Contributing to the improvement of the health, environmental, and economic status of people living and working in Glasgow through co-ordinated partnership action against tobacco.
Smoking is the single biggest cause of ill health and premature death in Glasgow. Every year more than 1,300 Glaswegians die of smoking related diseases.

Encouraging our young people not to start smoking, supporting smokers who want to stop and protecting everyone from the damaging effects of passive smoking are therefore key priorities for all who seek to make Glasgow a better city in which to live and work.

The Glasgow Community Planning Partnership, as one of its first actions to support a healthier Glasgow, has endorsed the Glasgow Tobacco Strategy. This document provides a framework for concerted and coordinated action to which all - agencies, communities and individuals - can contribute.

Incorporating action on tobacco into Glasgow’s day to day life puts health high on the agenda for a city that is working hard to change its poor health status. Everyone has a role to play. I ask that you consider how you can contribute to the implementation of this strategy and help make a difference to Glasgow’s health.

Councillor James Coleman
Glasgow Community Planning Partnership
executive summary

WHY GLASGOW NEEDS A TOBACCO STRATEGY

The impact of smoking in Glasgow

1. The development and implementation of the Glasgow Tobacco Strategy is vital to improving the health of the people of the city. Smoking is the biggest single preventable cause of premature death in the UK, killing half its long-term users. In Greater Glasgow NHS Board area 33% of the population smoke, rising to 37% if only Glasgow City is considered. These figures are higher than the average for Scotland and the UK as a whole. The smoking behaviour of young people is a major health concern, particularly among girls where prevalence has not dropped. Total annual inpatient costs to the NHS in Greater Glasgow of illnesses due to smoking are estimated as being more than £14 million.

2. There is conclusive evidence that exposure to second-hand tobacco smoke causes death and disease. A recent survey found that in Glasgow City 63% of the sample spent some or all of their day in places where others smoke. In the more deprived areas this figure rose to 71%.

Smoking and social inclusion

3. Smoking has become concentrated in Glasgow’s poorest households with over 50% of people from Social Inclusion Partnership (SIP) areas smoking. In terms of health inequalities, smoking – more than any other identifiable factor – contributes to the gap in healthy life expectancy between those most in need and the advantaged.

Progress in Glasgow

4. This strategy outlines the extent to which change is required. However, it must be remembered that dramatic changes have occurred in attitudes, policy, and practice in relation to tobacco. For example, there has been a steady decline in smoking prevalence, tobacco advertising has been banned, many workplaces in Glasgow now have smoking policies, and the Scottish Parliament will move to ban smoking in enclosed public places. This progress forms the foundations on which this strategy can be taken forward.

Moving forward

5. Tackling tobacco is a priority for Glasgow. The challenge is great: the tobacco industry is powerful, tobacco smuggling is widespread, and tobacco is addictive. A strategic approach is essential, which is firmly based on research and joint work, and considers local context, needs and resources.

Vision of the strategy

6. The Glasgow Tobacco Strategy will contribute to the improvement of the health, environmental and economic status of people living and working in the City of Glasgow through co-ordinated, effective and sustained action against tobacco by organisations, communities and individuals working in partnership.

7. This strategy has been developed in consultation, taking account of local action on tobacco already undertaken, directives from National Government, and local strategic plans for Glasgow.
Principles of the strategy

8. This Strategy adopts the following principles:

- Tobacco control activities should be anti-smoking not anti-smoker.
- Tobacco control activities should promote non-smoking as the social norm.
- All smokers should have the opportunity to receive smoking cessation advice and support through the NHS.
- Smoke-free is best for health: there is no safe level of exposure to second-hand smoke.
- Young people should be free from any form of tobacco advertising and promotion.
- Tobacco control strategies should target those disadvantaged groups and populations with the highest prevalence of smoking and smoking related disease.
- Tobacco control interventions should not be delivered in isolation from broader anti-poverty interventions.
- Actions should address the diverse population of Glasgow, and be sensitive to specific needs relating to gender, ethnicity, age, disability, poverty and social grouping.
Aims and objectives of the strategy

9. 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 of greatest need.

10. To support the achievement of the above aim, the strategy has the following strategic objectives:
   • To ensure that lead organisations in the private, public and voluntary sector in Glasgow engage fully with tobacco control.
   • To undertake a programme of activity specifically targeted at young people aimed at reducing the impact of tobacco.
   • To encourage and deliver sustainable community led work on tobacco.
   • To ensure that the Health Service in Glasgow fulfils its exemplar role and fully capitalises on its unique opportunities for effective action against tobacco.
   • To make smoke-free public places the norm and to work towards a situation where all employees are protected from second-hand smoke.
   • To use a variety of media effectively to ensure tobacco issues have due prominence as a public concern.

