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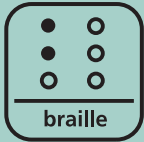
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NHS Health Scotland

PHEN Public Health Evidence Network

SCPHRP Scottish Collaboration for Public Health Research and Policy

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Contents

Summary of main themes

Perceptions of 2013 tobacco control strategy

- The strategy was viewed as providing a focused goal and as being critical to keeping tobacco control on the political agenda.
- The strategy was perceived as being a success.
- Strong political leadership was viewed as important.
- Collaboration between multiple sectors on tobacco control was viewed as important and has been a success.

Key future policy actions

- Mass media campaigns.
- Maintaining strong political leadership on tobacco.
- Addressing the price of tobacco.
- Tackling the availability of tobacco.
- Focus on inequalities, and the need for policies to be non-stigmatising and non-intrusive.

Acknowledgements

1. Background

In 2013 the Scottish Government launched its tobacco strategy: 'Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland' (Scottish Government, 2013). The strategy outlined 46 proposed actions with the aim of making Scotland tobacco-free by 2034.

A review of the 2013 tobacco control strategy was published in August 2017 (Reid et al, 2017). It identified the positive impact of the strategy and highlighted the success of a number of key policy actions. However, it also revealed how much progress still needs to be made to reduce tobacco prevalence, particularly among the most deprived communities of Scotland (Figure 1).

Furthermore, data from the Scottish Health Survey show that adult smoking prevalence has been static since 2013[1]. This lack of progress highlights how much still needs to be done to tackle smoking.

Figure 1: Smoking prevalence: 2008–2015 and projected smoking prevalence towards 2034 target.
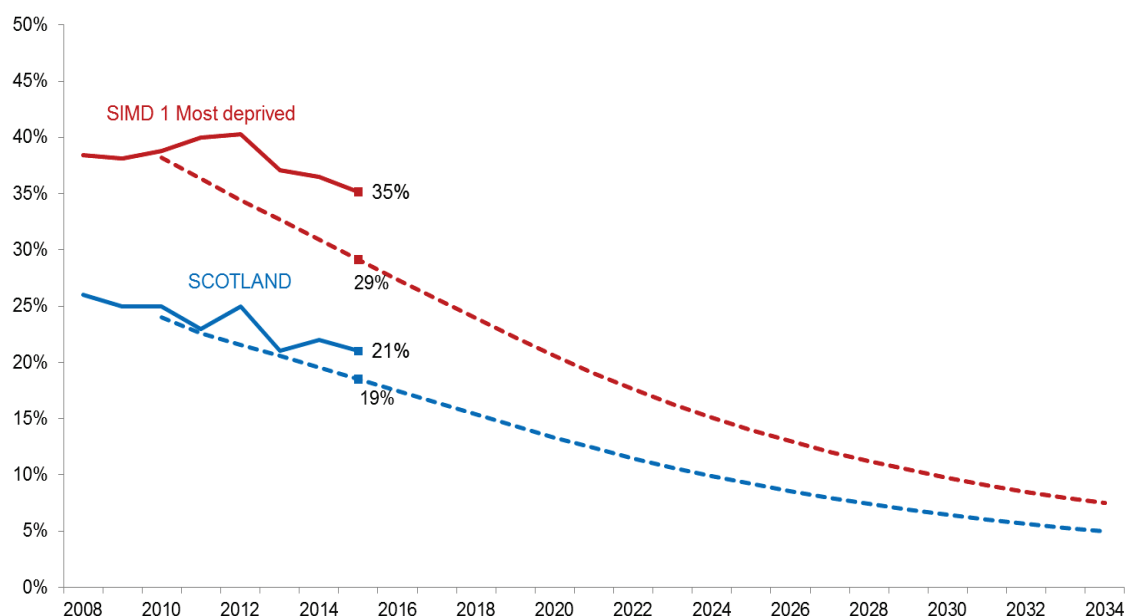
Source: Analysis based on Scottish Health Survey Data

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[1] Scottish Government 2016. Scottish Health Survey. www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey

NHS Health Scotland was asked to undertake further research to complement the literature review described previously (Reid et al, 2017). The focus of this research was to interview tobacco control experts based in Scotland, to seek their views on the impact of the strategy and suggestions for future actions.

