YOUNG SCOTS SUPPORT A SMOKE-FREE GENERATION BY 2034

THE YOUTH COMMISSION ON SMOKING PREVENTION’S FINAL REPORT TO THE SCOTTISH GOVERNMENT IN 2014

FULL REPORT
This project was supported by Young Scot, the national youth information and citizenship agency, and funded by the Scottish Government.
"IT IS ESTIMATED THAT 13,000 SCOTS DIE EVERY YEAR FROM SMOKING-RELATED ILLNESS"
(Health in Scotland, 2003)

The purpose of the Youth Commission on Smoking Prevention (YCSP) is to aid the Scottish Government in the creation of a smoke free generation for Scotland by the year 2034 by reducing the number of smokers to less than 5% of the population. The year 2034 was chosen based on the fact that a child born in 2013 will be 21 at this time and will be the next generation of Scotland’s adults.

The YCSP is a group of 17 young people aged between 12 – 22 who come from various regions of Scotland and also have a combination of different backgrounds; allowing us to have a wide range of personal experiences to call upon. We first came together on 25 May 2013 and in a year we have shown our determination and passion to create measurable change. We have achieved this through extensive research and attendance at conferences that have allowed us to create recommendations which we are eager to share with you in this report.

We would like to thank the various organisations who have supported us throughout the year, in particular Young Scot. We would also like to convey particular thanks and appreciation to our facilitators Lisa Murphy and Robert Rae. Without their constant support and questionably humorous ice-breakers, this project would not have been possible.

The Youth Commission on Smoking Prevention hopes that you are able to enjoy and take away from this report the efforts that we must collectively make in order to obtain a better Scotland. A healthier Scotland. A smoke free Scotland.

THE YOUTH COMMISSION ON SMOKING PREVENTION

I HAVE BEEN HUGELY IMPRESSED BY THE COMMITMENT AND HARD WORK OF THE COMMISSIONERS OVER THE LAST TWELVE MONTHS. THE CLARITY OF THOUGHT THEY HAVE DISPLAYED IS A REAL REMINDER OF THE IMPORTANCE AND DEPTH OF UNDERSTANDING OUR YOUNG PEOPLE HAVE IN TACKLING THE MANY PROBLEMS WE FACE AS A SOCIETY - A RESOURCE SCOTLAND MUST CONTINUE TO USE WHEN PLANNING FOR THE FUTURE.

Louise Macdonald
Chief Executive, Young Scot

TO ACHIEVE SCOTLAND’S AMBITIOUS VISION FOR A TOBACCO FREE COUNTRY BY 2034, IT IS VITAL THAT WE INVOLVE YOUNG PEOPLE IN HELPING TO CREATE AN ENVIRONMENT THAT SUPPORTS THEM TO CHOOSE NOT TO SMOKE.

IT’S VERY WELCOME THAT THE YOUTH COMMISSION HAS BROUGHT THE NEXT GENERATION’S PERSPECTIVE INTO THE DEBATE ON TOBACCO. THE YOUTH COMMISSION HAS PRODUCED SOME BOLD IDEAS FOR US TO CONSIDER – SOMETHING THAT IS REALLY IMPORTANT AS WE START TO THINK ABOUT WHAT WE NEED TO BE DOING BEYOND OUR CURRENT 5 YEAR PLAN. YOUNG PEOPLE ARE DIRECTLY AFFECTED BY SMOKING – SO THEY MUST BE PART OF THE SOLUTION.

WE’VE BEEN CLEAR THAT OUR APPROACH IS NOT ABOUT PROHIBITION. WE DO NOT WANT TO BAN SMOKING OR UNFAIRLY STIGMATISE THOSE WHO DO SMOKE, OR WHO ARE UNABLE TO QUIT. HOWEVER, WE KNOW THAT MUST PEOPLE WHO DO SMOKE WANT TO GIVE UP AND WE’RE COMMITTED TO PROVIDING THE VERY BEST SERVICES AND SUPPORT WE CAN FOR THOSE WHO WANT TO QUIT.

Michael Matheson MSP
Minister for Public Health

WE CALL FOR INVESTMENT AND THE RENDEZ-VOUS OF SPECIFIC CESSATION SERVICES FOR YOUNG PEOPLE AND THEIR FAMILIES. THIS SHOULD INCLUDE FAMILY-LEARNING RESOURCES, ONLINE CESSATION ADVICE FOR YOUNG PEOPLE WITH A NATIONAL FREEPHONE NUMBER, INDIVIDUAL AND GROUP THERAPIES ADDRESSING SMOKING-RELATED BEHAVIOURS AND WIDER ISSUES. THESE SERVICES SHOULD BE MOST ACTIVE IN AREAS OF MULTIPLE DEPRIVATION, FLEXIBLE AND ABLE TO BE TAILORED TO YOUNG PEOPLES’ INDIVIDUAL NEEDS.

WE CALL FOR NEW NATIONAL YOUTH-LED SMOKING PREVENTION SOCIAL ENTERPRISE, RUN FOR AND BY YOUNG PEOPLE, TO PROVIDE THE DESIGN AND DELIVERY OF SMOKING PREVENTION EVENTS AND RESOURCES, PARTICULARLY IN AREAS OF MULTIPLE DEPRIVATION. THE EXPRESS PURPOSE OF THE SOCIAL ENTERPRISE WILL BE TO ADDRESS THE INTERGENERATIONAL ATTITUDES TO SMOKING AND TO FOSTER A CHANGE IN ATTITUDES TOWARDS SMOKING PARTICULARLY FOR THOSE AGED 10-14. THE SOCIAL ENTERPRISE SHOULD INITIALLY BE CENTRALLY FUNDED BUT SHOULD DEVELOP, OVER TIME, AS A CONSULTANCY SERVICE TO EDUCATIONAL AUTHORITIES, YOUTH ORGANISATIONS, COLLEGES, UNIVERSITIES AND THE WORKPLACE.

