

Tobacco and Vaping Framework

Roadmap to 2034

November 2023

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1. Foreword



In Scotland, smoking causes one in five deaths. Over 8,000 lives a year are cut short from diseases caused by smoking.

Large parts of the harm caused by cancers, cardiovascular disease and respiratory disease is caused by smoking. Harm that is entirely preventable.

Smoking causes illness, disability for many years, and deaths, with the highest burden falling on the poorest members of our society.

Smoking damages lives across Scotland from our earliest years to our latest. It is a leading risk factor in stillbirth, cuts lives short by ten years on average, and increases the risk of dementia. I have personal experience of this with one of my grandparents, who was advised to stop smoking to extend their life – which they thankfully did and provided me with 16 years of precious memories.

From our work with the Poverty Alliance we know that most people who smoke want to stop, but the powerful addiction nicotine creates is in their way.

We want to make it easier for people to never start.

Smoking slows progress on our three National Missions of Equality; Opportunity; and Community.

Equality: Smoking is the leading preventable cause of health inequalities. Addressing smoking tackles poverty.

Opportunity: Smoking costs the Scottish economy millions each year in lost productivity. Addressing smoking supports a wellbeing economy.

Community: Smoking causes significant burden on our NHS and social care services. Addressing smoking supports the delivery of high quality public services.

As Minister for Public Health and Women's Health, I want to create a Scotland where we all live longer, healthier lives.

When I first started working people smoking in the workplace was normal; tobacco and smoke was everywhere. I am thankful for the effort and policy that has gone before me that means this is no longer the case.

We have made significant shifts in how we view tobacco in Scotland. We have historically low smoking rates, but there is still much more we need to do. Our goal is a tobacco free Scotland and I'm delighted to be able to introduce the 2023 Tobacco and Vaping Framework – a road map to 2034.

Cessation services – including our Scotland wide Quit Your Way Service – were affected by Covid-19, with many staff being redeployed to work on the pandemic. It's been a priority to get these services back on track. The implementation of recommendations from the Public Health Scotland led cessation services review are central to the success of the Tobacco and Vaping Framework. The advice and support offered by cessation services are crucial to ensuring that people who want to quit stay on that journey to be tobacco free.

In recent years there have been developments in cessation and with the notable increase in people using e-cigarettes, more commonly known as vapes. I recognise these products can be one of range of tools for adult smokers to quit smoking, however they should never be used by young people or adult non-smokers.

The long-term harms of these products remain unknown, and we must remain cautious even if recent evidence does show their effectiveness as a cessation tool. I recognise the need for action to prevent young people using vapes and becoming addicted to nicotine. This is something we are hearing directly from the voices of our young people. The framework sets out how we will do that in Scotland and where we are able to do that in collaboration with United Kingdom Government and the other Devolved Governments and Administrations. We know that by working together on these issues we can provide a more powerful, consistent voice.

I have also had the pleasure of working in partnership with the Minister for Green Skills, Circular Economy and Biodiversity on single-use vaping products – working together to create a solution that balances both environmental impact and public health.

The Tobacco and Vaping Framework will provide direction for next ten years, and it will also allow us to be responsive to the novel nicotine and tobacco products which are, and will continue, to be an unfortunate reality. I believe this responsiveness will work better for Scotland and the people of Scotland on our journey to being a tobacco free nation.

Running through the framework is our commitment to Article 5.3 of the World Health Organization (WHO) Framework Convention of Tobacco Control (FCTC). Article 5.3 is clear that Governments must take steps to ensure the development of public health policy is protected from the interests of the tobacco industry. In line with this, we interact with the tobacco industry only when necessary to effectively regulate the industry and its products. Where interactions are necessary, we will ensure that such interactions are conducted transparently and any correspondence published on the Scottish Government website. Transparency is at the heart of the Framework.

There is also a recognition that many of the proposals in the Framework will have an impact on the way in which businesses in Scotland operate, and as part of our commitment to New Deal for Business we will engage at an early stage in the

process to work with businesses (and a range of other key stakeholders) to ensure that any impact of proposals on business is fully understood and that policy implementation is effective and proportionate, while still delivering the beneficial outcomes for population health that we are seeking.

The Tobacco and Vaping Framework has not been created in isolation and I would like to formally thank all those stakeholders who have been involved in its development. Many stakeholders have also committed to staying involved and will sit on the range of governance and short life working groups that will keep us accountable as we journey towards a tobacco free Scotland.

I am looking forward to living in a healthier, cleaner and tobacco free Scotland.

2. Introduction

Tobacco is internationally recognised as a major public health threat. More than eight million deaths each year worldwide are as a direct result of tobacco use, with over one million attributed to second-hand smoke exposure. The production of tobacco is also destructive to the environment, with wide reaching health impacts.¹

There are no positive health benefits to smoking and it remains a leading cause of preventable disease and premature death. In 2021 smoking accounted for an estimated 8,260 deaths (250 deaths per 100,000 population) in those aged 35 and over in Scotland².

Over the past 40 years, smoking prevalence among adults has declined across Great Britain, but has generally been higher in Scotland than in both England and Wales³. Figures from the Office for National Statistics⁴ for 2022 show that within the UK, of the constituent countries, the lowest proportion of current smokers was in England (12.7%); Wales, Northern Ireland and Scotland reported 14.1%, 14.0% and 13.9%, respectively. The latter is the lowest level on record for Scotland.⁵

The risk of developing smoking-related diseases increases with how long and how much someone has smoked. These risks substantially fall with stopping smoking, even for long-term smokers.⁶ Smoking remains a leading preventable cause of inequalities in health.⁷

Ten years ago in 'Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland'⁸ we set an ambitious target to create a Tobacco-Free Scotland, lowering smoking rates in our communities to 5% or less by 2034. This set an aim to protect children born since 2013 from tobacco so that when they start to turn 21 (from 2034) they will be tobacco-free and will come of age in a Scotland that will remain tobacco-free for generations to come.

This will create a generation of young people who do not want to smoke, with all the health and economic benefits that follow.

Our continued commitment to achieving a Tobacco Free Scotland by 2034 is made in the 2023 Programme for Government (PfG).⁹

¹ [Tobacco \(who.int\)](https://www.who.int)

² [Key points - ScotPHO](#)

³ [Key points - ScotPHO](#)

⁴ [Adult smoking habits in the UK - Office for National Statistics](#)

⁵ The Scottish Health Survey provides basis for main indicator used in Scotland to track smoking prevalence with latest data indicating 11% of adults current smokers (see section 4.1). ONS data is used here as this is main data source for UK comparison across the four Nations

⁶ [Key points - ScotPHO](#)

⁷ [Effect of tobacco smoking on survival of men and women by social position: a 28 year cohort study | The BMJ](#)

⁸ [Tobacco Control Strategy - Creating a Tobacco-Free Generation](#)

⁹ [Programme for Government 2023 to 2024](#)

If current trends in smoking rate reductions continue, it looks likely that we will just miss our 2034 commitment across the population as a whole. However, smoking status varies by deprivation significantly in Scotland¹⁰, and we are less likely to meet the commitment in the most deprived groups (SIMD¹¹ 1 and SIMD 2) without further action:

- In 2021 - 24% of people in SIMD 1 and 13% of people in SIMD 2 identified as current smokers compared to 5% in SIMD 5 (least deprived)¹²; and
- In 2022, 22% of women from SIMD 1 and 16% of women from SIMD 2 reported being a current smoker at their antenatal booking appointment (where smoking status was known). This compares with 2.5% of pregnant women in SIMD 5.¹³

One approach (of many) that has gained traction in helping to reduce smoking rates is that of Nicotine Vapour Products (NVPs or “vapes”). On-going monitoring studies such as the Smoking in Scotland Toolkit Study¹⁴ have shown that e-cigarettes continue to be one of the most popular aids used in quit attempts.

An updated Cochrane Review¹⁵ published in 2021 found that nicotine-containing e-cigarettes are around twice as effective in supporting smokers to quit compared to the use of patches and gum. It is important that we support current smokers to stop in a way that suits them. Our Quit Your Way resource will continue to play a vital role in supporting individuals, of any age to stop smoking.

Although vapes can be a valued tool to help smokers to quit, we are concerned by the growing number of children and young people that are using these devices. They are not intended to be used by children, young people or indeed adult non-smokers but only as one possible option to quit smoking.

The recent Health Behaviour in School-Aged Children 2022 (HBSC) (Scotland) reports¹⁶ that 3% of 11-year-olds, 10% of 13-year-olds and 25% of 15-year-olds said they had used an e-cigarette in the past 30 days. The report also found that there have been increases in current e-cigarette use since 2018 for 13-year-old girls (2% to 13%) and larger increases for 15-year-olds (girls 6% to 30% and boys 8% to 20%).

Current research indicates that there is a significantly lower relative exposure from vaping compared to smoking in biomarkers that are associated with the risk of cancer, respiratory conditions, cardiovascular conditions and other health

¹⁰ [Scottish Health Survey 2021: supplementary tables](#)

¹¹ Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,976 small areas (called data zones): [Scottish Index of Multiple Deprivation 2020](#) SIMD 1 represents the most deprived areas and SIMD 5 the least deprived.

¹² [The Scottish Health Survey 2021 - volume 1: main report](#)

¹³ [Antenatal booking in Scotland - Calendar year ending 31 December 2022 - Antenatal booking in Scotland - Publications - Public Health Scotland](#)

¹⁴ [E Cigarettes Latest Trends - Graphs - Smoking in Scotland \(smokinginScotland.info\)](#)

¹⁵ [Cochrane Review](#)

¹⁶ [University of Glasgow - Schools - School of Health & Wellbeing - Research - MRC/CSO Social and Public Health Sciences Unit - Research - Complexity in health - Health Behaviour in School-aged Children \(HBSC\) Scotland Study](#)

conditions.¹⁷ However, we do not fully understand the long-term effects vaping has on our health. Emerging evidence indicates that they are not harm-free.¹⁸ The World Health Organization (WHO) states that even though many of the long-term health effects of vapes use are still unknown, there is growing evidence to demonstrate that these products are not harmless to health and should be “strictly regulated.”¹⁸

It is this unknown risk of harm that means we must take a precautionary, low-risk approach to the use of these devices within this Framework until further evidence is developed regarding longer-term harms.

¹⁷ [Nicotine vaping in England: an evidence update including health risks and perceptions, September 2022 \(publishing.service.gov.uk\)](#)

¹⁸ [WHO report on the global tobacco epidemic 2021: addressing new and emerging products](#)

3. Tobacco Control Policy in Scotland – Background

Since the Scottish Parliament was established in 1999, there has been a range of tobacco control policies introduced both in Scotland and across the UK:

- work on UK-wide legislation to ban tobacco advertising in 2002;
- implementation of Scotland’s historic smoke-free legislation in 2006;
- increase in the age for tobacco sales from 16 to 18 in 2007;
- overhaul of tobacco sale and display law, including legislation to ban automatic tobacco vending machines and a ban on the display of tobacco and smoking-related products in shops;
- establishment of the first Tobacco Retail Register in the UK in 2011;
- comprehensive awareness-raising campaigns; and
- record investment in NHS smoking cessation services helping hundreds of thousands of people to attempt to quit smoking.