DEVELOPMENT AND IMPLEMENTATION

The initial consultation event

11. An initial consultation event on developing a strategy was held in April 2000, attended by 60 representatives from a range of organisations and agencies within and outwith Glasgow. The outcome was agreement on a structure, and a draft outline of issues to be covered in the strategy, including suggested activities for inclusion in the action plans.

The Draft Tobacco Strategy for Glasgow

12. As a result of this consultation event, a draft tobacco strategy was produced and put out to consultation in early 2003. Comments on the draft strategy were incorporated to form this final strategy document.
Implementation

13. The Tobacco Strategy is regarded as a long-term strategy and sets the direction for tobacco work in Glasgow for the next 5 - 10 years. Action needs to be undertaken on a range of fronts, not only by the large agencies within the city, but by smaller organisations, communities and individuals. To be effective, these parties must work in partnership to deliver concerted and co-ordinated action on tobacco. The action plans associated with the strategy will be reviewed regularly and altered as appropriate, with the input of the relevant agencies and individuals.

14. A monitoring mechanism will be developed to allow regular reporting on the progress of the strategy.

15. It is essential that the opportunity to demonstrate the effectiveness of the strategy is not missed. The effectiveness of a co-ordinated and sustained approach using such a wealth of activity under the umbrella of one strategy will only become apparent if robust monitoring and evaluation mechanisms are put in place. Resources, both financial and “in kind” will be required to undertake this strategic level evaluation.

Commitment from lead agencies

16. The Board of Glasgow Alliance and the Glasgow Community Planning Partnership has approved this strategy. This commitment will create a supportive environment in Glasgow, which will enable action on tobacco to be taken forward at both a city wide and a more local level.

17. This strategy does not stand alone but forms an integral part of other city wide strategies aimed at improving the circumstances of people in Glasgow, including the *NHS Greater Glasgow Local Health Plan* and the *Joint Health Improvement Plan*. Implementation will contribute to the achievement of the key strands of the *Glasgow Alliance Strategy*, notably A Healthy Glasgow, A Safe Glasgow, A Learning Glasgow, A Working Glasgow, and a Vibrant Glasgow.
1.1 INTRODUCTION

This document provides a Tobacco Strategy for Glasgow. It has been developed in response to the high prevalence of smoking in Glasgow and the detrimental impact tobacco has on the health of people living and working in the city. The strategy outlines how tobacco affects the health of the population of Glasgow, reviews developments to date at a local and national level, and details the way forward to tackle the issue.

The effect of tobacco on health, both on those who actively smoke and on those around them, is well known. It is also now well recognised that those living on low income in Britain are most likely to take up smoking, the least able to give up smoking, the least able to afford smoking, and the most likely to suffer increased hardship because of their expenditure on tobacco. Reasons why people start and continue smoking are complex and include role modelling by parents and significant others, social environment, stress, isolation, poorer psychological and physical health, lack of optimism and self esteem, and economic insecurity.

As the reasons behind smoking are diverse it is evident that no single approach to tackling smoking will be successful. Rather, concerted, sustained, and co-ordinated action on a number of fronts by a wide range of agencies, organisations and individuals is required. In 1999 the Government set out a target to reduce the rate of smoking from an average of 35% to 31% by 2010 among adults (16 – 64) in all classes. This target was revised in 2004 and set at 29%. Tobacco companies employ significant resources and wide ranging tactics to encourage people to take up smoking – a similar approach must be adopted if the impact of tobacco on the health of the population of Glasgow is to be reduced.

Developing and producing the Glasgow Tobacco Strategy has involved a wide range of agencies and organisations. This document is only a first step towards tackling tobacco strategically in Glasgow. A process of implementation and evaluation will follow it to ensure that effective action is undertaken on an ongoing basis.

The plans set out in this strategy are ambitious. It requires actions not only from the lead agencies, but also from smaller organisations, departments and individuals. However, as a starting point it is recognised that the commitment of key lead agencies in Glasgow to action against tobacco is vital. Within such a supportive environment, it will then be possible to work together to tackle the issue of tobacco and make a major contribution to improving the health of people in Glasgow.

VISION OF THE STRATEGY

The Glasgow Tobacco Strategy will contribute to the improvement of the health, environmental, and economic status of people living and working in the City of Glasgow through co-ordinated, effective and sustained action against tobacco by organisations and individuals working in partnership.
1.2 WHY GLASGOW NEEDS A TOBACCO STRATEGY

1.2.1 The impact of smoking

Smoking is the biggest single preventable cause of premature death in the UK, killing half its long-term users. In Glasgow 1 in 5 people die because they smoke.

In Greater Glasgow NHS Board area 33% of the population smoke, rising to 37% if only Glasgow City is considered. These figures are higher than the average for Scotland and the UK as a whole.

