

National Institute Health and Clinical Excellence (NICE)
Centre for Public Health Excellence

**Fieldwork on Draft NICE CPHE Public Health
Intervention Guidance Recommendations on
Measures to Prevent the Uptake of Smoking by
Children and Young People
Report**

November 2021: NICE guidelines PH10 (February 2008) and PH14 (July 2008) have been updated and replaced by NG209.

The recommendations labelled [2008] or [2008, amended 2021] in the updated guideline were based on these evidence reviews.

See www.nice.org.uk/guidance/NG209 for all the current recommendations and evidence reviews.

30th April 2008

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MANAGEMENT SUMMARY

1. Background and aims

- This report presents the findings of fieldwork to test draft NICE CPHE Public Health Intervention Guidance Recommendations on Measures to Prevent the Uptake of Smoking by Children and Young People
- The fieldwork aimed to examine the relevance, utility and implementability of the draft recommendations with commissioners and practitioners

2. Approach

- A qualitative methodology was adopted for the study to enable the research team to explore the response to the draft recommendations in depth and detail
- 51 professionals were interviewed across 38 fieldwork units (see table below)

	Number of fieldwork units	Total number of respondents
National/regional teams involved in the development, commissioning and delivery of mass media campaigns	5	5
National government organisers and planners with remit for tackling uptake of smoking amongst children and young people	3	3
Local Authority decision makers involved in commissioning and leading tobacco control intervention	2	2
PCT decision-makers involved in commissioning and leading tobacco control interventions, including smoking prevention among children and young people	3	3
Local Authority and PCT decision-makers involved in commissioning and leading tobacco control interventions	1	2
Regional/local managers/commissioners with tobacco control leads in local authorities, involved in planning and commissioning mass media or point of sale activities	1	1
Regional/local managers/commissioners with tobacco control leads in PCTS involved in planning and commissioning mass media or point of sale activities	3	6
Regional/local managers/commissioners with tobacco control leads in Local Authority and PCT involved in commissioning and leading tobacco control interventions	2	2
Local frontline staff with magistrates and court clerks, involved in enforcing tobacco control measures	6	8
Local frontline staff with local authority trading standards officers	5	7
Local frontline staff with retailers or trade associations representing retailers	5	9
Local frontline staff with local authority health development teams involved in planning, commissioning and implementing mass media campaigns and point of sale activities to prevent smoking among children and young people	1	1
Marketers involved in developing mass media campaigns and point of sale interventions targeting young people nationally, regionally or locally (including public, voluntary and private sector experts)	1	1

- Fieldwork took place between 19 March and 26 April 2008 in London, Leicester, Leeds, Liverpool, Coventry, Sutton & Merton, Redbridge, Birmingham, Manchester, Cheshire and Merseyside, Burton-on-Trent, Gloucester, Derbyshire, Doncaster, Norwich, Hampshire, Nottingham and Glenfield.

3. Summary of main findings

- The draft recommendations were generally well received and most thought
 - The draft recommendations would lead to increased priority being given the stopping children and young people from smoking in the first place
 - Reference to a range of stakeholders involved in tobacco prevention work was helpful (including national government, NHS, local authority trading standards professionals, police, magistrates, etc)
 - The draft recommendations could help to reduce smoking prevalence among children and young people
 - Encouragement to sustain activity over time was vital as most activity was thought to be short lived
- In terms of mass media campaigns, the draft recommendations were:
 - Considered clear about who the target population was, albeit some PCT staff wanted greater emphasis here on children and young people from disadvantaged backgrounds
 - Considered clear about who should take action, albeit some professionals wanted greater specificity (e.g. include health improvement professionals, trading standards professionals, etc); some local authority staff thought that the draft recommendations targeted NHS health improvement staff more than them (e.g. trading standards professionals)
 - Thought to provide a useful checklist for anyone planning a campaign (i.e. be research-led, work in partnership with others, consider those most likely to smoke, prompt an emotional response and portray smoking as a deadly product, use consistent messages and refresh them regularly, use relevant media including news coverage, monitor and evaluate your work)
 - Thought to help to encourage national government to keep regional and local health improvement teams better briefed on its campaign plans, to help them integrate regional and local activity with national initiatives better
 - Considered only part of the solution by a few who thought that community outreach and schools-based prevention work was also needed
 - Considered potentially ineffectual against the spend of tobacco manufacturers to promote their products to children and young people