WE CALL ON THE SCOTTISH GOVERNMENT TO COMMISSION AN EMOTIVE MASS ‘SOCIAL NORMING’ CAMPAIGN SPECIFICALLY TO ADDRESS INTERGENERATIONAL SMOKING BEHAVIOURS TO TRY TO MAKE SMOKING LESS SOCIALLY ACCEPTABLE – THIS SHOULD BE SUSTAINED OVER A PERIOD OF TIME TO COMPLEMENT AND SUPPORT OTHER RECOMMENDATIONS IN THIS REPORT.

WE CALL FOR THE CREATION OF A NATIONAL SMOKING PREVENTION SOCIAL ENTERPRISE, RUN FOR AND BY YOUNG PEOPLE, AND RESONSIBLE FOR THE DESIGN AND DELIVERY OF SMOKING PREVENTION EVENTS AND RESOURCES, PARTICULARLY IN AREAS OF MULTIPLE DEPRIVATION. THE EXPRESS PURPOSE OF THE SOCIAL ENTERPRISE WILL BE TO ADDRESS THE INTERGENERATIONAL ATTITUDES TO SMOKING AND TO FOSTER A CHANGE IN ATTITUDES TOWARDS SMOKING PARTICULARLY FOR THOSE AGED 10-14. THE SOCIAL ENTERPRISE SHOULD INITIALLY BE CENTRALLY FUNDED BUT SHOULD DEVELOP, OVER TIME, AS A CONSULTANCY SERVICE TO EDUCATIONAL AUTHORITIES, YOUTH ORGANISATIONS, COLLEGES, UNIVERSITIES AND THE WORKPLACE.

WE RECOMMEND THAT THE SCOTTISH GOVERNMENT USE ALL LEGISLATIVE AND REGENCY LEVERS AT ITS DISPOSAL TO PURSUE THE REDUCTION ON AVAILABILITY OF TOBACCO PRODUCTS. THIS SHOULD INCLUDE STARTING A PUBLIC AND POLICY DEBATE NOW, ON A BAN IN 2031, ON THE SALE OF TOBACCO PRODUCTS TO ANYONE BORN AFTER 2013.

WE RECOMMEND THAT THE SCOTTISH GOVERNMENT USE ALL LEGISLATIVE AND REGULATORY LEVERS AT ITS DISPOSAL TO PURSUE THE REDUCTION ON AVAILABILITY OF TOBACCO PRODUCTS. THIS SHOULD INCLUDE STARTING A PUBLIC AND POLICY DEBATE NOW, ON A BAN IN 2031, ON THE SALE OF TOBACCO PRODUCTS TO ANYONE BORN AFTER 2013.

#YCSP REPORT / 05
WE CALL FOR THE CREATION OF A SOCIAL ENTERPRISE. THIS WILL ENSURE A LEGACY FOR THE KNOWLEDGE AND EXPERIENCE OF THE COMMISSION AND SUBSEQUENTLY SUPPORT ORGANISATIONS TO DELIVER SENSITISED SERVICES.

A social enterprise should be established by young people and run for young people (including Youth Commissioners) with the express purpose of co-designing and delivering age appropriate smoking prevention participative events, peer research and resources in partnership with health and education authorities and youth agencies across Scotland.

BASED ON THE VIEWS WE HAVE HEARD FROM YOUNG PEOPLE, WE ENCOURAGE THE SCOTTISH GOVERNMENT TO USE ALL LEGISLATIVE AND REGULATORY LEVERS AT ITS DISPOSAL TO PURSUE THE REDUCTION ON AVAILABILITY OF TOBACCO PRODUCTS.

Building on the Scottish Government requirement for all NHS grounds to be smoke free by April 2015 as set out in the current tobacco strategy, we urge the Scottish Government to be brave and introduce a 50m ban on smoking in specific areas, such as primary/high schools, sports venues, hospital campus’ and all train stations.

We want to see a ban on the sale of all e-cigarettes in shops and retail outlets - the product must be regulated and distributed as a medicinal product only.

We want to see an increase in the age limit for those wishing to purchase tobacco products to 21 years old.

We support the introduction standardised/plain packaging measures.

We recognise that taxation is the responsibility of the UK Government - and that Scottish Government supports increased taxation. We support the continuous increase in the price of tobacco products through increased taxation (ring fencing the additional revenue for smoking cessation services in areas of deprivation).

WE CALL FOR A NATIONAL PUBLIC AND POLICY DEBATE NOW ON INTRODUCING A BAN IN 2031 ON THE SALE OF TOBACCO PRODUCTS TO ANYONE BORN AFTER 2013.

We call on the Scottish Government to support the proposed Member’s Bill around banning smoking in cars.

We want to see young people invited to co-design smoking cessation services that are directed at young people.

WE CALL FOR INVESTMENT AND THE REDESIGN OF SPECIFIC CESSATION SERVICES FOR YOUNG PEOPLE AND THEIR FAMILIES.

We call for a Scotland-wide, Online Cessation Support Service for young people who want to quit. This service should be confidential and free to phone from mobile phones. We recognise the value of Smokeline and other services. However, we feel there should be a service specifically for young people.

Cessation services should offer individual and group support and should specifically focus on techniques to reduce levels of stress and improve self-esteem.

In addition, we call for pilot cessation services designed around family learning. These will be services available for non-smoking young people to bring along a smoking parent or older sibling. These services will follow family learning principles and should be fun. These services should be delivered in a wide range of community settings including libraries, pubs, bingo halls, and cafes.

The Commission would like to see a particular emphasis on smoking cessation services being offered as part of wider alcohol, drug and psychological treatments.

The Commission calls for a variety of cessation services to be more widely available and visible in areas of deprivation and interconnected with other support services. These services should provide incentives to encourage people to stop smoking and should be available in schools.

Cessation services should offer individual and group support and should specifically focus on techniques to reduce levels of stress and improve self-esteem.

The Commission also calls for new projects to be commissioned to better understand the relationship between smoking behaviours and inequalities with the aim of identifying useful ways of narrowing inequalities through interventions.

