



Tobacco Strategic Plan for the North East of Scotland



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NHS Grampian Tobacco Strategic Plan for the North East of Scotland

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Foreword

Effective tobacco control is essential if we are to achieve our goal of supporting communities to spend more years in good health. Tobacco, and especially cigarette smoking, is the single biggest entirely preventable cause of ill health, death and disability in this country. Smoking causes harm throughout people's lives¹. It is a major risk factor for poor maternal and infant outcomes², it leads to people needing care and support a decade earlier than they would otherwise and cuts short life expectancy by about a decade. It is driving widening inequalities in health accounting for half of the difference in life expectancy between the most and least deprived in our communities¹. This is why we are calling for action to make smoking a thing of the past.

We need to do more to protect future generations from the many health problems caused by smoking, including cancer and cardiovascular disease¹.

We know that most smokers start in their teenage years with the majority wanting to kick the habit but need support to address their nicotine addiction¹. One of the support tools to stop smoking is vaping, and because the harms of smoking are so great it is thought to be safer to vape than smoke. But vapes are not risk free and new evidence is emerging about the harms to human and planetary health. We have seen a concerning increase in the number of children vaping, with a quarter of 15-year-olds reporting use³. Our message is clear, if you don't smoke, don't vape.

This Plan provides an example of how partners might work together to have a greater impact on tobacco related harm by accelerating reductions in smoking rates to our ambitious goal of 5% by 2034¹. By working together, we aim to make our smoking cessation support more easily available, advocating for smoke free environments across all sectors to protect citizens, particularly children from second hand tobacco smoke, and reducing the take up of smoking or vaping by making smoke free the norm. We will continue to work with our academic colleagues to identify what is working well and what we need to change.

This vision is ambitious and presents a challenge to us all – together we can make it happen.

Susan Webb
Director of Public Health,
NHS Grampian



Introduction

The proportion of people smoking tobacco in Grampian has continued to fall with adult smokers seeing a reduction from 20.1% in 2015 to 13.2% in 2022⁴. Smoking rates in school aged children are at an all-time low, with 6.8% of S4 children smoking regularly⁵. Smoking in pregnancy in Grampian has also reduced over time, with 12.3% of women reporting smoking during pregnancy in Grampian in 2022⁶.

Smoking levels, however, continue to fall disproportionately across the population thus widening the inequality gap. For example, women living in deprived communities are significantly more likely to smoke during pregnancy than those living in affluent communities. Smoking during pregnancy increases the risks of complications including premature births. Being born prematurely is associated with later negative educational, health and social outcomes and is a leading cause of mortality in children under five⁷. Young people with caring responsibilities are more than twice as likely to be regular smokers as those who do not have caring responsibilities⁸.

In Scotland hundreds of people die and are admitted to hospital each year because they smoke. Smoking causes around one in five of all deaths and kills one in every two long-term smokers. It remains the most significant cause of preventable cancer and contributes to much of Scotland's cardiovascular and pulmonary health problems¹.

Smoking is also known to affect the efficacy of medications, especially for mental health conditions⁹. Despite past efforts, the lack of progress in reducing smoking rates is particularly pronounced in the most deprived areas, contributing to the observed increase in the gap between rates in the most and least deprived areas. Smoking prevalence in our most deprived areas amongst those with a mental health issue is approximately 40 – 50%¹⁰.

New emerging evidence from the COVID-19 pandemic and the subsequent rise in the cost of living shows an additional and profound impact on those already disadvantaged and is likely to push more families into poverty¹¹. Findings from the Scottish COVID-19 (SCOVID) Mental Health Tracker Survey in 2020 found that smokers reported smoking more than usual during this time¹². The challenge ahead cannot be overstated, and a new approach must be taken as old methodology is no longer effective or appropriate. The pandemic may have stalled services, but prior to this there had been an approximate 75% drop in numbers accessing support through traditional methods – a trend that has continued over the last decade¹³. This is not the only challenge. The rise in vaping* in young people who aren't already smoking versus the use of e-cigarettes as a tool for stopping smoking further complicates the landscape.

There is a complex but clear link between poverty, inequalities, mental health and other disadvantaged groups and smoking. By removing the costs of smoking, thousands of households across Scotland could be lifted out of poverty¹⁴. By focusing on the causes of inequalities rather than the symptoms we can take a refreshed approach to tackling the challenge ahead.

* The use of the terms vaping/vape and e-cigarettes are used interchangeably depending on source materials and context.

We will work together with our communities, supporting them to develop interventions that will work for them. We will continue to strive to create a culture where smoking is not the norm and over the next three years, we will demonstrate action on:

Prevention

Creating environments where children and young people choose not to smoke or vape.

Protection

Protecting all people affected by second hand smoke in homes, in work environments and across communities impacted by poverty and inequalities.

Cessation

Supporting people to stop smoking by co-creating interventions in the community and at a primary care level. This is particularly relevant where the worst inequalities persist, such as maternity services.

The Scottish Government's national tobacco control strategy 'Creating a Tobacco Free Generation' was launched in 2013 – its aim was to make Scotland tobacco free (with a smoking prevalence of 5% or less) by 2034¹. To date local actions in Grampian have been informed by this plan. However, a 2017 review has confirmed that despite national efforts, this aim is unrealistic at the current pace¹⁵.

In November 2023 the Scottish Government launched their new Tobacco and Vaping Framework – Roadmap to 2034 which sets out a renewed set of actions with a reporting structure planned out every 2 years for the next decade. This Grampian strategy and its actions will be aligned to match this reporting structure within its action plan, ensuring we are able to capture our efforts to help Scotland reach its 2034 vision¹⁶.

Within this framework there are three overarching themes:

- **People** – What we can do to prevent uptake and what support we can provide to help people stop smoking, and to educate them on the risks;
- **Product** – What restrictions and limitations can be placed on tobacco containing products to further reduce use and ensure Nicotine Vaper Products (NVP) are used appropriately to support cessation but deter take up where not used for quitting tobacco; and
- **Place** – What restrictions and limitations can be placed on how and where tobacco and NVPs products are sold to deter use of the former and ensure appropriate use of the latter.

These will be supported by three principles:

- **Transparency** – Adherence and promotion of the principles of the WHO Framework Convention on Tobacco Control guidelines and specifically article 5.3;
- **Sustainability** – Continued funding to support the Framework and actions within it; and
- **Accountability** – Good governance of the implementation of the framework and progress towards the 2034 target.

The challenge ahead will be met and underpinned by taking a Population Health approach. This four pillars framework highlights a range of factors which influence, shape and contribute to our health and social outcomes. To ensure a balanced, equitable and effective approach to reducing the smoking population of Grampian we will shape our programme of actions to take into consideration all four of these interconnecting pillars¹⁷.

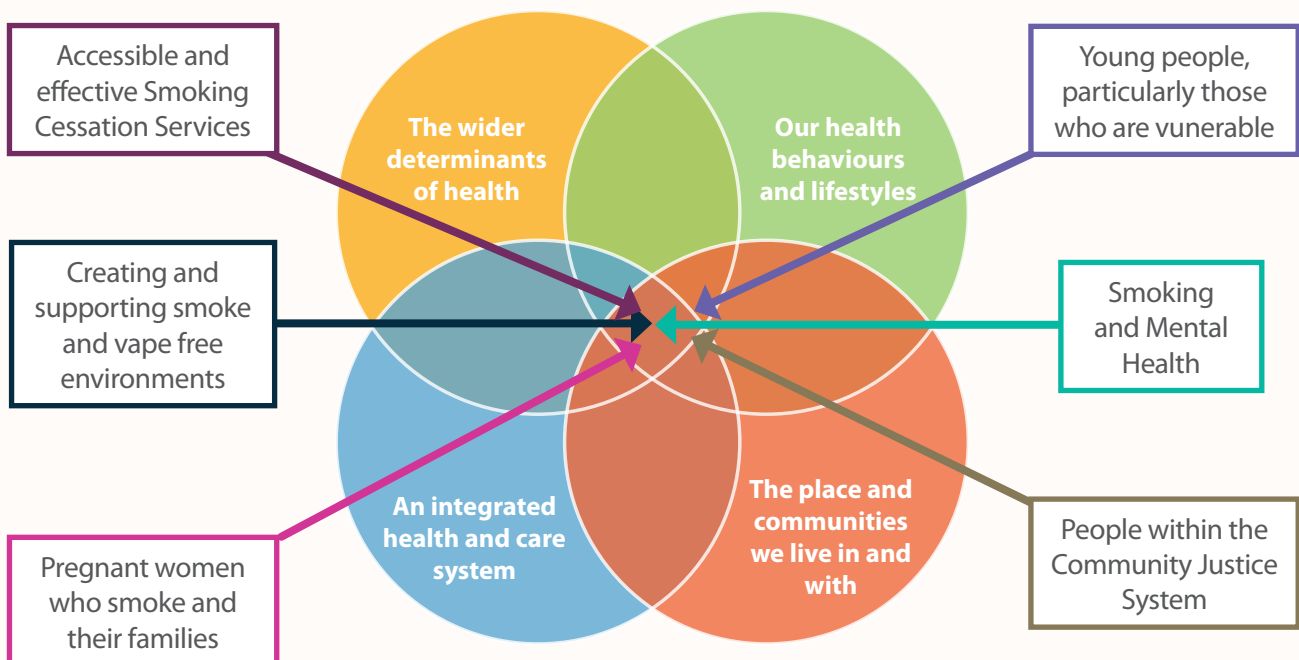
- Wider determinants of health
- Our health behaviours and lifestyles
- Places and communities we live in
- An integrated health and care system

The actions set out in this plan will be informed by and mindful of how each of the pillars can influence health and social outcomes, and so over the next three years we will focus on the following six priorities:

- **Accessible and effective Smoking Cessation Services**
- **Creating and supporting smoke and vape free environments**
- **Pregnant women who smoke and their families**
- **Young people, particularly those who are vulnerable and living in poverty**
- **Smoking in Mental Health**
- **People within the Community Justice System**

The King's Speech 2024 stated that a Bill will be introduced to progressively increase the age at which people can buy cigarettes and impose limits on the sale and marketing of vapes [Tobacco and Vapes Bill]. The Scottish Government have also announced draft regulations called the Environmental Protection (Single-use Vapes) (Scotland) Regulations 2024 which will enable Scotland to become the first of the four countries in the UK to officially ban disposable e-cigarettes. This is likely to come into effect in April 2025.

