or who are unemployed and seeking work, are current smokers. A third of all tobacco is used by people with mental health issues.
Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being	An independent health needs assessment commissioned by North Lanarkshire carers together identified chronic obstructive pulmonary disease as a health concern of carers in each of the six localities in North Lanarkshire.
Outcome 7. People using health and social care services	Second Hand Smoke (SHS) exposure has been linked to an increased risk of a range of illnesses including lower respiratory tract infections,

are safe from harm	asthma, wheezing, middle ear infections, sudden unexpected death in infancy and invasive meningococcal disease. Exposure to SHS has also been found to be linked to increased risks of a range of other health conditions, including some types of childhood cancer, emphysema in adulthood, impaired olfactory (sense of smell) function, and may exacerbate chronic conditions such as sickle cell disease.
Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	The health and social care partnership staff will be supported to be skilled and confident when addressing tobacco issues. Staff will support and contribute to organisational No Smoking Policies as well as the principle that "every contact with clients is a health promoting opportunity".
Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services	Smoking costs, conservatively, around £1.1 billion to Scotland each year. Stop smoking services are one of the most cost effective health care interventions.

Find your local service: http://www.nhslanarkshire.org.uk/HealthyLiving/StopSmoking or

Call 0800 84 84 84