30% of all cancer deaths and 84% of deaths from lung cancer in the UK are attributable to smoking. Smoking causes one in every seven deaths from heart disease. Tobacco use is also the key risk factor in oral cancer, the incidence rate of which is increasing in Scotland.

The total annual inpatient costs to the NHS in Greater Glasgow of illnesses due to smoking are estimated as being £14.44 million. Smoking also incurs social and economic costs including lost productivity through absenteeism and premature death, fires, and expensive ventilation systems. There will be considerable economic benefits to the city in tackling smoking, as well as the fact that the city will be cleaner in terms of air and litter.

1.2.2 Smoking and social inclusion

Scotland has poor health by UK and European standards and has high levels of inequality in terms of health outcomes for different socio-economic groups. Smoking has become concentrated in Glasgow's poorest households with 52% of people from Glasgow City Social Inclusion Partnership (SIP) areas smoking. In terms of health inequalities, smoking, more than any other identifiable factor, contributes to the gap in healthy life expectancy between those most in need and those most advantaged. Whilst smoking prevalence in non-SIP areas decreases, there is little or no change in SIP areas. Death rates are now two to three times higher in disadvantaged social groups than the more affluent, and poorer people can also expect to experience more illness and disability problems.

The economic burden of smoking also weighs heaviest on the poorest, further impoverishing those, who already have very little. It is estimated that the average household spends around 1.5% of their income on tobacco products, compared with 15% in the poorest households.

Cigarette smoking in minority ethnic groups is generally less than the population as a whole. But a more detailed examination reveals important differences between and within groups. A recent study of alcohol and drug use among 16 – 25 year olds in minority ethnic communities in Glasgow revealed that the smoking rate among Pakistanis was higher than other ethnic groups and in Pakistani men was significantly higher, at 52%, than that of the general population in Glasgow. Smoking rates among other socially excluded groups such as prisoners, those who have mental health problems or are homeless, are also very high.

Smoking is affected by exclusion and opportunity. Consequently, reducing poverty among Glaswegians would be expected to reduce the impact of smoking on health and reduce smoking prevalence. Tobacco use should be tackled within the context of wider health initiatives, taking consideration of the links between smoking and coping, and other lifestyle choices that people make. Action on tobacco must be sensitive to exclusion and life circumstances, and purpose designed programmes need to be developed with and for socially excluded groups.
1.2.3 Passive smoking

There is conclusive evidence that exposure to second-hand tobacco smoke causes death and disease.\textsuperscript{12} Passive smoking increases the risk of coronary heart disease by 25-35\% and the risk of lung cancer by 20-30\%, and is the cause of at least 1,000 deaths per year in the UK.\textsuperscript{13} Certain groups are more at risk from tobacco smoke, such as children, pregnant women and those with asthma and heart problems.

Higher levels of exposure occur in those from lower socio-economic groups. A recent survey\textsuperscript{14} found that in Glasgow City 63\% of the sample spent some or all of their day in places where others smoke. In the more deprived areas this figure rose to around 70\%. Three million UK employees are exposed to tobacco smoke in the course of their work.\textsuperscript{14} 85\% of tobacco smoke is invisible and odourless meaning that people are often exposed to this toxic gas without knowing it. Ventilation systems do not sufficiently remove tobacco smoke from the indoor environment to prevent the danger that it poses to health.

A World Health Organisation paper concluded that there is no safe level of exposure to tobacco smoke as adverse effects occur even at extremely low levels and stated, ‘Public health policy and actions should aim at the elimination of exposure to tobacco smoke pollution by creating smoke-free environments for everyone.’\textsuperscript{15} Working towards this goal will involve raising public awareness, supportive tobacco policy work, and enforcement. In November 2004 the Scottish Parliament agreed to legislate for smoke-free enclosed public places by Spring 2006.\textsuperscript{16}

1.2.4 Smoking in pregnancy

Reducing smoking in pregnant women from 29\% to 20\% is one of the Government's headline targets.\textsuperscript{4} In Greater Glasgow 31.3\% of women were smokers at the time of booking their first antenatal appointment in 2000/01, a figure considerably higher than the national average of 26.8\%.\textsuperscript{16}

Over the last 5 years there has been little change in the percentage of mothers in any age group who were smokers at booking. In all years, women under 20 were more than twice as likely as women aged 30 – 39 years to be smokers at booking.\textsuperscript{17} This disparity may be partly explained by the fact that smoking is more prevalent in deprived areas where teenage pregnancy rates are higher.