The King's Fund Four Pillars Approach



Based on the King's Fund Wider Determinants of Health diagram.

NHS Grampian and the three Health and Social Care Partnerships will play a lead role in the implementation and resourcing of specific services and approaches set out in this plan. However, we cannot do this alone. By working alongside stakeholders as well as engaging with our smoking population we can all play a role in helping to deliver on our vision for the future.

Aim:

To protect the people and environment of Grampian from the harm caused by smoking and vaping, reducing the overall smoking prevalence in Grampian to 5% in 2034 and to enable everyone to live in a smoke and vape free environment.

Vision:

In Grampian we will live in a smoke free culture, where tobacco use is discouraged and where children and young people are not exposed to tobacco smoke and are less likely to vape. The best possible cessation support will be freely available to encourage existing smokers to quit tobacco. We will work to:

- **Prevent people from starting smoking and vaping by promoting and encouraging healthier lifestyles, particularly young people and those impacted by poverty and inequalities.**
- **Protect people from the harm caused by second-hand tobacco smoke.**
- **Reduce the number of people smoking and vaping by supporting them to stop, particularly those impacted by poverty and inequalities.**



Tobacco Control Activity

There is much to be proud of in Grampian regarding tobacco control. This gives us strong foundations from which future actions set out in this plan can be implemented. This section outlines previous good practice and current methods being trialled across Grampian to explore new ways of working and to inform our future direction of good practice.

- Research Project set in Aberdeenshire in partnership with the University of Aberdeen, ASH Scotland, NHS Grampian and Turning Point. This project is looking at the needs of vulnerable and at-risk populations around smoking cessation and prevention, in the context of the cost-of-living crisis. This project will run for six months and will help inform and shape our services in Grampian. The study has demonstrated that existing services can be enhanced with community intelligence. This has led to the development of a suite of new smoking cessation marketing materials based on the conversations with participants.
- The Aberdeenshire Public Health Team worked in partnership with the Seafit programme and NHS Grampian pharmacy on a pilot project, which offered seafarers who smoke the opportunity to trial the use of a smoking cessation app. The pilot was developed from a recent report highlighting access issues to health services due to the nature of their vocation. The app was designed to offer round the clock, 365 days a year smoking cessation support. The project highlighted that due to the complexities of their occupation a cessation app for seafarers was more likely to be effective if used in conjunction with a broader range of support designed to motivate seafarers to quit smoking. Moving forward the Aberdeenshire Public Health Team are currently investigating a further pilot using the smoking cessation app in addition to community pharmacies for clients that access the Department of Work and Pensions' (DWP) within Fraserburgh.
- The IMPACT Project was developed by ASH Scotland and provides up to date resources and training on smoking and mental health. Its target audience is staff and volunteers who are supporting people with mental health issues. This training has been rolled out to all Aberdeenshire Community Mental Health teams.
- A small number of pharmacies in lower socioeconomic group locations across Grampian have been chosen to take part in a unique pilot to develop the skills and competence of pharmacy support staff to proactively provide advice and signposting. The aim of this pilot is to create a network of Gold Standard community pharmacies who provide a proactive MEOC (making every opportunity count) approach to self-care through planned and opportunistic health promotion. Moving forward, the aim of this pilot would be to roll out to any pharmacy who believe they can meet the criteria that is designed to ensure they are providing and maintaining the best possible standard of service..
- A standardised text system pilot was trialled in a small number of pharmacies to make it more convenient for clients, and easier and quicker for pharmacy staff to check-in with their clients using weekly text messages, 4-week and 12-week standard messages. An evaluation of this pilot programme is underway and will inform the next steps for scaling up this intervention.
- Public Health, alongside Aberdeen University CHARIS research project will be working with schools selected across City, Shire and Moray to run focus groups and help shape materials and future work to discourage young people from taking up vaping.

- A pilot project is currently being delivered across schools in Moray to primary 5 - 7 pupils. The aim of this project is to provide information and resources around the harms of tobacco smoke and vaping. Initial results are encouraging and feedback to date is positive. If successful this project will be rolled out across Aberdeen City and Shire.
- Inverurie Academy and Aberdeenshire Trading Standards Officer along with support from Aberdeenshire Health and Social Care Partnership and Public Health have collaborated to produce a peer to peer, age appropriate engaging short video. This resource will support the enforcement of Trading Standards key messaging regarding the laws on vapes. The video is to be distributed to all 17 Aberdeenshire Academies where it shall be promoted in effective ways among pupils and their peers.
- Aberdeenshire Life Education Centre (ALEC) with support from Aberdeenshire Health and Social Care Partnership and Public Health have been part funded to deliver a programme of face-to-face pupil workshops and online teacher support. This will include guidance and information relating to vaping alongside their substance misuse, peer pressure and mental health resources, delivering age and content relevant workshops to all S1, S2 and S3 pupils in all Aberdeenshire Secondary Schools and parent information sessions at each of the Secondary Schools.



Accessible and effective Smoking Cessation Services

NHS Grampian smoking cessation support is primarily delivered through community pharmacy services and non-pharmacy specialist smoking cessation services. In 2018, specialist smoking cessation services across Scotland unified under the national 'Quit your Way' brand¹⁷. Healthpoint is NHS Grampian's specialist smoking cessation service.

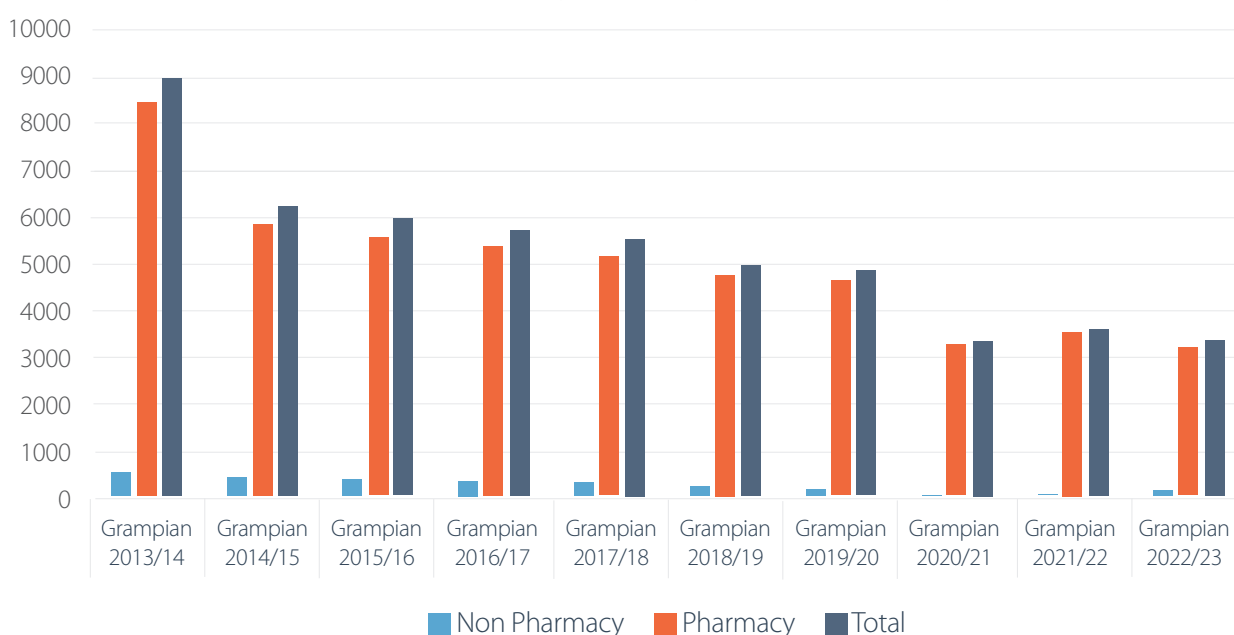
Support is also delivered through General Practice. These services are universal and more importantly free and open to anyone who smokes regardless of gender, culture or disability. For example, despite most interactions within the specialist service happening over the telephone, systems and services such as Scotland's free British Sign Language (BSL) Video Relay Service (VRS), Contact Scotland-BSL and Relay UK can be used, as well as language line. Many pharmacies can also provide LOOP hearing systems and, through client led discussions, work out the best way to support them.

Services can provide Nicotine Replacement Therapy (NRT) free on prescription for those who are suitable for it. NRT comes in many forms, including patches, gum, lozenge, inhalator and spray. Varenicline which has a high success rate in helping people stop smoking is coming back as an option following a lengthy period of it being unavailable.