However, despite these interventions smoking deaths remained high and there was a recognised need to introduce a dedicated tobacco control strategy.

3.1 2013 Strategy

In 2013 the Scottish Government launched ‘Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland’⁸. It contained the ambitious aim of making Scotland tobacco-free (population smoking prevalence of 5% or less) by 2034 (hereafter referred to as the 2034 target).

The Strategy sets out a challenging 5-year programme for tobacco control. It brought together the Scottish Government, Local Authorities, NHSScotland and the third sector, both individually and in partnership to progress our tobacco-free ambition. Forty-six actions were set out in the strategy to work towards achieving this goal.

This was a world leading approach and set the direction from which subsequent Tobacco Control Policies were set.

This initial 5-year strategy focused on three themes:

- **Prevention** - creating an environment where young people choose not to smoke;
- **Protection** - protecting people from second-hand smoke; and
- **Cessation** – helping people to quit smoking.

The role of inequalities was recognised with the explicit recognition that effective action to reduce smoking prevalence demanded a focus on those communities at greatest risk of unequal health outcomes.

One of the best summaries of what we have achieved during the 2013 Strategy can be found in the Review of “Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland” published by NHS Health Scotland in partnership with the

These actions can be summarised as:

- Reduced the visibility of cigarettes and tobacco products from retail through making the display of these products an offence;
- Ended the sale of cigarettes and tobacco products from vending machines;
- Ran public campaigns on the dangers of second-hand smoke;
- Introduced (non-legislative) smoking policies for NHS Health Boards intended to make all hospital grounds smoke-free;
- Supported the introduction of law to make smoking in a car with a child an offence, to help further protect children from the known harms from exposure to second hand smoke;
- Led the way on the introduction of standardised, plain packaging for all cigarettes sold in the UK;
- Introduced law to restrict the age of people to which vapes can be sold, as well as the age at which people can sell vapes;
- Introduced compulsory registration of retailers selling vapes; and
- Ended the sale of vapes from vending machines.

These actions alongside the UK-wide implementation of the European Directive on Tobacco Products²⁰ made up a comprehensive package of measures which help prevent children from taking up smoking and protect people from the harms of second-hand smoke.

3.2 2018 Plan

The 2018 Tobacco Action Plan “Raising Scotland's tobacco-free generation: our tobacco control action plan 2018” was launched by the Scottish Government in June 2018 superseding but building on the 2013 Strategy.²¹ This five-year action plan set out further interventions and policies to help reduce the harms from tobacco in Scotland. The actions were spread across four themes:

- informing and empowering through raising awareness;
- encouraging healthier behaviours;
- improving services; and
- providing protection through regulation.

Progress on actions has been slower than anticipated due to the wide-scale disruptive effects of the covid pandemic. This heavily affected our ability to improve services and create new legislation.

¹⁹ [Health Scotland review of creating a tobacco free generation - A tobacco control policy for Scotland](#)

²⁰ [Revision of the Tobacco Products Directive \(europa.eu\)](#)

²¹ [Raising Scotland's tobacco-free generation: our tobacco control action plan 2018](#)

Progress on actions (including legacy actions from the 2013 strategy) can be summarised as²²:

- Continued to provide funding for tobacco control budgets in Scottish Government, Cessation Services in Health Boards and to support enforcement by Trading Standards officers in Scotland across the lifetime of the plan;
- Introduced law to create a 15m smoke free boundary around all NHS hospital buildings;
- On 30 November 2018, having developed a service specification all prisons in Scotland became smoke free, where tobacco is banned and is a prohibited item²³;
- Ran community pharmacy campaigns to support cessation awareness;
- Continued to support the Quit Your Way service including the “Getting through 72 campaign”;
- Undertook and published a review of cessation services to understand how the pandemic had affected services and to look for ways to improve referral pathways;
- Supported on-going UK-wide work on pack inserts to support cessation;
- Continued to work with Trading Standards officers in Scotland over illicit trade and enforcement activities;
- Held a consultation and published the consultation analysis report on Vaping products – proposing a tightening of rules on advertising and promoting; and
- Published a report on Vaping - understanding prevalence and trends among adults and children: research²⁴.

We have also supported on-going UK wide work on the Smoke Free Generation, consultation which launched on the 12 October 2023.²⁵ This is a significant step forward in tobacco and vape control across the UK. The consultation asks for views on proposals to raise the age of sale of tobacco year-on-year so that a child born in 2009 can never legally purchase tobacco products. It also includes several proposals on youth vaping including:

- restricting flavours;
- regulating point of sale displays;
- regulating packaging and presentation;
- considering restricting the supply and sale of disposable vapes;
- whether regulations should extend to non-nicotine vapes; and
- taking action on the affordability of vapes

One incomplete action across both plans was the commitment to complete an audit of our compliance under article 5.3 of the World Health Organisation Framework

²² Fuller detail is included in Annex A.

²³ [Smoke Free Prisons Pathway \(healthscotland.scot\)](https://www.healthscotland.scot)

²⁴ [Data on Vaping among Children - Vaping - understanding prevalence and trends among adults and children: research](#)

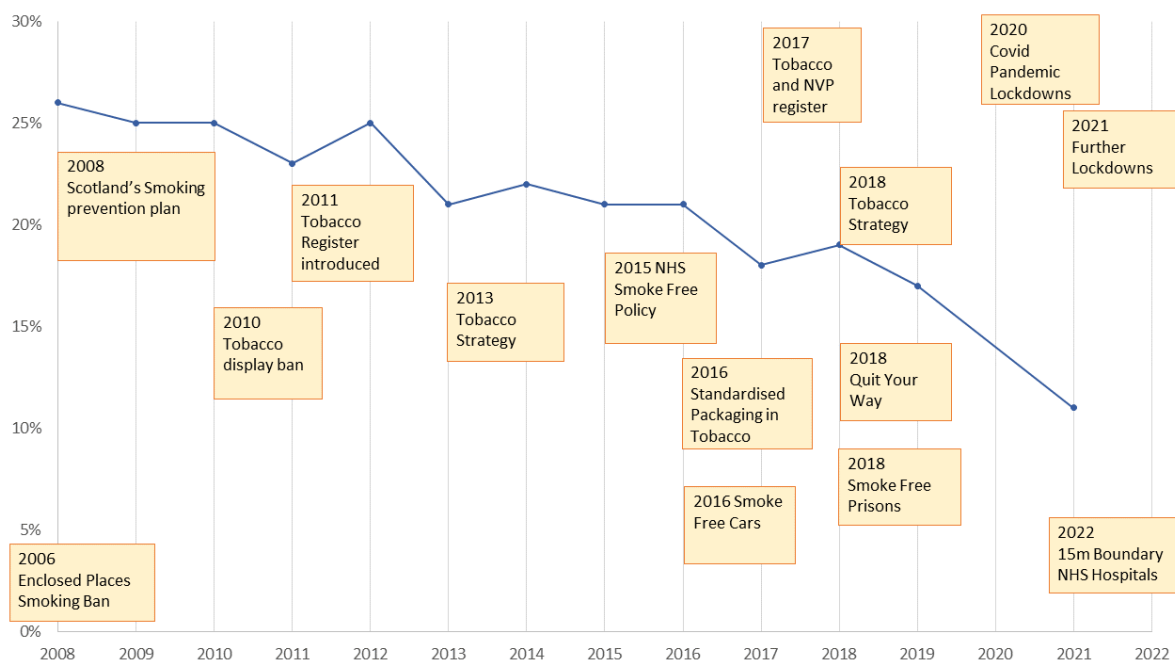
²⁵ [Creating a smokefree generation and tackling youth vaping: your views - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Convention on Tobacco Control. This was heavily impacted by the covid pandemic and the decision was taken to prioritise progress on actions such as the development of the smoking outside hospital buildings legislation and the cessation review.

Scotland remains firmly committed to article 5.3, and improving transparency and accountability (see section 5.5).

Figure 1 shows the range of policy interventions in Scotland alongside adult smoking rates in Scotland.

Figure 1: Changes in adult smoking rates in the Scottish Health Survey with key policy interventions in Scotland



3.3 Continued effort required

As Figure 2 and Figure 3 demonstrate, to reach our goal of 5% prevalence by 2034, more work needs to be done because current prevalence trends suggest that while we are on the general flightpath to meeting that goal (with further action) at an overall population level, inequalities remain high.

Figure 2: Trends across Scotland by deprivation (Scottish Health Survey)