1.2.5 Smoking and young people

The smoking behaviour of young people is a major health concern, particularly since research shows that a large proportion of young people who smoke are expected to continue smoking into adulthood. The Government has set out a target to reduce smoking in young people from 14\% to 11\% by 2010.\textsuperscript{4}

Smoking among Scottish school children increased in the early 1990's. However a survey in 2000 found that the proportion of pupils aged 12-15 years smoking at least one cigarette on average per week had decreased from 12\% in 1998 to 10\% in 2000. This is entirely due to a decrease in smoking prevalence among boys from 11\% to 8\% over that time, whilst smoking among girls remained steady at 13\%. The sharp rise of smoking prevalence with age was still clearly evident, with 13 appearing to be the key age when young people become regular smokers.\textsuperscript{18} There is a need for strong action to protect children from exposure to tobacco smoke. To ensure that every child is able to grow up in an environment free of tobacco smoke, children's contact with tobacco smoke \textit{in utero} and in childhood should be eliminated, and overall consumption of tobacco products reduced. Working towards this requires combining both educational programmes and legislative interventions aimed at tobacco use in settings frequented by children.
1.2.6 Smoking and women
Smoking is the single most preventable cause of early death and disease in women, accounting for a third of all deaths in those aged 35-69. Research shows that there are both physiological and sociological differences impacting upon women and smoking which makes them more vulnerable to the effects of tobacco. Women who smoke have a higher risk of lung cancer, heart disease, chronic bronchitis and emphysema, cervical cancer, reproductive problems, and an increased risk of stroke if they also use oral contraceptives.

Tobacco use is fast becoming a global epidemic among women. In developed countries, male use has peaked and continues to taper off, compared to rising female prevalence. Uptake and use among teenage girls is higher than that of boys (see 1.2.5), whilst lone parents (93% of these being women) are heavier users of tobacco as a coping mechanism. Research has shown that women are more emotionally attached to smoking, feeling more dependent than men on cigarettes to help them cope, to socialise and to keep weight down. For men, however, the relationship is much more about the physical pleasure they derive from smoking. Awareness of gender differences in relation to smoking is important if we are to implement prevention and cessation programmes effectively in the city.

There is a strong relationship between smoking and socio-economic deprivation (see 1.2.2). Women are poorer than men, and are thus more affected. Actions from this strategy to tackle this should not stand alone, but must be set in the context of wider initiatives to combat poverty, disadvantage and ill health.

1.2.7 Progress in Glasgow
Though there is a lot of work to be undertaken in the area of tobacco control we must not dismiss the dramatic changes that have occurred in attitudes, policy and practice in relation to tobacco: The majority of workplaces in Glasgow have smoking policies, there has been a steady decline in smoking prevalence and a significant increase in provision of smoke-free areas in the city. This progress forms the foundations on which this strategy can be taken forward.

Tackling tobacco is a priority for Glasgow. The challenge is great: the tobacco industry is powerful, tobacco smuggling is widespread, and tobacco is addictive. A strategic approach is essential, which is firmly based on research and joint work, and considers local context, needs and resources.

1.3 WHAT THE STRATEGY WILL ACHIEVE
The strategy will achieve:

- Long term, concerted and co-ordinated 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.
- Contribution to the aims and objectives of the Glasgow Alliance Strategy (see section 1.4) the Joint Health improvement Plan and the Glasgow Community Planning Partnership.
- Contribution to the national targets on tobacco.
1.4 LINKS TO THE GLASGOW ALLIANCE STRATEGY

This Tobacco Strategy contributes to the Glasgow Alliance Strategy's key themes:

- A Working Glasgow
- A Learning Glasgow
- A Safe Glasgow
- A Healthy Glasgow
- A Vibrant Glasgow

Some examples of these contributions are described below:

**A Vibrant Glasgow**
- More smoke-free provision results in more tourism, use of restaurants etc
- A healthier population participates in cultural and leisure activities

**A Safe Glasgow**
- Less tobacco consumption reduces air pollution, litter and fire hazard
- A reduction in crime e.g. underage sales, smuggling

**A Working Glasgow**
- A reduction in tobacco consumption will result in a healthier workforce, a reduction in absenteeism and improved productivity
- There is evidence that a reduction in spending on tobacco in the city will result in spending where more of the money will remain in the local economy
- Less spending on tobacco will result in households having more available expenditure

**A Healthy Glasgow**
- Less tobacco consumption results in better health
- Restricting areas where people can smoke leads to less harm from tobacco smoke
- Less tobacco consumption will reduce health inequalities

**A Learning Glasgow**
- Less smoking among young people and less environmental tobacco smoke will result in less absenteeism from school, further or higher education
- The strategy places emphasis on life skills such as decision making
- Education about tobacco results in awareness of health issues, economic issues, international issues etc
The Secretary of State for Health's December 1998 tobacco White Paper *Smoking Kills* set targets for reducing smoking rates. Within the document three objectives were highlighted to meet the overall aim of reducing smoking to improve health:

- To reduce smoking among children and young people
- To help adults – particularly the most disadvantaged – to give up
- To offer particular help to pregnant women who smoke

*Towards a Healthier Scotland – a White Paper on Health 1999* acknowledged the importance of social inequalities as a backdrop to health problems and confirmed that action to tackle smoking would be a priority. The document also identified new tobacco targets for Scotland.

