

# NHS Highland



**Meeting:** NHS Highland Board

**Meeting date:** 30<sup>th</sup> September 2025

**Title:** Tobacco and Vaping Strategy 2025-2030

**Responsible Executive/Non-Executive:** Jennifer Davies, Director of Public Health

**Report Author:** Susan Birse, Health Improvement Principal

**Report Recommendation:** The Board is asked:

- **Consider** and **Agree** the actions for delivery in 2025 – 2030 and take **Substantial Assurance**.

It is recommended that NHS Highland:

- **Endorse and Implement** the Tobacco and Vaping Strategy 2025 – 2030 as a key public health initiative.
- **Prioritise actions** that reduce health inequalities, particularly in SIMD 1 and 2 areas, among vulnerable groups such as pregnant women and those with mental health conditions.
- **Support workforce development** through ongoing training and capacity building across services.
- **Strengthen data systems** to improve monitoring, evaluation, and service improvement.
- **Ensure sustained engagement** with communities, partners, and stakeholders to promote smoke-free environments and cessation support.
- **Monitor progress** against national targets and adapts the strategy in response to emerging evidence and policy changes.

## 1 Purpose

This is presented to the Board for:

- Awareness

**This report relates to a:**

- Government policy/directive

**This report will align to the following NHS Scotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	X	Thrive Well		Stay Well	X	Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Well Themes			

**2 Report summary**

**2.1 Situation**

Tobacco use remains the leading preventable cause of death in Scotland, with significant health inequalities persisting across socioeconomic groups. NHS Highland has developed a comprehensive Tobacco and Vaping Strategy for 2025–2030 to address these challenges and support the national ambition of achieving a tobacco-free generation by 2034.

**2.2 Background**

Smoking rates have declined overall, but disparities remain, particularly in the most deprived communities. The strategy builds on previous work (2018–2021) and aligns with the Scottish Government’s 2023 Tobacco and Vaping Framework. It introduces a flexible, evidence-based action plan focused on three strategic themes: **People**, **Place**, and **Product**.

Key drivers for the strategy include:

- Findings from a 2023 NHS Highland deep dive into smoking cessation services.
- National review by Public Health Scotland identifying service improvement themes.
- Rising use of vapes and nicotine pouches, especially among young people.

**2.3 Assessment**

The strategy outlines targeted actions across nine priority areas:

**People**

- **Information:** Standardised training and resources for schools and professionals.
- **Engagement:** Participation in national campaigns and local outreach.
- **Cessation:** Enhanced service delivery models (Specialist Adviser, Community Pharmacy, Shared Care), with a focus on deprived areas and underrepresented groups.
- **Pregnancy:** Dedicated midwife support, CO monitoring, financial incentives, and stigma reduction.

**Place**

- Promotion of smoke-free hospital grounds and public spaces.
- Development of smoke-free policies in schools, sports clubs, and homes.

**Product**

- Monitoring and support for vaping cessation.
- Collaboration with Trading Standards to address underage and illicit sales.
- Advocacy for regulation of emerging nicotine products.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<div><div>x</div></div>	Moderate	<div><div></div></div>
Limited	<div><div></div></div>	None	<div><div></div></div>

**Comment on the level of assurance.**

The strategy is comprehensive, evidence-based, and aligned with national priorities. It demonstrates a clear commitment to reducing tobacco-related harm and health inequalities across NHS Highland.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

- The strategy supports improved patient outcomes through targeted smoking cessation services, especially for vulnerable groups including pregnant women, patients in our acute hospital, those with mental health conditions, and people in deprived areas.
- Promotes evidence-based interventions and continuity of care across hospital and community settings.

**3.2 Workforce**

- Enhances staff capability through training on tobacco, vaping, and nicotine products.
- Supports multidisciplinary collaboration, including midwives, GPs, pharmacists, and mental health practitioners.
- May increase demand on staff time for training and service delivery, requiring resource planning

**3.3 Financial**

- Smoking-related harm costs NHS Highland an estimated £19–30 million annually.
- Investment in cessation services may reduce long-term healthcare costs.
- Financial incentive schemes (e.g. for pregnant women) require budget allocation and monitoring

**3.4 Risk Assessment/Management**

- Addresses risks of service inconsistency, data gaps, and underperformance against national targets.
- Introduces SOPs and referral pathways to mitigate operational risks and improve service quality

**3.5 Data Protection**

- No identifiable personal data is used in the strategy document.
- Data collection for service evaluation (e.g. CO monitoring, quit rates) is anonymised and compliant with NHS data governance standards.

**3.6 Equality and Diversity, including health inequalities**

- Strong focus on reducing health inequalities by prioritising support for SIMD 1 and 2 areas.
- Inclusive approach targeting LGBTQ+ communities, people with mental health conditions, and pregnant women.
- Stigma reduction embedded in service language and delivery.

**3.7 Other impacts**

- Supports national public health goals and contributes to the Scottish Government's 2034 tobacco-free ambition.
- Aligns with NHS Highland's strategic outcomes across prevention, care, and community wellbeing.

**3.8 Communication, involvement, engagement and consultation**

- Developed collaboratively with NHS Highland Health Improvement Team and external partners.

- Ongoing engagement through campaigns, training, and community outreach.
- Feedback mechanisms in place to inform service improvement.

**3.9 Route to the Meeting**

The Tobacco and Vaping Strategy went to the Public Health Leadership Group on 10<sup>th</sup> September and Population Health Programme Board on 24<sup>th</sup> September.

**4.1 List of appendices**

The following appendices are included with this report:

**Appendix one** – NHS Highland Tobacco and Vaping Strategy 2025 - 2030

**Appendix two** – Equality Impact Assessment and UNCR Impact Assessment



**NHS Highland  
Tobacco and  
Vaping Strategy  
2025-2030**



## Acknowledgements

Thanks to the NHS Highland Health Improvement Team colleagues who co-developed the strategy.

- Susan Birse, Health Improvement Principle
- Katy Allanson, Health Improvement Specialist
- Andrew Kyle, Health Improvement Specialist
- Louise Benson, Health Improvement Adviser
- Catherine Clark, Smoking Cessation Midwife
- Lorna Mackenzie, Smoking Cessation Midwife

### **Acknowledgements for contributions to the strategy**

- Jennifer Davies, Director of Public Health (2025 - present)
- Tim Allison, Director of Public Health (2020 - 2025)
- Cathy Steer, Head of Health Improvement
- The NHS Highland Smoke Free Highland Service
- Barry Collard, Health Improvement Specialist (Web and Graphic Design)
- Vicki Clark, Health Improvement Specialist, Planet Youth
- Carolyn Hunter-Rowe, Head of Health Intelligence
- Ian Douglas, Senior Public Health Intelligence Specialist
- Mike Robb, Public Health Intelligence Specialist

### **Acknowledgements to partners**

- Eve MacLeod, Highland Alcohol and Drugs Partnership (HADP) Co-ordinator
- David MacKenzie, Trading Standards Manager, The Highland Council
- ASH Scotland



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## Foreword

Tobacco smoking remains a significant driver of inequalities and health. Although smoking rates have been falling since 2003, these reductions hide a widening difference in smoking rates between the most deprived and least deprived communities. Smoking prevalence is falling in all socioeconomic groups, but it is falling fastest in least deprived communities. Consequently, smoking rates are higher in more deprived areas, and people living in those communities are at higher risk of experiencing high levels of smoking-related harm.

In 2023, we undertook a 'Deep Dive' into Smoking Cessation Services in the NHS Highland area to inform recommendations for future delivery models, organisational structure and capacity. Concurrently, Public Health Scotland (PHS) was conducting a national review of Smoking Cessation Services on behalf of the Scottish Government, with the findings published in September 2023. The PHS recommendations identified eight themes: national and local leadership; setting and achieving new targets; improving recruitment, retention and successful quits; NHS24's contribution to smoking cessation; data and referral systems; workforce skills; promotion of smoking cessation services; and vaping.

The following recommendations reflect the exploration of NHS Highland's Smoking Cessation Service data and the PHS Review of Smoking Cessation Services.

- Work with the Scottish Government and other NHS Boards to develop new three-year target(s) for smoking cessation to drive improvements in quits and reduce inequalities.
- The NHS Highland five-year tobacco and vaping strategy prioritises the following areas: mental health, pregnancy, smokers who are in hospital, with a particular focus on the acute care setting, and people living in the 40% most deprived areas within the Board identified by the Scottish Index of Multiple Deprivation (SIMD).
- Work in collaboration with Community Pharmacy colleagues to improve the quality of follow-up data at four weeks and twelve weeks by rolling out standard operating procedures.
- Assign Specialist Advisers to Community Pharmacies and GP practices in defined areas to build and maintain strong, supportive relationships within a Shared Care model and provide smoking cessation training to staff in Community Pharmacies.
- Continue to promote the service to support those most affected by smoking harms, targeting our most deprived communities.
- Expand the Smoking Cessation Service in Raigmore Hospital and embed good practices in helping patients who smoke from admission to discharge.

I want to thank all those who have contributed to developing this Strategy and, more importantly, the work towards progressing to a Smoke-Free Generation by 2034. I am confident that their commitment to this crucial public health issue will lead to continued progress in our joint efforts as a Board to reduce tobacco-related harm in NHS Highland.