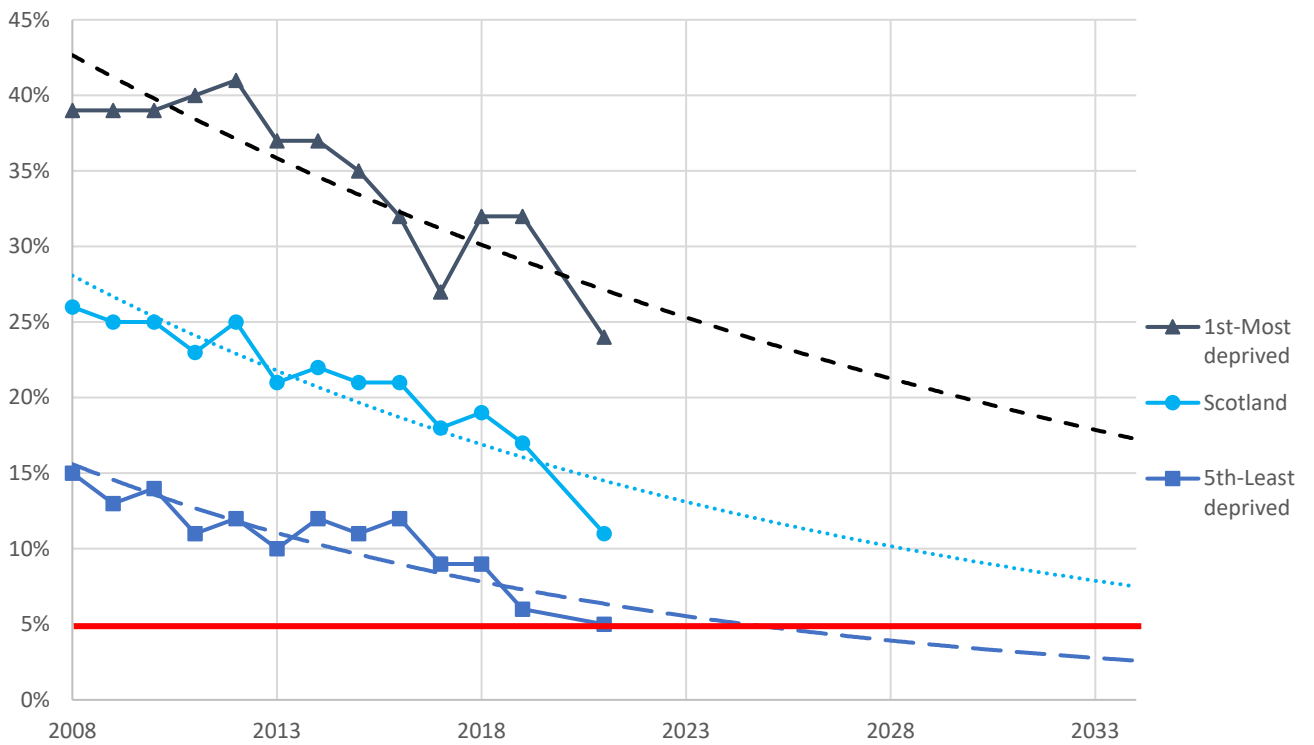
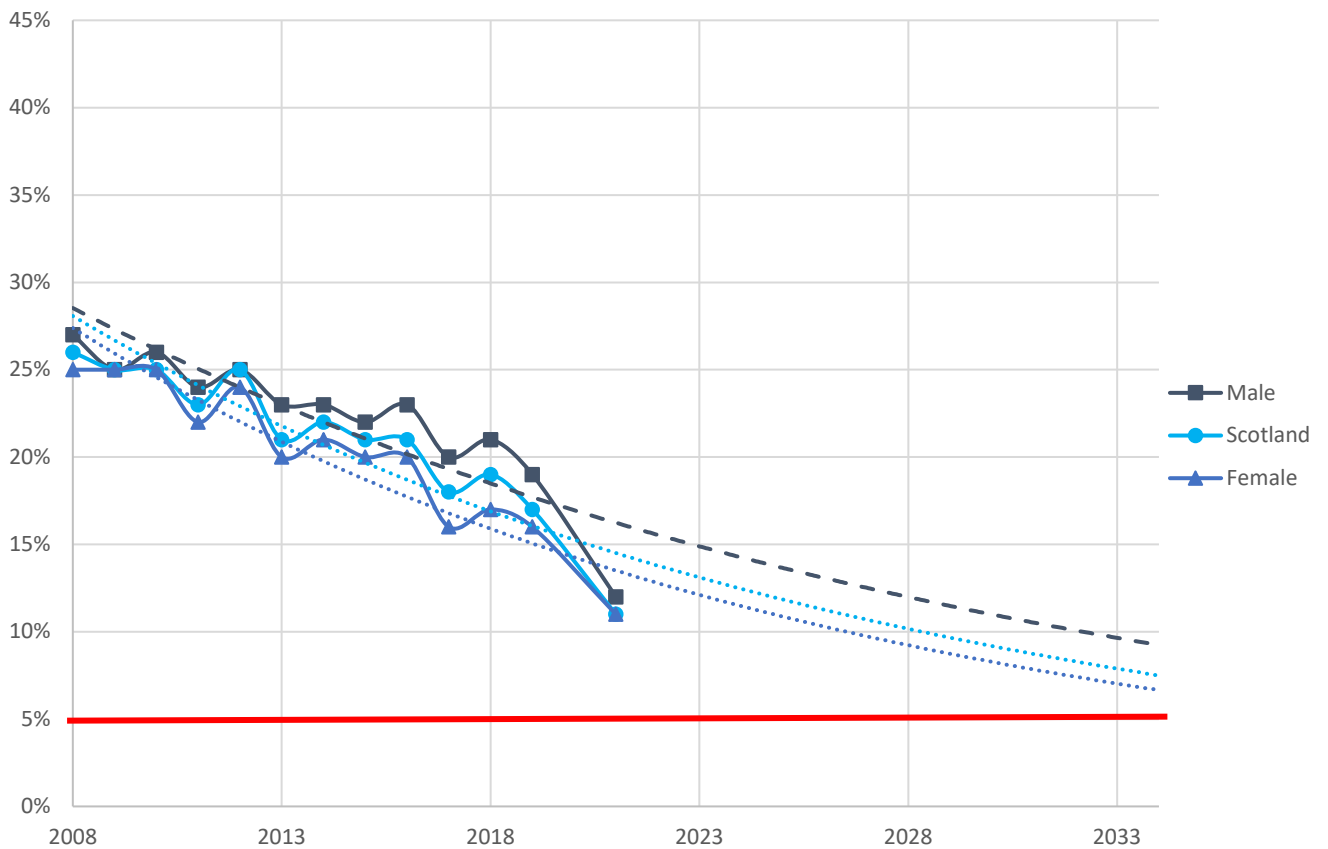


Figure 3: Trends across Scotland by gender (Scottish Health Survey)



4. Roadmap to 2034

Work began in January 2022 to develop a new action plan. This was developed through engagement with a working group of public health experts. This included ASH Scotland, Public Health Scotland, Cessation coordinators, academics and The Society of Chief Officers of Trading Standards in Scotland (SCOTSS).

This initial development work also included reviewing the recommendations from Javed Khan's Independent Review of Tobacco Control and world-leading international approaches being considered elsewhere such as New Zealand's Smokefree Aotearoa 2025 Action Plan²⁶.

Engagement also included views from the Poverty Alliance Scotland and from the 11th Citizen Panel for Health²⁷.

This engagement was critical in developing and shaping the content of the next plan.

A range of key recommendations came out of this process for the development of the next phase of our tobacco control policy in Scotland:

- a new plan must be responsive to the rapidly changing landscape, especially around the rise in popularity of vapes;
- it should have a focus on both tobacco and vaping;
- it should be adaptable enough that does not need to be refreshed every 5-years;
- it should have well defined measures of success;
- it should be underpinned by targeted actions;
- it should have clear and transparent accountability; and
- it must meet the 5% 2034 target across Scotland, including at SIMD 1 and 2.

Building on this engagement we are taking a different approach for this phase for Scotland's tobacco control policy.

We present here our overarching Framework, which will focus on both tobacco and vaping, with actions underpinned by a series of shorter action-focused 2-year implementation periods. This will allow for flexibility within the Framework, developing and adapting actions to react to an ever-evolving policy area, and ongoing tobacco, nicotine and vaping product development.

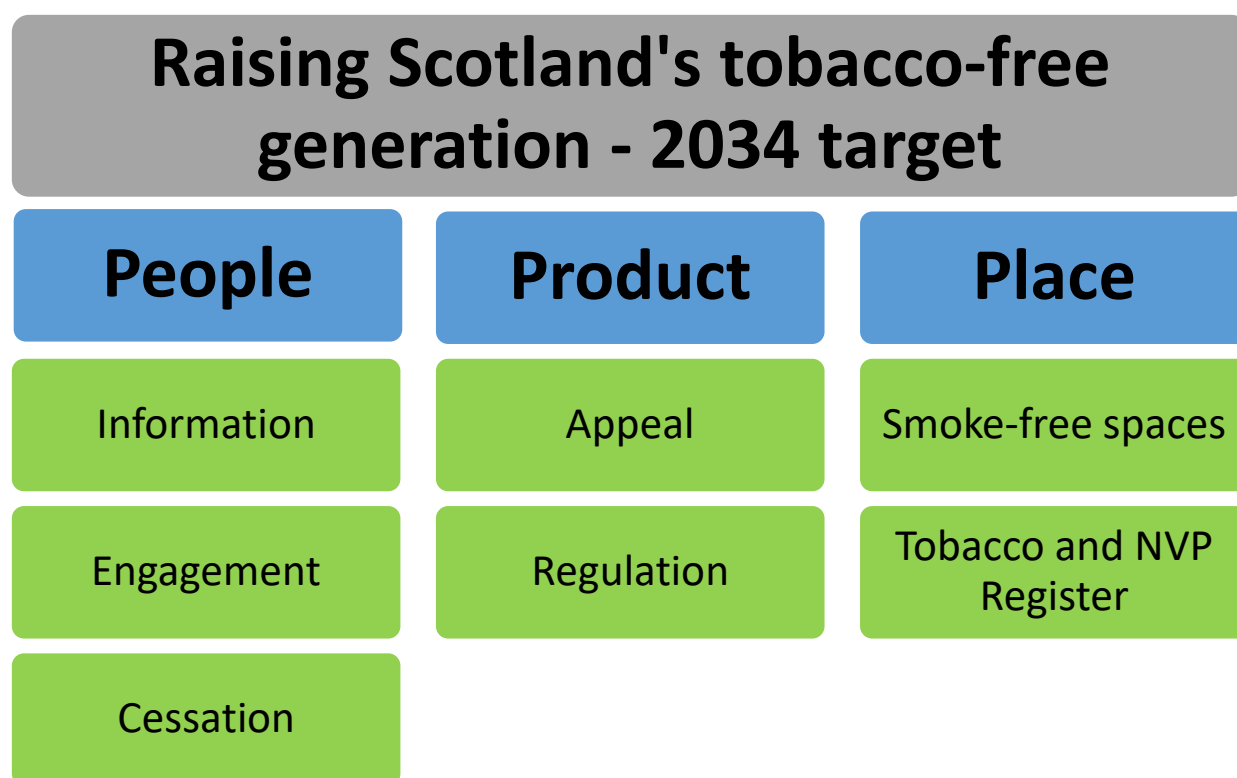
At the heart of the Framework is our renewed commitment to the 2034 tobacco-free generation that was set in 2013. This is the cornerstone of the work of the Framework.

²⁶ [The Khan review: making smoking obsolete](#) and [Smokefree Aotearoa 2025 Action Plan | Ministry of Health NZ](#)

²⁷ [Eleventh Citizens' Panel report | HIS Engage](#)

The Tobacco and Vaping Framework is summarised in Figure 4.

Figure 4: Outline of the Tobacco and Vaping Framework



There are three overarching themes:

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

These will be supported by three principles:

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

It is important that the Framework continues to reduce the impact of health inequalities and this will underpin our approach.

Where required Impact Assessments and Business Regulatory Impact Assessments will be published to support the justification for action.

4.1 Tracking progress

It is important that we have a baseline from which to track and report progress towards our 2034 target. There are five key indicators that will be annually reviewed to monitor progress.