The Scottish Executive announced in *Our National Health: A plan for action, a plan for change 2000* that Scotland's resources from tobacco tax should be invested in a national Health Improvement Fund which included support for people who want to stop smoking. This paper gave commitment to working to reduce the harmful impact of tobacco.

*Cancer in Scotland: Action for Change 2001* identified smoking as a main cause of cancer, and highlighted the importance of helping people to stop smoking, particularly those in low income groups.

The publication of *Smoking Cessation Guidelines for Scotland* in 2001, updated in 2004, professionally endorsed evidence based guidance on smoking cessation showing smoking cessation interventions to be highly cost effective.

*The Tobacco Product Regulations 2001* requires tobacco products to carry 'UK Duty Paid' markings from 1 July 2001, and any retailers failing to comply are liable to a fine of up to £5000. This legislation was implemented amidst concern for the rise in tobacco smuggling.

The introduction of reimbursable prescribing for NRT and bupropion (Zyban™) in April 2001 gave GPs the option to treat tobacco dependence with proven cost-effective drugs.

The National Institute for Clinical Excellence technology appraisal *Smoking cessation - bupropion and nicotine replacement therapy (No. 39)* 2002 provided guidance in England and Wales on the prescribing protocols for pharmaceutical smoking cessation treatments and on cost effectiveness, advising that treatments should be accompanied by advice and support to enhance quit rates. The *Health Technology Board for Scotland (HTBS)* issued advice to the National Health Service in Scotland in June 2002 that broadly endorsed this advice.

The *Tobacco Advertising and Promotion Act 2002* comprehensively bans the advertising and promotion of tobacco products including the use of brand sharing and sponsorship of cultural and sport events.

The *Tobacco Products (Manufacture, Presentation and Sale) Regulations 2002* is concerned with setting ceilings to the yields of tar, nicotine and carbon monoxide for all cigarettes, a significant increase in the size of health warnings on cigarette packs, and a ban on misleading terms such as "light" and "ultra light".
Chief Medical Officer Dr Liam Donaldson called for legislation on smoking in the workplace and other public places in his annual report *On the State of Public Health (2003)*: "It has been estimated that 3 million people in this country become passive smokers when they go to work. Particularly vulnerable are bar workers, waiters and waitresses. Comprehensive workplace smoking bans would protect these workers."

The Scottish Executive have focussed on smoking as one of the key health improvement programmes in their recently published document *Improving Health in Scotland -The Challenge 2003*, setting out targets for reducing health inequalities.

*Partnership for Care – Scotland’s Health White Paper 2003* building on *Our National Health: A plan for action, a plan for change* stresses the importance to health improvement of partnership working with local authorities, the voluntary sector and local communities.

*A Breath of Fresh Air for Scotland 2004* This tobacco action plan commits an additional £4 million per year to cessation services from 2005/6, upgrades the existing tobacco strategy group to a ministerial working group on the health impact of tobacco, makes a commitment to further prevention work, and outlines plans for a major public consultation on smoking in public places. NHS Boards are challenged to set local cessation targets and to progress the development of smoke-free workplaces across their estate.

*Smoking in Public Places – consultation and legislation 2004* Scottish Ministers, after extensive consultation, are bringing forward legislation for a comprehensive ban on smoking in all enclosed public spaces in Scotland. Planned to come into force in Spring 2006, the ban is designed as a proactive measure to address the effects of passive smoking and safeguard the health of the general population.

### 1.6 LOCAL ACTION UNDERTAKEN ON TOBACCO

A considerable body of work on tobacco control has been underway for many years in Glasgow, and much has been achieved. This forms the foundation on which the Glasgow Tobacco Strategy can be taken forward.

- **Smoking prevalence among adults has declined steadily.** In 1983, 44% of the population of Glasgow smoked. In 2002, this rate had reduced to 37%.

- **Smoking cessation provision has increased.** Support for smokers who want to quit has increased significantly in Glasgow’s primary care settings as a result of an increase in funding for smoking cessation services, the production of smoking cessation guidelines for health professionals, the availability of NRT and Zyban free or at prescription cost, and the implementation of a range of comprehensive services by *Smoking Concerns*, the specialist smoking cessation team of NHS Greater Glasgow.