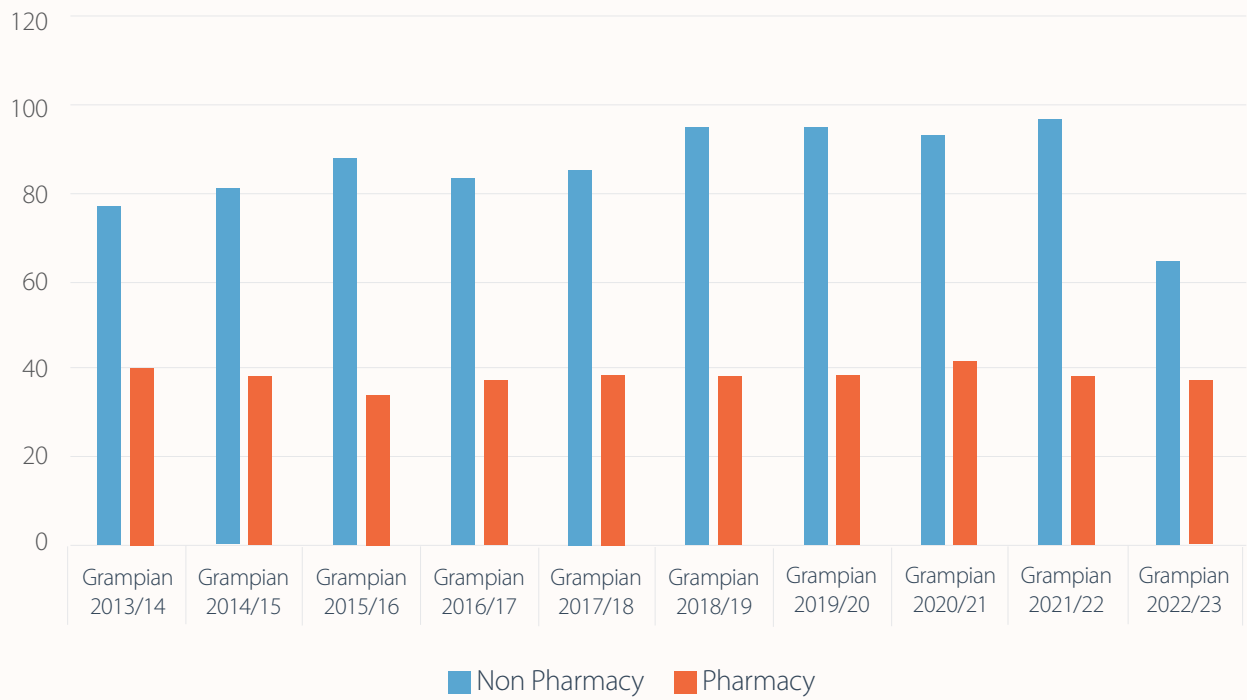
Support to stop smoking may also be accessible in other settings that support vulnerable groups – for example, we know that people who have an addiction to alcohol and/or other drugs are more likely to also use tobacco, and often experience greater harms from tobacco use than other sections of the population¹⁹.

All services, including nationally, had seen a significant decrease in the number of people accessing services as well as a decline in quit attempts. For example, in 2017/18 5,512 people in Grampian set a quit date against 3,577 in 2021/22, a reduction of 35%. Similarly, the number of people attempting to stop smoking and having a successful quit at 4 and 12 weeks with support from NHS services has also significantly declined. The majority of the quits (86%) in Grampian are achieved through Community Pharmacy although remaining smoke free in the longer term has less success through pharmacy intervention alone²⁰.

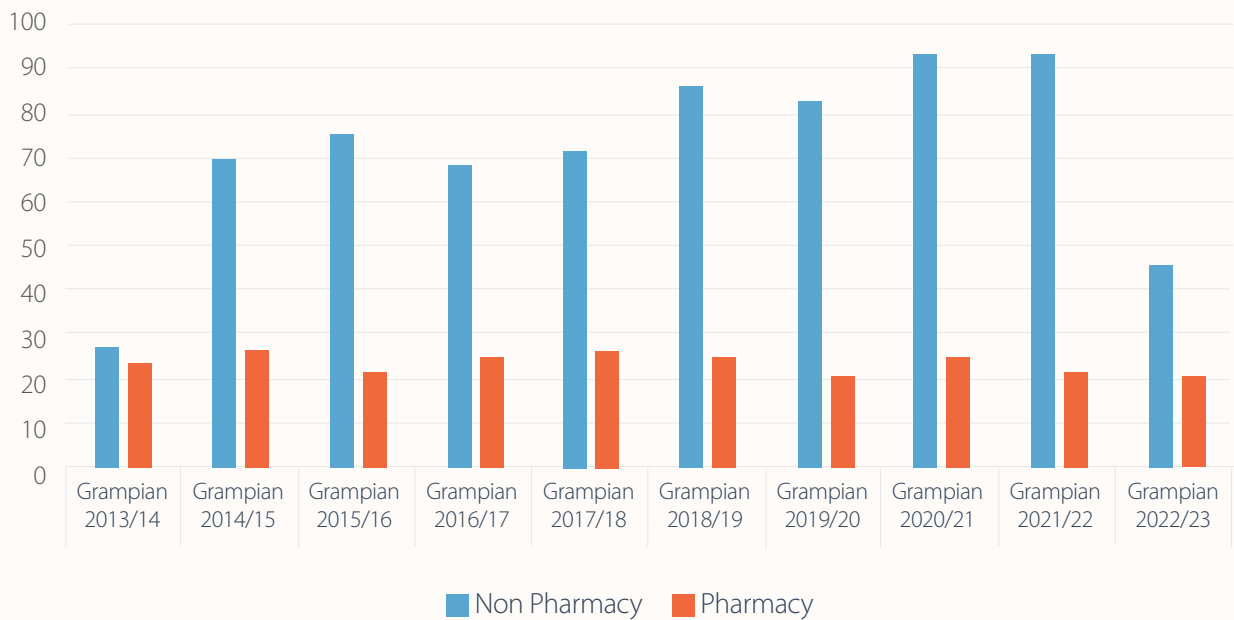
Number of Quit Attempts by pharmacy and non-pharmacy services



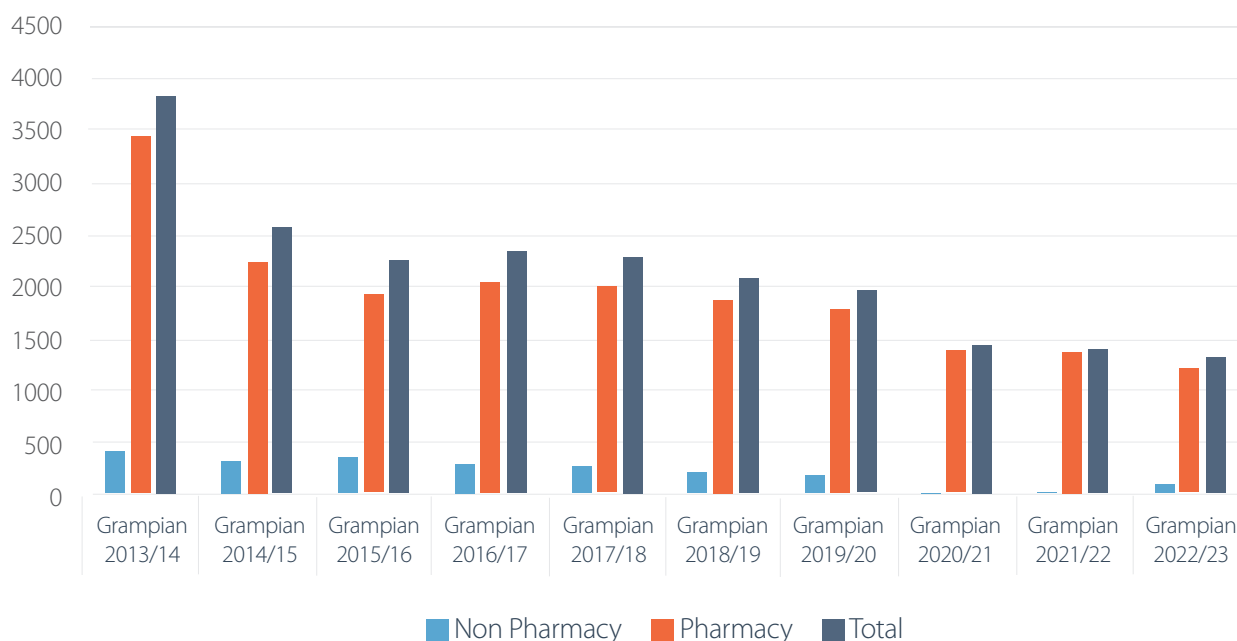
4-week quit rates by pharmacy and non-pharmacy services



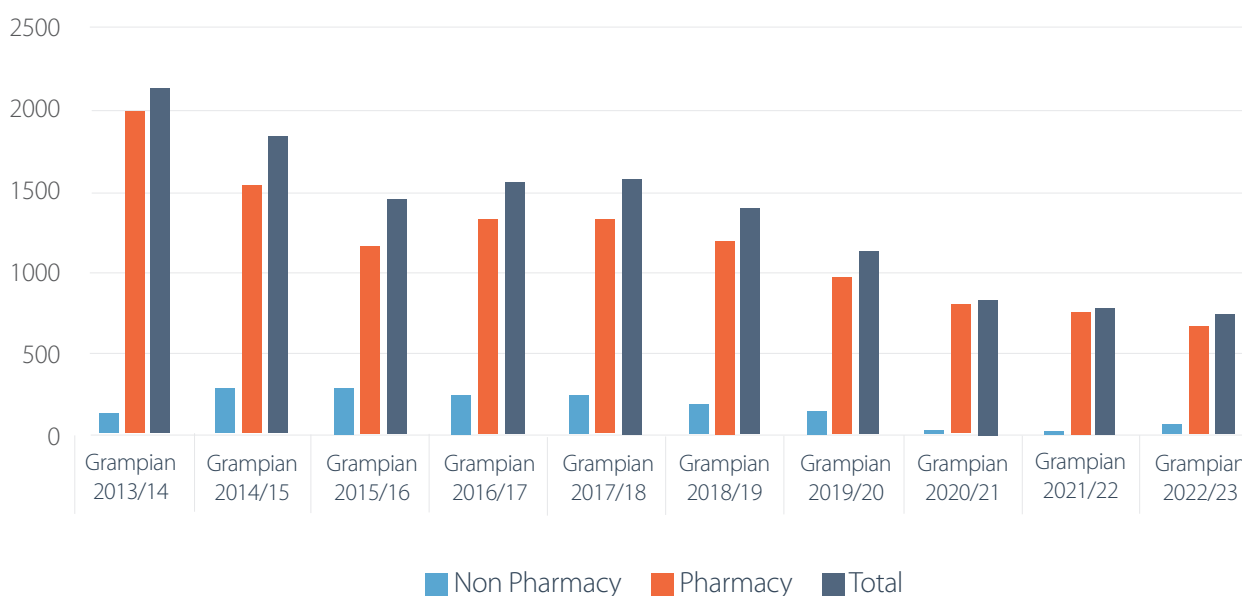
12-week quit rates by pharmacy and non-pharmacy services