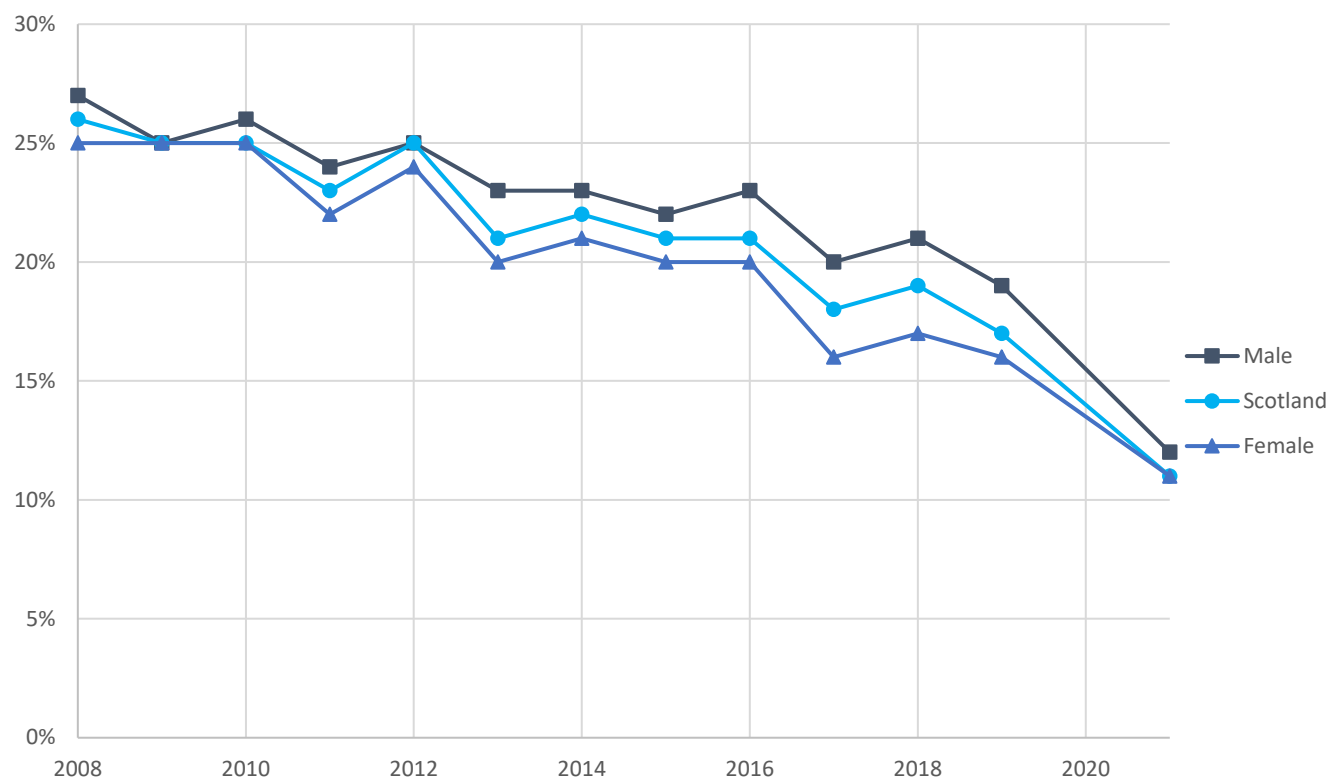
These will then be supplemented by further indicators that will be developed within the first implementation plan of the framework (see section 5).

Indicator one: adult smoking prevalence in Scotland

Smoking rates have declined steadily since 2008 (Figure 5), with 11% of adults identifying as current smokers²⁸ in 2021.

- 12% Men
- 11% Women

Figure 5: Proportion of adults (16+) in Scotland reporting they are current smokers since 2008



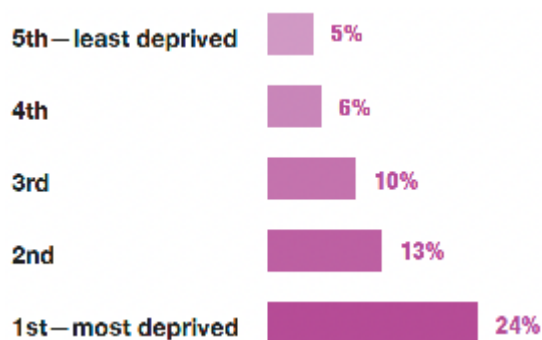
Key Source: Scottish Health Survey

²⁸ The 'current smoker' category excludes those who reported only smoking cigars or pipes.

Key indicator two: adult smoking prevalence by deprivation²⁹

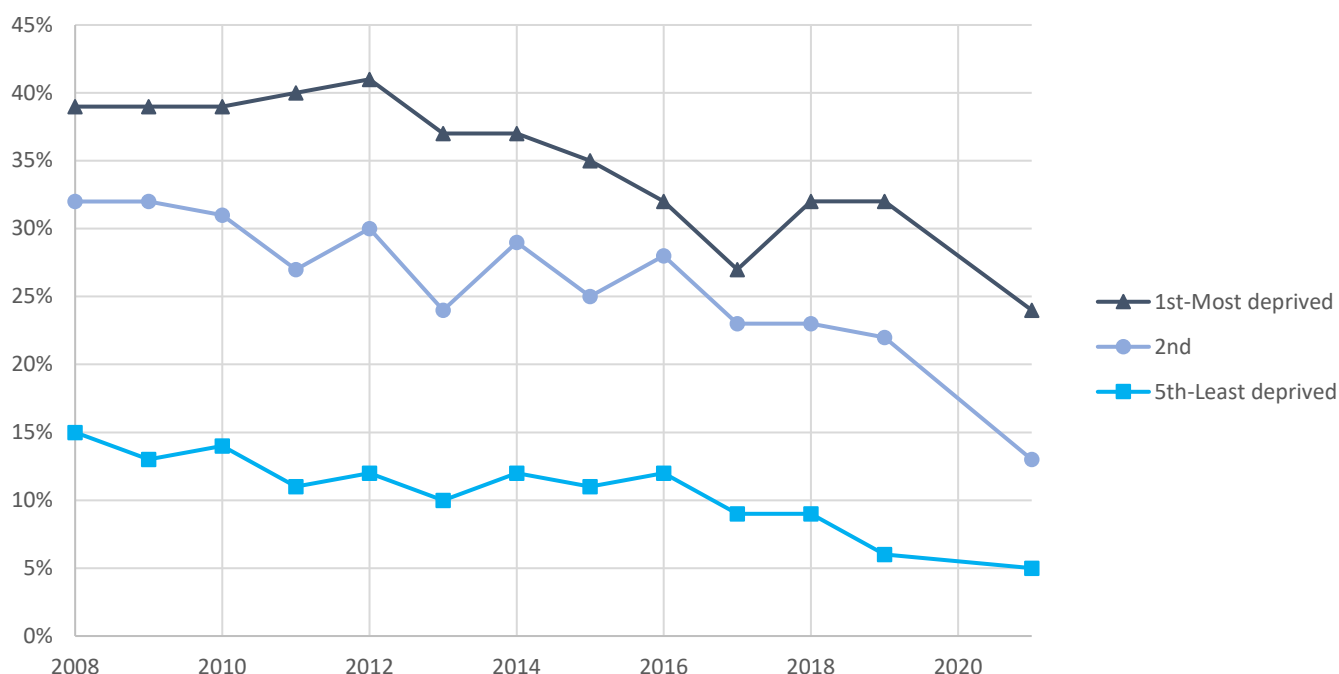
As in previous years, adults living in the most deprived areas in 2021 were more likely to be current cigarette smokers (Figure 6).

Figure 6: Proportion of adults (16+) in Scotland reporting they are current smokers by deprivation, 2021



Although rates of smoking remain high in areas of deprivation there has been a reduction in the gap between most and least deprived since 2008 from 24% gap in 2008 to 19% gap in latest data in 2021 (Figure 7).

Figure 7: Proportion of adults (16+) in Scotland reporting they are current smokers by deprivation, since 2008



Key Source: Scottish Health Survey

²⁹ Deprivation is assessed using the [Scottish Index of Multiple Deprivation](#).

Key indicator three: maternal smoking at first antenatal appointment

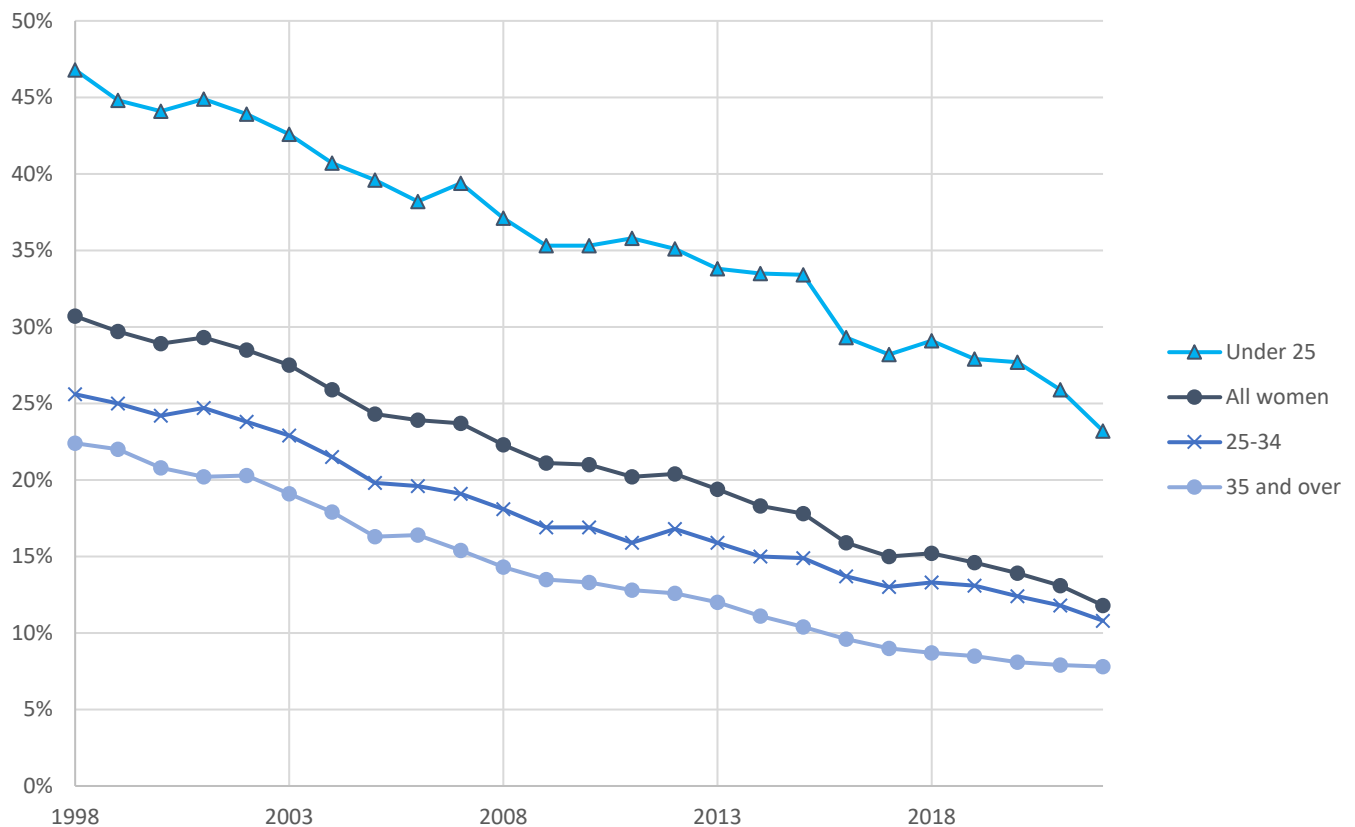
In 2022, there were 5,913 pregnancies booked for maternity care where women reported smoking (11.9%).³⁰

The percentage of pregnancies where women reported smoking was nine times higher for those living in the most deprived areas compared to least deprived areas.