- **Work on tobacco with young people.** There have been many initiatives undertaken by a number of organisations in Glasgow aimed at reducing the uptake of smoking by young people. At the height of its popularity, Glasgow 2000’s Smokebusters club had over 10,000 members. Education on tobacco is now a key component of the curriculum in Glasgow’s primary and secondary schools, demonstrating good joint working between Smoking Concerns and Glasgow City Council’s Education Services. Smoke Free Class is offered to all S1 pupils in the NHS Greater Glasgow area. Year on year, the number of participating classes has consistently increased, with 78% of all secondary schools opting to join in 2004. To date, 66% of all primary schools, have been offered the Smoke Free Me programme, with the remaining schools to be offered it in the next financial year.
• **Increase in the availability of smoke-free areas.** There has been a significant increase in the provision of smoke-free areas in the city. In summary, the city's trains, buses, cinemas, theatres, hospitals and underground now have smoke-free policies. Smoking is banned or restricted in 75% of the city's business premises and many restaurants, taxis and hotels offer smoke-free facilities.

• **Establishment of the Centre for Tobacco Control Research at the University of Strathclyde in Glasgow.** This centre has a key role in advising Government on tobacco control issues.

• **Using the dental team members to promote smoking cessation.** Pilot work undertaken at Glasgow Dental Hospital used dental hygienists to give advice and NRT (funded by Smoking Concerns) to patients who smoked.

Though much has been achieved in tobacco control in Glasgow, there is much still to do. Cut-price contraband tobacco is still readily available and exposure to second-hand smoke within the city has proved hard to combat. Enforcing legislation regarding the sale of tobacco to young people has proved difficult. The tobacco industry is still among the richest and most powerful in the world.

Smoking prevalence has decreased overall in the general population of Glasgow but smoking is becoming concentrated in the poorest communities, contributing to widening inequalities in health. Smoking prevalence in Glasgow is still above the Scottish and UK average. Though we have undertaken concerted action to reduce the uptake of smoking in young people, rates of smoking within this population, particularly in young girls continue to rise. Despite the increase in provision of services for stopping smoking, more support is needed for this large population of young people.

Continued, sustained and co-ordinated action is required to reduce the impact of tobacco in Glasgow.
section two: framework for action

2.1 BACKGROUND TO THE STRATEGY

In April 1999, the Healthy City Partnership's Tobacco Working Group was launched with the aim of promoting the health of people living and working in Glasgow by reducing the health impact of tobacco. Its membership includes representation from Greater Glasgow NHS Board, Glasgow City Council, Glasgow Healthy Cities Partnership, Glasgow Council for the Voluntary Sector and The Roy Castle Lung Cancer Foundation.

In April 2000, the Tobacco Working Group held a Tobacco Strategy Development Day, attended by 60 representatives from agencies and organisations across Glasgow, to draft achievable and effective tobacco control strategies for Glasgow. The Tobacco Working Group then developed a written strategy draft that incorporated the outcomes from that event.

The Draft Tobacco Strategy for Glasgow was published and sent out for consultation in early 2003. 2000 copies were distributed to stakeholders and key organisations throughout the city via the combined databases of Glasgow Alliance, Greater Glasgow NHS Board and Glasgow Healthy Cities Partnership. Audio tapes and Urdu, Punjabi and Cantonese translations were available to encourage greater access to the document. The general public were advised of the strategy consultation through media articles in the Evening Times, NHS Health News and Mosaic (a black and ethnic community newsletter). In addition to approximately 40 written responses to the draft strategy, focus groups were held with community representatives in SIPS, mental health service users and young people. Comments on the draft strategy were incorporated to form this final strategy document.

The Board of the Glasgow Alliance and the Glasgow Community Planning Partnership have approved this strategy. This commitment will create a supportive environment in Glasgow, which will enable action on tobacco to be taken forward at both a city wide and a more local level.

2.2 PRINCIPLES OF THE STRATEGY

Adoption of the principles of the Glasgow Alliance Strategy
The Glasgow Tobacco Strategy will help to achieve the aims and objectives of the Glasgow Alliance Strategy (see 1.4). This is underpinned by five guiding principles and the Tobacco Strategy has similarly adopted them. The table below indicates the relationship between these principles and the Tobacco Strategy.

