

## 1. BACKGROUND

### 1.1 Introduction

This is a summary of the full version of the Glasgow Tobacco Strategy 2009 - 2014. The original Glasgow Tobacco Strategy was published by the Glasgow Alliance in 2005 with the aim of:

*“promoting the health of people living and working in the city of Glasgow by reducing the health impact of tobacco, particularly targeting those of greatest need.”*

It set out the direction for tobacco work in Glasgow. Since then, a number of changes have taken place, which means that many sections of the strategy required updating. The revised strategy takes these changes into account.

### 1.2 The impact of smoking in Glasgow

Significant progress has been made in addressing the health impact of smoking. However, the City of Glasgow still has the highest smoking rates amongst adults in Scotland with 34% of the adult population smoking compared to a national average of 25%. Health inequalities are clearly evident as smoking prevalence in the poorest communities are higher than this - Shettleston (40.1%), Springburn (39%), Maryhill (37.3%) and Baillieston (36.2%) (NHS Health Scotland 2007).

The negative impact of smoking is considerable and particularly felt in areas of social deprivation. Smoking in pregnancy causes harm to both the mother and the unborn child and is more prevalent in the more deprived areas of Glasgow. Other population groups of particular concern include:

- Minority ethnic communities
- People with mental health problems
- Young people, in particular young girls

Second hand smoke poses a risk of harm to health for children in particular.

Smoking imposes large costs both to individuals and the economy.

### 1.3 Progress in Glasgow

Although smoking rates are still high, there has been a steady decline in smoking prevalence rates since the 1970s. This is due to a continued programme of tobacco work consisting of provision of effective stop smoking services, programmes of health education and promotion to reduce uptake of smoking, initiatives to reduce exposure to second hand smoke and work to reduce the availability of tobacco products to young people.

### 1.4 National and Local Policy and Organisational Context

Recent changes in relation to policy and structure affecting the delivery of tobacco programmes in Glasgow include the following:

- It is now illegal to smoke in virtually all enclosed public places and workplaces and to sell tobacco products to young people less than 18 years of age
- The Government has recently produced a new national Smoking Prevention Action Plan providing direction for tobacco work in Scotland for the next 5 years
- Structurally, Community Planning Partnerships and Community Health Care Partnerships have been created to direct planning and services at a local level and Glasgow City Council Services have undergone restructuring
- The strategy required updating to take into account recent equality and diversity legislation

### 1.5 Evidence-Based Approaches

The evidence base for preventing harm from tobacco use identifies that a combination of key activities is most effective. These include protection and control measures, prevention and education, provision of stop smoking services and reducing exposure to second hand smoke, alongside broader measures to address poverty.

## 2. TOBACCO STRATEGY FOR GLASGOW

### 2.1 Development of the Updated Glasgow Tobacco Strategy

The updated Glasgow Tobacco Strategy has been developed through a review of the original documents and an assessment of evidence and strategies published since 2005. The objectives from the original strategy remain largely the same but have been revised and framed alongside new objectives, gathered under outcomes.

The Tobacco Strategy is regarded as a long-term strategy and sets the direction for tobacco work in Glasgow for 2009 - 2014.

### 2.2 Contribution to the Community Plan and Single Outcome Agreement

Implementation of Glasgow's Tobacco Strategy is crucial for achieving the aims of a number of Glasgow's plans and strategic documents including the Community Plan and the Single Outcome Agreement. The Tobacco Strategy has been aligned to Glasgow's Single Outcome Agreement and will be the city's approach to trying to achieve the Scottish Government national target to reduce the percentage of the adult population who smoke to 22% by 2010.

### 2.3 Core Principles of the Glasgow Tobacco Strategy

The updated strategy adopts the following principles:

- Tackling health inequalities is key to reducing smoking prevalence
- Resources should be targeted at the most disadvantaged areas and groups
- The needs of different populations should taken into consideration
- Locally relevant activity should be developed through effective community engagement
- Tobacco control activities should be anti-smoking not anti-smoker
- Non-smoking should be promoted as the social norm
- All non-smokers have the right to not be involuntarily exposed to second-hand smoke
- Children have the right to be free from any form of tobacco advertising and promotion

- The tobacco industry should be challenged and its tactics exposed
- All smokers should have the right to receive stop smoking advice and support through the NHS, with strategic planning areas tailoring the agreed service model to meet the needs of their diverse populations including minority ethnic communities, those with mental health problems and other key priority groups

### 2.4 Vision of the Strategy

The Glasgow Tobacco Strategy will result in long term, concerted and co-ordinated partnership action on tobacco in Glasgow, leading to an eventual reduction in smoking prevalence and exposure to second hand smoke in the city, overall improvement in the health and well being of Glaswegians, a reduction in health inequalities, and improved economic and environmental status.