- In terms of illegal sales, the draft recommendations were:
 - Clear about who the target population was
 - Clear about who should take action
 - Many thought it interesting that national government had been singled out in this way, which they thought recognised the important role government does in affecting behaviour change
 - Some thought local authorities should be cited here as who should take action
- 1. Were clear about what action should be taken (i.e. enforce legislation, test purchases, audits of test purchases, etc)
 - Retailers had some concerns about increase levels of test purchases; they thought it was unfair to punish retailers and unlikely to be effective, when no action was taken against adults who gave cigarettes to children and young people, and children and young people themselves who bought cigarettes underage
 - Trading standards professionals did not think they needed additional training and education to implement the draft recommendations; they felt that their basic training and continuing professional development equipped them to implement the draft recommendations as they stood
 - Trading standards professionals welcomed reference to magistrates, because they thought this might encourage tougher sentences for retailers who break the law
 - Magistrates thought it might encourage trading standards professionals to bring more cases to court, so that magistrates could play their part in preventing illegal sales
 - There was widespread praise for coverage of vending machines which were thought to provide easy access for young people to cigarettes
 - Could increase the relative priority given to tobacco prevention work locally, which is currently considered a low priority (e.g. compared to underage drinking)
 - Should encourage activity to prevent access to contraband cigarettes
- In terms of targeting retailers, the draft recommendations were considered:
 - Clear about who the target population was, i.e. retailers
 - Clear about who should take action, i.e. trading standards professionals / local authorities

- Clear about what action should be taken (i.e. provide guidance on how to prevent illegal sales, encourage request for proof of age, encourage completion of the age restricted products refusal register, run publicity campaigns to discourage illegal sales, make it difficult for young people to gain access to tobacco products, prosecute law breakers, do test purchases, tackle vending machines, work with the police, don't work with the tobacco industry, etc)
 - There was consensus that it was important for trading standards professions to provide guidance on how to avoid illegal sales and retailers thought they should ask for proof of age
 - Large retailers did not think it was practical for their staff to keep an age-restricted products refusal register; they assume that completion of the register would be time consuming, and were concerned that staff on the tobacco would not have time to break away to complete a register in the event of a refusal given the large numbers of customers they see each day; however, PCT staff thought it provided a potential defence in the event of any legal action against an illegal sale
 - Some retailers thought publicising successful prosecutions could damage relationships between trading standards professionals and local retailers, they also thought highlighting where illegal sales were taking place could notify children and young people where they could get cigarettes
 - Trading standards officers welcomed encouragement to prosecute retailers who broke the law; they thought this might encourage them to take more cases to court, and magistrates to give tougher penalties; a few suggested trading standards officers should also be allowed to give on-the-spot fines to avoid overburdening local courts with a large number of cases
 - Vending machines were acknowledged as a problem and recommendations to work with their owners to prevent illegal sales were welcomed
 - Trading standards professionals welcomed direct reference to police involvement; they thought this could encourage a partnership approach to prevention and increase their ability to identify and tackle local retailers who were breaking the law
 - Magistrates and clerks of court generally thought court action to tackle illegal sales would only have a significant impact on smoking prevalence among children and young people if it formed part of a wider programme of activity to prevent underage smoking; they thought more needed to be done to tackle children and young people who tried to buy tobacco products underage to tackle adults who gave tobacco products to children and young people, and to tackle access to contraband cigarettes

- Would encourage trading standards professionals to give higher priority for tobacco prevention work
 - Some wanted to see greater emphasis on tackling point of sale promotions, which they thought encouraged children and young people to smoke
- Overall, NHS and local authority trading standards professionals thought they had the technical skills to implement most of the draft recommendations
 - Some PCT public health advisers / tobacco leads thought they would need training to commission, manage, or deliver a mass media campaign
- Many question whether or not NHS teams and local authority trading standards professionals would have the resources needed to implement the draft recommendations
- Some believe that the priority should continue to be encouraging adults to quit smoking, rather than encouraging children and young people not to smoke in the first place. However, some professionals nationally, regionally, and locally remain unconvinced that investment in trying to prevent young people from smoking in the first place presents good use of public funds. They believe there is little evidence that activities are effective. They think tackling adult smoking should remain the priority.