2.2.1 Adoption of the principles of the Glasgow Alliance Strategy
The Glasgow Tobacco Strategy will help to achieve the aims and objectives of the Glasgow Alliance Strategy (see 1.4). This is underpinned by five guiding principles and the Tobacco Strategy has similarly adopted them. The table below indicates the relationship between these principles and the Tobacco Strategy.
2.2.2 This strategy adopts the following principles:

- Tobacco control activities should be anti-smoking not anti-smoker.
- Tobacco control activities should promote non-smoking as the social norm.
- All smokers should have the opportunity to receive smoking cessation advice and support through the NHS.
- Smoke free is best for health: there is no safe level of exposure to second-hand smoke.
- Young people should be free from any form of tobacco advertising and promotion.
- Tobacco control strategies should target those disadvantaged groups and populations with the highest prevalence of smoking and smoking related disease. Tobacco control interventions should not be delivered in isolation from broader anti-poverty interventions.
- Strategies should address the diverse population of Glasgow, and be sensitive to specific needs relating to gender, ethnicity, age, disability, poverty and social grouping.
2.2.3 **Strategic objectives should also meet the following criteria:**

1. Be locally relevant: consistent with local need, stakeholder expectation and policy documents.
2. Be clearly based on available evidence of effectiveness of the approach.
3. Build on current activity.
4. Maximise use of existing resources.
5. Be consistent with health promotion principles.
6. Recognise the interaction between poverty and smoking.

### STRATEGIC OBJECTIVES

**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 of greatest need.

The following strategic objectives support the achievement of this aim:

1. To ensure that lead organisations in the private, public and voluntary sector engage fully with tobacco control.
2. To undertake a programme of activity specifically targeted at young people aimed at reducing the impact of tobacco.
3. To make smoke-free public places the norm and to work towards a situation where all employees are protected from second-hand smoke.
4. To use a variety of media effectively to ensure tobacco issues have due prominence as a public concern.
5. To ensure that the Health Service in Glasgow fulfils its exemplar role and fully capitalises on its unique opportunities for effective action against tobacco.
6. To encourage and deliver sustainable community-led work on tobacco.
2.4 ACTION PLANNING

2.4.1 The first step: Leadership for Tobacco Control

The objectives highlighted above can all be considered equally important if the issue of tobacco is to be tackled effectively in Glasgow. However, to create a favourable climate for tobacco control in Glasgow it is important that, as a first step, lead agencies in the city fully commit, individually and collectively to the strategy.

Leadership
To ensure the lead organisations in the public, private and voluntary sector in Glasgow engage fully with tobacco control

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Examples of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To involve lead organisations in Glasgow in integrating and co-ordinating effective action on tobacco.</td>
<td>• Adoption of the strategy by the Community Planning Partnership.</td>
</tr>
<tr>
<td>• To encourage lead organisations to take a lead role in influencing and responding to policy issues at a national and international level.</td>
<td>• Proactive “Glasgow” responses to national and international developments on tobacco, supplemented by responses by individual organisations as appropriate.</td>
</tr>
</tbody>
</table>

2.4.2 Subsequent stages

Securing commitment will help to create a more supportive environment in Glasgow in which the remaining strategic objectives, Young People, Supportive Environments, Media, Health Services and Community can be actioned. The table below indicates how these strategic objectives can be achieved through operational objectives and examples of associated activity.
**Young People and Tobacco**
To undertake a programme of activity specifically targeted at young people aimed at reducing the impact of tobacco

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Examples of actions</th>
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</thead>
<tbody>
<tr>
<td>• To enable young people to develop knowledge, skills, attitudes and values that empower them to choose not to smoke</td>
<td>• Audit of tobacco related activities undertaken, training on tobacco issues for staff, provision of education materials, development of Smoke Free Class and Smoke Free Me</td>
</tr>
<tr>
<td>• Ensuring that young people have access to information and services to help them quit smoking</td>
<td>• Readily available information in schools and youth organisations, pilot project on smoking cessation and young people, training on smoking cessation</td>
</tr>
<tr>
<td>• Ensuring effective measures are taken to protect young people from tobacco</td>
<td>• Audit tobacco policies in existence, seminar on tobacco policy implementation</td>
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</tbody>
</table>

**Supportive Environments:**
To make smoke-free public places the norm and to ensure that all employees are protected from second-hand smoke

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Examples of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensuring workplaces implement, monitor and review effective tobacco policies</td>
<td>• Involvement in the national Scotland's Health at Work programme, monitoring and reviewing of policies already in place, implementation of policy where none exists</td>
</tr>
<tr>
<td>• Raising awareness of the public, employers and employees of the impact of passive smoking</td>
<td>• Awareness campaign on the impact of passive smoking, provide information on changes to Health and Safety legislation, carry out a local survey on attitudes to smoke-free public places</td>
</tr>
<tr>
<td>• Encouraging and supporting the provision of smoke-free public areas in Glasgow and increasing the public's awareness of these areas</td>
<td>• Provide public with information on smoke-free public places, encourage public places to go smoke-free</td>
</tr>
</tbody>
</table>

**Media**
To effectively use a variety of media to ensure smoking and tobacco issues have due prominence as a public concern