Number of 4-weeks quits by pharmacy and non-pharmacy services



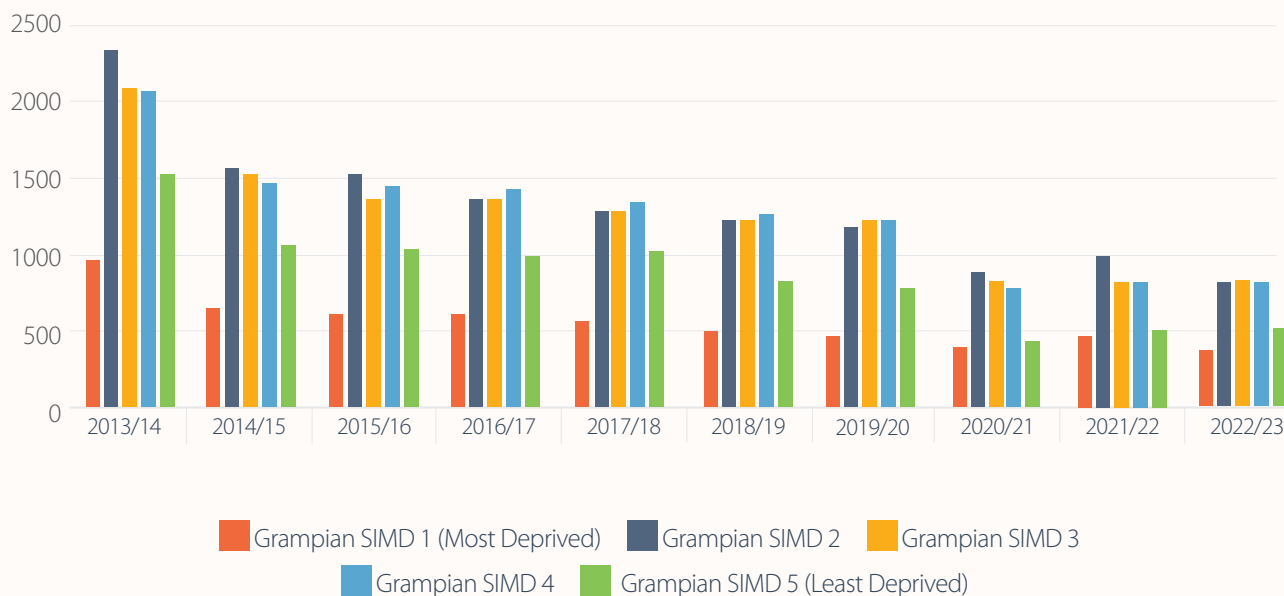
Number of 12-weeks quits by pharmacy and non-pharmacy services



GP prescribing for smoking cessation medication has also been on a steep decline. For example, in 2021/22 1,062 people received prescriptions for smoking cessation medication compared to 3,555 in 2016/17²¹. Evidence suggests that people receiving behavioural support alongside stop smoking medication are more likely to stop smoking and remain stopped than those only seeing a GP or attending a pharmacy²². Despite this, the number of people referred for specialist support from GPs and pharmacy are low²¹.

The Local Delivery Plan (LDP) Standard for NHS Scotland is for NHS Boards to achieve a set number of self-reported successful twelve-week quits (those people still not smoking after 12 weeks) through smoking cessation services from our 40% most deprived communities²³.

Number of Quit Attempts by Scotland-level SIMD Quintile



In Grampian all smoking cessation services had to adapt and change throughout the COVID-19 pandemic. This also meant the way people accessed services during this time changed and many services were no longer able to deliver smoking cessation as they had done previously.

Smoking cessation services should be able to adapt to the needs of those who wish to use them. Dialogue with service users is necessary to ensure that we are able to provide the best possible service to support those who are experiencing the worst inequalities to stop smoking and be more healthy. A refreshed approach requires an acknowledgement of the post COVID landscape and cost of living crisis which has disproportionately impacted those living in poverty¹⁰.

There has also been a significant rise in vaping, particularly in young people who have never smoked²⁴. This further complicates the landscape as evidence supports the use of e-cigarettes as a harm reduction tool in stopping smoking²⁵. A 2022 Cochrane review found strong evidence that the use of e-cigarettes containing nicotine was more effective in helping people to stop smoking than other forms of nicotine replacement therapy²⁶. In contrast to this there is still no clear Government directive or guidance on the use of e-cigarettes as a harm reduction tool and to date they are not currently licensed for this purpose. Furthermore, there is no consistency in how stopping smoking using e-cigarettes will be supported across services.

Key challenges for NHS Grampian smoking cessation services going forward will be to adapt to meet the changing needs of our population, whilst navigating an ever changing and complex landscape due to the rise in vaping by young people.

Improvement required

- Work in partnership with Health Intelligence, other partners and smokers to gather local data and intelligence on tobacco use and vaping.
- Run a series of targeted social marketing campaigns based on best available evidence, particularly at a local level.
- Continue to work in partnership with NHS Grampian pharmacy services to increase successful quit rates, reduce loss to follow up and create consistency in the smoking cessation advice and support provided across community pharmacies.
- Promote awareness and training to partners and stakeholders, particularly GPs, around smoking cessation, for example very brief advice and brief advice to support increasing referrals for specialist stop smoking support.
- Explore and ensure effective referral pathways are in place to enable hospitalised patients to have access to smoking cessation services.

Key Actions

- Ensure services are accessible to all, particularly those living in poverty.
- Gain a greater understanding of how the changing landscape may have changed how our smoking population wants to access our services.
- Gain a greater understanding of vaping as a smoking cessation tool and provide consistent advice and support where appropriate.
- Ensure NHS Grampian Smoking Cessation Services adapt to provide an effective service that meets the changing needs of our smoking population.
- Ensure that people re-engage with NHS Grampian Smoking Cessation Services after an unsuccessful quit attempt.
- Enrol Public Health champions within pharmacies, to act as a point of contact for promoting smoking cessation services and pathways prioritising deprived communities.
- Improve links with Alcohol and Drugs Partnerships across Grampian to explore a pathway for substance users to receive the appropriate support.



Creating and supporting smoke and vape free environments

Exposure to second-hand smoke has immediate health effects and continued exposure can be detrimental. The introduction of the Smoking, Health and Social Care (Scotland) Act 2005²⁷, making it illegal to smoke in enclosed public spaces has achieved positive outcomes including improvement in air quality, reductions in heart attacks in the general population and socio-cultural behaviour change. Advocating for smoke-free environments across all sectors and industries in Grampian will further reduce the harm caused by exposure to second-hand smoke and will continue the cultural shift in attitudes towards smoking.

The Prohibition of Smoking outside Hospital Buildings (Scotland) Regulations 2022²⁸ and sections 4A to 4D of the Smoking, Health and Social Care (Scotland) Act 2005 introduced an enforceable 15 metre no-smoking perimeter around hospital buildings²⁷. Local Authorities (in most cases Environmental Health Officers) are responsible for enforcing this legislation and will have the power to issue fixed penalty notices to individuals who smoke within the 15 metre perimeter, but also to Boards for failing to display the correct signage or for knowingly permitting someone to smoke within the perimeter. The legislation came into force on 5 September 2022. This legislation works in tandem with the current NHS Grampian Tobacco Policy²⁹, so smoking remains prohibited anywhere on sites and in buildings, and this is now enforceable through legislation within the 15 metre perimeter. This legislation follows the implementation of smoke-free grounds across NHS sites in 2015³⁰.

There are Nicotine Replacement Therapy (NRT) protocols in place across hospital sites to support patients during their stay. Despite smoke-free grounds policies and new legislation, adherence is inconsistent across sites.

As an Anchor organisation, NHS Grampian along with the three Health and Social Care Partnerships has a leading role in promoting a smoke-free culture. With encouragement it is hoped that all local partners (public, third and business sectors) will follow this example. The Convention of Scottish Local Authorities (COSLA) has produced guidance for local authorities to develop a consistent policy across children and young people's spaces and services³¹. While there has been an overall reduction in children's reported exposure to second-hand smoke at home, data from 2021 shows that 2% of children were still living under such circumstances³².

By adopting simple changes smokers can help reduce exposure to second-hand smoke, particularly in children. This can also be true for those who vape. Further roll out of smoke and vape free environments will also increase efforts to prevent the uptake of smoking and discourage vaping in children and young people. Emerging evidence highlights the harmful effects of second-hand exposure to aerosols emitted from vapes³³.

Previous campaigns which included 'Take it Right Outside' were supported across Grampian to encourage parents not to smoke in their homes and cars, and the 'Continuing the Pathway' pilot project trained Health Visitors in Aberdeen City to discuss smoking and carry out carbon monoxide monitoring with women postnatally.

The challenge ahead will be to extend our reach across all sectors to promote smoke and vape free environments to those who can influence young people, and people experiencing poverty and health inequalities, and those who are at risk of poorer health due to the nature of their work. Anchor organisations have a major role to play in encouraging smaller organisations and services to promote smoke-free cultures across Grampian.

There is evidence that the density of the number of retail establishments that sell tobacco products can affect smoking prevalence rates and this should be explored further for Grampian.^{34 35}

Smoke and vape free environments can help make a significant difference to environmental pollution.

In the UK, 120 tonnes of cigarette related litter are discarded on our streets every day with cigarettes accounting for over 40 per cent of street litter. Cigarette filters can take up to 12 years to degrade and littering is an offence that can result in a fixed penalty. Cigarette filters have been found in the stomachs of fish, birds, whales and other marine creatures, which mistake them for food.