The Evidence for Action (EfA) team in NHS Health Scotland was tasked with identifying how to take this forward. This work was undertaken in partnership with the Scottish Collaboration for Public Health Research and Policy as part of the Public Health Evidence Network. The interview study had two aims:
- To identify successes and challenges of the policy actions outlined in the 2013 tobacco strategy.
- To identify recommended actions for the forthcoming tobacco strategy due in 2018.

2. Methods

Qualitative interviews were conducted with policy makers, practitioners and researchers working in the field of tobacco control in Scotland. Twelve potential participants were identified in consultation with the chair of the Research and Evaluation Subgroup for Tobacco Control, NHS Health Scotland and Scottish Government officials. A total of 10 participants agreed to take part.

The interview topic guide was structured around the study aims and explored participants' view on 1) the successes and challenges of the policy actions outlined in the 2013 tobacco strategy, and 2) suggestions for improvement/recommended actions for the forthcoming tobacco strategy due in 2018 (see Appendix 1). A mixture of face-to-face and telephone interviews were conducted, each lasting up to one hour, recorded using digital voice recorders and subsequently fully transcribed for analysis. All interviews were anonymised, as agreed with participants after consent was obtained.

Inductive thematic analysis was undertaken (Braun & Clarke, 2006; Hayes, 2000). Two members of the project team independently read and coded two of the transcripts, followed by discussion to agree an initial thematic structure for the analysis. Transcripts were then uploaded into a qualitative analysis software package (NVIVO) after which one of the researchers coded the remainder of the transcripts. This involved the identification and coding of themes and sub-themes. These were continually reviewed by the team until a final set of themes emerged. One other researcher reviewed the final set of themes to check that these were representative of the data.

The study was reviewed by the Centre for Population Health Science Ethics Committee, within the University of Edinburgh.

3. Findings

The findings are divided into three sections:
1. Perceived successes
2. Perceived challenges
3. Future actions.
Each section begins with a description of those points that were commonly raised, followed by a list of points that were less commonly raised.

3.1 Perceived successes

Participants perceived the existence of the strategy itself to be a key strength. The existence of a strategy was perceived to focus efforts towards a future goal (e.g. reduction in inequalities and tobacco end-game) and there was a general consensus that many of the actions were implemented (see Quote 1, page 6). Participants also felt that the strategy emphasised the Scottish Government's commitment to tobacco control, and to ensuring that this topic remains on the political agenda. Participants held favourable impressions relating to collaborations between multiple sectors, having strong political leadership, and commitment to research and evaluation through the continued existence of the Research and Evaluation sub-group. Many of

the participants felt that the strategy and actions outlined within it have played a key role in shifting the culture around smoking in Scotland.

A number of specific actions were identified as examples of success. There was particularly strong emphasis on the 'Take It Right Outside' campaign. Participants felt that this campaign, and legislation around smoking in cars with children, may have played a considerable role in reducing exposure to second-hand smoke in Scotland. Policies related to tobacco marketing were also emphasised strongly – for example the display ban, plain packaging and minimum pack size.

Additional perceived successes are listed below:
- Enforcement and marketing regarding illicit tobacco
- Youth involvement in developing solutions
- Carbon monoxide monitoring and opt-out referrals for pregnant women
- Ministerial Prevention sub-group
- Research and Evaluation sub-group
- Focused efforts on inequalities in terms of impact on smoking cessation
- Alex Ferguson's lung cancer campaign
- Increasing age for purchasing tobacco products to 18
- Review of cessation services
- Specialist smoking cessation services

Mixed views were expressed in relation to the ASSIST programme and smoke-free hospital grounds. The ASSIST programme was perceived by some to be a positive effort, but others felt that current levels of smoking in young people should be considered prior to wider roll-out. While some participants mentioned positive progress around smoke-free hospital grounds, many recognised difficulties related to its implementation.