The proportion of women reporting being current smokers at booking has declined from 31% in 1997/98 (**Figure 8**).³¹

Although rates of smoking remain high in areas of deprivation there has been a reduction in the gap between most and least deprived from 39.5% gap in 1997/98 to 20% gap in latest data in 2021/22.

Figure 8: Proportion of pregnant women reporting smoking at time of booking, year ending 31st March



Key Source - Public Health Scotland – Antenatal booking in Scotland

³⁰ [Antenatal booking in Scotland](#)

³¹ [Table3 maternal smoking-2021-22](#) now reported on a calendar basis in Antenatal booking in Scotland

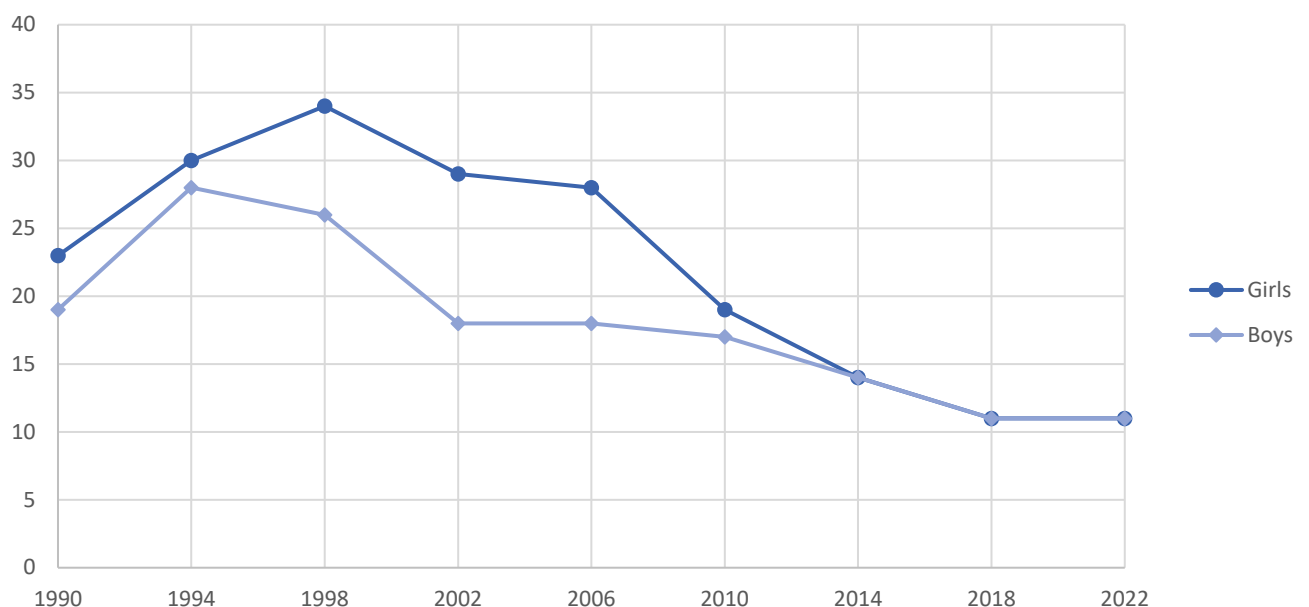
Key indicator four: (i) smoking and (ii) vaping behaviour in children and young people

Health Behaviour in School-Aged Children 2022 (HBSC) (Scotland)³² reports that 3% of 13-year-olds, and 11% of 15-year-olds have smoked a cigarette in the past 30 days (**Figure 9**).

HBSC 2022 also reports that 5% young people said they currently smoked cigarettes and this increased with age. This has declined from 30% in 1998. Lifetime cigarette smoking is at its lowest level in 32 years.

Three percent of 11-year-olds, 10% of 13-year-olds and 25% of 15-year-olds said they had used an e-cigarette in the past 30 days. HBSC 2022 also reports that 3% of 11-year-olds, 12% of 13-year-old boys and 19% of 13-year-old girls and 33% of 15-year-old boys and 40% of 15-year-old girls have ever used an e-cigarette.

Figure 9: Proportion of 15 year olds who reported smoking a cigarette in the last 30 days



Key Source: Health Behaviour in School-Aged Children³³

³² [Health Behaviour in School-Aged Children 2018 \(HBSC\) Health Behaviour in School-Aged Children 2022 \(HBSC\) Scotland Study](#)

³³ See section 5.5 on improvements to indicators.

Indicators are summarised in Table 1.

Table 1: Summary of baseline indicators

Indicator	Description	Coverage	Source	Reporting frequency
1	Adult current smoking status	Scotland - gender	Scottish Health Survey	Annual
2	Adult current smoking status	Scotland - deprivation	Scottish Health Survey	Annual
3	Adult maternal smoking status	Scotland – deprivation	Public Health Scotland – Antenatal Booking in Scotland	Annual
4i	Childhood smoking	Scotland, 11, 13 and 15 year-olds	Health Behaviour in School-Aged Children ³⁴	Every 4-years
4ii	Childhood vaping	Scotland, 13 and 15 year-olds	Health Behaviour in School-Aged Children	Every 4-years

³⁴ The experimental [Health and Wellbeing Census Scotland 2021- 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/publications/2021/04/Health_and_Wellbeing_Census_Scotland_2021-2022.pdf) is currently a 3-year cycle and the Smoking in Scotland Toolkit reports quarterly on prevalence for 16 to 18 year olds but the sample size is very small. One priority for the work on developing further indicators will be to investigate ways to provide more frequent data as discussed in section 5.5.

4.2 Developing actions

As noted earlier, unlike previous tobacco plans Scottish Government is taking a more responsive approach, departing from 5-year reviewed action plans, instead setting an overarching Tobacco and Vaping Framework with actions being underpinned by shorter action-focused 2-year implementation periods.

This approach will allow for flexibility within the Framework, developing and adapting actions to react to an ever-evolving area, and ongoing tobacco, nicotine and vaping product development.

This will also allow for more regular review of progress and more frequent setting of actions that can target areas of intervention to ensure we achieve our 2034 target.

At the end of each successive implementation plan a progress report will be published and a new implementation released. This is shown in Table 2.

Table 2: Implementation and reporting cycle for the Framework to 2034

2023	2025	2027	2029	2031	2034
Framework published					
First Implementation plan published	First Implementation Plan Report				
	Second Implementation Plan published	Second Implementation Plan Report			
		Third Implementation Plan published	Third Implementation Plan Report		
			Fourth Implementation Plan Published	Fourth Implementation Plan Report	
				Final 2034 Implementation Plan	Final 2034 report on Framework
					Publication of beyond 2034 plan
Core prevalence indicators baseline published	Annual progress report on core prevalence indicators using latest available data				
	New indicators published	Regular indicator report on additional indicators			

5. The First Implementation Plan

5.1 Developing actions on People

At the heart of the first implementation plan is how we support and inform people on how to stop smoking and the dangers posed to children, young people and non-smokers from vapes and other nicotine containing products.

There are two key areas that will be progressed during the first implementation plan under the banner of 'People':

- Improving cessation services and routes for support; and
- A media campaign to deter youth vaping.

These are critical to ensuring that individuals receive the help they require to stop smoking and also provide more information and guidance on the risks of vaping.

Improving cessation services

Cessation is key to ensure that smoking rates continue to decline and we need to ensure that there is no wrong door for support.

On the 26 September 2023, PHS published their review of cessation services in Scotland³⁵.

This independent review made eight overarching themed recommendations:

- Improving national and local leadership:
 - including re-emphasising smoking as a public health priority nationally and locally; and establishing a group that supports the leadership of the Minister for Public Health and Women's Health in delivering against the commitment to reduce smoking rates;
- Setting and achieving new targets:
 - involving collaborative work among Scottish Government, NHS and other stakeholders to develop new three-year target(s); updates of Boards' smoking cessation services in line with the NICE guidelines; and updates to the performance management tools within the Outcomes Framework to improve monitoring;
- Improving smoker recruitment, retention and successful quits: NHS Boards and Community Pharmacy:
 - including promoting the need for services to engage with communities and third sector organisations; engaging with Healthcare Improvement Scotland to support Boards to develop quality improvement approaches; and reviewing and developing core training and establishing a national peer group for staff involved in smoking cessation;
- Improving smoker recruitment, retention and successful quits: NHS 24:
 - by exploring alternatives ways of engaging with the public and providing advice such as using a chatbot, reviewing the Scottish Care Information, allowing people to self-refer to their own local smoking cessation service, and signposting people looking to quit smoking at a local level;

³⁵ [Review of smoking cessation services in Scotland - Advisory Group report - Review of smoking cessation services in Scotland - Publications - Public Health Scotland](#)

- Improving data and referral systems:
 - by ensuring Boards can access detailed data to identify priorities for service improvement and achieving targets; and by strengthening and further integrating referral arrangements between smoking cessation services and primary and acute care;
- Improving workforce skills:
 - through an agreed minimum standard for training across Scotland;
- Improving the promotion of cessation services:
 - by maintaining commitment to marketing in pharmacies and encouraging all Health Boards to use Quit Your Way branding); and
- Better understanding the role of vaping in cessation:
 - through a stakeholder roundtable on vaping in Scotland and by establishing a way forward that protects children and non-smokers, while also being cognisant that they are one potential route towards stopping smoking for adults who smoke).

An implementation group led by PHS and Scottish Government are working together with Health Boards on the recommendations made. They plan to update on a 6 monthly basis on progress and we would expect to see the impact from these recommendations being actioned during this first implementation plan.

Developing further maternity support

Working closely with Maternal Health we aim to capitalise on the unique opportunity pregnancy provides for women to stop smoking. Ensuring that women across Scotland can access the advice and support they need to quit is key and we will be working directly with Health Boards on solidifying these including working with chief midwives and PHS.

Pack inserts

Pack inserts are used internationally including in Canada and Israel, and are proven to encourage people to give up smoking.³⁶ Pack inserts are placed inside the packaging of cigarettes and hand rolling tobacco and would contain positive messages to encourage people to quit and signpost them to advice and support. We will continue to work with the UK Government and other Devolved Governments and on the role of pack inserts to aid cessation attempts. This will include reviewing the results of the recently closed consultation (10 October)³⁷ and deciding what action should be progressed.

Quit Your Way

Quit Your Way Scotland is an advice and support service for anyone trying to stop smoking in Scotland. It is available nationally for those who are ready to stop, are beginning to think about quitting, or are just looking for information.

Quit Your Way Scotland has no minimum age limit, and offers free on the phone advice or through webchat. The service is also supported by stop smoking information on the NHS inform website.

Quit Your Way Scotland is run by NHS 24 and is staffed by trained advisors.