We call for a better range of smoking cessation services for young people to access. These services should balance individual, group and family cessation services and should be focused on each young person’s individual needs.

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We call for investment and the redesign of specific cessation services for young people and their families.

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We call for investment and the redesign of specific cessation services for young people and their families.
WE CALL FOR NEW NATIONAL YOUTH-LED SMOKING EDUCATION RESOURCES FOR EVERY SCHOOL IN SCOTLAND.

Smoking prevention training should be made available to everyone in contact with young people, particularly youth workers. Anyone working with young people should see it as their job to assist/educate in relation to cessation and prevention.

Each school should be encouraged to draw up guidelines (by students and school staff) to agree on sanctions/action to be taken against/with students found smoking, including providing time for students to attend youth-specific smoking cessation services, through the social enterprise.

We call for the delivery of standard, age-appropriate, preventative education in smoking to be introduced to every young person at an early year level - P4/5 - as a form of early intervention.

Personal Social Health Education (PSHE) should be overhauled in relation to smoking prevention education. Smoking prevention input for S1 and S2 should be undertaken over a minimum of seven days and should blend teacher, peer and external input. This must include teacher-led input, student-led input around self-image, intergenerational health and social norming materials (available from the social enterprise) and cross curriculum input with, for example, assignments in history (the history of smoking and the role of the tobacco industry).

Peer education projects should be encouraged in schools. S5/S6 pupils should work with S1/S2 pupils to explain the effects of smoking in terms of self-image, stigma, fitness, addiction and costs.

We would like to see a national, celebrity endorsed, media campaign to dismiss the perceived ‘benefits’ of smoking (not why people should stop). This campaign should highlight and dispel myths and perceived norms that smoking is cool, builds confidence, helps with exam stress etc.

We would like to see more online chat support for young people who want to know how best to help support older family members and friends to make a quit attempt. This support should be provided through a collaborative effort between young people themselves, Young Scot (or the newly created social enterprise) and NHS Health Scotland.

WE CALL ON THE SCOTTISH GOVERNMENT TO COMMISSION A MASS “SOCIAL NORMING” CAMPAIGN SPECIFICALLY TO ADDRESS INTERGENERATIONAL SMOKING BEHAVIOURS.
INTRODUCTION

WHAT DOES A SMOKE-FREE GENERATION MEAN?

IF THE SCOTTISH GOVERNMENT’S TARGET OF ACHIEVING A SMOKE-FREE GENERATION IS TO BE REALISED - MEANING LESS THAN 5% OF THE POPULATION SMOKING - THEN SMOKING RATES MUST FALL YEAR-ON-YEAR FROM 990,000 IN 2014 TO BELOW 220,000 BY 2034.

Smoking has had its day and Scotland will know a smoke-free generation by 2034! At that point in time, young people in Scotland will look back to 2014 with disbelief that people ever willingly smoked tobacco.

However, now is not the time for complacency and an enormous amount of work remains to be undertaken in the coming 20 years.

We have identified a number of, what we have termed, ‘change factors’. All of our recommendations centre on ways of stimulating these factors. Taken together, and with the co-ordinated efforts of young people, successive governments, health and community stakeholders, we believe the actions set out in this report will become greater than the sum of their parts and will significantly help achieve a smoke-free generation by 2034.

REDRESSING THE BALANCE BETWEEN ‘PREVENTION’ AND ‘CESSATION’

The Commission is clear that the balance of resources between prevention and cessation necessarily means that, as things stand, it is unlikely that the 2034 target will be achieved. It is, of course, well known that prevention is better than cure. The Commission knows that while some 13,000 people die each year in Scotland from a smoking-related disease, an estimated 16,000 people take up smoking. A reduction in the rate of smokers would occur if additional financial resources were committed to smoking cessation activity. However, to accelerate the reduction of smokers the focus must be on prevention. While it might seem brutal to propose that current smokers who want to stop smoking receive less assistance, we believe that with concentrated efforts on prevention, by 2034, there is a far greater chance of Scotland knowing a smoke-free generation.

One thing we are sure about is that it is going to take huge effort on the part of Government, educationalists, health professionals and young people to be successful in implementing our recommendations. It can be done, the motivation is evident in the young people we have spoken to and it can be an exciting and hopeful journey over the coming 20 years.

TERMS OF REFERENCE

In 2013, the Scottish Government commissioned Young Scot to establish a Youth Commission on Smoking Prevention (YCSP). Our Commission consists of 17 young people from across Scotland and includes smokers, non-smokers, former smokers and so called ‘social smokers’. We have undertaken a year-long work programme and now present the views of young people and recommendations to the Scottish Government.
WORK OF THE COMMISSION

THE COMMISSION’S WORK WAS SUPPORTED BY YOUNG SCOT’S CO-DESIGN METHODOLOGY INVOLVING YOUNG PEOPLE SYSTEMATICALLY CO-CREATING, CO-PRODUCING, CO-DESIGNING AND CO-DELIVERING SOLUTIONS. YOUNG PEOPLE ARE INVOLVED MUCH EARLIER IN THE DECISION MAKING PROCESS THROUGH A HIGHLY PARTICIPATIVE APPROACH, DEVELOPING INFORMED INSIGHTS, IDEAS, RECOMMENDATIONS AND SOLUTIONS FOR POLICY AND PRACTICE.

THE YOUNG SCOT CO-DESIGN PROCESS ENABLES YOUNG PEOPLE AND ORGANISATIONS TO EXPLORE INSIGHTS AND EXPERIENCES AND DEVELOP IDEAS TOGETHER.

EXPLORE

MAY 2013 - SEPTEMBER 2013 (but came back to this stage when gaps in information were identified)

Define by uncovering the issues through gathering insights and genuine experiences.
Understand the problems and issues.
Build knowledge and awareness.
Develop capacity to challenge and question the information.