Quote 1

'It [the strategy] has allowed … the greater cohesion of effort across the various players, so the strategy helped bring together people who would otherwise be doing what they do anyway, but by bringing them together they got to share ideas and see better where they fit in the bigger picture … Government is more

closely linked with local authorities and the health boards in particular. And all that linkage has been done because there has been a strategy … it's brought people together and given it a political place, we have a ministerial working group which oversees how the strategy is implemented. So the existence of the strategy I think has been its greatest success.' – Participant 4

3.2 Perceived challenges

The implementation of the actions outlined in the strategy was perceived by some to potentially have had the scope for widening inequalities or stigmatising specific groups (see Quote 2, page 8). For example, one participant felt that in areas of social disadvantage, programmes like ASSIST might not be targeting the appropriate age group, as earlier intervention may be needed in those areas. Participants also felt that the changing tobacco industry landscape presented a particular challenge, for example new innovations including methods of storing cigarettes that circumvent plain packaging legislation, marketing of novel tobacco related-products including e-cigarettes and heat-not-burn products, and attempts to block effective health measures. There was a view that the inadvertent appearance of tobacco or cigarettes in social media, music, television and film may have hampered the efforts of the policy actions, to some extent.

Multiple participants mentioned the difficulty of demonstrating impact in relation to some of the actions outlined in the strategy. This was due to the nature of both the interventions and the problem itself – for example we would not expect to see an immediate impact of legislation on plain packaging on susceptibility to smoking.

Additional perceived challenges are listed below:
- Health Boards working independently on cessation services, with multiple levels of leadership leading in some cases to uptake of initiatives in some areas but not others, and a lack of uniform branding.
- Quality of interventions delivered by non-specialist smoking cessation services (e.g. pharmacy services) may vary.
- Enforcement of legislation and actions, such as smoke-free environments, the marketing ban, and illicit tobacco legislation.

- Workplace exposure to second-hand smoke still a problem in many settings, such as homes, prisons (smoke-free legislation to be introduced by end of 2018) and mental health facilities (which should be smoke-free by law already).
- Some difficulty in sustaining momentum – for example slow progress on smoke-free prisons, drop-off in contact/meetings within the Prevention sub-group.
- Not enough focus on smoking cessation; drop off in use of smoking cessation services (though one person said that they would prefer less emphasis on this and more on regulating the tobacco industry).
- Resource allocation – participants felt that at times difficult decisions as to where to focus resources have had to be made.

Quote 2

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

3.3. Future actions

Participants suggested a number of future actions. There was particular emphasis on the need for effective mass-media campaigns (see Quotes 3 & 4, page 9). These were perceived to have been successful elsewhere (particularly in Australia) in

addition to Scotland (the Take It Right Outside campaign). One participant suggested that the latter campaign could be expanded to highlight the adverse effects of second-hand smoke on everyone, not just children. Participants were keen to see mass-media campaigns focused upon cessation and other aspects of tobacco control in addition to second-hand smoke exposure. There was a strong opinion that tobacco control efforts should be non-intrusive, and reduce stigma.

Quotes 3 & 4

'We know it [mass media] works, we know that the countries that have had the most success have used the media … I think there could be more of that.' – Participant 1

'One of the marvellous elements of the last five years was, it would be the 'Right Outside' campaign … But all of the focus of that was about the harm to kids. And I think we need to extend that, and we need to expand that idea and say, yes, it's harmful at any ages, it will lead to adverse health impacts on everyone around you.' – Participant 3

There was a general perception that sustained action and momentum, strong leadership, and the importance of positioning tobacco as a priority for government would be critical to the success of the forthcoming strategy. It was felt that reflection is needed on the successes and challenges of the previous strategy, including the findings of this report and related review (Reid et al, 2017). Development of an evaluation strategy, robust monitoring and measurable actions were deemed essential.

Addressing the price of tobacco was also a recurring theme. For example increasing the price of tobacco products or having a minimum price for tobacco. Reducing the availability of tobacco was also identified as being a priority, for example establishing smoke-free parks and playgrounds. The idea of a 'health cordon' around schools was proposed. Participants emphasised that any measures would need to be developed in collaboration with those who used the facilities and potential unintended consequences should be carefully considered.