A. BACKGROUND

1. Measures to prevent the uptake of smoking by children and young people

Smoking remains the single most preventable cause of illness and death in the UK. Children and young people who smoke become quickly addicted and most smoke into adulthood. Around one in ten 11-15 year olds smoke. The earlier a child starts smoking, the greater their risk of serious illnesses like lung cancer and heart disease. Girls are more likely to smoke than boys. Children and young people whose parents and older siblings smoke are more likely to take up smoking themselves. Children from white UK backgrounds are more likely to smoke than black and minority ethnic children and young people. Most children and young people who smoke get their cigarettes from shops or from friends. The age at which young people can now legally purchase tobacco products is 18 (raised from 16 in October 2007).

Against this backdrop, the Department of Health (DH) asked NICE to: *'Produce guidance on the prevention of the uptake of smoking in children and young people, including point of sale measures'*.

The guidance is aimed at those directly and indirectly responsible for the health and care of children under 18. This includes:

- Professionals with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors including those with a responsibility for mass media interventions
- Those who sell and promote tobacco products
- Those responsible for monitoring and enforcing legislation (e.g. local authorities, trading standards) on the sale of tobacco to people under the age of 18

The guidance considers:

- mass media interventions (i.e. programmes or campaigns aimed at reaching large numbers of people) via television, radio, new media (including web and text messaging), newspapers, bill boards, posters, leaflets, or booklets
- point of sale measures (including educating retailers and the general public about the law, proof of age schemes, regulation and law enforcement, including encouraging members of the community to help enforce the law)

The guidance will not cover family, community, or school-based interventions, price of tobacco, interventions to encourage children and young people to quit smoking, chewing tobacco or other smokeless tobacco products.

2. Objectives

The Centre for Public Health Excellence (CPHE) at the National Institute for Health and Clinical Excellence (NICE) commissioned Dr Foster Intelligence to conduct fieldwork to:

“Test draft recommendations on interventions aiming to prevent the uptake of smoking by children and young people by using mass media and prevention of illegal sales of tobacco.”

The stated objectives were as follows:

- To examine the relevance, utility and implementability of the draft recommendations with commissioners and practitioners

The main research questions were as follows:

- What are the views of practitioners on the relevance and usefulness of these recommendations to their current work or practice?
- What impact might the draft recommendations have on current policy, service provision or practice?
- What factors (e.g. service configuration, training) could impact – positively or negatively - on the implementation and delivery of the guidance?
- How well do the draft recommendations match with practitioners experience?

We aimed to give participants an effective voice in the process (especially those who would not generally respond to a formal consultation, e.g. frontline staff).

B. METHODOLOGY

1. Qualitative methodology

We adopted a qualitative methodology for the fieldwork. The iterative nature of qualitative enquiry enabled us to scope out in depth and detail the response across audiences to the main research questions (i.e. we wanted to understand what people thought and why, rather than how many people held particular views). It enabled us to ensure that participants were clear about the role of the CPHE and the status of the guidance and associated recommendations. It also enabled us to check comprehension of the draft recommendations (e.g. in consultation with CPHE team observers), and consider their detail, complexity, and implications thoroughly.

2. Group discussions

We wanted to conduct group discussions where possible. Group interaction enables participants to trade views and experience, and to formulate more informed viewpoints in the process. It enables them to explore in depth and detail any positive and / or negative issues associated with the draft recommendations and their implementation. It also enables them to work more creatively, e.g. to develop solutions to any issues identified.