### 2.5 Aim and Objectives of the Strategy

The Glasgow Tobacco Strategy aims to promote the health of people living and working in the city of Glasgow by reducing the health impact of tobacco, particularly targeting areas and populations of greatest need.

To support the achievement of the aim the strategy has the following objectives

- Smoking prevention: reduce initiation and uptake of smoking in young people
- Stop smoking services: reduce rates and frequency of active smoking in adults and young people
- Health protection: Reducing exposure to second hand smoke (SHS) and the wider harm associated with smoking

### 2.6 Targets and Indicators

In line with the Council's Single Outcome Agreement, the targets of the Glasgow Tobacco Strategy are to:

- reduce prevalence of smoking in Glasgow in adults from 39% (2005) to 32% (2011) and to 28% by 2014\*
- reduce prevalence of smoking in deprived communities from 47% (2005) to 38% (2011) and to 34% by 2014\*
- reduce prevalence of smoking in the 16 - 24 age group from 39% (2005) to 31% (2011) and to 28% in 2014\*

\* Figures from the local Health and Wellbeing Survey

The tobacco strategy will also help to achieve the following national targets:

- To reduce level of smoking in the adult population to 22% by 2010
- To reduce level of smoking in pregnancy from 29% to 20% by 2010
- To reduce the level of smoking amongst:
  - 13 year old girls from 5% in 2006 to 3% in 2014
  - 13 year old boys from 3% in 2006 to 2% in 2014
  - 15 year old girls from 18% in 2006 to 14% in 2014
  - 15 year old boys from 12% in 2006 to 9% in 2014
  - 16 - 24 year olds from 26.5% in 2006 to 22.8% in 2014
- NHS Boards to provide targeted services to support 8% of the smoking population to quit successfully by the end of 2011

## 3. IMPLEMENTATION, MONITORING, RESOURCES, WORKFORCE DEVELOPMENT

### 3.1 Implementing the Strategy

Glasgow City Council, NHS Greater Glasgow and Clyde, and Glasgow Community Planning Partnership support this strategy, creating a supportive environment in Glasgow that will enable action on tobacco to be taken forward at a both a citywide and local level. Contributions from a range of key partners across sectors will be essential to achieve coordination and success.

### 3.2 Planning and Reporting Structures

Reports on progress in relation to actions in the strategy will be made to the Glasgow City Council Joint Health Improvement Officer Group (JHIIOG) and the NHS Greater Glasgow & Clyde Tobacco Planning and Implementation Group (PIG).

In addition, local structures will be developed or identified to coordinate tobacco work within each Strategic Planning Area. These structures will be the primary mechanism by which community engagement on specific actions on tobacco is carried out. Involving communities in decisions that affect them ensures that diversity of their needs is considered. Local structures may wish to link to local Community Reference Groups and Public Partnership Forums.

It is important that these groups reflect the diversity of the local population, ensuring that appropriate tobacco plans are developed.

### 3.3 Monitoring and Evaluation

It is essential that the impact of the strategy is assessed. Evaluation will be used to inform future planning and resource allocation. This will require coordination and communication between the different structures involved in delivering the actions associated with the strategy.

A report compiled from information from all partners delivering actions in the plans (section 4 of the full document) will be delivered to the JHIIOG on a six-monthly basis. These six-monthly reports will then be submitted to the Tobacco PIG and to Community Planning at a citywide level.

Strategic Planning Areas will be encouraged and supported to produce local tobacco action plans linked to the Glasgow Tobacco Strategy (stand alone document or incorporated into existing plans) and report on activity on a 6 monthly basis, as indicated above. Outcome data in relation to the targets and indicators listed above will be collated and presented, where possible, on an annual basis. Local plans should incorporate Equality and Diversity issues to ensure that the plans meet the diverse needs of the local population.