**Jennifer Davies, Director of Public Health**

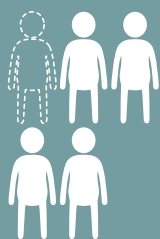
## Introduction

### Smoking attributable deaths

Smoking tobacco remains the single largest preventable cause of death with 8,942 smoking attributable deaths a year in Scotland (ages 35+)¹.

In 2022...

**21%** of deaths  
in Scotland annually are  
attributed to smoking¹.



Between 2020 and 2021...

**270**  
per 100,000 deaths are  
attributable to smoking in  
Scotland².



Between 2020 and 2021...

**235.8**  
per 100,000 deaths are  
attributable to smoking in  
NHS Highland².

### Smoking attributable hospital admissions

There were 44,573 smoking attributable admissions to hospitals in Scotland accounting for 29% of all admissions for conditions that can be caused by smoking in the population (ages 35+)³.

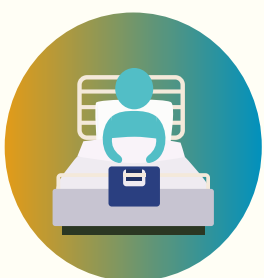
In 2022...

**29%**  
of hospital admissions in  
Scotland are attributable to  
smoking³.



Between 2020 and 2021...

**1263.9**  
per 100,000 hospitalisations  
attributable to smoking in  
Scotland².



Between 2020 and 2021...

**1118.8**  
per 100,000 hospitalisations  
attributable to smoking in  
NHS Highland².

The harms caused by smoking are vast:

Treating smoking related diseases has an estimated annual costs NHS Scotland between **£300 million** and **£500 million** each year<sup>4</sup>.



Smoking costs NHS Highland between **£19-30 million** each year<sup>5</sup>.

Productivity losses due to associated absenteeism, smoking breaks and lost output through premature death are estimated to cost the country £692 million annually. Overall, the societal costs of tobacco use in Scotland amount to around £1.1 billion annually<sup>6</sup>.

## Tobacco and Vaping in Scotland.

### Tobacco control and smoking in Scotland

Scotland is a world leader in tobacco control, implementing legislation, effective policies, strategies and shifting cultural attitudes about smoking. Over ten years ago the Scottish Government launched the 'Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland' which set an ambitious target to create a Tobacco-Free Scotland, lowering smoking rates to 5% or less by 2034<sup>7</sup>. Figure 1 below shows the wide range of policy interventions and strategies in Scotland alongside adult Scottish smoking rates.

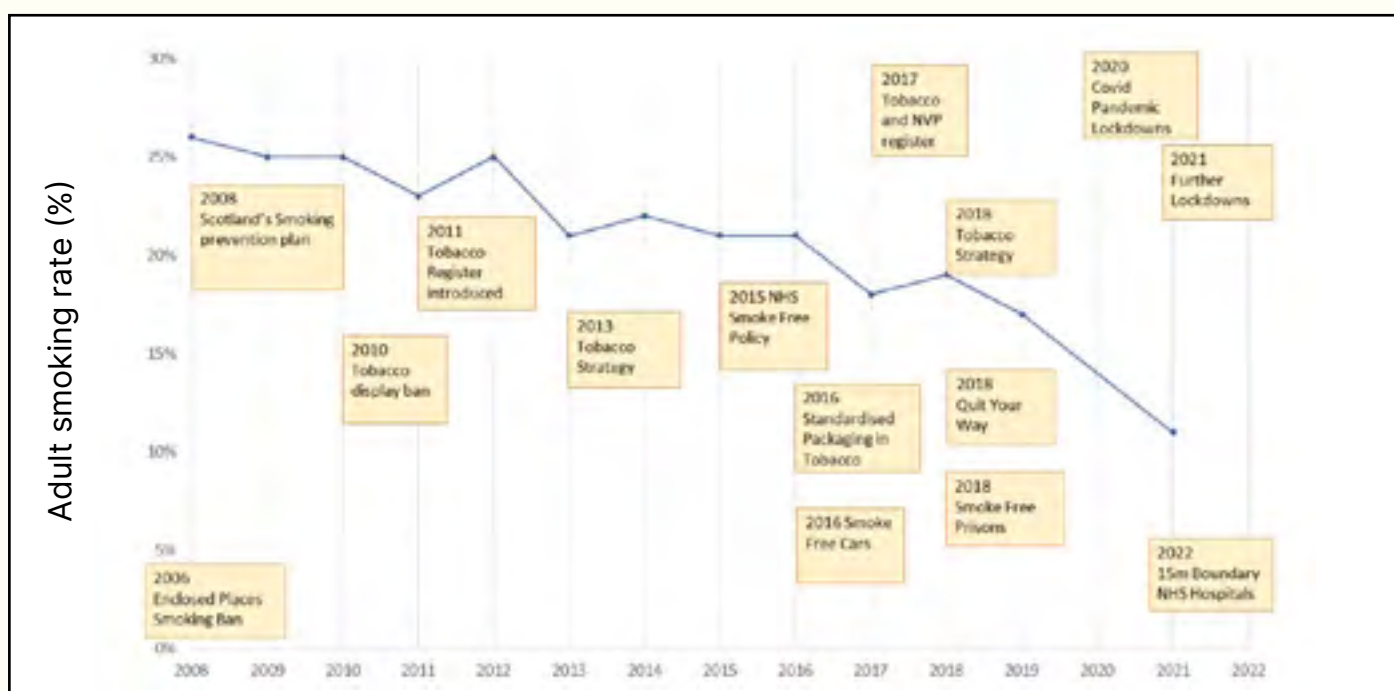
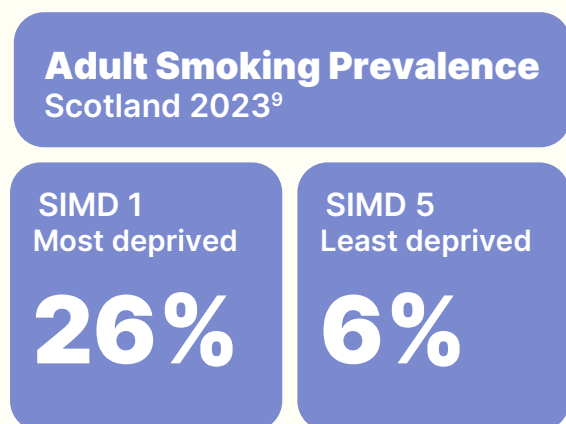


Figure 1. Changes in adult smoking rates in the Scottish Health Survey with key policy interventions in Scotland<sup>8</sup>

## Deprivation, smoking prevalence and health harms

Smoking rates continue to fall, with 14% of adults currently smoking in 2023, however, this reduction hides a widening difference in smoking rates between the most deprived and least deprived communities<sup>9</sup>. Tobacco use affects the most deprived sections of our communities the most:



Although no one factor is responsible for the disparity in health outcomes between the most and least deprived, smoking prevalence and healthy life expectancy have an opposing relationship. Tobacco use is one of the largest drivers of health inequalities<sup>10</sup>.

In 2022, the smoking attributable death rate was over four times higher in the most deprived quintile than in the least deprived quintile:

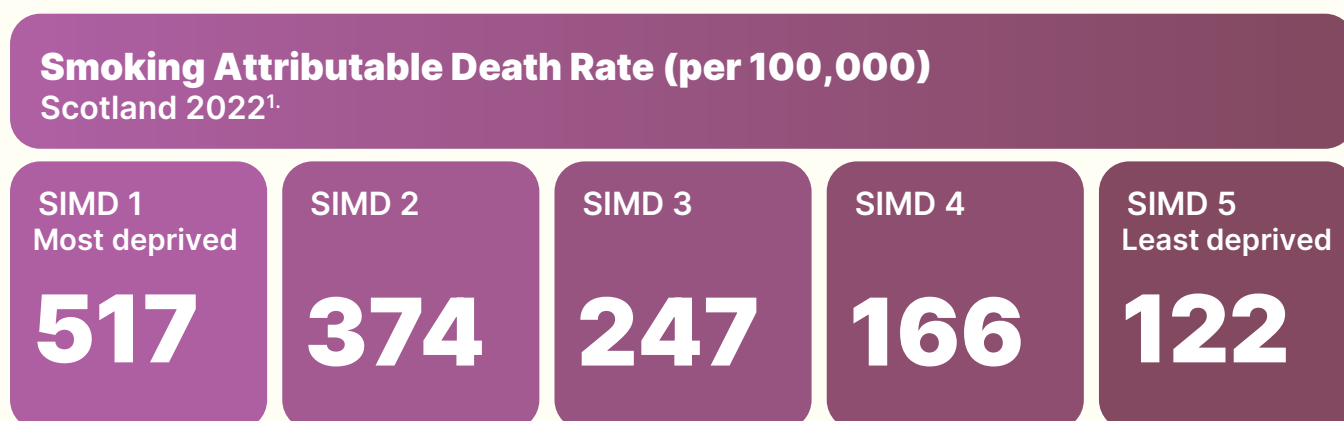


Figure 2 suggests that Scotland, at a population level, is generally on course to achieve the goal of 5% of the adult population smoking by 2034. However, the inequality gap in prevalence remains significant, with more work being required to support the most deprived communities to prevent smoking initiation and to help those wanting to stop.



Figure 2. Prevalence trends across Scotland by deprivation<sup>8</sup>.

Smoking also drives further inequalities in other groups of society, with some of the highest smoking rates seen among people with mental health conditions and LGBTQ+ communities. Active tobacco dependency in pregnancy is the single most significant preventable risk of harm to pregnant women and their babies.