A group discussion would usually comprise 6 to 8 participants and would last for 90 minutes. Group discussions would usually comprise homogenous participants (e.g. in terms of professional group, role and responsibilities) to ensure a group dynamic develops. As such, it allows us to carefully segment the sample (e.g. by professional group). However, due to tight timescales for recruitment, it was not possible to convene group discussions in this instance.

3. Depth interviews and site visits

Busy health professionals can find it difficult to attend a group discussion at a fixed time and venue. Therefore, where groups do not come together within the available timescales, we replace them with up to four depth interviews. Depth interviews can be arranged at a time and venue of the respondent's choosing, including their workplace.

4. Sample

Fieldwork was conducted between 19 March and 26 April 2008 in London, Leicester, Leeds, Liverpool, Coventry, Sutton & Merton, Redbridge, Birmingham, Manchester, Cheshire and Merseyside, Buton-on-Trent, Gloucester, Derbyshire, Doncaster, Norwich, Hampshire, Nottingham and Glenfield. Fieldwork time was extended beyond the consultation due to recruitment difficulties to help us make up sample numbers.

We consider 12 participants per sample cell robust in terms of the data generated. This enables us to generalise about a particular population group. Below this we generally consider findings indicative. The sample as outlined is robust feedback for the sample as a whole, and indicative at the level of individual sample cells.

In summary, we interviewed 51 individuals across 38 fieldwork units. The final sample included the following breakdown:

	Number of fieldwork units	Total number of respondents
National/regional teams involved in the development, commissioning and delivery of mass media campaigns	5	5
National government organisers and planners with remit for tackling uptake of smoking amongst children and young people	3	3
Local Authority decision makers involved in commissioning and leading tobacco control intervention	2	2
PCT decision-makers involved in commissioning and leading tobacco control interventions, including smoking prevention among children and young people	3	3
Local Authority and PCT decision-makers involved in commissioning and leading tobacco control interventions	1	2
Regional/local managers/commissioners with tobacco control leads in local authorities, involved in planning and commissioning mass media or point of sale activities	1	1
Regional/local managers/commissioners with tobacco control leads in PCTS involved in planning and commissioning mass media or point of sale activities	3	6
Regional/local managers/commissioners with tobacco control leads in Local Authority and PCT involved in commissioning and leading tobacco control interventions	2	2
Local frontline staff with magistrates and court clerks, involved in enforcing tobacco control measures	6	8
Local frontline staff with local authority trading standards officers	5	7
Local frontline staff with retailers or trade associations representing retailers	5	9
Local frontline staff with local authority health development teams involved in planning, commissioning and implementing mass media campaigns and point of sale activities to prevent smoking among children and young people	1	1
Marketers involved in developing mass media campaigns and point of sale interventions targeting young people nationally, regionally or locally (including public, voluntary and private sector experts)	1	1

Note 1: we had wanted to include fieldwork with professionals involved in mass media campaigns to prevent children and young people smoking. However, we were not able to identify anyone involved in such work during the fieldwork period. We believe that low levels of involvement in such prevention work may have put professionals off taking part in the study / attending group discussions.

Note 2: we would usually require a minimum of 6 weeks to recruit groups for such a study and a month for fieldwork. NHS staff usually require such notice to be able to

attend a group discussion at a fixed time and venue. For reasons beyond our control, the recruitment period was reduced to a few days, which had a significant impact on ability to convene both group discussions and depth interviews.

5. Developing discussion guides

We pre-placed the draft recommendations with participants to give them time to consider them in depth and detail in advance of fieldwork. Researchers used an agreed discussion guide to structure interviews (see Appendices). Given the length and detail of the draft recommendations it was not always possible to cover all recommendations with all participants. Instead, we focused on the most relevant recommendations with participants. We worked through the draft recommendations sequentially.

6. Recruitment

We used an agreed recruitment questionnaire to ensure we got the right mix of participants in the study (see appendices). We sent participants a letter of bona fides from NICE to convey the authenticity of the research (see appendices). The recruitment process was managed within Dr Foster Intelligence to ensure quality standards and consistency.