Quotes 5 & 6

'So, in many ways I'd like to see a licensing system, a positive licensing system which would mean that you had to pay a modest license fee to sell tobacco, and that licensing would be contingent on following guidelines and policies that are in place. Like the license could be removed or, your ability to sell could be removed if you were caught selling to underage smokers on more than one occasion. We could actually connect or attach a minimum unit price for tobacco to the conditions of licensing, so that would mean that in that premise tobacco couldn't be sold below a certain price, even potentially higher than the current tax rates.'
– Participant 8

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

Most people identified the need for e-cigarettes to feature in the new strategy. There was acknowledgement that care should be taken to include tobacco harm reduction in a way that does not undermine other work in tobacco control. Some participants expressed concern that e-cigarettes may re-normalise smoking and that some manufacturers of e-cigarettes are in fact tobacco companies, which represents a potential conflict of interest. However, e-cigarettes were also identified as a potential method of smoking cessation and harm reduction and participants felt these should be discussed positively.

4. Discussion

Participants generally held favourable impressions of the 2013 tobacco strategy and the policy actions outlined within it. The strategy itself was felt to have been a success – not just in facilitating or taking forward specific actions, but in providing a focus and demonstrating the Scottish Government's commitment to tobacco control. The political leadership it demonstrated, the collaborative groups it engendered, including young people in the Prevention sub-group, and the actions it mandated were felt to have contributed to shifting the national culture around tobacco and smoking. Consistently, those interviewed stressed the need to focus on addressing inequalities, including ensuring that interventions do not unintentionally increase the gap between lower and higher socio-economic groups. It would seem prudent to emulate this model of working for the forthcoming strategy due in 2018.

Prevention of smoking uptake among young people and the creation of environments in which young people choose not to smoke were key priority areas for the strategy. The findings indicate a number of successes in this regard – the display ban and the introduction of plain and maximum size packaging were all felt to be have been successful in progressing the prevention agenda. However, some participants familiar with the ASSIST peer-support package questioned its effectiveness in reaching its target group, with some stating that many young people need earlier intervention.

Actions to protect people from second-hand smoke, including the 'Take It Right Outside' media campaign and the ban on smoking in cars with children, were perceived positively. Many participants stated that these initiatives had played a central role in shifting the culture around smoking and tobacco in Scotland. This perceived cultural shift would arguably provide a receptive environment for actions to be implemented in the forthcoming 2018 strategy. The difficulties of enforcing the ban on smoking within hospital grounds, the slow progress made on smoke-free prisons, and the continued exposure to second-hand smoke in other settings were felt, however, to pose continuing challenges.

In terms of smoking cessation, the Review of Smoking Cessation Services, and particular actions such as carbon monoxide monitoring and opt-out referrals for

pregnant women, were felt to have been positive actions. Less positively, respondents described what they perceived to be inconsistency in the quality of smoking cessation services across Scotland, variability in the uptake by Boards of different smoking cessation interventions and the lack of a unifying 'brand'.

Suggested actions for the new strategy seek to build on, extend, or improve upon those in the 2013–2018 strategy. Five key proposed actions emerged: maintaining strong political leadership on tobacco control, carrying out a mass media campaign, addressing the price of tobacco, considering how to tackle the availability of tobacco and ensuring all tobacco control work focused on reducing inequalities and guarding against stigmatisation and intrusion. Additional themes are presented in Appendix 2. However, differences in emphasis were found in relation to potential actions around e-cigarettes[2], and in relation to the feasibility of extending smoke-free environments.

To underpin the new strategy, participants argued for the value of continued opportunities for collaboration, including working with other policy priorities such as alcohol, obesity, children and families, and with communities; protected government budgets for tobacco work; and continued investment in services. To assess the effectiveness of actions, a robust monitoring and evaluation framework will be needed.

5. Conclusions

The Scottish Government's tobacco control strategy, 'Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland' (Scottish Government, 2013), set out 46 actions with the aim of making Scotland tobacco-free by 2034. Interviews with 10 tobacco control experts revealed the perceived successes of the strategy to date. Participants generally held favourable impressions of the 2013 tobacco strategy and the policy actions outlined within it. Successes were identified in relation to actions aimed at preventing young people from taking up smoking, and protecting people from second-hand smoke in different environments.

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[2] NHS Health Scotland and 21 other national partner organisations have recently published a consensus statement clarifying perceptions about any harms and benefits of using e-cigarettes, based on current evidence (NHS Health Scotland, 2017). www.healthscotland.scot/media/1576/e-cigarettes-consensus-statement_sep-2017.pdf

Study participants wanted to see strong political leadership on tobacco control to continue. They called for a mass-media campaign on smoking cessation to be carried out and emphasised that the price of tobacco needed to be addressed and the availability of tobacco needed to be tackled. Finally, they highlighted that all tobacco control work needs to be focused on reducing inequalities and guarding against stigmatisation and intrusion.