### LGBTQ+ Communities

**24.9%**

of Lesbian, Gay and Bisexual people smoke in Scotland<sup>11</sup>

### Mental Health

**30%**

of people with a long-term mental health condition smoke in Scotland<sup>12</sup>

### Pregnancy

**11%**

of women in Scotland reported to be current smokers at their booking appointment<sup>13</sup>

## Vaping and other nicotine products prevalence in Scotland

The use of e-cigarettes (vapes) has increased in Scotland, with the percentage of the adult population who currently vape more than doubling from 5% to 12% between 2014 and 2023<sup>9</sup>. It is concerning that in 2023 use was most prevalent in younger adults aged 16-24, with 22% reporting that they currently use e-cigarettes, an increase of seven percentage points since 2022 (15%)<sup>9</sup>.

**22%**

**of people aged 16-24  
reported that they currently  
used vapes<sup>9</sup>.**



Other nicotine products, such as nicotine pouches, have also seen a rapid increase in use both among adults and young people in the UK. Nicotine pouches are small teabag-like pouches that are placed under the top lip, filled with a fibrous white powder infused with nicotine and other ingredients such as sweeteners and flavourings. Nicotine pouches do not contain tobacco.

The number of UK adults who have tried nicotine pouches doubled from 2.7% in 2020 to 5.4% in 2024<sup>14</sup>. A 2023 survey among young people aged 16-19 in England found that 6% had ever used nicotine pouches and 2% had used in the past 30 days, an increase of 1% and 0.3%, respectively, from 2022<sup>15</sup>.

In Scotland and the UK, nicotine pouches are not covered by tobacco or e-cigarette regulations and thus are not required to adhere to the same controls on advertising and retail displays as tobacco or age of sale restrictions which are in place for cigarettes and nicotine containing vapes.

Therefore, within any tobacco control strategy it is important to take stock of the current situation relating to vapes and the rise of other nicotine products to ensure that we protect children and non-smokers, while also following the evidence base in relation to vaping being a potential route towards stopping smoking for adults who smoke.

## Tobacco and vaping in NHS Highland

### Smoke-Free Highland delivery, quit attempts and quit rates

**13%**

of people aged  
16+ smoke in NHS  
Highland<sup>2</sup>.



**12.2%**

of pregnant women reported  
as current smokers at their  
booking in NHS Highland<sup>13</sup>.



Specialist Advisers and Community Pharmacies provide smoking cessation services across the NHS Highland area. Three service delivery models operate in NHS Highland and are described as:

- Specialist Adviser (Smoking Cessation Adviser)
- Community Pharmacy
- Shared Care (Specialist Adviser and Community Pharmacy)

Specialist smoking cessation services can provide behavioural support in person as one-to-one contacts or to groups, with the availability of pharmacotherapy (nicotine replacement therapy (NRT), Varenicline and Bupropion) delivered by specially trained staff either in person or remotely. Contacts can be in NHS or non-NHS settings.

Community Pharmacy Cessation Services can advise those seeking to stop smoking and provide NRT over twelve weeks.

Shared Care represents cessation pathways that start with a referral to a Specialist Adviser who will contact the client and triage. The client will then either be referred to a Community Pharmacy or remain with the Specialist Adviser to commence a Shared Care or, in some circumstances, a Specialist Adviser journey. During a shared care journey, the Specialist Adviser provides one-to-one behavioural support, and the Community Pharmacy will provide Nicotine Replacement Therapy (NRT) if required.

The current smoking cessation target set by the Scottish Government focuses on successful twelve-week quits for those who live in the 40% most deprived areas. However, cessation support is offered to anyone who wishes to stop smoking. There is also a focus on pregnant women and their partners, mental health and a new focus on patients in hospitals.



Quit rates in NHS Highland are variable between delivery models, as seen in Figure 3; in 2023/2024, the quit rate delivered by community pharmacy was 14.3%. The quit rate delivered by Specialist Advisers was 45.5%, and the quit rate delivered through Shared Care (support shared between a Specialist Adviser and Community Pharmacy) was 28.7%.

Quit rates are similar for those in the 40% most deprived areas compared to the rest of the population in NHS Highland (Figure 3). However, more quit dates are set in the 40% most deprived areas. This is also seen in national data across Scotland<sup>16</sup>.

Across Scotland, Community Pharmacies consistently have a lower success rate for quit attempts than Specialist Services. In 2023/24, the percentage of quit attempts that were successful at twelve weeks was 22.0% in Community Pharmacies compared to 46.1% in Specialist Services<sup>16</sup>.

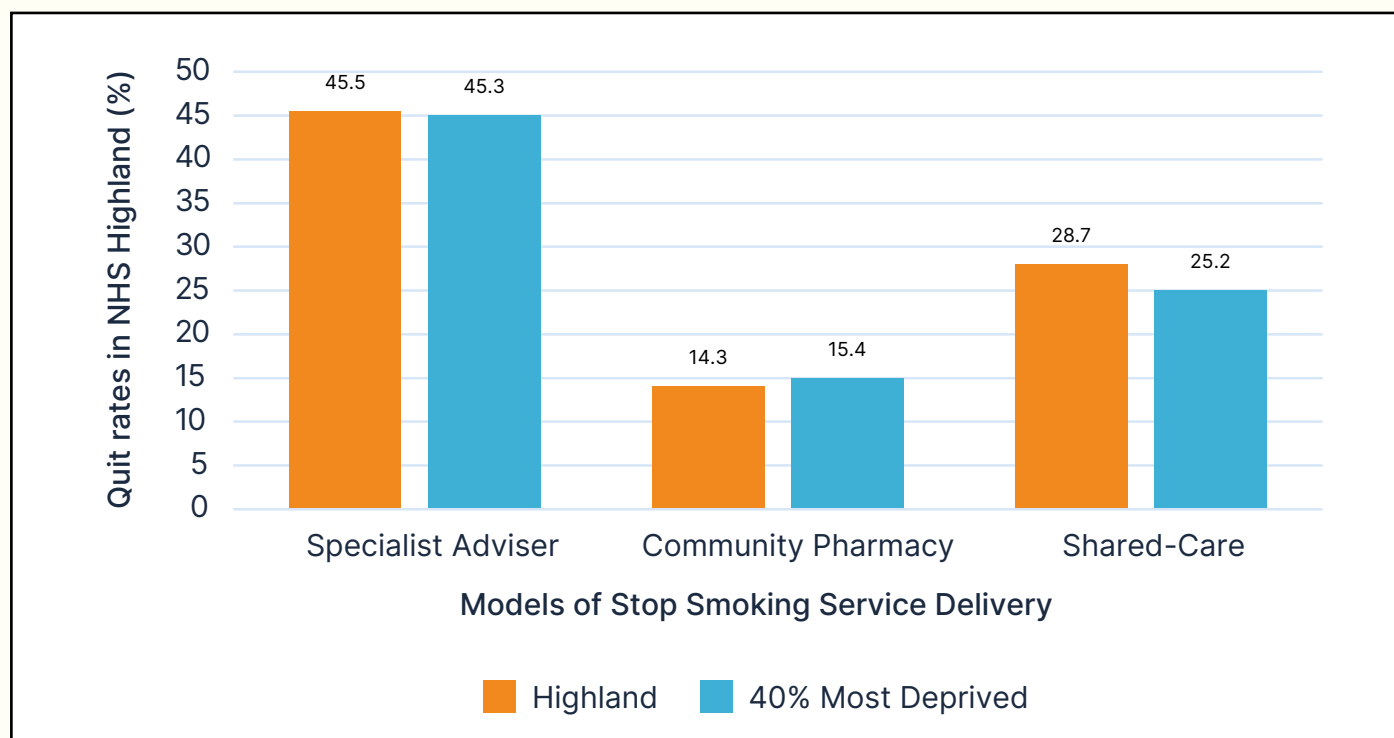


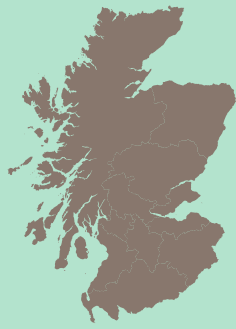
Figure 3. Smoking cessation service quit rates in NHS Highland by service delivery model, 2023/24<sup>16</sup>.

In 2023/24, the quit rates of pregnant women were higher in NHS Highland than in Scotland, with an overall quit rate of 52.9% at 12 weeks compared to 40.6% in Scotland. In the 40% most deprived areas in NHS Highland, the quit rate for pregnant women was 45.2% compared to 37.4% in Scotland<sup>16</sup>.

The deep dive of smoking cessation services in NHS Highland in 2023 highlighted that many follow-ups were not carried out, and quit rates may consequently be higher. In 2022/23, there were 664 successful quits at 4 weeks. However, 469 quit attempts had no data to indicate any further contact. The national review of smoking cessation services also saw similar missing data across Scotland and highlighted the importance of data to ensure Boards are achieving targets and able to identify priorities for service improvement<sup>17</sup>. This issue is reflected in this NHS Highland Strategic Actions.

For many years, the service has been promoted as 'e-cigarette friendly', and Specialist Advisers have offered tailored support to anyone who wishes to stop vaping or using any nicotine-containing products. These quits are recorded via a separate database and do not contribute towards the current Scottish Government target.

NHS Highland have a well established network of Health Improvement Advisers specialising in stopping smoking covering all geographies.



A health inequalities focused service. Focusing on the most deprived communities and people with mental health conditions.