### 3.4 Resources

Implementation and evaluation of the strategic plans will require funding, both for actions that relate directly to an organisation's own remit and workplaces as well as actions requiring partnership with others. The level of funding required to progress the strategy will depend on the range and timescales of the agreed actions within and across agencies.

The Scottish Government has allocated additional funding to NHS Boards from 2008/09 to 2010/11 to enable local coordination of action to deliver the measures outlined in the Smoking Prevention Action Plan, and contained within the action plans of the Glasgow Tobacco Strategy.

### 3.5 Workforce Development

Resources will also need to be allocated to workforce development to support NHS and other staff to focus on tackling inequalities, to adopt evidence-based approaches and to work in a coordinated and sustained way across agencies.

#### 4. ACTION PLANS

Action plans have been developed that fit with the three work areas identified in Health Scotland's Health Improvement Performance Management Framework. The logic models, output measures and indicators, outcome measures and indicators, lead agencies and partners are all detailed in the full version of the strategy.

##### Objective 1:

**Smoking prevention:** reduce initiation and uptake of smoking in young people.

Actions:

- 1.1 Whole school approach and policies
- 1.2 Tobacco education in schools
- 1.3 Delivery of Smoke Free Me and Smoke Free Class programmes
- 1.4 Prevention work targeted at further education and higher education students
- 1.5 Programmes and support for harder to reach groups
- 1.6 Involvement of children and young people
- 1.7 Health leadership role and policies in youth/community work settings
- 1.8 Development of smoke free policies in external areas frequented by children and young people
- 1.9 Development of a pilot intervention for young people
- 1.10 Training for staff working with young people
- 1.11 Coordinated marketing and promotional activity
- 1.12 Action to reduce positive images of smoking in the media
- 1.13 Support for legislative controls to further restrict tobacco displays
- 1.14 Enforcement of the law preventing sales to under 18s
- 1.15 Promotion of the "no proof, no sale" culture in Glasgow
- 1.16 Reduction of the extent and impact of illicit sales
- 1.17 Lobbying to ensure that duty is sufficiently high
- 1.18 Contribution to the debate on sale in packets of less than 20
- 1.19 Lobbying for a move to plain packaging

##### Objective 2:

**Stop-smoking services:** reduce rates and frequency of active smoking in adults and young people.

Actions:

- 2.1 Effective promotion of stop smoking services
- 2.2 Enhanced referrals via health and other professionals
- 2.3 Including referral to stop smoking support as part of workplace policies
- 2.4 Delivery of effective stop smoking services
- 2.5 Enhanced performance of services through staff training
- 2.6 Monitoring of performance
- 2.7 Increased uptake of pregnancy services
- 2.8 Development of services that are more accessible and sympathetic to the most disadvantaged people in Glasgow
- 2.9 Stop smoking services designed for young people
- 2.10 Contribution to the debate on reduced harm cigarettes and the use of long term Nicotine Replacement Therapy

##### Objective 3:

**Health protection:** Reducing exposure to second hand smoke and the wider harm associated with smoking.

Actions:

- 3.1 Campaign to raise awareness of the impact of second hand smoke on children's health
- 3.2 Effective implementation of workplace tobacco policies
- 3.3 Promoting the Healthy Working Lives initiative in Glasgow workplaces
- 3.4 Enforcement of the ban on smoking in enclosed public places
- 3.5 Enforcement of smoking policies within residential and foster care
- 3.6 Support for the introduction of reduced ignition propensity cigarettes
- 3.7 Increasing measures to reduce fires in the home

#### 5. CONCLUSION

The development and implementation of Glasgow's Tobacco Strategy is vital to improving the health of people of the city. Action needs to be undertaken on a range of fronts, not only by the large organisations within the city, but by smaller agencies, communities and individuals working in partnership to deliver concerted and co-ordinated action on tobacco.

This strategy does not stand-alone but is integral to other city wide strategies aimed at improving the circumstances of people in Glasgow. In a situation where smoking kills 1 in 5 Glaswegians, the social and economic regeneration of the city will be compromised unless we work together to tackle the harm caused by tobacco.

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GLASGOW COMMUNITY PLANNING PARTNERSHIP  
CITY CHAMBERS, GLASGOW, G2 1DU



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