In the context of the proposed new tobacco control strategy, participants also drew attention to areas needing continued improvement, such as the delivery of smoking cessation services, as well as areas where current actions could be extended, such as the range of smoke-free environments. Comparatively, other areas for consideration such as the place of e-cigarettes within tobacco control were also highlighted. Participants underlined the importance, in what is perceived to be a changing environment, of maintaining the momentum begun and collaborative ways of working, into the forthcoming 2018 strategy.

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Appendix 1. Topic guide

1 Can you please tell me what your current role is, and how your current role relates to tobacco control?

2 How and when did you become involved in the tobacco control field?

3 What impact do you think the Scottish Government's policy: 'Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland' has had since its implementation? [Ask about both positive and negative impacts]
- On smoking rates (Probe: among particular populations – social inequalities)
- On public health

The next set of questions will focus on different actions within the tobacco control policy, to get your perspectives on what has worked well and what still needs to be done.

Ask questions 4–6 for:
- Tobacco prevention actions
- Tobacco cessation actions
- Smoke-free environment actions – such as smoke-free prisons, ban of smoking in cars with kids, smoke-free NHS
- Marketing actions – standardised packaging and display ban
- Illicit tobacco actions

4 What [tobacco prevention, tobacco cessation, smoke-free environments, marketing, illicit tobacco] actions of the tobacco control policy have worked well?
- What contributed to it working well? Why did it work well?
- Ask for examples.

5 What [tobacco prevention, tobacco cessation, smoke-free environments, marketing, illicit tobacco] actions of the tobacco control policy did not work well?

- Are there any challenges that need to be overcome?
- Ask for examples.

6 What do you think still needs to be done in terms of [tobacco prevention actions, cessation actions, smoke-free environment actions, marketing actions, illicit tobacco actions] to reduce tobacco consumption in Scotland?

- Why?
- Any suggestions of how this could be achieved?

7 What would you like to see in the new policy for tobacco control?

8 What actions would have the biggest impact on inequalities?

9 Is there anything else you feel we have not talked about but you would like to say?

Appendix 2: Other suggested actions by study participants

- Further raise the age for purchasing tobacco products to 21.
- Equip a broader range of NHS practitioners to deliver advice on smoking cessation.
- Need for a single brand to align all smoking cessation services across Health Boards.
- Less prominent positioning of tobacco in retail outlets, specifically 'under-the-counter' tobacco sales.
- Connect tobacco with other policy priorities and health behaviours, such as policies related to obesity and alcohol use, and children and families, etc.
- More collaborative working with organisations that target other health or social priorities (e.g. mental health charities, youth organisations).
- Set up a specific working group on smoking and pregnancy.
- Higher-level pricing on tobacco products.
- Taxation or levy on the tobacco industry (proceeds of which to fund work on prevention and smoking cessation).
- Establishment of a licencing fee for retailers who wish to sell tobacco.
- Establishment of a 'health cordon' around schools prohibiting sales of tobacco products.
- Incentivising retailers to not sell tobacco.
- Smoke-free parks, playgrounds, school grounds, universities and mental health facilities developed in collaboration with the people who use those facilities.
- Routine salivary cotinine tests for children to capture objective data on second-hand smoke exposure.
- Prohibit smoking in communal residential stairwells.
- Continue actions and progress related to smoke-free prisons.
- Establish a target for second-hand smoke exposure. Specific suggestion put forward: 3 out of 4 adults with no evidence of exposure to second-hand smoke by 2020.

- Specific focus on 16–24 year olds required, particularly routes to employment and training.
- Protect government budgets for tobacco work in line with inflation.
- Continued investment in existing and new services relevant to tobacco control.
- Introduction of tobacco and smoking awareness training to the undergraduate curriculum for all health professionals.
- Better training for smoking cessation staff.
- Improve the quality and availability of pharmacy cessation provision.
- Focus interventions on the most deprived areas to reduce inequalities in smoking.
- Consider how best to address second-hand smoke exposure in homes.
- A clearer focus on smoking among people with mental health conditions.
- Establish a new local delivery plan standard for cessation services with focus on inequalities.