People commonly mistake cigarette butts for cotton wool; however they are made of cellulose acetate (plastic). The filters or butts are designed to trap tar and other toxic chemicals before they reach the smoker's lungs. As the acetate (plastic) filters decompose they release these toxic chemicals³⁶.

Up to 26 million disposable vapes were consumed and thrown away in Scotland between 2022 and 2023, of which an estimated 10 per cent were littered and more than half were incorrectly disposed of, according to a report published.

The Scottish Government commissioned Zero Waste Scotland to carry out a review of the environmental impact of single use vapes and potential policy options for addressing the problems that they cause.

The review estimates that in the year ending January 2023, there were 543,000 vapers in Scotland - of whom 51,000 (9%) were under 16 and 78,000 (14%) were under 18. Most under 18 e-cigarette users prefer single use vapes.

Environmental impacts highlighted by the review include the waste impact of littering; risks associated with unsafe disposal of their contents; and greenhouse gas emissions and water consumption generated in their manufacture. Total emissions associated with disposable vapes in

2022 are estimated to have been up to 4,292 tonnes CO₂e – the equivalent of around 2,100 cars on Scotland's roads. The lithium batteries used in the most popular disposable vapes could be recharged up to 500 times if the product design allowed ³⁷.

Improvement required

- Gain understanding of how many organisations have or have not, adopted smoke and vape free environments.
- Focus on organisations where people are more at risk of poorer health and inequalities due to the nature of their work and encourage them to promote smoke and vape free environments.
- Further reduce children's exposure to second-hand smoke and vape emissions, particularly for those living in poverty.
- Promote a community led approach to smoke and vape free environments.
- Improved staff knowledge and awareness of the revised NHS Grampian Tobacco Policy procedures and supporting NHS protocols.
- Increased compliance with the revised Tobacco policy to ensure NHS grounds are smoke and vape free, including recording of breaches.

Key Actions

- Ensure NHS Grampian Tobacco policy is reviewed and updated to reflect hospital grounds legislation.
- Continue to promote and support the benefits of smoke and vape free environments across Grampian with our stakeholders.
- Support those who work with families to increase their knowledge and skills to help take smoking outside and signpost to smoking cessation services.
- Ensure training and guidance to all staff on NHS Grampian Tobacco Policy and their responsibilities for ensuring adherence to policy.
- Ensure NHS staff have adequate training and support to adhere to NHS Grampian NRT prescribing protocols.
- Explore with Scottish Government and Local Authorities the consideration of planning legislation to reduce tobacco outlets in disadvantaged areas.



Aberdeen Royal Infirmary
Main Entrance

NHS
Grampian

M&S SIMPLY FOOD

Public & Public Entrance

Public & Public Entrance

GOING
BUS STOP
BUS STOP

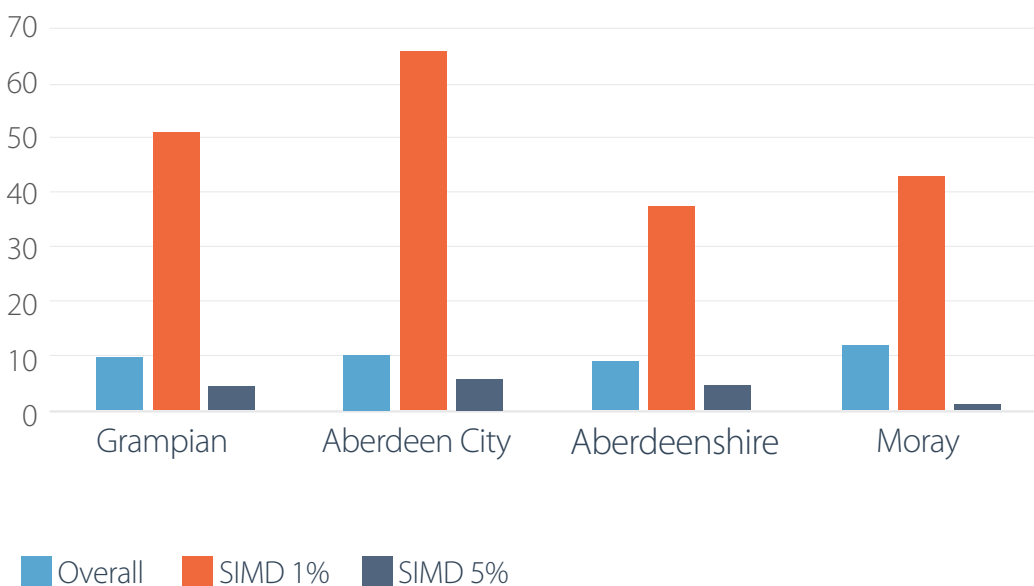
Pregnant women who smoke and their families

Smoking while pregnant causes substantial harm, increasing the risk of miscarriage, still birth, prematurity, low birthweight, perinatal morbidity and mortality, neonatal or sudden infant death, asthma, attention deficit hyperactivity disorder, learning difficulties, obesity and diabetes². Babies born premature are also at higher risk of chronic respiratory, cardiac, renal, and endocrine system disorders later in life and are more likely to require hospital treatment³⁸.

Women* from socio-economically deprived areas are more likely to smoke and vape while pregnant and there is a clear disparity based on where you live of the likelihood of you doing either². Data from the Scottish Morbidity Record (SMR02) records for Scotland show that in 2021 the percentage of those with a known smoking status at booking was 13.1%³⁹, with data for Grampian in 2022 at 12.3%⁶.

Within Grampian those recorded as smoking at booking are referred through BadgerNet for specialist smoking cessation support. BadgerNet is the maternity services Electronic Patient Record (EPR) used across NHS Grampian. An advisor will contact the smoker by telephone to discuss support options. Out of 173 referrals made in 2022, 41% of those referred were able to be contacted with 25% of those setting a quit date with an advisor. Numbers of pregnant women seeking support through pharmacies is also low⁴⁰.

Grampian data for smoking at booking - recorded on BadgerNet 2022



Grampian data for smoking at time of booking during 2022. This is based on 5,399 pregnancies. This data was taken from BadgerNet records⁴¹.

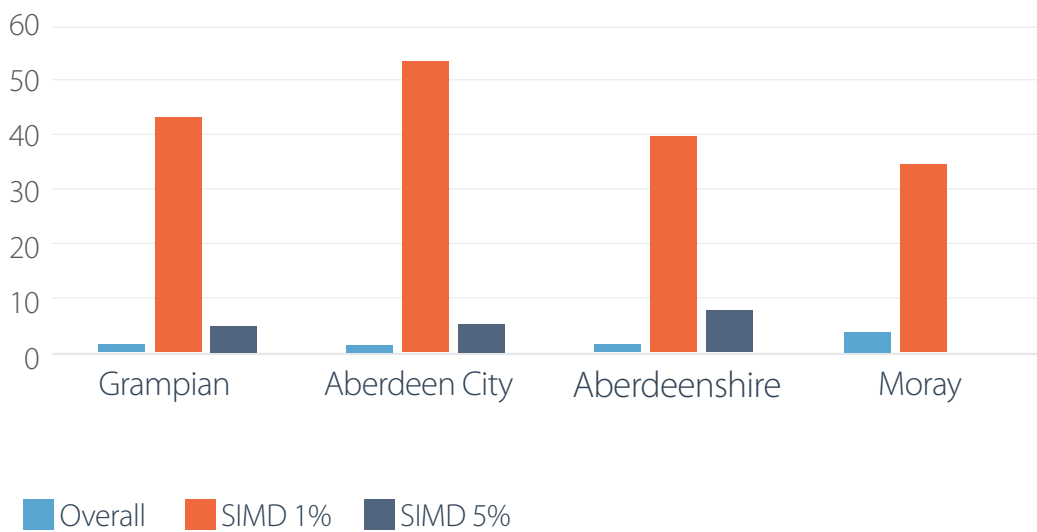
| Smoking | Overall % | SIMD 1 %* | SIMD 5 %* |
|---------------|-----------|-----------|-----------|
| Grampian | 9.7 | 51 | 4.2 |
| Aberdeen City | 9.9 | 66.2 | 5.3 |
| Aberdeenshire | 8.9 | 37.6 | 4.4 |
| Moray | 11.7 | 43 | 1.1 |

| Vaping | Overall % | SIMD 1 %* | SIMD 5 %* |
|---------------|-----------|-----------|-----------|
| Grampian | 1.9 | 43 | 5 |
| Aberdeen City | 1.6 | 52.8 | 5.6 |
| Aberdeenshire | 1.7 | 39.5 | 7.9 |
| Moray | 3.3 | 34.6 | 0 |

* The terms 'women' or 'mother' are used throughout. These should be taken to include people who do not identify as women but are pregnant or who have given birth. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for the baby.

* Percentage of overall smokers/vapers from SIMD 1 & 5 datazones.

Grampian data for vaping at booking - recorded on BadgerNet 2022



There are many reasons why some women continue to smoke during pregnancy. Some barriers to stopping smoking can be personal beliefs, relationships with partners and family and the norms of the communities in which we live. For those living in disadvantaged circumstances the challenge is often greater. Facilitating change and providing effective support requires healthcare professionals to have the knowledge, skills and confidence, and to be a trusted source in order to raise the issue of smoking in this context.⁴²

The challenge continues to be how we reach and engage with women who are pregnant and living in poverty at a local level. A renewed approach is required in order to better understand what this population needs from our services so we can support and encourage them to make informed, better choices for self and baby.

A recent pilot to promote an app-based smoking cessation tool has so far had little success⁴³.

Research shows that using pharmacological therapies in combination with behavioural support is likely to have more success than stopping smoking alone. Evidence also supports the use of e-cigarettes as an effective tool in smoking cessation in pregnancy. This is supported by the Royal College of Midwives⁴⁴.

There is evidence from many studies that show interventions that incorporate a counselling element along with feedback and financial incentives appear to reduce the number of women smoking in late pregnancy, however the interventions and the context of the interventions need to be carefully considered⁴⁵.

