**Scottish Directors of Public Health: Key Issues and Actions for PHP 4:** A Scotland where we reduce the use of and harm from alcohol, **tobacco** and other drugs

Current smoking patterns disproportionately impact Scotland’s most deprived and marginalised communities, driving inequalities in health. To reduce these inequalities, the focus should be on measures that have the greatest effect on higher prevalence groups addressing the specific reasons why people both start and continue to smoke. Building on the Scottish Government’s [Tobacco Control Action Plan](https://www.gov.scot/publications/raising-scotlands-tobacco-free-generation-tobacco-control-action-plan-2018/) (2018), SDsPH will focus on three priorities, in the short to medium term:

1. **Overarching**
2. Strengthen engagement with national tobacco control structures to help drive the strategic direction of policy and practice, including the development of future LDP targets, improvement programmes and research priorities.
3. Encourage local governance and planning structures to deliver a whole system, multi-risk approach to substance use under PHP 4. For example through exploring joint approaches to delivering brief interventions.
4. Steer local investment to rebalance activity between prevention of smoking and smoking cessation.
5. **Prevention and protection** (linked to PHP 1)
6. Adopt an influencing role (similar to the contribution to alcohol licensing applications) to affect licencing and planning considerations, with the aim of reducing availability.
7. Within the Prevention Sub-Group of the Ministerial Working Group on Tobacco Control, contribute to the workplan focused on young people in education, employability and further education settings.
8. Support implementation of the outcomes of the consultation on smokefree hospital grounds, taking into account local nicotine management policies, strengthening relationships between environmental health and public health teams in implementation planning.
9. **Smoking cessation** (supporting PHP 2 and 3)
10. In rebalancing local funding, ensure smoking cessation services are maintained and specifically targeted to meet the needs of those:
    * on lower incomes
    * in prisons and custody centres
    * in pregnancy
    * with mental ill health
11. Cessation support in hospitals (acute and mental health) requires consistency of service provision across NHS Boards by driving a “Once for Scotland” approach to improvements. Learning should be taken from the approach to implementing [smoke free prisons](http://www.healthscotland.scot/media/2276/smoke-free-prisons-pathway-a-service-specification-supporting-people-in-our-care.pdf), the [CURE](https://thecureproject.co.uk/) project (in Greater Manchester) and the ‘[Hiding in plain sight](https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs): Treating tobacco dependency in the NHS’ report which emphasises that ‘*clinicians in almost all areas of medicine see their patient’s problems improved by quitting* smoking, *and that systematic intervention is a cost-effective means of both improving health and reducing demand on NHS services’* (RCP, 2018).

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