³⁶ [Pack Inserts Consultation document - UK Government](#)

³⁷ [Mandating quit information messages inside tobacco packs](#)

The service can help by:

- talking through all the options available;
- referring on to free local NHS services;
- sending a free Quit Your Way Scotland quit pack;
- helping to plan to stop in a way that meets individual needs; and
- offering support and advice when trying to stop.

This service will continue and we will continue to work with NHS 24 over the development of resources to support cessation.

Marketing campaigns

We have listened to the concerns of parents, carers, schools and youth organisations that we need to provide more information around the risks and dangers of vapes. The speed at which these devices have entered our schools and young people's lives is concerning.

Alongside the publication of this Framework we are launching our first marketing campaign, to inform both young people and those who interact with young people, on the dangers of vapes. This campaign uses current knowledge and understanding as well as international approaches to support our messaging.

We know that this work needs to be supported by the information that children and young people receive in school. Work will continue on the development of wider school resources to complement this information.

Our annual pharmacy campaign³⁸ will continue to run to support current smokers to help them to make informed choices on the best way to quit that meets their own circumstances.

Engagement

We know that it is not possible nor realistic for Scottish Government to do this on our own and we will continue working across the UK Government on 4-nation approaches as well as working and developing relationships with our third sector stakeholders.

The actions on people are summarised in Table 3.

³⁸ [Public Health Service Poster - January 2023 — Community Pharmacy Scotland \(cps.scot\)](#)

Table 3: Actions focused on People

Area		Components
People	Information	We will work to improve the information around vapes and increase awareness of avenues for support in stopping smoking or vaping
		We will run and evaluate a marketing campaign raising awareness on the dangers of vaping in November 2023
	Engagement	We will work with UKG and the Devolved Governments and Administrations on 4-nation approaches
		We will continue to work with our public health stakeholders over awareness raising and support. This includes Community Pharmacies, Smoking Cessation Services, Public Health Scotland, academics, third sector and voluntary organisations.
	Cessation	We will work to implement the recommendations from the PHS rapid review of smoking cessation services, which will include pregnancy support.
		We will continue to support, promote and review the Pharmacy cessation January campaign
		We will continue to promote the Quit Your Way approach to Cessation in Scotland

5.2 Developing actions on Product

As well as supporting and informing individuals, it is important that we address issues in relation to cigarettes, vapes and other nicotine products directly. These products are not harm free and we are committed to taking further action including working on a UK-wide basis on proposals including within the Smoke Free Generation consultation.

There are two key areas that will be progressed under the banner of ‘Product’ within the first implementation phase:

- Restrictions on the age of sale:
 - we will consider responses to the consultation on age of sale for tobacco³⁹ and whether legislation should be brought forward; and
 - we will consider if the age of sale of vapes should also increase and if so consult on proposals.
- Further restrictions on vaping:
 - we will consider responses to the current consultation on restrictions on the sale of vapes³⁹ and whether legislation should be brought forward; and

³⁹ [Creating a smokefree generation and tackling youth vaping](#)

- continue to progress the outstanding regulations from the 2016 Act that were consulted on in 2022.

Age of sale of tobacco

Tobacco use is the world's single most preventable cause of death and disease⁴⁰.

Countries around the world have adopted different approaches to tobacco control, reflecting the unique cultural, social and economic contexts in which they operate.

Some countries have sought to increase the age at which tobacco products can be purchased. For example, in 2019 the USA introduced a federal minimum age of sale of tobacco products from 18 to 21 years.⁴¹ Singapore progressively raised the age at which individuals could buy cigarettes from 18 to 21 between 2019 and 2021, with recent discussions to increase this further.⁴²

More countries are looking to raise the age of sale to prohibit the next generation from smoking. New Zealand⁴³ and Malaysia⁴⁴ passed Tobacco-Free Generation laws respectively in 2022 and 2023 that would prohibit smoking for anyone born on or after 1 January 2009 in New Zealand and on or after 1 January 2007 in Malaysia.

The Khan Review specifically noted: '*The short term impacts for raising the age of sale of tobacco are already proven. When the age of sale was increased from 16 to 18 in 2007, it led to a 30% reduction in smoking prevalence for 16 and 17 year olds in England. Evidence from the US showed that when the age of sale was increased from 18 to 21, the chance of a person in that age group smoking decreased by 39%*'.²⁶

It is much easier to never start smoking than it is to give up an addiction. It is important as part of our 2034 ambition that we create the conditions to stop children from ever starting. This is why, with the UK Government and the Devolved Governments and Administrations we are consulting on raising the age of sale of tobacco⁴⁵.

Prohibiting the sale of tobacco products to anyone born on or after 1 January 2009 (and also from purchasing tobacco products, in Scotland) will affect children who are turning 14 or younger in 2023. Setting this date will mean the change in the law would come into effect in 3 to 4 years' time from January 2027, when this group of children turns 18.

Our next steps will be to review the responses to the consultation when it closes at the start of December 2023 to determine whether legislation should be brought forward on increasing the age of sale.

⁴⁰ [Tobacco \(who.int\)](https://www.who.int)

⁴¹ [Tobacco 21 | FDA](https://www.fda.gov)

⁴² [MOH | News Highlights](#)

⁴³ [Smokefree Environments and Regulated Products \(Smoked Tobacco\) Amendment Act | Ministry of Health NZ](#)

⁴⁴ [Malaysia To Ban Cigarettes For Anyone Born After 2005 - CodeBlue \(galencentre.org\)](#)

⁴⁵ [Creating a smokefree generation and tackling youth vaping: your views - GOV.UK \(www.gov.uk\)](#)

Age of sale of vapes

Vapes have a role to play in smoking cessation, but we know that children and young people are using these devices. Children and young people may not fully understand the risks and implications of using these devices or be able to make informed decisions. Many of them contain nicotine and, as with tobacco, it is much easier to never start than it is to give up an addiction.

The current UK-wide consultation is currently focused on raising the age of sale of tobacco only. As part of the first implementation plan we will consider whether any potential raise in age of sale of tobacco should be introduced alongside an increase in the age of sale of vapes. Any change to the age of sale of vapes would require consultation before introduction.

Legislative restrictions on vapes

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (“the 2016 Act”) created restrictions on purchase and sale of vapes in Scotland e.g. restrictions on sales to under 18’s⁴⁶, as well as regulation making powers to further restrict the advertising and promotion of NVPs, including restrictions on advertising, brand-sharing and sponsorship, free distribution or nominal pricing of NVPs.

On 3 February 2022, the Scottish Government published a consultation seeking views on our proposals to make regulations under the 2016 Act.

A total of 757 validated responses⁴⁷ were received to the consultation and the vast majority were from individuals. Organisations that submitted a response included local government, health organisations, the tobacco industry, the vaping sector, and other organisations (e.g. those that sell tobacco and vaping related products).

The themes from the consultation responses can be categorised broadly into the following areas:

- Need to raise awareness of the benefits of vaping as one option around smoking cessation;
- Need to provide accurate, person-focused information around cessation;
- Impact of packaging, flavouring and content on the appeal of vaping;
- Views on the alignment with current tobacco legislation;
- Role of specialist retailers; and
- Need to adequately support current enforcement routes such as Trading Standards.

As part of the first implementation plan we will continue to develop the proposals presented in the 2022 consultation to support the further restriction of vapes in Scotland.

⁴⁶ The age of 18 was selected to ensure that there was equivalence between the age of sale of tobacco and the age of sale of vapes.

⁴⁷ [Vaping products - tightening rules on advertising and promoting: consultation analysis](#)

The current UK wide consultation⁴⁵ also seeks views on a range of further restrictions on vapes, which include:

- restricting flavours;
- regulating point of sale displays;
- regulating packaging and presentation;
- considering restricting the supply and sale of single use vapes;
- whether regulations should extend to non-nicotine vapes; and
- taking action on the affordability of vapes.

We will continue to work with the UK Government and other Devolved administrations over the development of any potential legislation from this consultation.

Price

We know that price can be a critical factor in people starting to smoke and also starting to vape so it is important that this is considered alongside the impact on individuals who regularly use these products.

We also know that the tobacco industry has significant profits. In 2018, the world's largest cigarette manufacturers made pre-tax profits of over USD\$55million, which means they are likely to be highly critical of any changes in price.⁴⁸

There is currently a significant difference in price between vapes and tobacco products, in part because vapes are only subject to VAT, whereas tobacco has VAT and duty (at least a £7.87 duty on a packet of 20 cigarettes). Smoking is three times more expensive than vaping⁴⁹. This price differential is important, as it can encourage smokers to switch from cigarettes to vapes.

However, the current price of vapes combined with the look and feel of these devices means that they can and do appeal to children, young people and non-smokers.

In 2023, the majority of respondents to UK Government's youth vaping call for evidence (64%) said price increases would reduce the demand for vapes.⁵⁰ Thirty-six per cent of respondents said vapes are affordable and within the average child's buying power and that price has a significant impact on the appeal of vapes, with a further 22% stating that single-use vapes specifically are affordable.

A quarter of respondents thought there was a risk that price increases may have a negative impact on smoking cessation progress, given the use of vapes as an aid to quit smoking. Eleven per cent of respondents stated that the price differential between vapes and cigarettes increased the appeal of vaping.

⁴⁸ [Industry profits continue to drive the tobacco epidemic: A new endgame for tobacco control? - PubMed \(nih.gov\)](#)

⁴⁹ [Creating a smokefree generation and tackling youth vaping: affordability](#)

⁵⁰ [Youth vaping: call for evidence - GOV.UK \(www.gov.uk\)](#)

Work is at a very early stage over an exploration of additional levers that could be used to drive behaviour change in Scotland. This includes looking at options such as the introduction of minimum and maximum prices of tobacco and vaping products, and price changes to roll your own tobacco.

The first implementation plan will review how price could be used as a lever and also how any price lever could impact inequalities, where we know the price rises can disproportionately affect those in areas of higher deprivation.

It would not be within devolved competence to introduce a new duty on vapes, in line with one option mentioned in the smokefree generation consultation. We will continue to work with the UK Government on policy proposals that may arise following the consultation but would welcome this proposal to increase duty.

Enforcement

Ongoing work by Trading Standards officers in Scotland testing sellers of tobacco and vapes has found that 1 in 8 premises visited sold cigarettes, and 1 in 5 sold vapes to an under 18 volunteer.⁵¹ These levels are simply too high and show that more needs to be done to ensure compliance especially given the increasing rates of children and young people vaping.

Trading Standards Officers work in partnership with the Scottish Government to monitor and support sellers, who need to comply with regulations associated with the retail sale of both tobacco and vaping products. Officers work with young (under-18) people locally and in tightly controlled test purchase situations to check that sellers are abiding by the law by asking for proof of age where appropriate and refusing to sell to children. Those found to be selling to under-18s can be issued with fixed penalty notices or even be banned from selling these products.

Enforcement is critical to ensuring that tobacco and vaping products are sold legally. All retailers have a responsibility to ensure that they are complying with the law.