Supporting partners or close family members to quit is also seen as an important factor in helping women stop smoking during and after pregnancy. A review which was undertaken by the National Smoking in Pregnancy Challenge Group sets out best practice around this based on available evidence⁴⁶.



Improvement required

- Ensure all women who smoke at time of booking are referred to smoking cessation support, and the referral is recorded.
- Develop an understanding of those who choose not to stop or who try to stop without support from NHS services.
- Encourage those using e-cigarettes to quit to access behavioural support.
- Increase awareness of relapse risk and availability of relapse support.
- Ensure smoking cessation support as well as any materials and messages available for pregnant women is evidence based, sensitive, non-judgemental and designed based on the needs of that group.
- Provide clear and consistent messages to stop smoking.

Key Actions

- Review the smoking in pregnancy pathway in partnership with midwifery services, smoking cessation services and service users.
- Promote and provide training and development support to practitioners who work with pregnant women, particularly midwives, health visitors and pharmacists.
- Interventions and support should be extended to include partners and other smokers living in the same household.
- Develop a better understanding of women impacted by poverty and inequalities to increase and develop more effective engagement and support pathways.
- Increase uptake of smoking cessation support by pregnant smokers.



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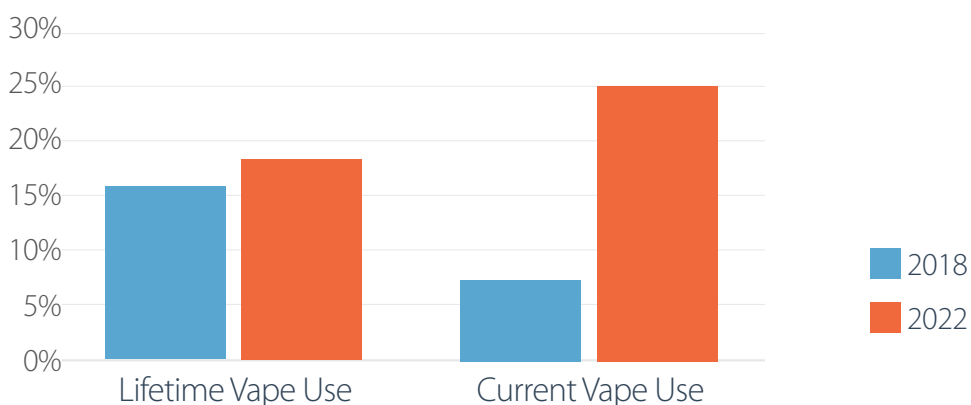
Young people, particularly those who are vulnerable and living in poverty

Protecting young people from the harms caused by tobacco and vape use is a key strand of this strategic plan. In line with the Scottish Government’s aim of making Scotland smoke-free by 2034¹ we will continue to discourage young people from taking up smoking and vaping by promoting environments where young people are less likely to be influenced to smoke or vape. Early interventions are imperative to reduce inequalities and protect future health⁴⁷.

Nationally the proportion of young people who regularly smoke has decreased over time⁴⁸ with local data reflecting this⁴⁹. In contrast however, there has been a huge increase in young people taking up vaping. The Health Behaviour in School-aged Children (HBSC) 2022 Survey in Scotland: National Report showed that there has been a definite increase in both lifetime* and current use of e-cigarettes since 2018^{50, 51}. For example:

- In 2018 e-cigarette use was similar to smoking use, compared to 2022 when e-cigarette use was significantly higher.
- In 2022 18% of adolescents reported lifetime use compared to 16% in 2018.
- In 2022 25% of 15-year-olds reported current e-cigarette use compared to 7% in 2018.

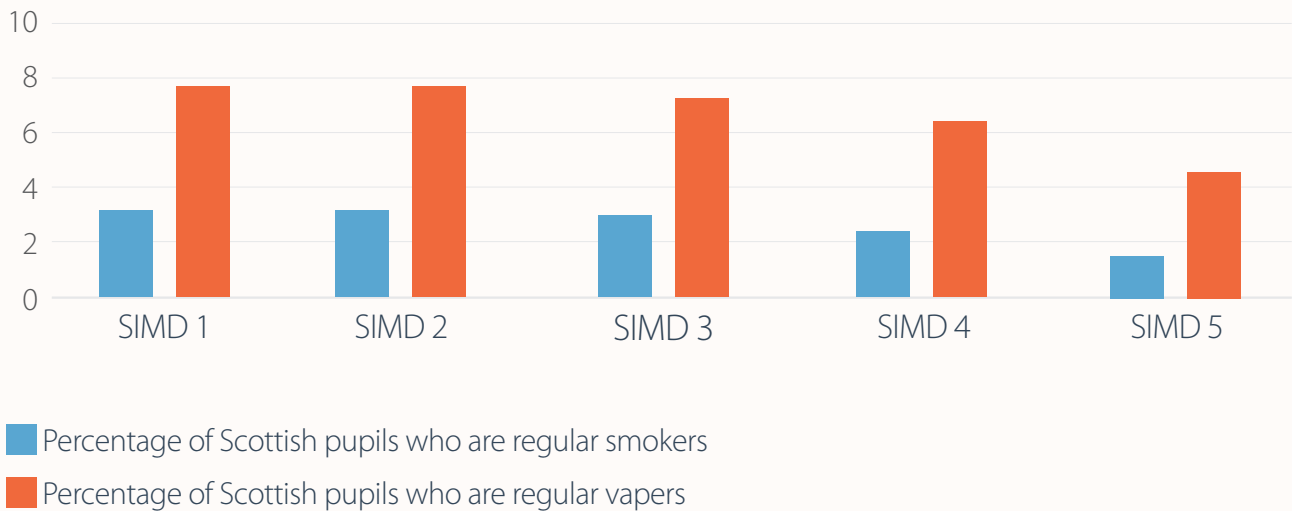
Percentage of 15 year olds (Scotland) reporting lifetime & current vaping use



* Adolescents who have reported using vapes at least once.

A YouGov (2022) survey showed that regular and occasional e-cigarette use had doubled since 2021, with 40.1% of those using e-cigarettes never having previously smoked tobacco. Further UK wide data looking at vaping from January 2021 to April 2022 showed e-cigarette use amongst 18-year-olds increased by 56% to 17.7%. Alongside this there has been a 100-fold increase in 18-year-olds using disposable vapes, from 0.4% to 54.8%. Young people experiencing mental health issues are more likely to vape and young people living in the most deprived communities are 70% more likely to vape regularly²³.

Scottish S2 & S4 smokers and vapers based on their SIMD from Health and Wellbeing Census Scotland 2021-2022



There are ongoing concerns regarding the longer-term effects of vaping with new emerging evidence suggesting they may be health harming, negatively impacting on heart and lung health, particularly in people with respiratory conditions such as asthma²⁴.

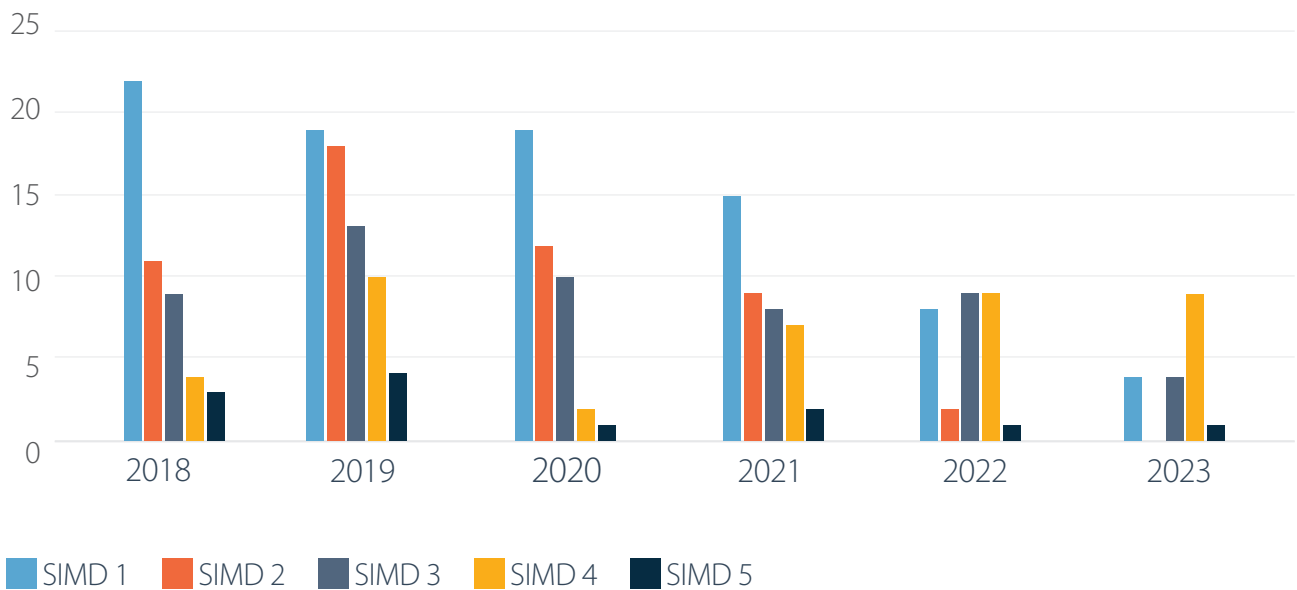
Lack of regulation, a vast array of e-cigarettes to choose from in a rapidly evolving market, some with nicotine and some without, and the huge influence of social media in attracting young people to vape make this a highly complicated landscape to navigate. E-cigarettes are an age restricted product but evidence from the ASH Smoke Free Great Britain Survey looking at how 11 – 18-year-olds accessed e-cigarettes from 2013 – 2022, showed that almost half (47%) were purchased from shops. The boom in single use disposable vape devices is also an increasing environmental hazard due to their toxic, hazardous and plastic make-up²⁴.

Maintaining surveillance and monitoring of this fast-paced evolving landscape and being able to adapt our services as required will be vital. Traditional methods of smoking cessation support are no longer effective or appropriate for the challenge ahead with our younger population. How we encourage young people to stand strong against a market which is aggressively targeting them to do the opposite will require creative and targeted interventions.

