

## **Report on the evaluation of Tobacco Control in Midlothian**

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### **1. Purpose of Report**

Local Tobacco Alliances involving NHS, Local Authorities and Third Sector agencies have proven to be an effective way of implementing tobacco control in Scotland. Such an alliance has not previously existed in Midlothian, however the formation of such a group, which could potentially form part of the Midlothian JHIP (Joint Health Improvement Partnership) planning structure, would greatly enhance local delivery of the national tobacco control strategy.

### **2. Current planning arrangements**

The NHS Lothian Tobacco Strategy Board (TSB) co-ordinates implementation of the Scottish Government Tobacco Control Strategy (2013) on a pan-Lothian basis. Following a recent review of the TSB, Midlothian Community Health Partnership has been invited to nominate a lead officer to act as a representative.

### **3. Smoking Cessation: trends and local service delivery**

3.1 Smoking prevalence for adults in Midlothian aged 16 and over was slightly higher (worse) than the Scottish average (26% compared to 24% 2009/10) but not significantly so. This pattern of slightly higher than or similar prevalence to the Scottish average was broadly similar for both sexes and all age groups apart from the 65+ years age group where the prevalence was slightly lower.

The percentage of women smoking during pregnancy 2008-10 was significantly lower (better) than the Scottish average (18.5% compared to 20.9%)<sup>i</sup>.

3.2 Cessation services across Midlothian aim to be line with Scottish Government's successor HEAT target 2014/16, which has an explicit focus on the inequalities disparity between the least and most deprived communities.

3.3 The percentage of smokers making a quit attempt with NHS cessation services in 2012 is slightly lower than the Scottish average (10.6% compared to the Scottish average of 11%)<sup>i</sup>. The latest data extracted from the ISD (Information Services Directorate) National Smoking Cessation Database shows the total 'self-reported' quits at one month after 'quit date' based on

total quit dates set are 623 successful outcomes, of which 393 (63%) are from 40% most deprived within NHS Board Scottish Index of Multiple Deprivation areas<sup>ii</sup>.

3.4 We know that smokers from varied social groups are just as likely to want to stop smoking and just as likely to try to stop, so the difference in success rates is not due to lack of motivation. Research points to a number of other explanations including: lack of social support, higher nicotine dependency, challenging life circumstances and factors relating to stop smoking services themselves<sup>iii</sup>.

3.5 The impact of local cessation services could be even greater if more disadvantaged smokers contacted the services and if the services maximised the chances of those quitters being successful through using more tailored and flexible approaches<sup>iv</sup>.

3.6 Taking account of these trends, existing and future planning for delivery of cessation services in Midlothian aim to involve;

- Improving reach into target communities, with use of NHS and Council media services to cascade cessation support information into communities.
- Working with other organisations, e.g. children & family centres, mental health services and criminal justice services; closer links with community groups/third sector providers.
- Tailored and flexible approaches to service delivery factoring in transport links, shift worker provision, child care; offering different forms of support, e.g. drop in rolling groups in a range of accessible venues.
- Shared care with local community pharmacy providers.
- Review of referral processes from primary care services.
- Learning from best practice from other Health Board areas

#### **4. Trading Standards: trends and local activity**

4.1 From 1<sup>st</sup> October 2011, all tobacco retailers were required by law to be registered with the Scottish Government. Midlothian Trading Standards contacted all known tobacco retailers in Midlothian with advice and assistance prior to the legislation being implemented.

4.2 Legislation is enforced by a combination of, routine inspection of retail sellers of tobacco and tobacco products, and test purchasing. In 2012 there were 152 registered tobacco retailers in Midlothian and at the end of 2013, the current figure is 126. The number of tobacco retailers has reduced, as in most local authority areas across Scotland.

4.3 In 2012/13 a total of 59 advice visits were made (38%) and 21 test purchase visits were made (13.8% of retailers). Eleven failures occurred in sales of tobacco (52.4% failure rate); 14 Fixed Penalty Notices were issued and all were paid.

4.4 Midlothian Trading Standards now operates in a Partnership Working pilot arrangement with East Lothian Trading Standards (this is also the case for the two councils' Environmental Health sections); and a further test purchasing exercise is planned to take place in 2014.