7. Data collection, analysis and reporting, openness and transparency

All fieldwork was audio-taped and transcribed verbatim. Transcripts have been anonymised and stored securely. Researchers completed fieldnotes where possible to supplement transcripts.

Grid Analysis was used to ensure openness and transparency. In summary, Grid Analysis plots the response from each group in a specific row and groups the main themes in an individual column on the grid. Themes are grouped by objective to ensure the analysis can prove delivery against the original brief. Findings recorded in the grid are referred back to the transcript to ensure transparency.

Two researchers interpreted the data separately to ensure credibility and validity of the subsequent outputs. (This also ensures that the analysis and reporting is open to public scrutiny.) Findings in the report are supported by verbatim quotations to evidence their authenticity.

C. MAIN FINDINGS

- The draft recommendations were generally well received
- Most participants thought they were set out clearly:
 - Who the target audience is
 - Who should take action
 - What action should be taken
- All were clear which recommendations were relevant to them, and most considered them feasible
- Many thought the draft recommendations would lead to a more concerted effort to prevent underage smoking, which was not generally considered a high priority locally, regionally, or nationally, e.g. compared to activity surrounding underagedrinking
- However,

“There are obviously priorities on our resources. Politically, locally and nationally the pressure is to deal with alcohol and antisocial behaviour. The majority of resource goes to alcohol and probably not enough of it is going to tobacco. That’s life. We could spend as much resource as we were given on these things, it’s just our lack of choice in the end.”

Depth, Clerk, Cheshire

- Many thought the draft recommendations would help to prevent smoking among children and young people under 18 (albeit as part of a wider programme of activity)
 - A few wanted to see the age limits removed and to focus on encouraging everyone not to smoke, because they thought preventing smoking remained an important national issue for everyone
 - Others would like to see greater emphasis on tackling the causes of underage smoking (e.g. boredom, lack of diversionary activities, low self- esteem, social deprivation, home environment, etc)

“I think a lot of this starts at home and it’s the home environment that probably needs to be tackled, rather than retail. The purchase of cigarettes is just a symptom of the demand. You really need to get to the heart of it, I think, to be truly affective. Chasing after retail, there’s a bit of a danger that it might turn out a bit like herding sheep, you just drive the demand to a different place. With cigarettes it would be naïve to ignore the black market in cigarettes.

Depth, Retailer, London

- Some PCT staff also thought that they could only succeed with the support of other local strategic partners, including local authority trading standards teams, the police, and local magistrates; they welcomed their inclusion in these recommendation
- However, some participants thought encouraging and supporting adult smokers to quit should remain top priority; they believe there was strong evidence that a reduction in smoking prevalence among adults would lead to a similar reduction in smoking prevalence among children and young people

Recommendation 1: Mass Media Campaigns

Who is the target population?

Children and young people aged under 18.

Who should take action?

- Organisers and planners of national, regional and local public education and communications campaigns.
- Local and regional commissioners and planners with a remit to prevent the uptake of smoking among children and young people aged under 18. This includes those working in the NHS and local authorities.

What action should they take?

- Develop and deliver a national, regional or local mass-media campaign to prevent the uptake of smoking among young people aged under 18, for example, by reducing the attractiveness of tobacco and generally making smoking socially unacceptable. The campaign should not be developed or delivered in conjunction with (or supported by) the tobacco industry. It should:
 - be informed by research that identifies and understands the target audiences
 - be developed in partnership with national, regional and local government and non-governmental organisations and the NHS (at national, regional or local level, as appropriate)
 - consider groups that research indicates have higher rates of smoking than the average, or where smoking prevalence is rising (for example, young women and young people in disadvantaged circumstances)
 - feature messages that are repeated in a number of ways
 - use advertisements that are regularly updated and run over 3–5 years (and which consistently attract and influence children and young people)
 - use personal testimonials that children and young people can relate to
 - use messages that empower children and young people to refuse offers of