REFLECT

JANUARY 2014 - MAY 2014
Consider the future impact and sustainability of the ideas produced.
Map out the cumulative impact of recommendations produced and identify gaps and weaknesses.
Encourage recommendations to be challenged to consolidate thinking.

RECOMMEND

JUNE 2014 - AUGUST 2014
Produce influential ideas/solutions
Deliver a written robust report and disseminate

IMPLEMENT

SEPTEMBER 2014 AND BEYOND!
Implementation of ideas/solutions
Use existing network to share final report and recommendations.
Encourage wider support on legacy of the project.
Gain public response from Scottish Government and other key stakeholders to action and implement recommendations.

OVERVIEW OF ACTIVITY

EXPLORING' themes and questions relating to their own interests. This helped us build a considerable amount of knowledge about smoking and young people.

Specific activities included:
- Peer surveys.
- Case studies of key groups of young people.
- Interviewing health, education, research and other relevant professionals.
- Having informal conversations with peers, family, friends and local community.
- Immersive research including gathering research outside nightclubs, on student campuses’ and schools.
- Compiling research and statistics on the scale of the challenge in having a smoke-free generation by 2034.
- Scoping media activity on tobacco.
- Undertaking photo studies to understand the influence of environment including on the street e-cigarette advertising.
- Presenting and attending the Ash Scotland Youth Conference (amongst other relevant events and meetings).
- Participating in the European Tobacco Youth Conference in Slovenia.
- Mystery shopping of smoking cessation services.

CREATING recommendations from the findings of all research to date.

- Considered process of bringing all the evidence together and refining thoughts. Scottish Government were invited along to a session to challenge the Commission’s recommendations and thinking.
- Consider how we might like to present their thinking to the Scottish Government.

REFLECTING AND SHARING, learning with each other to articulate a more specific set of questions we were interested in having answered.

- Building a vision of the future through scenario exercises, creatively describing the realities of living in a smoke-free Scotland in 2034.
- Attended and feeding into the Museum of Smoking 2034 event, encouraging young people and youth workers to explore issues around tobacco from the future, looking back to 2013.
- A National Survey was launched to ask young people across Scotland to provide their views, and to confirm and challenge the Commission’s emerging thoughts.

RECOMMENDING at our Recommendations Launch Event and testing our thinking through small recommendation workshops.

The final recommendations and report was shared with Scottish Government. A meeting with the Minister for Public Health will take place to allow Scottish Government to respond the Commission’s recommendations.
 change factors

sion of ‘self’

social enterprise

inter-generational split

social norming

cession

inequalities

legislation and regulation

mass campaign

education

inter-generational split

The overwhelming driver-of-change from the perspective of young people we spoke to and heard from is the increasingly held view that smoking is “something sad which old people do”. Every effort must now be made to widen that intergenerational split and forms the basis of many of our recommendations in this report.

inequalities

We were shocked to discover that 40 per cent of people who live in areas of social and economic deprivation smoke compared to only 11 per cent in affluent areas.

We recognise the need to understand and address the links between inequalities and smoking behaviours, acknowledging that it is not so much smoking that is the problem but the reasons, motivations and issues that lie behind smoking behaviours that need to be addressed. We have come to realise these issues are complex and inter-related and there is no evidence of any other country in the world successfully managing to introduce a cohesive set of interventions to address these links. However, we do recommend there are a number of measures, some of which we recognise are controversial, but no less necessary if the 2034 target is to be achieved.

social norms

Historically, smoking behaviours have been ‘normalised’ in society; through marketing, advertising, the media and Scotland’s alcohol culture. We recognise the potential of social norming techniques now, to help accelerate and normalise a non-smoking culture among young people. We have therefore suggested a range of social norming interventions, including a mass marketing campaign, the use of technology and the way in which smoking prevention education is designed and delivered.
OVER 56% OF RESPONDENTS TO OUR NATIONAL SURVEY THOUGHT THAT SMOKING EDUCATION SHOULD START IN PRIMARY FOUR TO SEVEN. 29% THOUGHT IT SHOULD BEGIN IN THE JUNIOR PHASE OF SECONDARY SCHOOL.

IN TERMS OF QUALITY OF SMOKING PREVENTION EDUCATION, OVER 36% OF RESPONDENTS TO OUR NATIONAL SURVEY THOUGHT IT WAS EITHER VERY POOR OR POOR. OVER 23% THOUGHT IT WAS OF AVERAGE QUALITY AND OVER 30% THOUGHT IT WAS EITHER GOOD OR VERY GOOD.

OVER 82% OF RESPONDENTS TO OUR NATIONAL SURVEY IDENTIFIED ‘TEACHER’ AS THE PERSON RESPONSIBLE FOR CONVEYING THE DANGERS OF SMOKING.

CONVEYING THE DANGERS OF SMOKING.

Over 82% of respondents to our national survey believed that smoking prevention education should start in primary four to seven. Over 56% thought it should begin in the junior phase of secondary school.

In terms of quality of smoking prevention education, over 36% of respondents thought it was either very poor or poor. Over 23% thought it was of average quality and over 30% thought it was either good or very good.

Over 82% of respondents to our national survey identified ‘teacher’ as the person responsible for conveying the dangers of smoking.

Let’s Talk About… Education

Every young person responds differently to smoking prevention education. For some, simply hearing about the dangers and health risks, seeing images of diseased lungs and ‘Smoky Sue’ will put them off ever trying tobacco.

For some young people, the very idea of smoking will always just seem bizarre and unnatural. “I just can’t believe anyone would smoke. It stinks and it will likely kill you.”

For many the media and celebrity still attached to smoking, while subtle, has a lasting effect in normalising smoking in the minds of young people. It is crucial that education is provided on the tactics of the tobacco industry and the very powerful effects of advertising. Young people are not stupid and providing these insights will help demystify smoking and help people see that smoking is a con.

For others, being told of the dangers is not effective. In fact, there is evidence that ‘bad education’ can encourage curiosity. We heard evidence from some schools that their smoking prevention education consisted of the local policeman coming to the school and telling people not to – “It’s bad for you.” This is not likely to discourage young people from smoking in an informed and choice-based way.