## **5. Tobacco Prevention: trends and local activity**

5.1 The proportion of 13 year olds who are regular smokers has decreased from 9% 2006 to 4% 2010; there has been no statistically significant change to the proportion (13%) of 15 year olds who smoke regularly.<sup>v</sup>

5.2 Despite legislation to restrict under-age sales 45% of young people under 16 years in Midlothian report they are still able to buy cigarettes from shops; 65% report someone else buys cigarettes for them (proxy sales), and 41% are given cigarettes by family members or friends.

5.3 The Scottish Government has set a challenging target to reduce the prevalence among 15 year olds of 2.5% every two years until a floor of 2% is reached. The rate of smoking among young people aged 16-24 years is much higher, increasing year on year from 13% at 15 years to 25% at 24 years.<sup>vi</sup>

5.4 Utilising best-available evidence, local tobacco prevention activity 2013/14 delivered in partnership between NHS, Midlothian Council and 3<sup>rd</sup> sector, includes:

- i) provision of NHS training on tobacco issues for staff/volunteers working with young people offered centrally (uptake from Midlothian Council and Midlothian Third Sector limited)
- ii) availability of NHS grants (up to £750) annually to Third Sector agencies to involve young people in tobacco prevention initiatives (no applications from Midlothian)
- iii) distribution of tobacco education resources to secondary schools (most schools took this offer up)
- iv) pilot of a highly successful Medical Research Council evaluated peer-led smoking prevention approach in selected secondary schools (agreement from Education Services in Midlothian to participate)
- v) protecting children from harm caused by second-hand smoke through NHS Smoke Free Homes project delivered in partnership with primary schools (Mayfield, Strathesk, Stobhill and Gorebridge schools currently participating but there is scope to increase this number)
- vi) work to target 16-24 year olds at FE colleges/vocational training (future plans to include the Dalkeith Campus of Edinburgh College)
- vii) community based research project led by NHS Lothian and University of Edinburgh to tackle the problem of young people under 18 years accessing tobacco via non-retail sources (pilot site in Midlothian).

The National Institute for Health & Clinical Excellence (NICE) has produced a useful briefing for local authorities on preventing people from taking up smoking and helping people to stop smoking. For further information go to: [publications.nice.org.uk/tobacco-lgb1](https://publications.nice.org.uk/tobacco-lgb1)

## **6 Report Implications**

### **6.1 Resource**

There are no direct resource implications as service requirements can be financed from existing budget provision.

### **6.2 Risk**

There is a risk that progress achieved and positive outcomes in health and wellbeing will not be sustained unless the detailed workstreams are co-ordinated.

### **6.3 Single Midlothian Plan and Business Transformation**

**Themes addressed in this report:**

- ☐ Community safety
- ☒ Adult health and social care
- ☒ Getting it right for every Midlothian child
- ☐ Improving opportunities in Midlothian
- ☐ Sustainable growth and Housing
- ☐ Business transformation and Best Value
- ☐ None of the above

### **6.4 Impact on Performance and Outcomes**

This report impacts on the delivery of the Single Midlothian Plan outcome measures in health and social care.

### **6.5 Adopting a Preventative Approach**

Early intervention and tackling health inequalities are key priorities for Midlothian Council and the Community Health Partnership.

### **6.6 Involving Communities and Other Stakeholders**

No specific consultations have been undertaken in regard to this report.

### **6.7 Ensuring Equalities**

An Equality Impact Assessment has not been undertaken in regard to this specific report.

### **6.8 Supporting Sustainable Development**

There are no issues in this report in relation to Sustainable Development.

## 6.9 IT Issues

There are no IT issues associated with this report.

## 7. Recommendation

Cabinet are recommended to agree to the formation of a Local Tobacco Alliance involving NHS, Midlothian Council and Third Sector agencies which could potentially form part of the Midlothian JHIP (Joint Health Improvement Partnership) planning structure, to enhance local delivery of the national tobacco control strategy.

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## References

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<sup>i</sup> ScotPHO Tobacco Profiles 2013 available <http://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool> Accessed 22 Nov 2013.

<sup>ii</sup> ISD Midlothian NHS Smoking Cessation Support Services and Community Pharmacy Scheme 1st April 2012 - 31st March 2013

<sup>iii</sup> Kotz D, West R. Explaining the social gradient in smoking cessation: it's not in the trying, but in the succeeding. *Tob Control*. 2009;18:43–6.

<sup>iv</sup> Hisock R Bauld L. Stop Smoking Services and Inequalities NCSCT 2013

<sup>v</sup> Scottish Adolescent Substance Use Survey 2010; ISD, Scottish Government

<sup>vi</sup> Scottish Health Survey 2012, Scottish Government