We will continue to work with Trading Standards officers in Scotland on enforcement and investigate ways in which this can be improved as part of the first implementation phase, which will include investigating opportunities to look at online sales.

Actions on product are summarised in Table 4.

⁵¹ [SCOTSS | Society of Chief Officers of Trading Standards in Scotland](#)

Table 4: Actions focused on Product

Area	Components	
Product	Regulation	We will consider responses to the consultation on age of sale for tobacco and whether legislation should be brought forward
		We will consider if the age of sale of vapes should increase and if so consult on proposals
		We will continue to progress restrictions based on the outcome of our 2022 consultation on further tightening the rules on advertising and promotion of vapes.
		We will work with the UK Government and Devolved Government and Administrations on possible further restrictions on vaping products depending on the outcome of the UK wide consultation
	Appeal	We will review potential levers on price as a tool to reduce appeal of tobacco products and inappropriate use of vaping products by children and young people
		We will review what further action is required to limit the appeal of inappropriate use of vapes and novel tobacco products
	Enforcement	We will continue to work with Trading Standards officers in Scotland on enforcement and investigate ways in which this can be improved

5.3 Developing actions on Place

The third dimension to our Framework is the role of place.

Review of Smoke-free spaces

On the 5th September 2022 it became illegal to smoke within 15m of a hospital building.⁵² This built on restrictions on wider smoke free bans that were focused on internal spaces.

As part of the first implementation plan we will review the effectiveness of the hospital ban to understand the impact of this policy and wider policy options that could be implemented such as the broader approach that Wales introduced in 2021, which included smoke-free hospital grounds and playparks.⁵³

Developing the Tobacco and NVP register for Scotland

Scotland is the only country in the UK with a tobacco and NVP register⁵⁴ and we want to make sure that this resource is future proofed to allow for any potential developments in tobacco control. All sellers of tobacco and vapes need to be registered to legal sell their products. It is an offence to sell and not be registered on the system. The tobacco register is maintained by the Scottish Government and is currently free to register. It is used by Trading Standards Officers in Scotland when undertaking enforcement and anyone can search the database.

The current register has been in place for 10 years and the platform it is hosted on has room for improvement. We are working with CivTech⁵⁵ to develop a platform that could be used for more effective enforcement and retailer training.

Working in partnership with Trading Standards Officers we will development an information module to support retailers on compliance with age of sale of tobacco and vaping products, which has been shown to be a growing problem since the pandemic.⁵⁶ It is expected that this would be hosted on the new platform that is currently being developed.

As there are currently no conditions on the current tobacco and NVP register, any information and training would need to be voluntary. The effectiveness of both the module and any associated impact on compliance will be monitored within the first implementation plan to determine next steps.

It is hoped that by providing support and training to retailers on the register we can increase compliance with age of sale and reduce this access point for underage sales of vapes and tobacco.

Actions on place are summarised in Table 5.

⁵² [Smoking around hospital buildings - Smoking](#)

⁵³ [Smoke-free law: guidance on the changes from March 2021](#)

⁵⁴ [Register of Tobacco and Nicotine Vapour Product Retailers - STRR \(tobaccoregisterscotland.org\)](#)

⁵⁵ [CivTech Challenge 9.9 — Streamlined experience for licencing support and approval — CivTech](#)

⁵⁶ [SCOTSS review of action to support tobacco control - etsep23.pdf \(scotss.org\)](#)

Table 5: Actions focused on Place

Area		Components
Place	Smoke-free spaces	We will review the implementation and effectiveness of the hospital grounds restrictions
		We will review the value and potential implementation of further place-based restrictions
	Tobacco and nicotine vapour register	We will manage and review the current register of Tobacco and Nicotine Vapour Products
		We will consider opportunities to improve the information and support of retailers on the register to increase compliance with age of sale
		We will consider how the register could be improved including possible further conditions on registration

5.4 Improving Transparency

Scottish Government is signed up to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC)⁵⁷. Under Article 5.3 of the WHO FCTC, we have a legal obligation “to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law” when setting and implementing public health policies with respect to tobacco control.

The FCTC defines the tobacco industry as “tobacco manufacturers, wholesale distributors and importers of tobacco products”. This includes, but is not limited to:

- organisations or individuals with commercial or vested interests in the tobacco industry;
- those that receive funding from the tobacco industry;
- those that work to further the interests of the tobacco industry, including organisations with directors from the tobacco industry;
- tobacco growers;
- associations or other entities representing any of the above; and
- industry lobbyists.

The WHO guidelines for implementing Article 5.3 are applicable to government officials, representatives and employees of any national, state, provincial, municipal, local or other public or semi/quasi-public institution or body within the jurisdiction of a Party, and to any person acting on their behalf.

This will be underpinned by actions in Table 6.

Table 6: Actions to improve transparency

Area	Components	
Transparency	Article 5.3	We will actively promote article 5.3 across Scottish Government and the public sector and publish Scottish specific guidance
		We will publish our interactions with organisations with links to the tobacco industry
		We will prepare for an audit of article 5.3 at the end of the first implementation plan

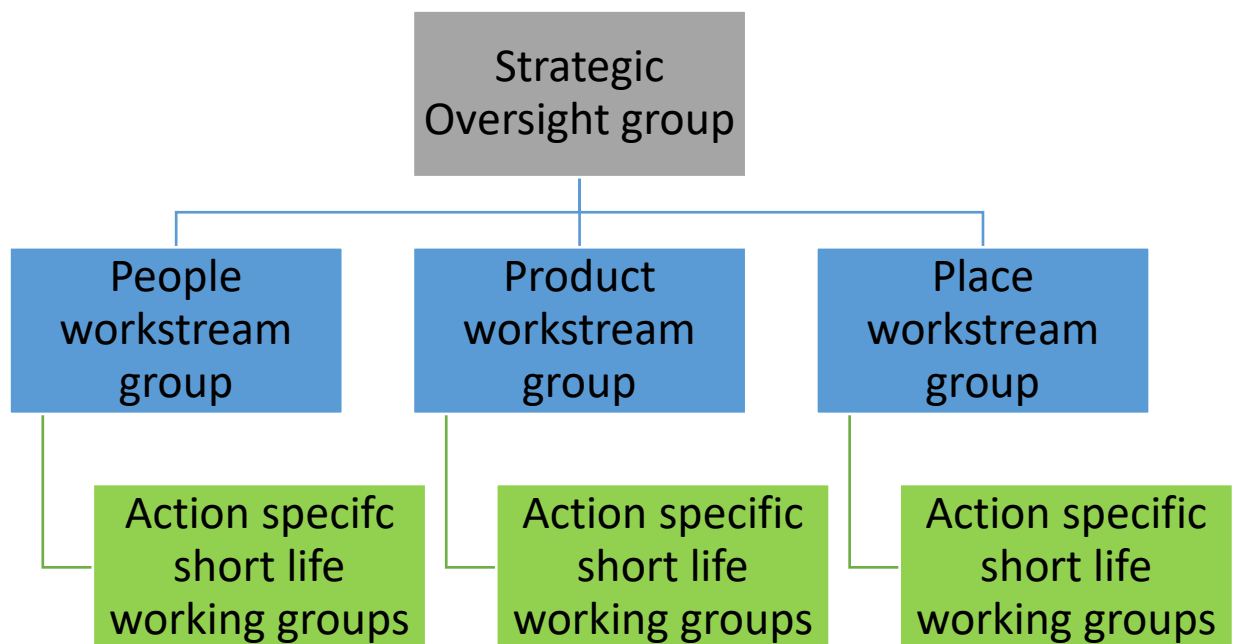
⁵⁷ [WHO Framework Convention on Tobacco Control overview](#)

5.5 Improving Accountability

It is important that the work of the Framework is overseen by a governance board.

Unlike previous action plans progress will be monitored by a strategic oversight group and three focused workstream governance groups (Figure 10). Each oversight group will meet at least six monthly to monitor progress, hearing from the working groups within their theme on progress and report back to the overarching strategic oversight group. This will ensure that the working groups, which will meet more frequently, progress actions with input from their lead oversight group.

Figure 10: Proposed governance structure for the Framework



The membership and reporting mechanisms will be developed within the first six months of the first implementation plan.

In the first full year of the framework (post Autumn 2023) the key focus under accountability will be on developing further indicators that could be used to monitor progress against the framework to supplement the four key indicators set out earlier in section 4.1.

As noted one priority area will be around improvements to data showing smoking and vaping prevalence in childhood given the 4-year reporting cycle of the HSBC survey.

These supplementary indicators will be reported on as part of the biennial reporting cycle of the plan as described in section 4.2. A working group is being specifically convened to progress this.

The benefit of this approach will be to allow us to monitor and understand areas where further actions are required to ensure we meet the 2034 target and the biennial reporting on the progress of the Framework.

This work on accountability will be underpinned by actions in Table 7.

Table 7: Actions to improve accountability

Area	Components	
Accountability	Governance	The framework will be supported by an oversight group and three workstream governance groups, which will be in place within the six months of the implementation plan.
	Indicators	We will set up a short life expert working group to oversee the introduction of indicators to track progress towards 2034. This group will report by the end of the first year of the implementation plan.
	Reporting	We will report on progress at the end of each two year implementation plan and a new implementation plan will be launched with the key focus points for the next two years included.

5.6 Providing Support

The final strand of this implementation plan recognises that, for the framework to be successful, we must continue to support our wider partners.

This continues the work from previous plans and reaffirms our commitment to work collaboratively with a wide range of stakeholders to ensure we continue to make progress on our 2034 target.

These continuing commitments are summarised in Table 8.