cigarettes

- include advertisements that elicit an emotional reaction (for example, fear)
 - include advertisements that portray tobacco as a deadly product, not just as a drug that is inappropriate for children and young people to use
 - include graphic images that portray smoking's detrimental effect on health as well as appearance (for example, its effect on the appearance of skin and teeth)
 - use news coverage, posters, brochures and other materials to promote the campaign. This includes generating news by writing articles, commissioning newsworthy research and issuing press releases. It also includes enlisting the support of healthcare professionals, public relations agencies and local anti-tobacco activists
 - use strategic and pre- and post-testing qualitative and quantitative research with the target audiences and process measures to ensure campaigns are being delivered as intended. For recommendations on the principles of evaluation, see 'Behaviour change at population, community and individual levels' (NICE public health guidance 6)
 - contribute to changing society's attitude towards tobacco use so that smoking is not considered the norm by any group
 - involve working in partnership with media professionals and using best practice methods employed by them.
- National campaigns should exploit the full range of media used by children and young people, especially television advertising.
 - Regional and local campaigns should build on, and be integrated with, a national communications strategy to tackle tobacco use. They should use regional and local press and radio to reach specific audiences and to get unpaid coverage in the press. They should also use regional and local networks to generate as much publicity as possible.

Several respondents were involved in the development of anti-smoking campaigns. Some had run national mass media campaigns, while others had run local campaigns at PCT or local authority level. A wide range of mass media had been used including TV, radio, cinema, press, bus, bill board, and websites. A few had developed point of sale campaigns (e.g. posters to place in retailers alongside tills and cigarette displays).

Few could recall any campaigns targeting children to prevent smoking. Several recalled campaigns from the 1970s and 80s, but not recent ones. PCT public health advisers and smoking cessation teams said their activity generally targeted adult smokers and aimed to promote their services. Several said they had found it much easier to get funds to promote their services in recent years due to:

- The fact that their PCT was now operating in surplus
- Increased emphasis on social marketing in the smoking cessation / public health field

However, some PCT staff reported very small budgets for marketing, i.e. insufficient funds to have mass media advertising on any scale to tackle smoking locally.

Several said they worked with schools and community groups to discourage smoking among children and young people. Some said their service was looking at developing stop smoking services for young people who want to quit. However, none had run mass media campaigns targeting children and young people to discourage smoking.

1.1 Who is the target population?

All thought the target audience was clear, i.e. children and young people under 18. They thought this sent out a clear message to the NHS and local authorities to commission such campaigns, and to set aside adequate resources to do so. Several also thought it would encourage local authorities to enforce legislation, because it conveyed the importance of tobacco prevention work targeting children and young people.

Some NHS staff thought the recommendation should encourage PCTs to target children and young people from disadvantaged groups who they considered significantly more likely to smoke than others (as well as citing them under 'what action should be taken). Others thought that the recommendation should target parents, families, and teachers to encourage them to do more to persuade children not to smoke.

1.2 Who should take action?

Those involved in developing campaigns recognised that they were being asked to take action (i.e. organisers and planners of campaigns, especially those with responsibility for preventing children and young people from smoking). Several welcomed references to both NHS and local authority staff. However, others thought who should take action could be more specific. They thought it could cite public health staff, other health improvement staff, and trading standards professionals specifically.

1.3 What action should be taken?

Some trading standards professionals thought that this suggested that their PCT public health colleagues would take action rather than them, even where joint commissioning with the local authority took place. They said the PCT lead on health issues and they led on tobacco control (e.g. campaigns targeting retailers on the change in the age of consent). They assumed subsequent recommendations would target them more directly.

Some PCT staff did not understand why campaigns should not be developed or delivered in conjunction with the tobacco industry. They thought the reason why not could be more clearly stated in the draft recommendations.

All welcomed the recommendation that campaigns should be informed by research that identifies and understand the target audience. Similarly, all agreed that market research should be used to help plan and test the proposed campaign pre-launch and to measure that it is having its intended impact post launch. For example, several PCT staff said

they monitored changes in uptake of NHS Stop Smoking services to see if their campaign work was working.

“There’s a section here which says consider groups that research indicates have higher rates of smoking than the average or where smoking prevalence is rising, which I think it’s very sensible for any advertising to be targeted at a particular group of people, otherwise there’s not much point in doing it.”