### Smoking Cessation

Over **3,200** people have stopped smoking with help from our service since 2018.



### Pregnancy

NHS Highland's 'Smoke-Free Highland' service has two dedicated smoking cessation midwives. Supporting pregnant women and their families to become smoke-free.



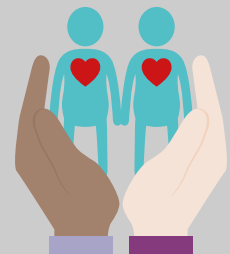
### Local Pharmacies

Over **80** Community Pharmacies deliver smoking cessation support.



### Shared Care

A streamlined shared service between community pharmacy and NHS Highland to provide the best support to anyone stopping smoking.



### Vape Quits

Over **150** people have come to the service to stop vaping since 2022.



### Smoke Free Grounds

All hospitals grounds including mental health hospitals are smoke free.

HM Prison Inverness is smoke-free.



## NHS Highland Tobacco and Vaping Strategy Aims and Actions

The previous 2018 – 2021 NHS Highland Tobacco Strategy, set out a three-year action plan for tobacco control in NHS Highland, delivering a range of work around the three focused themes of prevention, protection and cessation. During this time, the service adapted to changing circumstances, including continuing and maintaining the service during the COVID pandemic by moving most aspects of the service online and restarting key aspects such as face-to-face clinics, training and engagement work as soon as it was safe.

The new NHS Highland Tobacco and Vaping Strategic Action Plan continue to build on our previous work. It aligns with the latest 2023 Scottish Government's National Framework on Tobacco and Vaping<sup>8</sup> and aims to provide a flexible and responsive plan.

The strategy has well-defined, measurable actions targeted and specific to the needs of people in Highland and Argyll and Bute. The plans include actions that benefit the whole population and specifically help those living in the 40% most deprived areas to achieve the national ambition of 5% smoking prevalence by 2034.

The strategy and action plan have been developed to adapt to the changing evidence base and policy implications of tobacco harms, vapes and other nicotine products. Current evidence indicates that vapes are significantly less harmful than tobacco. Vape products can be used as one of many stop-smoking tools for smokers to quit. The long-term harm of vapes remains unknown. Moreover, there is also limited research on the health effects of using nicotine pouches nor is there sufficient research to assess how effective nicotine pouches are as a cessation product<sup>18</sup>. This strategy looks to reduce the number of young people using vapes as it is recommended that vapes and other nicotine products should not be used by young people or adult non-smokers. Reducing the appeal of these products through education is an essential goal.

To align with the National 2023 Scottish Government Tobacco and Vaping Framework, our strategy focuses on three overarching themes: People, Product and Place. In addition to the priorities within the national framework, pregnancy has been added under the theme of people.

**Reducing the impacts of health inequalities underpins the strategic aim and action plan.**

**People:** To help prevent uptake, support people in stopping smoking, and educate them on the risks of tobacco harm.

**Product:** To support the restriction and limitation of tobacco-containing products and ensure vapes are used appropriately for cessation, deterring use when not.

**Place:** To limit where tobacco and vape products are sold and can be used.

# Raising Scotland's tobacco-free generation - 2034 target

**People**

**Product**

**Place**

**Information**

**Appeal**

**Smoke-free spaces**

**Engagement**

**Regulation**

**Tobacco and  
Nicotine Vapour  
Products Register**

**Cessation**

**Pregnancy**



# **NHS Highland Tobacco and Vaping Strategic Action Plan**



## 1. PEOPLE

### 1.1 Priority: Information

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
1.1.1  Improve the consistency and advice given about tobacco, nicotine products and vapes to young people in NHS Highland.	Scope and develop standard training and resources for schools and organisations around vaping and young people. Partner with Planet Youth for this work to ensure it is evidence based.	Increase referrals and signposting to the smoke-free services for support to stop using a vape		Records of community groups and schools who have received training	Spring 2026
	Deliver and promote the newly updated Discussing Drugs and Alcohol Training to staff (NHS Staff, Third Sector, The Highland Council).	Numbers of staff attending training	Train the Trainers Date set for 7th March 2024	<ul style="list-style-type: none"> <li>Records of staff trained</li> <li>Number of training sessions delivered</li> </ul>	Ongoing
	Continue to develop, implement and evaluate Smoke-Free programme in Argyll and Bute Primary Schools.	Evaluation data from NHS Highland (Health Improvement Team) and Argyll and Bute Council Education Authority			Ongoing
	Review the smoking and vaping related material on the Highland Substance Awareness Toolkit ( <a href="http://www.h-sat.co.uk">www.h-sat.co.uk</a> )	Feedback and google analytic data from H-SAT website			Spring 2025
1.1.2  Deliver and promote training available to staff around tobacco, vaping and nicotine.  (See section 1.2.1)	IMPACT training; increase the uptake of IMPACT training to practitioners working in mental health as well as pharmacies, nurses, GPS.	<ul style="list-style-type: none"> <li>6 monthly reports submitted to ASH Scotland and the bespoke training available</li> <li>Numbers of those attending training / the number of training sessions delivered.</li> </ul>		<ul style="list-style-type: none"> <li>Submitted reports</li> <li>Records of training attendance</li> </ul>	Ongoing

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
	<ul style="list-style-type: none"> <li>Cost of Smoking training; increase the uptake of the Cost of Smoking training.</li> <li>Scope delivering training to: Welfare teams/ Money Advisers / citizens advice.</li> </ul>	Numbers of those attending training / the number of training sessions delivered.		Records of training attendance	Ongoing
	Continue to offer bespoke training (Raising the topic of smoking training with elements of vaping and other nicotine products awareness and health inequalities) to groups, such students via UHI and NHS services (See section 1.2.1)	Numbers of those attending training / the number of training sessions delivered.		Records of bespoke training delivered.	Ongoing

## 1. PEOPLE

### 1.2 Priority: Engagement and Promotion

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
1.2.1 Raise awareness and increase the number of people being signposted to the NHS Highland Smoke-Free Service	<ul style="list-style-type: none"> <li>Take part in national prevention events and other tobacco related campaigns i.e.: <ul style="list-style-type: none"> <li>No Smoking Day,</li> <li>Quit Your Way,</li> <li>STOPTOBER</li> </ul> </li> <li>Regular NHS Highland social media posts</li> <li>Develop local resources to support the national materials.</li> </ul>	<ul style="list-style-type: none"> <li>Number of people engaged with at events (evaluation sheet with key points)</li> <li>Number of referrals from events</li> <li>Social media metrics</li> <li>Number of resources given out</li> </ul>		Brief write up and pictures	Ongoing
	<ul style="list-style-type: none"> <li>Continue to promote and engage with professionals and the public at local events with information stands i.e. UHI (capture this work in newsletters, Facebook posts, freshers fair)</li> <li>Continue to work with Health Improvement Lead on Gypsy/Traveler health to support any upcoming Gypsy Traveler Health days and other areas of work.</li> </ul>	Records of information stands and possible referrals			Ongoing

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
	Promotion and engagement of the Highland Smoke-Free Service in all NHS Highland hospitals and through various NHS services such as Sexual Health, GPs, Pharmacy (see section 1.3.5), Mental Health: <ul style="list-style-type: none"> <li>– Advisers working with assigned GP practices</li> <li>– Establishing/ Revisiting referral pathways (TAMs) (see section 1.3.3)</li> <li>– Signposting and contacting services with up-to-date information i.e. posters &amp; leaflets (see actions above)</li> <li>– Offer training available (see section 1.1.2)</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of NRT prescribed through hospital pharmacies</li> <li>• Monitor which Department hospital referrals come from</li> <li>• Distribution of information on referral pathways</li> <li>• Numbers of staff attending training</li> </ul>			Ongoing

## 1. PEOPLE

### 1.3 Priority: Cessation

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
1.3.2  Capture the range of work health improvement advisers are delivering	<ul style="list-style-type: none"> <li>• Capture the range of work health improvement advisers are delivering as part of their core role.</li> <li>• Scope, develop and maintain good working relationships and links with voluntary sector organisations and community groups that target under – represented groups or in the target SIMD quintiles.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of people completing training via Turas</li> <li>• Numbers of ABIs</li> <li>• Number of screening conversations</li> <li>• Number of advisers trained in delivering training</li> </ul>	Examples of specific groups i.e. Prison, Inverness food stuff, Drug and Alcohol services.	<ul style="list-style-type: none"> <li>• List of organisations</li> <li>• Records which are kept.</li> </ul>	Ongoing



Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
1.3.3  Increase and ensure appropriate NRT prescribing in acute and community hospitals.	<ul style="list-style-type: none"> <li>Run pilot in Raigmore wards</li> <li>NRT protocol</li> <li>Referral pathways</li> <li>Develop SOPS and staff guidelines</li> <li>Include vaping – establish nicotine intake and appropriate NRT</li> <li>Awareness amongst staff on how to manage this</li> <li>Scope full roll out of standard NRT provision throughout NHS Highland Hospital Estate.</li> </ul>	<ul style="list-style-type: none"> <li>Project evaluation report</li> <li>NRT prescribed in Hospitals</li> <li>Monitor referrals from hospitals</li> <li>Number of staff trained</li> </ul>		Number of quits from pilot wards or increased NRT use in wards	Winter 2025 for initial pilot
1.3.4  Producing NHS Highland Guidance that supports the work of the NHS Smoke-Free Highland Service and Public Health Team	<ul style="list-style-type: none"> <li>Standardising practices and guidance within the service across NHS Highland</li> <li>Produce NHS Highland guidance on the use of vapes as a stop smoking tool. Ensure that health and social care professionals have access to this guidance and are confident to give advice about them and signpost accordingly.</li> </ul>	Practice and Guidance documents		<ul style="list-style-type: none"> <li>i.e. Adviser guidelines, SOPS, shared care and directory of services</li> <li>Guidance produced and reach/distribution</li> </ul>	Ongoing
1.3.5  Increase number of quit attempts from SIMD 1 and 2 areas, and under-represented groups, to help achieve LDP target and reduces inequalities	<ul style="list-style-type: none"> <li>Utilise local data to prioritise working with those who live in SIMD 1 and 2 areas.</li> <li>Work in partnership with GP practices and Community Pharmacies to ensure as many people as possible living in deprived areas can access support to stop smoking regardless of rurality.</li> </ul>	Data of quit attempts from stop smoking team, GP practices and community pharmacies			Ongoing
	Work in partnership with Scottish Ambulance Service (SAS) to establish a referral pathway from SAS into NHS Highland Smoke Free Service via their central pathway HUB.	Data of quit attempts and referrals from stop smoking team and feedback from local SAS partners.	Pathway launched March 2025. Webinar with SAS staff May 2025	Webinar slides, posters, referrals via pathway.	Summer 2025

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
	Continue to link with the Highland Drug and Alcohol Partnership (HAPD) to scope work and utilise local data to increase referrals and quit attempts for those who attend drug and alcohol services.	<ul style="list-style-type: none"> <li>Data of quit attempts and referrals from stop smoking team and DAIS database.</li> <li>Training delivered to staff.</li> </ul>		Smoking included in the HADP strategy (include link). The HADP will promote the completion of 'Smoking and Problematic Substance Use' (include link) e-learning developed by ASH Scotland to further address inequalities	Ongoing

## 1. PEOPLE

### 1.4 Priority: Pregnancy

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
1.4.1 Reduce harm to women, children and families from tobacco dependency in pregnancy.	Provide evidence-based, effective treatment options: <ul style="list-style-type: none"> <li>– Scope CBT as treatment option</li> <li>– Financial incentive scheme pilot</li> <li>– Optimise CO monitoring in pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Data on participation and outcomes.</li> <li>• Data on compliance with CO monitoring.</li> </ul>	Exploring CBT training options.		Ongoing
	<ul style="list-style-type: none"> <li>• Provide up to date, accessible resources for women and families e.g. NHS website, Badgernet leaflets, collaboration with HIRS, patient information videos.</li> <li>• Provision of resources in digital and paper format as appropriate.</li> </ul>	Website analytic data, Badgernet leaflet access data			Ongoing
	<ul style="list-style-type: none"> <li>• Gather feedback from service users to inform service</li> <li>• Explore digital feedback mechanisms to gather service users' experiences in a standardised way.</li> </ul>	Number of responses, content of responses			Ongoing
	Ensure flexible service provision: <ul style="list-style-type: none"> <li>– NRT at point of consultation (in Inverness)</li> <li>– Local support</li> <li>– Face to face or telephone support</li> </ul>	<ul style="list-style-type: none"> <li>• Data collection (ISD) on service use (face to face or telephone).</li> <li>• Data collection on number of clients that we have successful engagement with.</li> </ul>			Ongoing
	Explore group support options: <ul style="list-style-type: none"> <li>– Scope closed Facebook group</li> </ul>		Consult with breastfeeding service to assess feasibility and suitability.		Ongoing

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
	Regular data collection and analysis to inform service:  – Create SOP for monthly collection of CO monitoring data.	CO monitoring compliance.	SOP created December 2024. Monthly data collection re. CO monitoring at booking ongoing. To commence data collection on 36 week CO monitoring.		Ongoing
	Embed clear care pathways for cannabis use during pregnancy (including resources).	Data collection on number of women using cannabis during pregnancy.	<ul style="list-style-type: none"> <li>• Leaflet update in progress.</li> <li>• Training for NHS Highland Smoking Cessation service by NHS Lanarkshire completed December 2024.</li> </ul>		Ongoing
	Reduce harm from second-hand smoke:  – Inclusion of significant others in treatment.	Number of referrals for partners.			Ongoing

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
	Reduce health inequalities: <ul style="list-style-type: none"> <li>– Financial incentive scheme pilot.</li> <li>– Links with Family Nurse Partnership.</li> </ul>	<ul style="list-style-type: none"> <li>• Uptake of incentive scheme for eligible women.</li> <li>• Outcomes for women who participate in incentive scheme.</li> </ul>	<ul style="list-style-type: none"> <li>• Awaiting process for voucher purchase.</li> <li>• Awareness raising with staff completed.</li> <li>• Supplementary resources for service users and staff created.</li> </ul>		Ongoing
	Reduce stigma experienced by women and families: <ul style="list-style-type: none"> <li>– Focus on treatment for health condition rather than lifestyle choice.</li> <li>– Language use - “Tobacco dependency treatment” rather than “smoking cessation”.</li> <li>– Embed optimal CO monitoring and opt-out referrals as normal practice.</li> </ul>	Data collection on CO monitoring and referral numbers.	Stigma reducing approach embedded in staff training.		Ongoing

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
1.4.2  Increase skills, confidence and motivation of all healthcare staff to support women and families to access treatment for tobacco dependency during pregnancy.	Improve communication with maternity multidisciplinary team: <ul style="list-style-type: none"> <li>– Bi-annual newsletter.</li> <li>– Teams channel.</li> <li>– Infographics.</li> <li>– Feedback forms from Smoking Cessation Advisers.</li> </ul>	Number of newsletter viewings. Interaction with Teams channel.	<ul style="list-style-type: none"> <li>• Established format for newsletter – published January and July.</li> <li>• Regular teams channel updates with CO monitoring data and other relevant information and updates.</li> <li>• Plan for monthly infographics.</li> <li>• Established system for feedback forms from smoking cessation advisers.</li> </ul>		Ongoing
	Regular training for maternity multidisciplinary team: <ul style="list-style-type: none"> <li>– Monthly midwifery update days.</li> <li>– Obstetric colleagues, neonatal colleagues.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of midwives attending training.</li> <li>• Feedback from training sessions.</li> </ul>	Awaiting dates for monthly update days. Explore training opportunities with medical and neonatal colleagues.		Ongoing

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
	Regular pregnancy updates for smoking cessation advisers.	Number of sessions or updates given to whole team.	<ul style="list-style-type: none"> <li>• Arrange to deliver a pregnancy specific session to whole team.</li> <li>• Regular teams channel updates and resources.</li> </ul>		Ongoing

## 2. PLACE

### 2.1 Priority: Smoke-free Spaces

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
<p>2.1.1</p> <p>Support smoke-free hospital grounds legislation and increase awareness amongst staff at all NHS Highland hospitals, including awareness of Smoke-Free Service and how to access.</p> <p>Further reduce exposure to second hand smoke on NHS Hospital grounds.</p> <p>Ensure NHS Highland set, advocate and lead in a being a smoke-free environment.</p>	<p>Increased compliance with the revised NHS Highland Tobacco Policy to ensure NHS grounds are smoke-free / Ensure NHS Highland Tobacco policy is fully adopted and managed well in Mental Health services including use of the NRT Protocol:</p> <ul style="list-style-type: none"> <li>– See section 1.3.3: Increase support in Raigmore to manage patients unable to be smoke-free whilst in hospital.</li> <li>– Continue the joint working and coordinated efforts with Environmental Health and focus on including Highland Smoke-Free Service details on the Environmental Health website and environmental health fixed penalty notices.</li> <li>– Scope the smoke-free sites training and where it could sit in mandatory staff training / Scope including vaping into this to ensure staff are aware of vaping being included in the NHS Highland Tobacco Policy.</li> <li>– Scope Smoke-Free Champions in hospitals to improve support available to patients who smoke (see section 1.3.3 for pilot).</li> </ul>	<p>Improved staff knowledge and awareness of NHS Highland Tobacco Policy procedures and supporting NRT protocols.</p>		<p>Updated NHS Highland Tobacco Policy.</p>	<p>Ongoing</p>



Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
2.1.2  Promote and develop Smoke-Free Policies and Guidance across varying organisations in Highland to limit where Tobacco and Nicotine Vapour Products can be used to deter use and reduce harm from second hand smoke.	<ul style="list-style-type: none"> <li>• Scope, redesign and relaunch Smoke-Free Sports to include other sports.</li> <li>• Work in partnership with Highlife Highland on Smoke-Free Sports.</li> <li>• Scope to include vaping.</li> </ul>	Number of clubs / teams signed up.		New resources for Smoke-Free Sports.	Ongoing
	In conjunction with young people, develop a schools, colleges and universities Smoke-Free Policy including vapes and recycling and promote with all sites to encourage sign up.	Number of sites signed up.			Winter 2026
	Encourage local authorities and communities to consider adopting smoke-free policies in children's services and spaces.	Number of policies reviewed / put in place.			
	Relaunch Smoke-Free homes: <ul style="list-style-type: none"> <li>– promotion work see section 1.2.1.</li> <li>– scope work with Animal Rescue Centres and Veterinary Practices.</li> </ul>	Number of leaflets and packs sent out.		New Smoke-free homes materials.	Winter 2026