Some young people, regardless of what they are told about smoking, look at older smokers, particularly in their own family and think, “I wonder what it’s like.” “I know it’s wrong but I wonder what it feels like.” “It really can’t be that bad for you or they would never allow cigarettes to be out there.” For those people, hearing the truth about smoking from those who smoke, to dispel the myths, is more effective. It can be a deterrent to hear from older smokers – the overwhelming majority of whom would discourage any young person from starting – about how smoking makes you smell, makes you unlit, looks down upon and makes your skin age prematurely. We heard evidence during family case-studies from older smokers who said the only thing that would be effective for them if they could turn back time is real knowledge of how it would make them feel in later life.

For others still, it doesn’t matter what education is provided. Many are surrounded by smokers in the home and, for those young people, there is implied permission, and even pressure, to start to smoke. Hearing one thing at school and seeing a different reality at home can be stressful, making people anxious and confused.

We firmly believe that no one single approach to education will be effective for everyone and our research suggests young people respond differently depending upon who the ‘educator’ is, what the message is, and how it is delivered. We think it is possible, with careful planning, that every young person could receive appropriate education suitable to age, learning style and ‘home pressures’ across an 18 year period. We also see more scope to use creative and innovative formats to provide smoking prevention knowledge through Curriculum for Excellence. For example, it may be useful for smoking to be presented in history as something of a hangover from the 20th century and something older people are trapped into, linked to high quality and creative prevention education in Personal Social Health Education.

Taken together across an 18 year period, with sustained and co-ordinated approaches to education, and other approaches discussed in our report, it is possible to widen the intergenerational gap on how people view smoking.

For example, we believe smoking education should start much younger (our survey suggested between P1-P4). We recognise that those aged between 13-16 are most vulnerable to the smoking trap and suggest that at least seven days of school time should focus on smoking prevention by S2.

This must include a blended approach involving peer, teacher and external input.

- Teacher-led education around the risks of smoking, using high quality materials, such as those offered by ‘Choices for Life’.
- Interactive participative events for all those in S2.
- Workshops led by S5 and S6 pupils, including smokers – learning lessons from the Welsh Peer Assisted Learning Programme.

We also suggest that resources, support and ideas should be provided to young people who are worried about a family member who smokes. For example, we would like to see a pilot of a family learning cessation service where a young person can attend a service with a smoker and other family members.

We also recognise that young people only spend 40 per cent of their time in school and there is a wider responsibility on anyone in contact with young people out with school to have accurate and complementary approaches to smoking prevention education and knowledge.

We recognise that if smoking prevention education is to be successful it will require regular input on design and delivery from young people themselves – this is critical. We suggest a social enterprise should be established and run, for and by young people, with the express purpose of designing and delivering age appropriate smoking prevention education. The social enterprise could also deliver participative events, peer research and resources in partnership with health, education authorities and youth agencies across Scotland. It would be particularly active in areas of multiple deprivation. The social enterprise will not only provide high quality and relevant smoking prevention materials and resources, they will also act as a consultancy and work with schools on their smoking prevention approaches. The idea is for young people, smokers and non-smokers to apply to volunteer their time to the social enterprise for 18 months, at which point they will be expected to stand down. A high percentage of those volunteering should come from areas of deprivation and should receive training and support. Some should be encouraged to become volunteers as an appropriate action if they are found smoking at school.
From the research and evidence presented to us, there seems overwhelming support from young people for the Scottish Government to be brave and introduce any regulatory and legislative measures that are proven to ensure a reduction in the availability of tobacco and protect people from the first and second-hand effects of smoking.

While the majority of young people know the age limit for buying tobacco, over 70% of those we surveyed recognised it is easy to get hold of tobacco if you are under 18. The Commission agrees that it would be sensible to increase the purchasing age of tobacco to 21 as soon as possible. The reason being that 18 year olds can still be at school and can pass or sell on cigarettes to younger pupils. In addition, 21 year olds look a good deal older and will reduce confusion for retailers on proof of purchase.

We also support the ban on smoking in cars. The effects of second-hand smoke on young children is clear and such a ban would be an important part of the prevention jigsaw for the next 20 years. This should be taken forward as soon as possible.

We know young people are susceptible to the tactics of the tobacco industry and the advertising agencies. Therefore, we support any legislation that forces the tobacco industry to introduce plain packaging.

We heard many views on the banning of 10 packs of cigarettes. We heard from some smokers that it might simply push them into more debt. It would not make them stop. It would just make them poorer and more stressed. However, the majority of young people we have spoken to recognised that 10 packs were targeted and to appeal to young people in particular. Pricing young people out of taking up smoking is another important part of the prevention strategy.
We have spent considerable time considering the issue of e-cigarettes. Firstly, we recognise the need for more and better research into the effectiveness of e-cigarettes in helping people stop smoking.

What we do recognise is the pressing need to regulate e-cigarettes in the same way as tobacco products. The UK currently has very few restrictions on e-cigarettes which means the quality of them can vary. We also recognise the need for e-cigarettes to be subject to the same advertising laws as tobacco products. Our evidence demonstrates that many young people simply don’t know enough about what e-cigarettes are or the potential dangers of them and people should be protected from the potential dangers they pose. We do know that young people are attracted to ‘fake’ cigarettes, Shisha pens and e-cigarettes. It is possible to get bubble gum e-cigarettes.

There is clear evidence that e-cigarettes, which are largely owned by tobacco companies, are being advertised and targeted towards young people in an attempt to normalise smoking and will in all likelihood lead e-cigarette smokers onto ‘real’ tobacco products.

“My sister has an electric fag and obviously uses it in the house, so now my son puts his crayons in his mouth, kidding on he’s smoking, going “my fag” hahahaha he cracks me up.” (quote from Facebook).