** At present no local data is available.*

** The Scottish Government along with the UK Government are planning legislation to tackle the significant uptake of vaping in young people, and raising the age when young people can buy tobacco products⁴⁷.*

Quit Dates set by Grampian smokers under 18 years old based on SIMD, taken from the National Smoking Cessation Database



Improvement required

- Continue de-normalisation of smoking and vaping in children and young people.
- Prevent children and young people from taking up smoking and vaping.
- Practitioners and anyone working with children and young people are knowledgeable about the harms associated with tobacco and vape use, and how to help young smokers become smoke and vape free.
- Gain a greater understanding of young people and their use of tobacco, including e-cigarettes.
- Gain an understanding of what factors might encourage young people to access smoking cessation support.

Key Actions

- Promote and co-ordinate ASH Scotland e-learning resources on tobacco use and vaping to anyone working with young people, particularly those who are vulnerable and living in poverty.
- Improve attractiveness of and engagement to smoking cessation services for young people, including pharmacy support.
- Support those working with children and young people to provide information, help and support so young people can make informed choices to live smoke and vape free lives.
- Support Trading Standards to continue proactive initiatives to prevent young people purchasing and/or accessing tobacco, e-cigarettes and other vaping devices.
- Research / gain a better understanding of the health behaviours and attitudes of young people who are vaping and smoking – particularly amongst Children and Young People who have vulnerabilities i.e. Young carers/ care experienced and who may be impacted by poverty and inequalities.



Smoking in Mental Health

One in three people with a mental health issue in the UK smoke compared to one in five of the general population. In the UK, around a third of all tobacco is used by people with mental health issues. Smoking is the biggest factor in someone with a mental health issue dying 10 – 20 years early⁵³.

Whilst the overall smoking rate is declining, high rates of smoking amongst those with a mental health issue have persisted over time. Prevalence of smoking in the most deprived communities amongst those with a mental health issue is a staggering 40 – 50%⁹. In Grampian the percentage of men reporting common mental health problems is 12% and for women it is 17%⁵⁴.

Stopping smoking can help improve conditions such as depression, stress, and anxiety for people living with illnesses such as schizophrenia. Stopping smoking may also enable levels of some medications (under supervision) to be reduced. Whilst people experiencing a mental health issue can be just as motivated to stop smoking, they are likely to need more intensive support, and for longer, than others⁵³.



IMPACT Training, piloted in our acute setting by ASH Scotland in 2019 was designed to enhance staff understanding of the links between smoking and mental ill health, and to promote discussion with the people they support⁵³. Further training in our acute setting stalled due to the pandemic. IMPACT training has also been rolled out across Aberdeenshire.

The majority of individuals who have a mental health issue are supported within the community. Universal stop smoking support is available across Grampian however, it is not clear how these services are responding to the needs of individuals with a mental health issue. Our mental health inpatient services have also struggled to implement the NHS Grampian Tobacco Policy onsite, particularly with patients²⁹.

Our challenge going forward will be to re-energise efforts to improve onsite adherence to legislation and promote a smoke-free environment for our acute based population of smokers. We also need to adapt our community services to support this population of smokers where evidence shows there is a requirement for a more intensive support system.

Improvement required

- Smoking rates amongst individuals with a mental health issue decline at the same rate as the general population.
- People with a mental health issue are aware of the effects that smoking can have on their medications.

Key Actions

- Support NHS staff to adhere to NHS Grampian NRT prescribing protocols.
- Promote IMPACT guidance and training to all acute and community-based practitioners working with people with mental health conditions.
- Review training provided for community pharmacists and specialist smoking cessation advisors on smoking and mental health.
- Strengthen links with all practitioners, third sector and community led groups who are supporting people with mental health conditions.
- Ensure anyone who supports someone with a mental health issue is knowledgeable about smoking and mental health, and the support available to help smokers to quit.

People within the Community Justice System

Where it is safe to do so, people who commit certain crimes will receive community-based sentences. Community Justice is where people who have committed certain crimes will remain in the community and serve out a community-based sentence, whilst being supported to re-connect with their community. Community-based sentences can include treatment for underlying issues such as drug and alcohol addiction, unpaid work, fines and compensation or restrictions of liberty such as electronic monitoring and curfews⁵⁵.

Rates of smoking and exposure to second-hand smoke across the community justice population is high and many people within the system will have experienced significant inequalities, poverty and adverse life events⁵⁶.

The successful implementation of smoke-free prisons in 2018⁵⁶ provides encouraging evidence for the benefits of addressing community justice. Prior to this, approximately four times as many people in prisons smoked than in the general population with exposure to second-hand smoke extensive across the criminal justice system⁵⁷. Partnership working was key during this process. At this time NHS Grampian worked in partnership with the Scottish Prison Service (SPS), HMP and YOI Grampian supporting their health and wellbeing agenda and the successful transition to being smoke free.

There has been limited progress in addressing community justice since the implementation of smoke-free prisons. This has been mainly due to the pandemic in which work stalled at the outset. However, as we now shift our focus to the wider community justice system, we will work towards creating and strengthening our links with community-based organisations and groups who support those within the community justice system.

Improvement required

- Engage with the three Community Justice Partnerships in Grampian to support people within the system to stop smoking.
- Create a smoke free culture throughout the community justice system.
- Support and improve the health and wellbeing of people who have entered the community justice system.
- Improve links with organisations and groups who are supporting people within the community justice system, such as anti-poverty groups, social work and community pay back groups.
- Promote training with practitioners and anyone working with people who have entered the community justice system to increase knowledge and awareness of the link between inequalities, poverty and criminal justice and smoking, including how to refer to smoking cessation pathways.

Key Actions

- Work in partnership with the three Grampian Community Justice Partnerships to support the health and wellbeing of clients and explore improvement actions throughout the Community Justice Pathway.
- Create and strengthen links with social work and other partners who support people who have entered the community justice system.
- Create and strengthen links with community pay back groups who are directly involved with supporting people who have entered the community justice system.



Monitoring and Evaluation

To support the delivery of this Grampian Tobacco Strategic Plan a detailed action plan will be published. This will set out the detailed service improvement and development programme for each of the six priorities over the three-year period between 2023 and 2026.

NHS Grampian's Public Health Delivery Group will oversee the timely implementation of the plan ensuring effective use of the Scottish Government funding allocated in Grampian for tobacco control and effective use of local resources and capacity across NHS Grampian and partners.

We will collectively work towards achieving a set of targets and performance indicators for tobacco control. These reflect national strategy and policy targets as well as locally identified areas for improvement. See table below.

An annual performance report will be published.

| Draft Performance Measure | Current Grampian Position | Source |
|---|--|--|
| Smoking prevalence continues to decline – by 2026 only 10% of the population smoke and 5% by 2034. | 13.2% | ScotPho 2020 (Scottish Surveys Core Data 2020). |
| Increase the number of people setting a quit date with NHS smoking cessation services. | 3,359 quit dates set in Grampian in 2022/23 | NHS Scotland Smoking Cessation System hosted by Information Services Division Scotland (ISD) |
| Increase the number of successful 12 week quits, particularly in SIMD1 & 2. | 443 12 week quits within the 40% most deprived communities in Grampian | NHS Scotland Smoking Cessation System hosted by Information Services Division Scotland (ISD) |
| Smoking prevalence in young people continues to decline. | 4.3% of 15-year-olds & 1.6% of 13-year-olds (Scottish data) | The Scottish Schools Adolescent Lifestyle and Substance Use Survey SALSUS |
| The number of young people taking up vaping declines. | 10.1% of 15-year-olds & 4.3% of 13-year-olds (Scottish data) | Health and Wellbeing Census Scotland |
| Increase in the number of Grampian organisations adopting smoke-free grounds policies and/or the ASH Charter. | 71 signed up to ASH Charter | Ash Scotland |
| Reduction of Children being exposed to second-hand smoke. | 6% | Scottish Health Survey |
| Increase the number of pregnant women who smoke setting a quit date. | 50 quit dates set in Grampian in 2022/23 | NHS Scotland Smoking Cessation System hosted by Information Services Division Scotland (ISD) |

References

1. Scottish Government (2013). Creating a Tobacco Free Generation – A Tobacco Control Strategy for Scotland. Available from <https://webarchive.nrscotland.gov.uk/3000/http://www.gov.scot/publications/tobacco-control-strategy-creating-tobacco-free-generation/>
2. Bauld L, Graham H, Sinclair L, Flemming K, Naughton F, Ford A, McKell J, McCaughan D, Hopewells S, Angus K, Eadie D, and Tappin D (2017). Barriers to and facilitators of smoking cessation in pregnancy and following childbirth: literature review and qualitative study. *Health Technology Assessment* 12 (36) ISSN 1366-5278 DOI 10.3310/hta21360
3. Inchley, J., Mabelis, J., Brown, J., Willis, M., Currie, D. (2023) Health Behaviour in School-aged Children (HBSC) 2022. <https://hbsc.org/launch-of-hbsc-report-on-scottish-adolescents-unraveling-health-trends-and-lifestylechoices>
4. The Scottish Government (2022). Scottish Household Survey, Scottish Health Survey, and Scottish Crime and Justice Survey (SSQC 2022). Available from: [Scottish Household Survey 2022: Key Findings - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-household-survey-2022-key-findings)
5. Information Services Division Scotland (2018) Scottish Adolescent Lifestyle and Substance Use Survey. 2018. Available from <https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-smoking-report-2018/pages/1/>
6. Scottish Public Health Observatory (2020). Tobacco Control Profile for Grampian. Available from https://scotland.shinyapps.io/ScotPHO_profiles_tool/
7. McHale, P, Maudsley G, Pennington A, Schluter D, Barr B, Paranjothy S, & Taylor-Robinson D (2022). Mediators of socioeconomic inequalities in preterm birth: a systematic review. *BMC Public Health* (2022) 22:1134
8. ASH Scotland (2020). Young Carers: Smoking, Health and Wellbeing. Contact cbennett@ashscotland.org.uk
9. The Scottish Government (2017). Mental Health Strategy. The Scottish Government: Edinburgh. Available from: <https://www.gov.scot/publications/mental-health-strategy-2017-2027>
10. ASH Scotland (2022). Closing the Inequality Gap: Smoking and Mental Health. <https://www.ashscotland.org.uk/media/869884/closing-the-inequality-gap-smoking-and-mental-health.pdf>