### 3. PRODUCT

#### 3.1 Priority: Appeal

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
3.1.1 Scope service users who wish to stop vaping or using nicotine containing products through the NHS Smoke-Free Highland service.	<ul style="list-style-type: none"> <li>Promote that support is available through the NHS Highland Smoke-Free Service.</li> <li>Data recording of vape and other nicotine product quits on a separate database out with national smoking database.</li> <li>Work with national colleagues and pharmacy colleagues to continue to gauge support available to people wishing to stop vaping.</li> <li>Monitor the rise in use of new nicotine products. For example, smokeless tobacco products.</li> </ul>	Data collected on vaping quits through the NHS Highland Smoke-Free Service.			Ongoing

### 3. PRODUCT

#### 3.2 Priority: Regulation

Outcomes	Actions	Evaluation/ Measurement	Progress	Evidence	Status/ deadline
3.2.1  Ensure vapes are used appropriately to support cessation but deter take up where not used for quitting tobacco (prevention).	<ul style="list-style-type: none"> <li>• Work with local vaping shops/retailers to scope how the NHS Smoke-Free Service could more closely align with retailers to ensure evidence-based support is available to anyone wishing to stop smoking.</li> <li>• Continue work with Trading Standards to have a coordinated approach on challenges such as illicit and underage sales.</li> <li>• See section 1.1.1, improve consistency and advice given to young people about tobacco, nicotine products and vapes in Highland, to reduce uptake.</li> </ul>	Details of joint working.	Vaping Cessation information and resources shared with Trading Standards to support their work.	<a href="#">Trading Standards recent press release on test purchasing</a>	Ongoing
	Scope work around a reduction/ limit in selling vapes at festivals (at bars and pop-up shops) and information stands for the Smoke-Free Highland service.	Information stands held at any events and outcomes of these.	Explore with wellbeing community for Belladrum and other festivals.		Ongoing

## Notes

[illegible]

## Endnotes

- 1 Scottish Public Health Observatory (ScotPHO). (2024) Tobacco use: smoking attributable deaths [online].**  
Available from: [Scottish Public Health Observatory website](#) [Jun 2025]
- 2 Scottish Public Health Observatory (ScotPHO). (2023) Profile: Tobacco [online].**  
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- 3 Scottish Public Health Observatory (ScotPHO). (2022) Tobacco use: smoking attributable admissions [online].**  
Available from: [Scottish Public Health Observatory website](#) [Jan 2025]
- 4 Scottish Government. (2019) NHS Scotland performance against LDP standards [online].**  
Available from: [Scottish Government website](#) [Feb 2025]
- 5 Scottish Public Health Observatory (ScotPHO). (2012) Smoking ready reckoner – 2011 Edition [online].**  
Available from [Scottish Public Health Observatory website](#) [Jan 2025]
- 6 ASH Scotland. (2024) Tobacco and vaping statistics factsheet [online].**  
Available from [ASH Scotland website](#) [Jun 2025]
- 7 Scottish Government. (2013) Tobacco Control Strategy - Creating a Tobacco-Free Generation [online].**  
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- 8 Scottish Government. (2023) Tobacco and Vaping Framework [online].**  
Available from: [Scottish Government website](#) [September 2024]
- 9 Scottish Government. (2024) The Scottish Health Survey. 2023 [online]**  
Available from: [Scottish Government website](#) [Jun 2025]
- 10 ASH Scotland. (2019) Health Inequalities and Smoking [online].**  
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- 11 Scottish Government. (2021) Scottish Survey Core Questions 2019 [online].**  
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- 12 ASH Scotland. (2019) Smoking and Mental Health [online].**  
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- 13 Public Health Scotland. (2023) Antenatal Booking in Scotland [online].**  
Available from: [Public Health Scotland website](#). [Jan 2025]
- 14 ASH Scotland. (2023) Use of vapes (e-cigarettes) among adults in Great Britain [online].**  
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- 15 Hammond, D et al. (2024) Trends in the use of nicotine products among youth in Canada, England, & the US between 2017 and 2023 findings from the ITC youth tobacco & vaping survey. International Tobacco Control Policy Evaluation Project (ITC). [online].**  
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- 16 Public Health Scotland. (2023) NHS Stop Smoking Services Scotland [online].**  
Available from: [Public Health Scotland website](#) [Jan 2025]
- 17 Public Health Scotland. (2023) Review of Smoking Cessation Services in Scotland [online].**  
Available from [Public Health Scotland website](#) [Jan 2025]
- 18 ASH Scotland. (2025) Nicotine pouches and snus [online].**  
Available from: [ASH Scotland website](#) [June 2025]

# Appendices

## Infographic references

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#### **1st row infographic (% smoking related deaths Scotland):**

Source: ScotPHO 2024, Attributable deaths/Observed deaths in Calendar Year 2022.

'Observed deaths' counts the total number of deaths in Scotland where the main cause of death is recorded as cancer or any circulatory, digestive or respiratory condition.

'Attributable deaths' are those deaths that have been attributed to smoking using the methods described.

#### **2nd row left infographic (rate deaths attributable to smoking Scotland):**

Source: ScotPHO 2023, Age-sex standardised rate per 100,000: 2020 to 2021 calendar years; 2-year aggregates

#### **2nd row right infographic (rate deaths attributable to smoking NHS Highland):**

Source: ScotPHO 2023, Age-sex standardised rate per 100,000: 2020 to 2021 calendar years; 2-year aggregates

#### **3rd row right infographic (% hospital admissions attributable to smoking Scotland):**

Source: ScotPHO 2024, Attributable admissions/Observed admissions in Calendar Year 2022.

'Observed admissions' counts the total number of hospital admissions in Scotland where the main diagnosis is recorded as any cancer or any circulatory, digestive, respiratory or other condition that can be caused by smoking.

'Attributable admissions' are those admissions that have been attributed to smoking using the methods described.

#### **4th row left infographic (rate hospitalisations attributable to smoking Scotland)**

Source: ScotPHO 2023, Age-sex standardised rate per 100,000: 2020 to 2021 calendar years; 2-year aggregates.

#### **4th row right infographic (rate hospitalisations attributable to smoking NHS Highland)**

Source: ScotPHO 2023, Age-sex standardised rate per 100,000: 2020 to 2021 calendar years; 2-year aggregates.

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#### **Left infographic (Smoking costs Scotland):**

Source: [Scottish Government. \(2019\) NHS Scotland performance against LDP standards.](#)

#### **Right infographic (Smoking costs NHS Highland):**

Source: [Scottish Public Health Observatory \(ScotPHO\). \(2012\) Smoking ready reckoner – 2011 Edition](#)

### **1st row infographic (Most and least deprived smoking prevalence)**

Source: Scottish Government 2024. Scottish Household Survey 2023 smoking prevalence estimates based on a sample survey with 'current smoker' category excluding those who reported only smoking cigars or pipes and expressed as a percentage of those sampled who are 'current smokers' The Scottish Index of Multiple Deprivation 2020 (SIMD2020) was used in the 2023 report.

### **2nd row infographic (Most and least deprived smoking attributable death rate)**

Source: ScotPHO 2024a. Estimated numbers and age-sex standardised rates (per 100,000 population) of deaths attributable to smoking, in people aged 35 and over, in Scotland, by deprivation grouping.

### **Top infographic (vaping prevalence amongst 16-24 year olds)**

Source: Scottish Government 2024. Scottish Household Survey 2023 E-cigarette or vaping device use in the 16-24 age group expressed as a percentage of those sampled 'currently using'.





Produced by NHS Highland Public Health  
August 2025

**Equality Impact Assessment Template: Please complete alongside the guidance document**

<b>Title of work:</b> <b>Highland Tobacco &amp; Vaping Strategy 2025 - 2030</b>	<b>Date of completion:</b> <b>February 2025</b>	<b>Completed by:</b> <b>Susan Birse, Katy Allanson, Andrew Kyle and Louise Benson</b>
<b>Description of work:</b>  The Highland Tobacco & Vaping Strategy has been created in partnership with Highland and Argyll and Bute NHS boards in line with the Scottish Government's national strategy 'Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland'. It contained the ambitious aim of making Scotland tobacco-free (population smoking prevalence of 5% or less) by 2034. Since then, further national actions have been launched with the most recent being the 2023 Tobacco Action Plan ' <b>Tobacco and vaping framework: roadmap to 2034</b> ' which covers the implementation and monitoring of the 2022 new sections 4A to 4D of the Smoking, Health and Social Care (Scotland) Act 2005, creating new offences of smoking and permitting others to smoke in the no-smoking area outside hospital buildings.  The strategy takes a focus on being responsive to the rapidly changing landscape around tobacco control, especially around the rise in popularity of vapes.  <i>The Highland Tobacco Strategy will be overseen by Susan Birse.</i>		
<b>Outcome of work:</b>  The Highland Tobacco & Vaping Strategy will focus efforts to reduce the number of people beginning to smoke, protect more people from second hand smoke and increase the number of people stopping smoking. There will be direct and indirect benefits to the health and wellbeing of the population. As well as taking a bigger focus on tackling the rising use of vaping across the population, especially amongst young people and those who have never smoked and supporting those who wish to stop smoking using a vape or stop vaping only. The 5-year action plan will be ongoing and flexible with progress updates on actions to react to an ever-evolving policy area, and ongoing tobacco, nicotine and vaping product development. Actions will ultimately support the Scottish Government aim of a tobacco-free Scotland by 2034.		