We also know that in some night clubs, for example, free professional photos are taken and posted online. However, each photo has a watermark of a sponsoring e-cigarette company. There seems to be many similarities in the advertising of e-cigarettes to that of advertising of real tobacco in the 1950s and 1960s.

We are clear that the age restrictions on purchasing e-cigarettes should be in line with the restrictions on tobacco products.

If there is evidence that proves e-cigarettes are effective in smoking cessation, we call for e-cigarettes to be regulated as a medicine and dispensed to older smokers through regulated outlets, such as chemists. The Commission would like to see an outright ban on the sale of e-cigarettes from retailers.

We heard a lot of evidence on whether a 50 metre ban in public areas/outside public buildings would be desirable and workable. On the one hand, a blanket 50 metre ban would be hard to impose and could lead to confusion. However, we are clear that a 50 metre ban is required in certain areas. For example, outside school gates, on hospital grounds, on train station platforms, on university campus’ (the student body at Stirling University recently voted to make their campus smoke free). Such a ban is supported by the majority of young people who responded to our national survey.

The Commission is also clear that if these interventions look like they may not move Scotland towards a smoke-free generation by 2034 fast enough, a ‘nuclear option’ of introducing legislative measures to ban the sale of tobacco products to those born after 2013 should be introduced. Tobacco could only be purchased at specially regulated outlets. We consider this measure essential because of the reluctance of the retail industry to stop selling tobacco products which so clearly contributes to killing its customers. We were not surprised that despite the ‘responsible image’ major retailers seek to portray they are still willing to sell tobacco. We asked for discussions with major retailers as part of our work; they all declined.

We know there will be pressure to reject this based on freedom of choice arguments and we have heard that politicians would only pursue such a move if it had public support. However, young people are asking for an open debate on this option now recognising the lead-in time such a move would require and in the firm belief that, by 2034, there will be a public mandate for an outright ban, as a result of two decades of strong prevention approaches and the further decline in acceptability of smoking.

We are aware of how difficult that would be to bring into effect and the possible implications that may have on the black market sale and supply of tobacco products and that such legislation would be open to challenge. However, we would urge the Scottish Government to be brave and publically commit to explore this radical solution to achieving its overall stated policy ambition.

Recommendations

We call on Scottish Government to support the proposed Member’s Bill around banning smoking in cars.

We want to see an increase in the age limit for those wishing to purchase tobacco products to 21 years old.

Building on the Scottish Government requirement for all NHS grounds to be smoke free by April 2015 as set out in the current tobacco strategy, we urge the Government to be brave and introduce a 50m ban on smoking in specific areas, such as primary/high schools, sports venues, hospital campus’ and all train stations.

We want to see a ban on the sale of all e-cigarettes in shops and retail outlets - the product must be regulated and distributed as a medicinal product only.

We support the introduction of standardised/plain packaging measures.

We call for a national public and policy debate now on introducing a ban (in 2031) on the sale of tobacco products to anyone born after 2013.

We recognise that taxation is the responsibility of the UK Government - and that Scottish Government supports increased taxation. We support the continuous increase in the price of tobacco products through increased taxation (ring fencing the additional revenue for smoking cessation services in areas of deprivation).
OVER 63% OF RESPONDENTS TO OUR NATIONAL SURVEY THOUGHT THAT STOP SMOKING SERVICES WERE NOT YOUNG PERSON FRIENDLY.

MANY YOUNG PEOPLE SURVEYED ONLY IDENTIFIED NHS SMOKE LINE OR PHARMACISTS AS PLACES TO GET CESSATION HELP FOR YOUNG PEOPLE.

OVER 35% OF RESPONDENTS TO OUR NATIONAL SURVEY WHO SMOKED USUALLY GET THEIR CIGARETTES FROM A SHOP BUT OVER 18% GET THEM FROM FRIENDS OR RELATIVES.

Smoking cessation services, we have discovered, are very hit or miss when it comes to young people in Scotland. There seems little thought in the design or delivery of services for young people.

We undertook extensive research into the currently available services for young people. This research included posing as “mystery shoppers” to various online support services including Frank, Childline and Smoke Free. There didn’t seem to be young people tailored information on offer to that age range and many advisors felt unsure of the advice to give a 14 year old girl wishing to stop.

For any smoker who wants to stop, we have learned that access to appropriate cessation services, at the very point in time a smoker wants to make a stop attempt, is crucial to success. Of course, young people often consume information differently from many older people. Online support is something very familiar to young people and services could do much better to provide an online presence, accessible to young people. This could include online chat support, providing anonymity and avoiding face-to-face contact. Instant messaging and Apps for quick advice, questions or worries would also be welcomed.

We have heard from young smokers that a barrier prevents them from calling a smoke line is the costs of phoning from a mobile. There should be a national freephone number set up to advise young people and signpost callers to support.

As part of our work we held lengthy discussions and interviews with a range of health professionals. These discussions included advice from health professionals that the best experts in tailoring the delivery of smoking cessation services that are aimed at and for young people, are young people themselves. This is something we strongly agree with. No smoking cessation service which is aimed, even in part, at young people should be considered without their design input. We believe this is something the national youth social enterprise could assist with going forward.

We recognise through media campaigns by health authorities that smoking cessation services are best delivered not only in groups but in an environment tailored to the needs of the individual young person that is accessing the particular service. Smoking cessation services should be flexible enough to include psychological support to young people, as required. Again, the social enterprise could be used to develop service blueprints for cessation advisors working with young people.

There did not seem to be consistent feedback on whether a family learning setting would be effective in helping break intergenerational smoking behaviours. We suspect that some older smokers would be persuaded to attend smoking cessation services with their children if a suitable service existed. We would suggest such an approach be researched and piloted.

We also think we should be trying new things and innovations to see what works. We have heard evidence that stress is a major factor in why more people in areas of deprivation smoke. Not that there is evidence that it is harder to stop smoking in stressful situations. Therefore, we call on far greater emphasis and funding be put in smoking services which provide specialist psychological support, including Cognitive Behavioural Therapies and Motivational Interviewing.