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Examples of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Utilising the media to raise awareness of, and support change in relation to, tobacco issues</td>
<td>• Increasing the coverage of national developments on tobacco within the media, identifying spokespeople on tobacco issues, increasing awareness of national issues, encouraging involvement of young people</td>
</tr>
</tbody>
</table>
**NHS in Glasgow**

To ensure that the Health Service in Glasgow fulfils its exemplar role and fully capitalises on its unique opportunities for effective action against tobacco

**Objectives**

- Ensuring the development and implementation of effective tobacco policies in the NHS in Glasgow
- Engaging staff at all levels within the NHS to tackle smoking as a major health issue in the city
- Providing appropriate, accessible and effective smoking cessation support services for people in Glasgow who want to stop smoking

**Examples of actions**

- A requirement for effective policies to be included within the health plan, review of NHS tobacco policies
- Training on smoking cessation for health professionals, protected time for staff to attend sessions/deliver cessation support, review undergraduate training
- Implement Smoking Cessation Guidelines for Scotland, develop/expand pharmacy service, ensure cessation support for all NHS staff including dental team members

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**Community**

To encourage and deliver sustainable community led work on tobacco

**Objectives**

- Encouraging the inclusion of smoking as an issue in the work of SIPS, community agencies and projects
- Increasing the availability of smoking cessation support in communities
- Increasing the proportion of community and voluntary organisations with tobacco control policies
- To raise the profile of tobacco issues and involve communities in action aimed at tackling tobacco issues affecting their local community

**Examples of actions**

- Engaging with SIPS to develop local, targeted actions on tobacco, develop a network of community projects interested in delivering work on tobacco, training sessions for community workers on tobacco issues
- Provide training on smoking cessation, provide information and resources on services available
- Conduct audit of policies in community venues, take action to expand the number of venues with policies
- Awareness raising activities, action to address smuggling, training
section three: implementation, evaluation and monitoring

3.1 IMPLEMENTATION

3.1.1 The planning process

Securing commitment from lead agencies
The Board of Glasgow Alliance and the Glasgow Community Planning Partnership has approved this strategy. This commitment will create a supportive environment in Glasgow, which will enable action on tobacco to be taken forward at both a city wide and a more local level.

Developing detailed action plans
Workshops on the individual sections of the strategy - young people, community, NHS, supportive environments and media will be organised to agree actions, and identify lead agencies and appropriate timescales.

The Tobacco Strategy is regarded as a long-term strategy and sets the direction for tobacco work in Glasgow for the next 5-10 years. The action plans associated with the strategy will be reviewed regularly and altered as appropriate, with the input of the relevant agencies.

3.1.2 Structure

Key agencies and groups will submit action plans that will contribute to this document's strategic objectives. These agencies or groups will take responsibility for implementing these actions and monitoring progress.

A mechanism will be developed to allow regular reporting on the progress of the Tobacco Strategy to the Glasgow Community Planning Partnership.
3.2 EVALUATION AND MONITORING

It is essential to evaluate the implementation of this strategy in order to assess its impact. All organisations undertaking tobacco control action will wish to evaluate its effectiveness as part of good practice. Such evaluation will be used to inform future planning and resource allocation. Detailed Action Plans developed from this strategy will identify outcomes and suitable indicators that can be used to monitor progress.

3.2.2 Co-ordination and tracking

There is a need to monitor and evaluate the effectiveness of the entire strategy in order to assess the effectiveness of the “sum of the parts”. The mechanism for undertaking such an evaluation will be developed and discreet resources identified for this. Key indicators should be monitored such as:

- Smoking prevalence
- Attitudes to smoking
- Smoke free provision
- Numbers of workplace smoking policies
- Take up of cessation services
- Amount of tobacco advertising and promotion
- The level of co-ordinated Glasgow responses to national developments and policies on tobacco

Whilst these indicators can be monitored, further regular studies need to be undertaken on an action research basis to assess progress and inform planning.

At a strategic level the effectiveness of the strategy can be gauged by the contribution made to the achievement of national targets as set out in Towards a Healthier Scotland.

It is essential that the opportunity to demonstrate the effectiveness of the strategy is not missed. The effectiveness of a co-ordinated and sustained approach using such a wealth of activity under the umbrella of one strategy will only become apparent if robust monitoring and evaluation mechanisms are put in place. Resources, both financial and "in kind" will be required to undertake this strategic level evaluation.

3.3 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. It is, however, acknowledged that all agencies signing up to the Glasgow Tobacco Strategy will wish to promote joint ownership by contributing to its implementation either financially, or in kind, or both.
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 tackle the harm caused by tobacco.
15. WHO (2000) Key Recommendations from a WHO Meeting on ETS.
24. Health Technology Board for Scotland (Jun 2002) Nicotine Replacement Therapy (NRT) and Bupropion (Zyban) to Help Quit Smoking.
notes