There are three overarching themes of the strategy are:

- 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 vapes 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 vaping products are sold to deter use of the former and ensure appropriate use of the latter.

*The main aims and outcomes of NHS Highland Smoke free policy is to:*

- *help reduce the use of tobacco and nicotine vapes across the population;*
- *target groups of pregnancy, deprived areas, those in hospital*
- *to support people to in their efforts to stop smoking and vaping*
- *prevent or reduce exposure to second-hand smoke*
- *to ensure the NHS in Scotland is exemplar in the promotion of good public health.*
- *support the de-normalisation of smoking*

**Who:**

Stakeholders: (who will this work affect?)

- People who smoke
- People who vape or use nicotine containing products
- Pregnant mums and their families
- Families & friends of above
- NHS Highland staff, patients, visitors on NHS grounds
- Highland Council
- Smoking cessation services and service users
- Wider communities
- Schools and youth organisation

**How do you know:**

How will you know what impact this will have - please detail what work you have done to find this out? Remember to consider the way in which you use language matters.

The guidance has been widely consulted on with stakeholders during the review process for example HADP, NHS Public Health, ASH Scotland, and be ratified by the NHS Highland Board

**What will the impact of this work be?** ( see appendix 1 for list of protected characteristics and other groups that you may wish to identify)

Groups with protected characteristics and other potentially disadvantaged groups were considered, as follows.

Age - A number of strategy actions focus on children and young people. This focus exists due to almost 9 in 10 people who smoke in the UK, start before the age of 21 (Health Survey for England, 2020). A number of actions have a prevention and protection focus whilst ensuring cessation support is available to anyone over the age of 12. Further, the strategy has a number of actions looking at reducing vape use and uptake in young people. This is due to vape use being the highest among those aged 16 to 24 years in the UK, the percentage of people in this age group who were daily or occasional vapers in 2022 has increased to 15.5% compared with 11.1% in 2021 (Office for National Statistics 2023). Although those 65 years and over continue to have the lowest proportion of current smokers (8.3%, around 1 million people), these needs are also met within the strategy, with access to smoking cessation support provided in homes for those who are housebound, and smoke free policies are in place in nursing homes (Office for National Statistics 2023).

Gender – statistics suggest that significantly more men (18%) than women (13%) reported that they were currently smokers. However, no negative impacts resulting from the strategy are anticipated to widen this difference in smoking prevalence and only to reduce overall smoking level in both genders.

Information regarding gender is gathered using the ISD client record sheets, and from this database it reports that in the year 2023/24 more men in various age groups had more successful 12-week smoking quits, with 161 successful quits in men aged 35 – 64 compared to 143 women, moreover 53 men aged 65+ were successful at weeks compared to 46 women. More women in the 16-34 age group were successful with 46 successful 12 week quit compared to 26 men.

It is acknowledged that the ISD system only records male and female, and there isn't currently the option to record as transgender via this system. Whilst there is a lack of robust research on smoking among transgender people, surveys do show transgender people are more likely to smoke (Rooney E. 2012. All Partied Out?: Substance Use in Northern Ireland's Lesbian, Gay, Bisexual and Transgender Community. Rainbow Project; 2012.) When official statistics become available, we will respond accordingly. It is likely that the specific needs from the transgender community may not be being best met from within a generic service and any opportunities to better this is acknowledged within the actions of the strategy.

Sexual orientation - A higher prevalence of smoking rates exists among the LGBTI+ community (Scottish Government, 2013c) and there are justifiable actions associated with this. Office for National Statistics in 2019 states that LGB people are approximately 1/3 more likely to smoke than heterosexual people. 20.5% of lesbian and gay people and 20.1% of bisexual people were current smokers, compared to 14.9% of heterosexual people. Young LGB people are also more likely to smoke, start smoking at a younger age and smoke more heavily (Corliss et al, 2013). Actions are associated with this within the strategy. All staff working in the smoking cessation service are supported to undertake the NHS Scotland Pride badge pledge which promotes inclusion for LGBTQ+ people and makes a statement that there's no place for discrimination or harassment of any kind in NHS Scotland. As an NHS staff member who wears the badge, they are pledging to:

- be aware of and responsive to issues faced by LGBTQ+ people accessing care
- be a friendly, listening ally who colleagues and service users can safely approach
- use inclusive language and respect identity

Disability – In Scotland, 19% of people living with long-term limiting health conditions smoke, compared with 13% of people with no limiting condition (The Scottish Health Survey, 2022). There is also an increased smoking prevalence amongst people with mental ill health, 31% of people with a long-term mental health problem smoke compared to 16% without (Scottish Health Survey, 2019). There are associated actions within these strategies to target these groups.

As regards learning disabilities, there is no good information about smoking prevalence in this group. However, we are available to support and encourage the use of appropriate materials when relevant. For example, resources are also produced in line with accessibility regulations for people with dyslexia or have limited to no vision and might be using a screen reader.

Race / ethnicity - Access to interpreters and materials in other languages are available when required. A wide range of tobacco products, including chewing tobacco and shisha, are recorded via ISD. Support is provided for gypsy / travellers who wish to access support to stop smoking. All Health improvement advisers are supported to complete an online module; [Raising awareness of Gypsy Traveller communities | Turas | Learn \(nhs.scot\)](#) that develops awareness of the culture and circumstances

of Gypsy/Traveller communities in Scotland. It explores barriers to inclusion and good health, and ways to make services more accessible and responsive to the needs of Gypsy/Travellers.

Religion or no religion - Potentially during festivals or religious fasting, using smoking cessation pharmacotherapy may not be culturally appropriate but other support options can be discussed in these circumstances.

Pregnancy and maternity - There are multiple actions focusing upon this targeted group. This is justifiable as the smoking in pregnancy rate is higher in Highland than in Scotland overall, this is seen from 12.2% current smokers at antenatal booking, compared to 11% in Scotland overall (Public Health Scotland 2023)

Marriage and civil partnership - No negative impact identified.

Carers – There is no available information on smoking prevalence within this group. If information was to be published this would be taken into consideration and steps to mitigate any negative impact would be applied. Smoking cessation support is accessible for people who aren't able to attend in person, including telephone support, video call via NHS Near Me, text/email and online information.

Remote and Rural – As highlighted above, smoking cessation support is accessible, this includes for those living in remote and rural locations. Telephone support, video call via NHS Near Me, text/email and online information. Health Improvement Advisers are located to cover the geography well and support is available via community pharmacies too, these options are discussed with new referrals to decide the best option for them. We recognise the limits of broadband in some areas and will aim to offer in person support if required.

People living in poverty – The strategy recognises that there is large health inequality of smoking rates amongst adults living in poverty in Scotland. 25% of adults in the most deprived quintile (SIMD1) smoke compared to 7% in the least deprived quintile (SIMD5) (The Scottish Health Survey, 2022) There are multiple actions focused on areas of deprivation and focusing on reducing this health inequality. For example, Smoking Cessation Services & actions targeting deprived areas, prescriptions are free, and clinics are accessible, and in areas of deprivation the service may be delivered within a pharmacy by a Health Improvement Adviser.

Homeless people – Support is provided to homeless people who want to stop smoking. At times, lack of an address can be problematic. This is dealt with on a case by case.

Prisoners – Since the smoking ban in prisons there is stop smoking support to all prisoners.

We provide an inequalities sensitive service, and all Health Improvement Advisers provide a person centred approach. Advisers will also support their clients with other issues in order to improve health and wellbeing, and quality of life. The Strategy includes numerous targeted actions in order to improve health inequalities.

**Given all of the above what actions, if any, do you plan to take?**

Health Improvement Advisers to complete statutory and mandatory 'Equality and Diversity' training through LearnPro. To further this learning, we will support advisers to 'Equal Opportunities and Diversity' training, and / or 'Health Inequalities: Why bother?'. We also support advisers to attend training with a focus on health inequalities and the determinants of health to ensure every contact matters with clients:

- Money worries
- Suicide Intervention and Prevention
- Introduction to mental health
- Alcohol brief interventions
- Discussing drugs and alcohol with young people
- Screening brief interventions

The Smoking Cessation Midwives trains community midwife teams and Health Improvement Advisers to ensure best practice is applied when working with pregnant women who smoke.

With a rise in the use and popularity of vapes, the health improvement advisers can provide up-to-date information on vaping for people who want to stop smoking and use a vape, however, we cannot prescribe or promote specific vapes, but we encourage safe purchasing to reduce the likeness of exposure to illicit vapes where possible. We also support people who wish to stop using vapes or any other nicotine contain product.

To conclude on the above, we will endeavour to provide a person-centred service and ensure that all groups are considered within our work. In order to achieve this we will:

- continue to train other staff, and our team to ensure best practice
- provide appropriate information to support people to stop smoking
- continue to monitor emerging statistics and prevalence information, and if any negative impacts are identified, steps would be taken to mitigate against this

**What is the impact of this policy/service development on infants, children and young people? (The [United Nations Convention on the Rights of the Child](#) places a compatibility duty on public authorities including NHS Highland to ensure the rights of children are protected and promoted in all areas of their life).**

**What impact will your policy/service change have on Children's Rights?** Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

**Article 17** (access to information from the media) Every child has the right to reliable information from a variety of sources, and governments should encourage the media to provide information that children can understand. Governments must help protect children from materials that could harm them

The Highland Tobacco Strategy will have a positive impact on article 17 as we are looking to improve the resources on smoking & vapes directly for young people and for those who work with young people. These resources will also highlight the impact social media, peers and the tobacco industry can have on young people. By improving the consistence of resources, it is hoped that we will have a more equitable approach across Highland. This can be done through lesson plans for schools and training for staff.