We would also like research to be conducted on how successful and practical it might be to offer free gym and leisure memberships to those who successfully stop smoking for a period of time. Sport and leisure is a proven way to reduce stress and may be effective to some degree.

We would like to see a national, celebrity endorsed, media campaign to dismiss the perceived ‘benefits’ of smoking (not why people should stop). This campaign should highlight and dispel myths and perceived norms that smoking is cool, builds confidence, helps with exam stress etc. This would be another important piece of the social norming approach to prevention.

RECOMMENDATIONS

We want to see young people invited to co-design of smoking cessation services that are directed at young people.

We call for a Scotland-wide, Online Cessation Support Service for young people who want to quit. This service should be confidential and free to phone from mobile phones. We recognise the value of Smokeline and other services. However, we feel there should be either an individual offer or service redevelopment specifically for young people.

Cessation services should offer individual and group support and should specifically focus on techniques to reduce levels of stress and improve self-esteem.

We call for a better range of smoking cessation services for young people to access. These services should balance individual, group and family cessation services and should be focused on each young person’s individual needs.

In addition, we call for pilot cessation services designed around family learning. These will be services available for non-smoking young people to bring along a smoking parent or older sibling. These services will follow family learning principles and should be fun. These services should be delivered in a wide range of community settings including libraries, pubs, bingo halls, and cafes.

The Commission would like to see a particular emphasis on smoking cessation services being offered as part of wider alcohol, drug and psychological treatments.

The Commission calls for a variety of cessation services to be more widely available and visible in areas of deprivation and interconnected with other support services. These services should provide incentives to encourage people to stop smoking and should be available in schools.

The Commission also calls for new projects to be commissioned to better understand the relationship between smoking behaviours and inequalities with the aim of identifying useful ways of narrowing inequalities through interventions.
The Youth Commission's Prevention Model

This prevention model demonstrates how our recommendations will impact young people from the moment they are born until they turn 21 years old.

**Introduction of standardised packaging** will help ensure young children do not see cigarettes as glamorous.

**A 50m ban on smoking around schools and other public buildings** will mean small children will not see smoking as normal adult behavior.

Young people are exposed to a sustained mass media campaign around smoking, self image and dispelling myths of supposed benefits of smoking.

Young people are encouraged to bring older smokers in their family to specially designed cessation service, as part of a family learning programme.

**A ban on smoking in cars.**

A full public and political debate around the possibility of a ban on the sale of tobacco to anyone born after 2013.

The development of age appropriate smoking prevention education materials.

**A ban on the display of e-cigarettes** will help avoid normalising smoking for young people.

Every young person receives at least seven days smoking prevention education during S1 and S2, delivered by a mix of teachers, older young people and through peer education projects.

Young smokers can access tailored youth cessation services which offers individual and group support to stop, along with counselling for wider issues around alcohol and drugs.

Teachers are encouraged to signpost any young person known to smoke to the youth cessation service.

Online support is available to every young person who wants to support an older family member to stop smoking.

The history, and truth about smoking, is taught as part of the curriculum for excellence to every S1 and S2 student.

Increasing the age limit to 21 for the sale of tobacco products will help reduce the availability of tobacco to those under 18.

Legislation is brought forward for the outright ban of tobacco products for anyone born after 2013.

A ban on smoking in the grounds of further and higher education campuses.

Price of tobacco products increases to make smoking unaffordable.

Young people can volunteer with the youth smoking prevention social enterprise and help design and deliver smoking prevention education.
In June 2014, we presented our recommendations at a special launch event with 100 stakeholders. We did this in advance of publishing our final report as we wanted to explore with a number of professionals how our key actions might be taken forward in partnership. This is in line with Young Scot’s methodology and we remain keen to be involved in the action phase; helping to implement our recommendations.

The launch event took the form of a market-place of ideas where Commissioners discussed our plans in small groups, with around 10 key professionals at each ‘station’.

**SOCIAL ENTERPRISE**

Overall, feedback on the proposal to establish a national, youth-led, social enterprise to design and deliver smoking prevention materials to young people was very well received. People saw this as a way to represent young people’s voices and an opportunity for those involved in the social enterprise to visit schools and young people.

Delegates at the event also recognised that the venture would require funding and leadership and would require input by young people on a rolling basis (perhaps every two years) to keep the evidence and approaches fresh and relevant to young people.

Feedback suggested that, for the venture to work, there would need to be close partnership with existing smoking services, government, funders and business.

The event highlighted key questions for the Commissioners which we are now considering as we start to consider how to set up the social enterprise.

**QUESTIONS FOR THE COMMISSION TO CONSIDER**

The Commission is currently considering the following questions which professionals thought important to answer in relation to the social enterprise.

- WHAT WOULD YOUR OFFER BE?
- WHAT WOULD THE STRUCTURE LOOK LIKE?
- HOW WOULD IT BE FUNDED?
- WOULD IT BE 100% VOLUNTARY?
- WHAT WOULD THE INTERVENTIONS BE?
- WOULD YOU ADVERTISE?
- COULD IT BE TAILORED TO THE CLIENT? YOUTH GROUPS? SCHOOLS?
- WOULD THE BRAND CHANGE AND DEVELOP?
- WOULD YOU STAY AS COMMISSIONERS AS THE WORK HAS BEEN BUILT AROUND IT?
- COULD YOU PARTNER WITH OTHER YOUTH ORGANISATIONS E.G. PRINCES TRUST?
- COULD YOU GET FUNDING FROM THE SCOTTISH GOVERNMENT? BIG LOTTERY?
- MIGHT IT BE A GOOD IDEA TO BECOME MORE INDEPENDENT RATHER THAN JUST RELYING ON SCOTTISH GOVERNMENT FUNDING? RUN THE RISK OF BEING SHAPED BY WHAT THEY WANT AS A GROUP?
- HOW WILL YOU USE TECHNOLOGY?
- COULD YOU USE AN APP FOR YOUNG PEOPLE? WORKING WITH YOUNG PEOPLE TO DEVELOP IT?
- WHAT WOULD THE COST BE?
- HOW WOULD THIS FIT IN WITH EQUALITIES AND GROUPS?
- COULD YOU USE ACCESS FROM SCHOOLS? YOUTH WORKERS? YOUTH GROUPS?
- WOULD YOU WORK WITH MENTAL HEALTH?
- WOULD YOU CHARGE FOR THE SERVICE?
- COULD YOU SELL THE IDEA TO OTHER COUNTRIES AND OTHER YOUNG PEOPLE?
- WHERE DO EMPLOYERS PLAY A PART? YOUNG SCOT? SCOTTISH GOVERNMENT? NHS BOARDS?
- USE CHAMPIONS. CREATE A CULTURE. WIDEN THE REACH. KEEP USING THE CAPACITY THAT’S BEEN BUILT.

