

Community Planning Aberdeen

Progress Report	Project End Report: LOIP Charter 11.4 Reduce tobacco smoking by 5% overall by 2023.
Lead Officer	Alison Macleod, Chair Resilient, Included and Supported (RIS) Outcome Improvement Group
Report Author	Chris Smillie, Public Health Co-ordinator, Aberdeen City Health and Social Care Partnership (ACHSCP) – Project Manager
Date of Report	07/23
Governance Group	CPA Board – 6 September 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 11.4 which sought to reduce tobacco smoking by 5% overall by 2023 and seeks approval to end the project as the aim has been achieved.

Summary of Key Information

1 BACKGROUND

- 1.1 Smoking continues to be the greatest preventable cause of ill-health and death in Scotland. It causes around 1 in 5 of all deaths, remains the most significant cause of preventable cancer and contributes to much of Scotland's cardiovascular and pulmonary health problems. Scotland's Public Health Priorities (2018) recognise the need to reduce the use and harm from tobacco. The Scotlish Government set ambitious targets in relation to smoking and tobacco. They want to reduce smoking prevalence in Scotland to 5% by 2034. They also wanted to reduce children's exposure to second-hand smoke to 6% by 2020 and in 2019 the proportion of children exposed to second-hand smoke in their own home was 6%.
- 1.2 We know that whilst the number of people smoking in Aberdeen has been reducing (17.67% of the population in 2018), this is not equal across the population. Health inequalities exist and more people living in deprived communities and circumstances smoke tobacco (30.69% in SIMD 1 compared to 3.77% in SIMD 5).
- 1.3 Changing attitudes so that smoking is taken as seriously as other health priorities (e.g. illicit drugs and alcohol) is a challenge. To highlight the impact of tobacco, local deaths attributed to smoking over a 2 year period (2016/17) for the city equated to 358.37 people per 100,000 of the population.

- 1.4 The Schools Adolescent Lifestyle and Substance Use Survey (2018) highlighted a couple of significant increasing trends for young people and smoking in Aberdeen since 2013: 25% increase in the number of 15 year olds who said they had managed to buy cigarettes/tobacco 6% increase in the number of 13 year olds who felt it was 'ok' for someone their age to 'try smoking to see what it's like'
- 1.5 The Aberdeen Tobacco free Alliance (ATfA) had discussed and agreed that to have the biggest impact on reducing tobacco smoking in Aberdeen we need to focus on prevention and early intervention. Many of the 'Change Ideas' presented below help support young people and young adults to choose not to start smoking or to quit smoking. Partners represented on the ATfA have used their local knowledge of the problem and identified where they can personally influence this agenda in order to prioritise areas for action. Shifting attitudes and behaviours so that 'not smoking' becomes the normal thing to do, will require support and commitment from a wide range of partners in line with the Scottish Governments 2034 target.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, in December 2021 the CPA Board approved the <u>project charter</u> for the initiation of an improvement project which aimed to reduce tobacco smoking by 5% overall by 2023.

3 WHAT CHANGES DID WE MAKE?

Prevention

3.1 Increase uptake to ASH Scotland's Charter for a tobacco free generation using the Health Improvement fund application process.

The aim of Scotland's Charter for a Tobacco-free Generation is to:

- inspire organisations to take action to reduce the harm caused by tobacco;
- raise awareness of the goal of creating a tobacco-free generation of Scots by 2034 and;
- support organisations whose work impacts on children, young people and families to address tobacco issues.
- 3.2 Increase uptake of people working within Youth Services to increase confidence to discuss tobacco and smoking with young people. Conversations took place between the Youth Work Development Manager and the Aberdeen Youth Network. Initial ASH Scotland Training for Youth Work network was delivered to 9 people in November 2022.

Cessation - Social Media and Smoking Cessation information.

3.3 A Facebook and Instagram campaign ran for 3 weeks from 21st March–11th April to promote quitting smoking and encourage users to visit their local pharmacy or visit the webpage for more information.

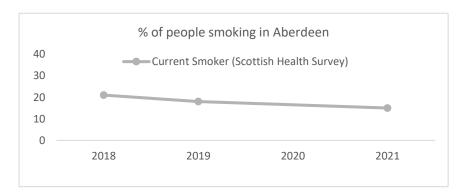
- 3.4 The campaign objective was to promote quitting smoking through the "Quit for Life" campaign, encouraging users to speak to their pharmacist or visit the webpage for more information on the Healthpoint smoking cessation service.
- 3.5 Various methods to encourage engagement from financial incentives to smoking cessation-trained midwives have been explored both locally and nationally with nothing showing definitively strong outcomes or being sustainable in the long term. Maternity Services engages pregnant women around smoking in pregnancy and make referrals to the Healthpoint Service through their clinical reporting system.
- 3.6 Discussion around using or creating an App has been ongoing for a number of years. This was also a Community Idea for Improvement within the central locality. The availability of a smoke free App had presented the opportunity to test it out with pregnant women to see if it is beneficial and increases engagement and quit rates. However, only 2 women signed up to utilise the App within Aberdeen area.