11. The Scottish Government (2020). Scotland's Wellbeing: The Impact of COVID-19. The Scottish Government: Edinburgh. Available from https://nationalperformance.gov.scot/sites/default/files/documents/NPF_Impact_of_COVID-19_December_2020.pdf
12. The Scottish Government (2020). Coronavirus (COVID-19): Mental Health Tracker Study – wave 1 report – gov.scot (www.gov.scot). Available from <https://www.gov.scot/publications/scottish-covid-19-scovid-mental-health-tracker-study-wave-1-report/pages/2/>
13. Public Health Scotland, 2023. NHS Stop Smoking Services Scotland. Available from <https://publichealthscotland.scot/publications/nhs-stop-smoking-services-scotland/nhs-stop-smoking-services-scotland-april-2021-to-march-2022/>
14. ASH and the Poverty Alliance. We need to talk about smoking and poverty (2019). Available from <https://www.povertyalliance.org/wp-content/uploads/2019/05/We-Need-to-Talk-About-Smoking-and-Poverty-2019.pdf>
15. Reid G et al. Review of 'Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland'. Edinburgh: NHS Health Scotland; 2017.
16. The Scottish Government (2023). Tobacco and vaping framework: roadmap to 2034. Available from <https://www.gov.scot/publications/tobacco-vaping-framework-roadmap-2034/>
17. The King's Fund (2018). A vision for population health: Towards a healthier future. Available from <https://www.kingsfund.org.uk/publications/vision-population-health>
18. Scottish Government (2018). Quit smoking your way. The Scottish Government. Edinburgh. Available from <https://www.gov.scot/news/quit-smoking-your-way/>
19. Shiffman S, Balabanis M. Do Drinking and Smoking Go Together? Alcohol Health Res World. 1996;20(2):107-110. PMID: 31798093; PMCID: PMC6876501.
20. ISD Scotland (March 2023). NHS Smoking Cessation Service Statistics Scotland Dashboard. Available from <https://www.publichealthscotland.scot/publications/nhs-stop-smoking-services-scotland/nhs-stop-smoking-services-scotland-april-2022-to-march-2023/>
21. NHS Grampian (2023). Smoking Advice Service Data GP Prescription data. Pharmacy and Medicines Directorate. Westholme
22. Dobbie F, Hiscock R, Leonardi-Bee J, Murray S, Shahab L, Aveyard P, Coleman T, McEwen A, McRobbie H, Purves R & Bauld L (2015). Evaluating long-term outcomes of NHS stop smoking services (ELONS): A prospective cohort study. Health Technology Assessment, 19 (95)

23. Scottish Government (2024). Smoking Local Delivery Plan. Available from <https://www.publichealthscotland.scot/publications/?ic=topics-smoking&q=&fq=topics%3ASmoking%23&sort=pdesc>
24. ASH Scotland (2023). Ash Scotland deeply concerned about Health and Wellbeing Census findings suggesting huge upsurge in teenage vaping over last five years. Briefing Paper. Available from <https://ashscotland.org.uk/wp-content/uploads/2024/01/Young-people-and-vaping-2023-Update.pdf>
25. Hartmann-Boyce J, Lindson N, Butler AR, McRobbie H, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2022, Issue 11. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub7. Accessed 10 April 2023.
26. Cahill K et al (2013). Medications to help people to stop smoking: an overview of reviews. Cochrane Library. Available from <https://www.cochrane.org/CD009329/TOBACCO/medications-help-people-stop-smoking-overview-reviews>
27. Scottish Ministers, Smoking Health and Social Care (Scotland) Act 1005. Available from <https://www.legislation.gov.uk/asp/2005/13/contents>
28. Legislation.gov.uk. (2022). The Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022. Available at <https://www.legislation.gov.uk/ssi/2022/152/contents/made>
29. https://nhsgintranet.grampian.scot.nhs.uk/depts/OperationalHR/Operational%20HR%20Teams%20Document%20Library/Tobacco_Policy_v3%20-%20May%202022.pdf
only available to those who can access NHSG Intranet
30. NHS Health Scotland, 2017. Smoke Free Local Authorities Implementation Guidance. NHS Health Scotland.
31. Cheong C K, Dean L, Dougall I, Hinchliffe S, Mirani K, Vosnaki K, Wilson V, (eds). Scottish Health Survey 2018: Volume 1: Main Report. 2018. Available from <https://dera.ioe.ac.uk/34287/1/scottish-health-survey-2018-edition-volume-1-main-report.pdf>
32. The Scottish Government (2021). The Scottish Health Survey 2021 – Volume 1. Available from: Chapter 7 Smoking - The Scottish Health Survey 2021 - volume 1: main report - gov.scot (www.gov.scot)
33. World Health Organisation, 2023. Tobacco. Available from: <https://www.who.int/news-room/fact-sheets/detail/tobacco>

34. <https://tobaccocontrol.bmj.com/content/25/1/75>
35. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5234362/#:~:text=Communities%20can%20reduce%20the%20density%20and%20number%20of,within%20a%20certain%20distance%20of%20locations%20serving%20youth.>
36. <https://www.cleanup.org.au/cigarette-butts>
37. <https://www.gov.scot/news/tackling-the-environmental-impact-of-disposable-vapes/>
38. Pravia C, I, Benny M. (2020). Long-term consequences of prematurity. *Cleve Clin J Med*. 2020 Nov 23;87 (12) 759-767 doi: 10.3949/ccjm.87a 19108.PMID: 33229393
39. Scottish Public Health Observatory (2023). The Scottish Morbidity Record (SMR02): Maternity and Birth. Available from <https://www.scotpho.org.uk/methods-and-data/overview-of-key-data-sources/scottish-national-data-schemes/maternity-record/>
40. Information Services Division Scotland (2023). NHS Smoking Cessation Service Statistics Scotland Dashboard. Available from: <https://www.publichealthscotland.scot/publications/?ic=topics-smoking&q=&fq=topics%3ASmoking%23&sort=pdesc>
41. <https://nhsgintranet.grampian.scot.nhs.uk/projects/BadgerNet/Pages/default.aspx>
Only available to those who can access NHSG Intranet
42. Bauld L, Graham H, Sinclair L, Flemming K, Naughton F, Ford A, et al. Barriers to and facilitators of smoking cessation in pregnancy and following childbirth: literature review and qualitative study. *Health Technol Assess* 2017;21(36)
43. NHS Grampian, 2022/34. NHS Grampian Smoking Advice Service Data
44. The Royal College of Midwives, 2022. Position Statement: Support to Quit Smoking in Pregnancy. Available from: <https://rcm.org.uk/publications/support-to-quit-smoking-in-pregnancy/>
45. Chamberlain C, O'Mara-Eves A, Porter J, Coleman T, Perlen SM, Thomas J, McKenzie JE. Psychosocial interventions for supporting women to stop smoking in pregnancy. *Cochrane Database of Systematic Review* 2017, Issue 2, Art. No.: CD001055 DOI: 10.1002/14651858.CD001055.pub5

46. Smoking in Pregnancy Challenge Group. Evidence into Practice: Supporting partners to quit smoking. Available from <https://ash.org.uk/resources/view/evidence-into-practice-supporting-partners-to-quit-smoking>
47. Public Health Scotland, 2022. Public Health Scotland's Priorities: Flourish in our Early Years. Available from Priority 2: A Scotland where we flourish in our early years - Scotland's public health priorities - <https://www.gov.scot/publications/scotlands-public-health-priorities/pages/5/>
48. Scottish Government, 2016. Tobacco use among adolescents in Scotland: profile and trends. Scottish Government. Edinburgh. Available from <https://www.gov.scot/publications/tobacco-use-adolescents-scotland-profile-trends/>
49. Setterfield L, Zubairi S, S and Black C (2016). SALSUS Report: Findings from Aberdeenshire. Edinburgh: Ipsos MORI
50. Inchley, J., Mabelis, J., Brown, J., Willis, M., Currie, D. (2023) Health Behaviour in School-aged Children (HBSC) 2022 Survey in Scotland: National Report. MRC/CSO Social and Public Health Sciences Unit, University of Glasgow. Available from https://www.gla.ac.uk/media/Media_976057_smxx.pdf
51. Inchley, J., Mokogwu, D., Mabelis, J., Currie, D. (2020) Health Behaviour in School-aged Children (HBSC) 2018 Survey in Scotland: National Report. MRC/CSO Social and Public Health Sciences Unit, University of Glasgow. Available from https://www.gla.ac.uk/media/Media_707476_smxx.pdf
52. The Scottish Government, 2024. Tobacco age of sale to be raised and single-use vapes banned. Available from <https://www.gov.scot/news/tobacco-age-of-sale-to-be-raised-and-single-use-vapes-banned/>
53. ASH Scotland, 2017. Let's talk about smoking. ASH Scotland: Edinburgh.
54. Scottish Public Health Observatory (2023). Mental Health Profiles for Local Authorities. Available from https://scotland.shinyapps.io/ScotPHO_profiles_tool/
55. Community Justice Scotland. Available from <https://communityjustice.scot/>
56. NHS Health Scotland, 2018. Smoke-free prisons pathway: A service specification supporting people in our care.
57. Public Health England (2015). Reducing Smoking in Prisons Management of Tobacco Use and Nicotine Withdrawal. Available from https://assets.publishing.service.gov.uk/media/5a80b2af40f0b62302694fea/Reducing_smoking_in_prisons.pdf