Feedback on the other recommendations was also positive. For some, they were seen as positive and reassuring - that existing efforts were on the right track. For others they were seen as brave and, for others, idealistic. We stand by our recommendations and we are encouraged that there is widespread support. What is clear from the feedback is that action should be driven forward in a co-ordinated way and we should just try things and see if they work and learn – without too much thought being given to evaluating everything. Young people, educators, family, youth workers, celebrities, government, NHS, retailers and academics all have a part to play and now is the time for everyone to step up.

The Commission is encouraged by the sense of support for our recommendations. They have certainly prompted debate on social media. We know that this is an emotive subject and people have strong feelings about this issue. However, we hope that people will read the recommendations but also be mindful of the wider story we are telling here and, most importantly, the evidence we have gathered from the very many people we spoke to over the course of our work.

We have been challenged to consider how Scotland might know a smoke-free generation by 2034. We firmly believe that if the recommendations and actions outlined in this report are acted upon we will achieve that goal.

We are ready to play our part and sense that others are too. This is exciting and hopeful and we particularly look forward to hearing the response of the Scottish Government later in the year.
RYAN THOMSON  
16, West Lothian  
I have been affected by smoking related incidents in the past and I wanted to make sure that it didn’t happen again.

LOUISE HUGHES  
16, East Renfrewshire  
I have gained experiences and opportunities which not many other young people would have the opportunity to.

LYNDSAY FOSTER  
17, Argyll and Bute  
My favourite part has been meeting other dedicated young people.

LOUISE HUGHES  
16, East Renfrewshire  
I have gained experiences and opportunities which not many other young people would have the opportunity to.

KIRSTY HERNON  
20, South Lanarkshire  
It has been brilliant working with other young people who have a passion for change.

DAYMIEN SIM  
18, North Ayrshire  
I wanted to take part in the youth commission to make changes within the laws on smoking and to help young people achieve their goals.

SHONA WARWICK  
18, Highland  
I have had my eyes opened and have enjoyed seeing ideas and proposals from different people.

ROBIN BELLAMY  
13, East Lothian  
The thing I enjoyed the most about the commission was taking part in the various conferences, since it allowed me to talk to people who knew a lot about smoking.

DANIELLE SKIPPINS  
17, West Lothian  
I really hope that in 2034 we will be able to look at our generation free from smoke and be like ‘That was thanks to us in YCSP!’

ABBIE WILSON  
15, West Lothian  
I’m looking forward to hopefully seeing our vision become reality.

NATALIE FORREST  
15, East Lothian  
I like the thought of being part of something that benefits others and makes a difference.

LYNDSAY FOSTER  
17, Argyll and Bute  
My favourite part has been meeting other dedicated young people.

KIRSTY HERNON  
20, South Lanarkshire  
It has been brilliant working with other young people who have a passion for change.

JORDAN LINDEN  
19, North Lanarkshire  
My hope is that the future generation of young people will grow up in a Scotland that is smoke free forever.

ROBIN BELLAMY  
13, East Lothian  
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A YEAR IN THE LIFE OF #YSCP
ACKNOWLEDGEMENTS

WE WOULD LIKE TO THANK ALL THE INDIVIDUALS, ORGANISATIONS AND PARTICIPANTS WHO PROVIDED SUPPORT AND AN INVALUABLE CONTRIBUTION TO OUR WORK INCLUDING:

- THE SCOTTISH GOVERNMENT
- MEMBERS OF SCOTTISH PARLIAMENT
- 32 LOCAL AUTHORITIES ACROSS SCOTLAND - PARTICULARLY CLD, YOUTH, EDUCATION AND HEALTH REPRESENTATIVES
- 14 REGIONAL NHS BOARDS
- YOUTHLINK SCOTLAND
- EDUCATION SCOTLAND
- UNIVERSITY OF STIRLING
- INSTITUTE FOR SOCIAL MARKETING AND CENTRE FOR TOBACCO CONTROL RESEARCH
- UNIVERSITY OF EDINBURGH
- BRITISH LUNG FOUNDATION
- CANCER RESEARCH UK
- BRITISH HEART FOUNDATION
- NHS HEALTH SCOTLAND
- MACMILLAN CANCER SUPPORT
- NHS 24
- WHO CARES? SCOTLAND
- BARNARDO’S SCOTLAND
- ASH SCOTLAND
- YOUTH SCOTLAND
- FAST FORWARD
- SCOTTISH YOUTH PARLIAMENT
- NO EXCUSE SLOVENIA
- SPEN (SCOTTISH PEER EDUCATION NETWORK)
- BIG SHOUTER
- ROYAL ENVIRONMENTAL HEALTH INSTITUTE SCOTLAND
- ROYAL COLLEGE OF NURSING
- ROYAL PHARMACEUTICAL SOCIETY
- THE ROY CASTLE LUNG CANCER FOUNDATION
- THE STROKE ASSOCIATION
- ASTHMA UK SCOTLAND
- BRITISH MEDICAL ASSOCIATION

THANKS!

OVER 2,000 YOUNG PEOPLE

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