Protection

3.7 Using staff relationships to inform people about the impact of smoking and second hand smoke, with a particular focus on families and people living in our priority neighbourhoods. An information session was held with staff and volunteers to ensure resources were streamlined and covered important information, as well as equipping them with the knowledge and confidence to approach the topic with service users and provided targeted messaging. The staff involved predominantly worked within SIMD Quintile 1 and 2 areas.

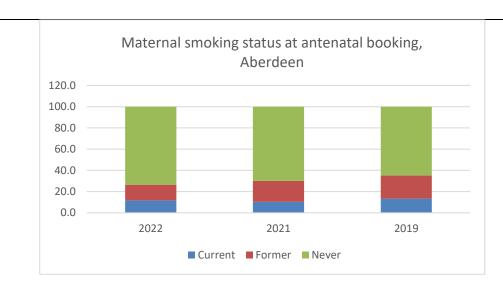
4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 Yes, the project has achieved its aim with data from the 2021 Scottish Health Survey published in November 2022 which contributes to the Prevalence rate shows that the number of current smokers in Aberdeen has decreased to 15% in 2021 a 6% reduction in current smokers from 21% in 2018.

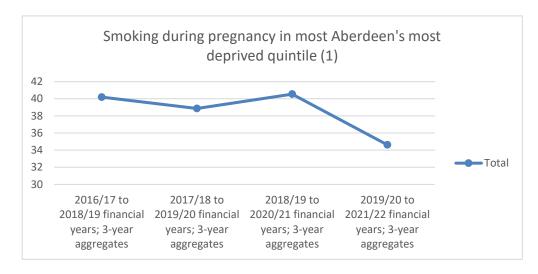


Percentage of pregnant women smoking tobacco.

4.2 Maternal smoking rates have also improved from 2019 when 13.4% of people booked at antenatal appointment to 11.7% in 2022.

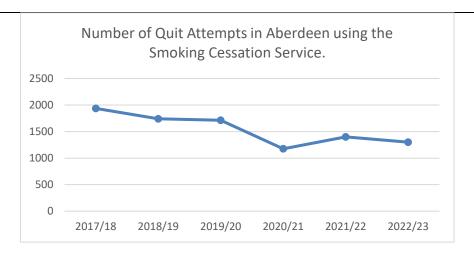


4.3 Within the most deprived quintile, there has been a 15% reduction in the 3 year aggregates.



Number of Quit Attempts in Aberdeen using the Smoking Cessation Service.

4.4 In 2022/23 Aberdeen City had 1300 quit dates set, 1252 of those in pharmacy and the other 48 from Healthpoint. Of the 1300 quit dates set, 858 of those are from SIMD 1+2. 539 4 week quits were achieved and 263 12 week quits.



Second Hand Smoke and Smoking While Pregnant

- 4.5 The results post-information session highlights an increase in knowledge and change in behaviour within the group of parents who attended the session. These results show the benefit of carrying out an information session in this format using pre-existing trusted relationships to share public health information.
- 4.6 The participants (2 staff, 10 volunteers and 6 parents) knowledge of negative health implications increased and confidence to approach different occupations for smoking cessation advice was identified. This was particularly pleasing to see in relation to approaching Home Start staff for smoking cessation advice. All participants who completed the post-session survey identified they would feel comfortable receiving support and advice through this means. The change in attitude may be a result of now knowing that staff and volunteers have a good level of knowledge and confidence to support, due to completing e-learning modules via ASH Scotland and/or having attended an educational information session hosted by trained staff. Using pre-existing relationships created through Home Start work will allow for smoking cessation to be discussed in a non-judgemental manner ultimately supporting behaviour change.
- 4.7 Positive feedback was received in terms of the resources used and the layout of the session. It was felt by participants that this was an effective way to share information and that conversation was guided effectively allowing for an increase in knowledge. Participants reported they are likely to share information with friends, family and colleagues. It has been shown when information is shared between peers, individuals are more likely to act upon it due to the existing relationship and trust. It was identified that the risks of second-hand smoke were not well known prior to the session, and this highlights the importance and need for information sessions like this to be facilitated in the future. Using an information session of this format has proven to be beneficial in highlighting the negative health implications of smoking with pregnant and second-hand smoke and encouraging behaviour change.
- 4.8 This format has allowed us to continue to target other staff and volunteer groups who work directly with parents to enable them to be able to provide the information to their parents in the most appropriate way,

Percentage of school aged young people smoking tobacco.