**Article 24** (health and health services) Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this

The Strategy has a positive effect on article 24 as the actions include support for smoke free spaces which young people can benefit from. Specifically for children this includes support for schools to develop smoke & vape free policies.



**Article 27** (adequate standard of living) Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this

There is also a positive impact on article 27 as the policy looks to relaunch and promote smoke free homes thus reducing the number of children harmed by second hand smoke.

**Article 31** (leisure, play and culture) Every child has the right to relax, play and take part in a wide range of cultural and artistic activities

The strategy benefits article 31 as it looks to relaunch Smoke free sports, with the aim of more children being able to take part in sports without having people smoking at the side and creating a healthier environment to enjoy sport.

**Article 33** (drug abuse) Governments must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.

There is a positive effect on article 33 as the policy looks to work in partnership with trading standards and reduce the number of children able to purchase nicotine products. Two thirds of adult smokers say they started before they were 18 years old. Improved resources for young people about the risk of smoking & vaping will likely reduce the number of young people that start using nicotine products.

If a **negative impact is assessed** for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

Young children under the age of 12 are potentially negatively by this policy due to NRT is only available for children over 12 years old. Data on children under the age of 12 smoking is limited in Highland, however, we know 12% of 13-year-olds have tried smoking (SALSUS 2018). Of these 2% are occasional smokers (sometimes smoke but less than one per week) and 2% are

regular smokers (one or more cigarettes per week) (SALSUS 2018). Support can be provided to those under 12 with consent from their parents. The work of the smoking cessation midwives who work with the whole families can mitigate this.

**In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change?** What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

**Evidence:**

**Work in schools & Youth clubs**

During the development of the Highland Tobacco & Vaping Strategy several sessions on smoking and vapes took place. These sessions were led by stop smoking advisors and health improvement specialist. Most of these sessions were specifically for young people and a few sessions looked to include parents and the whole family. Young people expressed a range of views on the policy and on the tobacco & vapes in general. Feedback included an awareness that sometimes vape products are targeted at young people there they should be able to access services to help stop smoking / vaping. Young people viewed both tobacco and vapes as a product which can both harm their physical and mental health, therefore, they often supported policy and actions which reduce the likelihood of other young people using tobacco & vapes. Young people who were reaching the end of their time at secondary school (S5-S6) often felt it was those who are younger than them (S1-S4) that used vapes more often, and they would benefit the most from policies which reduce the number of people who start smoking / vaping. A range of partners help us host these sessions, in particular we would like to thank to Dingwall Academy, Highland Youth Parliament and Aviemore Youth Club for their feedback and supporting this work. Continued work with young people will look to include how the policy is being implemented and how it may potentially impact their rights.

**Planet youth**

Data from Planet Youth in Highland highlights the importance of this work for young people. The local data shows 25% of young people (S4 pupils) have tried smoking and 39% have tried vapes. The data from Planet Youth shows links between substance use and other risk-taking behaviour. Thank you to the Planet Youth Team for their continued support.

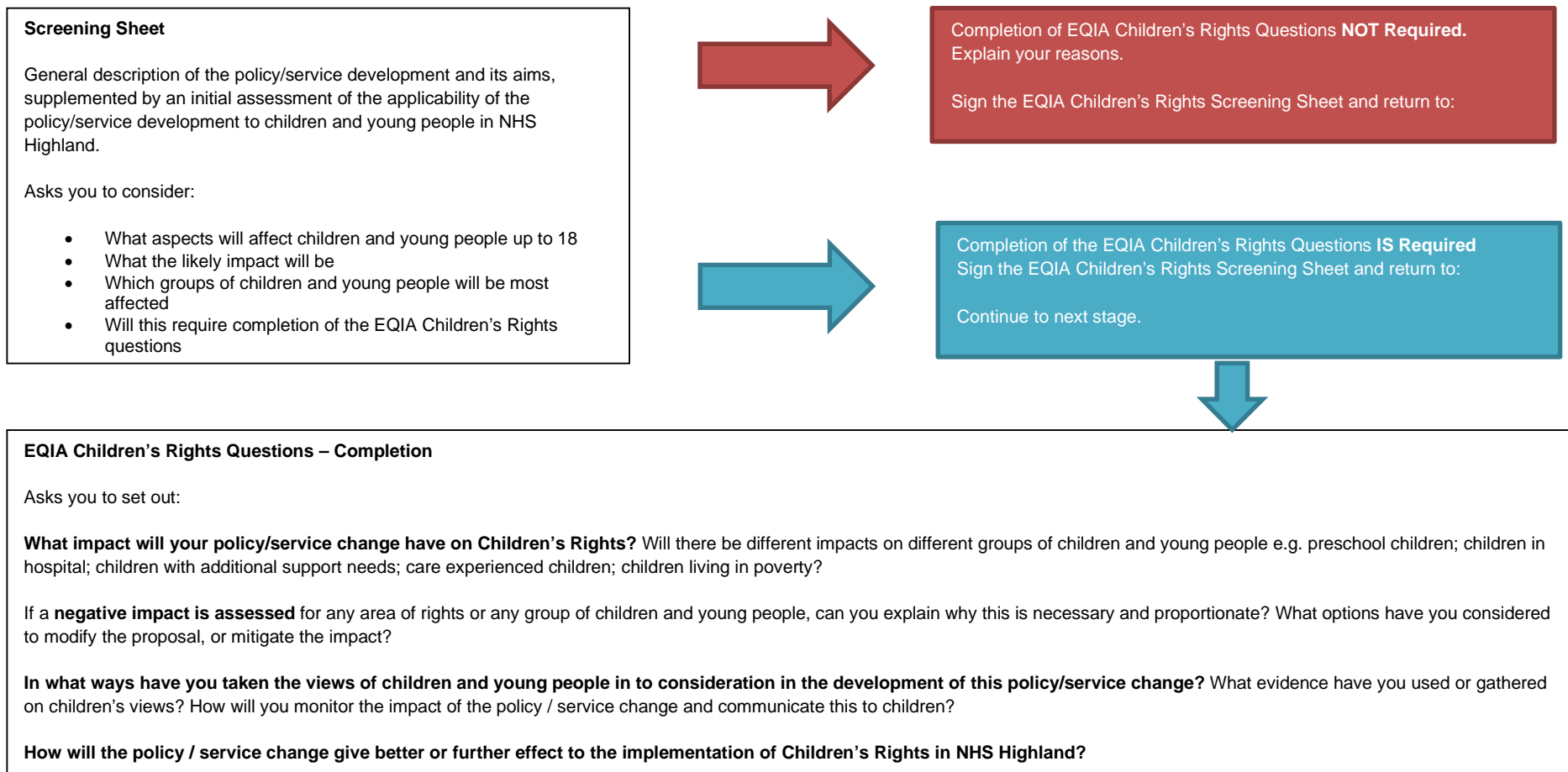
**How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?**

This is the first time the NHS Highland Tobacco & Vaping Strategy has examined its impact on young people and fully consider how its implementation impacts Children's Rights. As many of the actions from this strategy benefit young people's health and link with their rights, this should better implement the rights of the child within NHS Highland and its stop smoking service.

**Approved by:**  
**Susan Birse**

## EQIA Children's Rights – Guidance Notes

### EQIA Children's Rights – Flowchart



### **EQIA Children's Rights – Screening Sheet**

The [United Nations Convention on the Rights of the Child](#) places a compatibility duty on NHS Highland to ensure the rights of children are protected and promoted in all areas of their life. Completing this Screening Sheet will indicate if completing the **EQIA Children's Rights Questions** is required.

Please note that the actions, or inactions, of public authorities such as NHS Highland can impact children more strongly than any other group in society and every area of policy/service development affects children to some degree, whether directly or indirectly.

For information or support contact: NHS Highland Child Health Commissioner: [deborah.stewart2@nhs.scot](mailto:deborah.stewart2@nhs.scot)

### **Overview**

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service development to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.

The Children's Rights screening questions below; ask basic information about the policy/service development and how it will affect children and young people specifically.

Decisions about whether or not to complete the Children's Rights Screening questions as part of the EQIA should take place as early as possible in the formation of the policy/service development.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service development under consideration.

**1. What aspects of the policy/service development will affect children and young people up to the age of 18?**

*The Articles of the UNCRC apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.*

**2. What likely impact – direct or indirect – will the policy/service development have on children and young people?**

*'Direct' impact refers to policies/service developments where children and young people are directly affected by the proposed changes, e.g. in early years, education, child protection or looked after children (children in care). 'Indirect' impact refers to policies/service developments that are not directly aimed at children but will have an impact on them. Examples include: hospital visiting policy, treatment/support to parents, staff parental leave, access to play areas, transport schemes.*

**3. Which groups of children and young people will be affected?**

*Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.*

**4. Is completion of the EQIA Children's Rights Questions required?**

Please state if completion of the Children's Rights Questions in the EQIA template will be carried out or not. Please explain your reasons.

**5. Sign, Date and Authorise**

Person Leading the Policy/Service Development: Katy Allanson

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Signature & Date of Sign Off: *K.allanson*

04/03/25

Line Manager: Susan Birse

Email: susan.birse2@nhs.scot

Signature & Date of Sign Off: *Susan M. Birse*

04/03/25