Table 8: On-going actions to provide support

Area	Components	
Sustainability	Cessation Services	We will continue to fund and support our cessation services, looking to see how we can further develop this critical service
	Enforcement services	We will continue to support enforcement activity (including work to reduce illicit trade) in Scotland through the work of Trading Standards officers in Scotland.
	Third Sector bodies	We will continue to support voluntary and third sector organisations to help us achieve our target

6. Summary of Actions

Area	Components	
People	Information	We will work to improve the information around vapes and increase awareness of avenues for support in stopping smoking or vaping
		We will run and evaluate a marketing campaign on the dangers of vaping in November 2023
	Engagement	We will work with UK Government and the Devolved Governments and Administrations on 4-nation approaches
		We will continue to work with our public health stakeholders over awareness raising and support. This includes Community Pharmacies, Smoking Cessation Services, Public Health Scotland, academics, third sector and voluntary organisations.
	Cessation	We will work to implement the recommendations from the PHS rapid review of smoking cessation services, which will include pregnancy support.
		We will continue to support, promote and review the Pharmacy cessation January campaign
We will continue to promote the Quit Your Way approach to Cessation in Scotland		
Product	Regulation	We will consider responses to the consultation on age of sale for tobacco and whether legislation should be brought forward
		We will consider if the age of sale of vapes should increase and if so consult on proposals
		We will continue to progress restrictions based on the outcome of our 2022 consultation on further tightening the rules on advertising and promotion of vapes.
		We will work with the UK Government and Devolved Governments and Administrations on possible further restrictions on vaping products depending on the outcome of the UK wide consultation
	Appeal	We will review potential levers on price as a tool to reduce appeal of tobacco products and inappropriate use of vaping products by children and young people

		We will review what further action is required to limit the appeal of inappropriate use of vapes and novel tobacco products
	Enforcement	We will continue to work with Trading Standards officers in Scotland on enforcement and investigate ways in which this can be improved
Place	Smoke-free spaces	We will review the implementation and effectiveness of the hospital grounds restrictions
		We will review the value and potential implementation of further place-based restrictions
	Tobacco and nicotine vapour register	We will manage and review the current register of Tobacco and Nicotine Vapour Products
		We will consider opportunities to improve the information and support to retailers on the register to increase compliance with age of sale
		We will consider how the register could be improved including possible further conditions on registration
Transparency	Article 5.3	We will actively promote article 5.3 across Scottish Government and the public sector and publish Scottish specific guidance
		We will publish our interactions with organisations with links to the tobacco industry
		We will prepare for an audit of article 5.3 at the end of the first implementation plan
Accountability	Governance	The framework will be supported by an oversight group and three workstream governance groups, which will be in place within the six months of the implementation plan
	Indicators	We will set up a short life expert working group to oversee the introduction of indicators to track progress towards 2034. This group will report by the end of the first year of the implementation plan.
	Reporting	We will report on progress at the end of each two-year implementation plan and a new implementation plan will be launched with the key focus points for the next two years included.
Sustainability	Cessation Services	We will continue to fund and support our cessation services, looking to see how we can further develop this critical service

	Enforcement services	We will continue to support enforcement activity (including work to reduce illicit trade) in Scotland through the work of Trading Standards officers in Scotland.
	Third Sector bodies	We will continue to support voluntary and third sector organisations to help us achieve our target

7. Glossary of key terms

Article 5.3

World Health Organisation Framework Convention on Tobacco Control (FCTC) is the world's first global health treaty. Article 5.3 is a key element of the treaty. It is intended to protect public health policy from the influence of the tobacco industry. It reads: "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law."

Baseline

This is the measure of smoking and vaping prevalence in Scotland that will be used to track progress for the lifetime of the Framework.

Cessation

Smoking cessation refers to activities that aim to support people who smoke to stop smoking.

CivTech

CivTech is a Scottish Government programme that brings the public, private and third sectors together to build systems in response to specific challenges. We are working with them to develop the Tobacco and Nicotine Vapour Register.

Deprivation

see SIMD

E-cigarettes

An e-cigarette is a device that allows you to inhale nicotine in a vapour rather than smoke. E-cigarettes do not burn tobacco and do not produce tar or carbon monoxide, two of the most damaging elements in tobacco smoke.

They work by heating a liquid (called an e-liquid) that typically contains nicotine, propylene glycol, vegetable glycerine, and flavourings. Using an e-cigarette is known as vaping.

Implementation plan

Our Framework will run until 2034 and will be supported by a series of two-year plans containing a list of actions that will progress through the two-year period.

Lifetime smoking

Defined in the HSBC 2022 study as those who had ever smoked a cigarette.

Nicotine Vapour Products (NVPs)

Nicotine Vapour Products (NVPs) is the name given to electronic cigarettes and all related equipment, including liquids, in Scotland.

Quintile

Quintiles are percentiles which divide a distribution into fifths, i.e., the 20th, 40th, 60th and 80th percentiles.

SIMD

The SIMD is the Scottish Government's official measure of area based measure of multiple deprivation. It is based on 37 indicators across 7 individual domains of current income, employment, housing, health, education and skills, crime and geographic access to services and telecommunications. SIMD is calculated at data zone level, enabling small pockets of deprivation to be identified. The data zones are ranked from most deprived (1) to least deprived (6505) on the overall SIMD index. The result is a comprehensive picture of relative deprivation across Scotland.

Smoke free generation

This is a UK Government policy announced in October 2023 and is subject to a current consultation. This policy aim is that children turning 14 this year or younger will never be legally sold tobacco products. This will prevent future generations from ever taking up smoking, as there is no safe age to smoke.

Smoking status

The Scottish Health Survey has four smoking status categories:

- current cigarette smoker;
- ex-regular cigarette smoker;
- never regular cigarette smoker; and
- never smoked cigarettes at all.

Information on cigar and pipe use is collected in the survey but as prevalence is low these are not considered in the definition of current smoking.

Smoking and vaping prevalence

This is level at which individuals report smoking and vaping across Scotland. It is measured through surveys and is an estimate of population wide levels of smoking and vaping.

Tobacco and NVP register

Since 1 April 2017 businesses who operate Nicotine Vapour Products businesses or retailers that sell both tobacco and Nicotine Vapour Products must be registered. This is maintained by the Scottish Government.

Tobacco free generation

Tobacco free generation is a type of endgame policy which aims to stop the use of tobacco and/or vaping products completely. This works by increasing the age of sale every year, with the objective of a generation growing up never legally allowed to buy tobacco and/or vaping products.

Vapes and vaping products

A vaping product is any device, or part of that device, which is intended to enable the inhalation of vapour, or any device intended to resemble and be operated in the same way. Although most vapours do contain nicotine there are also non-nicotine vapours now on the market. All substances intended to be vaporised in these devices (and their containers) are also vaping products.

Annex A – Progress on the 2018 actions

Informing and Empowering through raising awareness

Reference	Action	2023 - Progress
RA1	“Getting Through 72” campaign	Completed
RA2	“Green Curtain” campaign	Completed
RA3	Smoking in school grounds, near school gates and in play parks	Incomplete and forms part of work on Place
RA4	Smoking in communal stairwells	Incomplete and forms part of work on Place
RA5	Pharmacy window poster campaign	Ongoing and forms part of work on People
RA6	No Smoking Day - Encourage smokers to make attempts to stop.	Ongoing and forms part of work on People
RA7	World No Tobacco Day.	Ongoing and forms part of work on People
RA8	Proxy purchase - Help prevent young people taking up smoking.	Ongoing and forms part of work on Sustainability
RA9	Illicit cigarettes - Help prevent young people taking up smoking.	Ongoing and forms part of work on Product
RA10-11	We will continue to co-fund ASH Scotland to provide support.	Ongoing and forms part of work on Sustainability.
RA12	Continue to work with NHS Health Scotland (now Public Health Scotland).	Ongoing and forms part of work on People.
RA13	Development of I Quit in Pregnancy and Ready Steady Baby! publication	Ongoing and forms part of work on People.
RA14-15	Oversight by Ministerial Working Group.	Forms part of work on Accountability.
RA16	We will ensure that all guidance published for enforcement of or compliance with regulations is developed with representatives of the non-tobacco industry groups affected.	Ongoing and forms part of work on Product and Transparency.
RA17	We will work with trading standards officers in Scotland and with retailers’ organisations to make sure retailers are aware of the circumstances under which sponsorship activity is illegal.	Ongoing as part of work on Product and Sustainability.
RA18	We will continue to support ASH Scotland in promoting Scotland’s Charter for a Tobacco-free Generation.	Ongoing as part of work on Sustainability

Encouraging Healthier Behaviours

Reference	Action	2023 - Progress
EB1	We will support the inclusion of more up-to-date advice on electronic cigarettes into the Health and Wellbeing strand of education in schools in Scotland through the Curriculum for Excellence.	Ongoing and forms part of People.
EB2	We will continue to support the call for schools to become Tobacco-free Schools	Incomplete but focus now on vaping in schools
EB3	We will continue to support NUS Scotland to promote awareness and help with changes to make more campuses smoke-free.	Completed.
EB4	We will facilitate a conference in 2019 to consider what more can be done to reach 16-24 year olds more effectively, either through youth engagement or employment settings.	Completed
EB5	We will review the evidence on the impact of smoking and consequent employee health on business costs to help encourage employers to embrace initiatives such as the Healthy Working Lives programme.	Incomplete but forms part of work on People
EB6	We will analyse the evaluations of incentive pilot studies by NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Tayside to consider whether incentives schemes could be extended to other territories.	Incomplete but forms part of work on People
EB7	We plan to ban smoking around hospital buildings in 2018 – making it an offence to smoke within 15 metres of hospital buildings.	Completed
EB8	We will explore with local authorities and housing associations the idea of tobacco-free clauses in tenancy agreements and smoke-free housing alternatives being offered in social housing.	Incomplete but forms part of work on Place
EB9	The Prevention sub group of the Ministerial Working Group will take work forward with practical help from NHS Health Scotland to provide support and guidance to boards and partnerships to ensure prevention initiatives are there for all children and young people.	Incomplete but will be considered as part of People

Improving Services

Reference	Action	2023 - Progress
IS1	We will ensure the new national Quit Your Way identity is embedded locally and nationally.	Complete
IS2	We will build on the Quit Your Way brand for specific stop-smoking initiatives and services such as for smoking in pregnancy and for smoking and mental health to build inclusivity and help overcome barriers to access for priority groups.	Ongoing and will form part of work on People
IS3	We will ensure the smoker's journey from cessation services provided for them in hospitals and prisons is as integrated as possible with the services they can expect in their own communities on their return home.	Ongoing and will form part of work on People
IS4	We will work with wide range of stakeholders so that they can offer basic advice on e-cigarette use as part of their support for smokers who choose to make quit attempts using e-cigarettes.	Ongoing and will form part of work on People
IS5	We will work with health boards and integration boards to try to reach a consensus on whether vaping should or should not be allowed on hospital grounds through a consistent, national approach.	Incomplete but will form part of work on Place
IS6	We will ensure the data-recording process in stop-smoking services is fit-for-purpose.	Ongoing and will form part of Accountability

Providing Protection through regulation

Reference	Action	2023 - Progress
PR1	The Scottish Government will implement the ban on possession of tobacco in prisons.	Completed
PR2	The Scottish Government will regulate to allow use of e-cigarettes in prisons.	Completed
PR3	We will consult on the detail of restricting domestic advertising and promotion of e-cigarettes in law.	Completed
PR4	Ensuring communal landings become smoke-free.	Incomplete and will be considered as part of the work on Place
PR5	Making cigarettes less attractive	Incomplete but continue to work across 4-nations on this.
PR6-8	Restrictions on Heated Tobacco Products (HTP)	Incomplete but continue to work across 4-nations on this
PR9	Further restricting availability of tobacco products.	Incomplete but forms part of work on Product
PR10	Consider additional price interventions for tobacco products	Ongoing and forms part of work on Product
PR11	Considering legislating to introduce conditions for registration or licencing of retail.	Incomplete but forms part of work on Place

Legacy actions from 2013 Plan

Issue	Action	2023 update
Article 5.3	To hold an audit of Article 5.3 processes in Scottish Government	Incomplete due to the impact of pandemic. Work has progressed on raising awareness of Article 5.3 and further action is contained within the work on Transparency



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The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83521-429-9 (web only)

Published by The Scottish Government, November 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1363902 (11/23)

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