4.9 In 2022/23 as part of the school Health and Wellbeing Survey 473 of learners reported that they have tried smoking cigarettes or e cigarettes showing a reduction of 1.3%, since 2021/22. 19 young people reported smoking between 1-20 cigarettes a week and 29 learners smoked more than 20. The number of young people reporting that they use e-cigarettes or vapes, is 2% (149) reporting that they use e-cigarettes or vapes once a week or more. There has been a reported, increase of vaping however across school communities and work across partners continues to ensure this is being addressed and schools are supported to manage this.

Number of organisations signed up to the Smoke Free Charter

4.10 Out of the applications for Health Improvement fund 9 applications were from organisations who had signed up to the Charter. 4 of these organisations had signed up during the period that applications were submitted (3 were citywide and 1 from Central locality). This increased the number of organisations supporting this from 34 to 38. Each organisation, to become a charter supporter, has to pledge 3 actions that the organisation will take to address smoking.

Social Media Smoking Cessation Campaign

- 4.11 The ads helped to raise the visibility of the campaign with ads being seen almost 993k times by 140k individual users. The campaign had a healthy click-through rate of 0.46% which demonstrates many users engaged and clicked through to the webpage. The industry standard click through rate for social media smoking cessation campaigns is around 0.15% which highlights that this campaign was successful.
- 4.12 The video was viewed over 151k times which is a healthy view rate for this type of campaign. Further engagement can be shown through the fact the ad received 142 reactions, 45 comments, 9 saves, and 27 shares. The main themes were users tagging their Facebook friends and sharing stories of how they quit and encouragement. The campaign also led to a significant 4.6k link clicks through to the stop smoking webpage which shows that the advertising reached its target audience and that there is a high level of interest in quitting smoking. It highlights that they were at least somewhat interested in learning more about quitting smoking. There were also a few comments about the struggles people are facing with quitting. This will support future campaigns to ensure the messaging better resonates with the audience.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 To ensure the improvement continues the changes tested have been adopted as business as usual and will continue, specifically:
 - Maintain accessible and practical training and opportunities for staff and volunteers working with specific groups of people and geographic areas.
 - Continue to encourage the sharing of experiences of participating staff in themed networks such as Youth Work Network and Best Start in Life group to encourage other services to become involved.

Embed the Charter for the Smoke Free Generation into funding applications.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 A new National Strategy for Reducing Smoking Prevalence will be released in September 2023. The Grampian Tobacco Strategy action plan will be updated to ensure it aligns with the National Strategy and Action Plan. This data will continue to be monitored and reported via the Outcomes Framework.
- 6.2 The lessons learned as part of this project will continue to help shape the work of both the Aberdeen Tobacco Free Alliance and inform the Grampian Tobacco Strategy.
- 6.3 Data on Smoking Prevalence and the performance of the Cessation Service is reported through the Aberdeen City Health and Social Care Partnership Delivery Plan and also the Grampian Tobacco Strategy which is led by NHS Grampian.
- 6.4 Should it be agreed that the project is ended, the data recorded will continue to be reported via the Outcomes Framework to ensure that performance monitoring continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 The approach to young people and families could be applied to other areas with other higher risk population groups such as Mental Health, Money Advice as well as vaping, where information sessions for parents have already been held.
- 7.2 Use of funding and procurement could be explored to encourage more organisation to deliver public health messages.
- 7.3 Training spread to community groups, targeting those areas where data shows highest rates of prevalence.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved with the current smoker rate in Aberdeen reduced from 21% to 15%; and
- ii) Note that a national tobacco strategy was anticipated in September and that further improvement activity in relation to smoking intervention would be considered by the Resilient, Included and Supported Group as part of the refresh of the LOIP, with a focus on reducing health inequalities and also looking at whether a multi-agency approach to the reported increase of young people using disposable vape devices was required.

Opportunities and Risks

Opportunities

 Youth worker highlighted that young people are keen to have honest and informed conversations about smoking and vaping. There are a range of organisations not involved through CPP/ACC or NHSG who work directly with young people who can be targeted.

Risks

 After initial enthusiasm from training or sign up to charter, practical application of this within organisations and with service users regarding tobacco use may curtail.

Consultation

Resilient, Included and Supported Outcome Improvement Group Aberdeen Tobacco Free Alliance Grampian Tobacco Strategy

Background Papers

The following papers were used in the preparation of this report.

11.4 Charter

Contact details:

Chris Smillie
Public Health Coordinator
Aberdeen City Health and Social Care Partnership
csmillie@aberdeencity.gov.uk