Depth, Retailer, Leeds

Some also wanted to see even greater emphasis on engaging and involving young people in campaign development.

“I didn’t think there was enough emphasis on actually consulting young people about how this would work and what needs to be done. And I think there’s a danger, and you’ve highlighted it a number of times, that people such as us could sit in an office thinking, yes, that would work with young people. And then you find out that you’ve completely missed the mark.”

Depth, PCT, Leicester City

Many said their campaigns were research-led. Several said they developed campaigns based on research and engagement with target audiences. They also said they market tested campaigns with their target audience. A few said they engaged other stakeholders to ensure buy-in across strategic partners. However, they thought this was a useful reminder and would encourage commissioners to set aside adequate funds to conduct research.

All welcomed the recommendation to develop campaigns in partnership with others. Some PCT staff complained that they got very late notice of any national campaigns which made it hard to integrate local activity. They hoped this recommendation would improve communication from national government on its planned campaign work. All agreed integrated campaigns with both national and local elements were more likely to be effective.

All welcomed the recommendation to consider groups more likely to smoke, including children and young people from disadvantaged backgrounds. Several wanted these to be cited more explicitly in the proposed target population.

Those involved in developing and running campaigns agreed that consistent messages should be used, and regularly updated. They thought it would be important to make sure that messages were regularly refreshed to make sure they cut through and influence their target audience. Recommendations to run campaigns over 3 to 5 years was welcomed, because it conveyed the level of sustained activity required to affect change. Several were concerned that local activity in particular tended to be short lived (e.g. six months or less). Some PCT staff were concerned that they would never be able to find the resources to run high profile mass media campaigns for this length of time.

Recommendations to use testimonials and help children and young people to refuse an offer of cigarettes were also generally welcomed, because they give clear direction of what to say and how to say it in a campaign. Most welcomed the suggestion that

campaigns should provoke an emotional reaction, portray tobacco as a deadly product (including graphic images demonstrate the impact smoking has on health). Several cited the recent British Heart Foundation campaign as both arresting, particularly graphic (i.e. fat dripping out of tubes), and effective (i.e. conveying the damage smoking does to veins and arteries). They agreed that such campaigns help to reduce the social acceptability of smoking, which in turns helps to prevent smoking among children and young people (i.e. by making it culturally unattractive). Some marketing and advertising professionals wanted to see evidence that such an approach was effective, or more effective than other possible approaches.

“I agree about seeing tobacco as a deadly product, not just as a drug that’s inappropriate. Yeah, I think if you said to a young person it’s inappropriate to smoke it doesn’t mean anything does it? The one we found quite useful when we’ve been asked is the number of chemicals that are in cigarette products and so I’d agree with that one. Definitely the skin and the teeth and the hair.”

Depth, PCT, London

Some were surprised by the recommendation to use news media to convey messages to young people. They were not convinced that young people regularly read the news. They thought it was important to use youth media (e.g. radio, youth press, buses and bus stops, SMS texting, etc). Consequently, they welcomed recommendations to use TV advertising at a national level, which they considered the most effective medium. Again, they thought investment in national TV advertising sent out a strong message to local organisations about the priority that should be given to preventing smoking among children and young people.

“Almost everything I agree with 100%. My view, if I can just introduce this by saying my view about how this should work, is not about news. It’s not about using news, if you can avoid it. At the moment we are seeming to do worse with the 16 to 24 age group... My view that that’s taking place is because those kids don’t read news. So, all the bits where we talk about it’s generating news by writing articles, commissioning newsworthy research, issuing press releases, it is all necessary, but it’s not sufficient. I think to change attitudes there needs to be something rather clever.”

Mini group, Local Authority, London

Most welcomed the draft recommendations as giving clear direction that campaigns should be commissioned that aim to prevent children and young people from smoking

Overall, most considered this a useful checklist of things to think about when developing and rolling out a mass media campaign. Most thought they were confident that they could implement the draft recommendations. Most said they already followed a broadly similar process that was compliant with the draft recommendations as they stand.

Some thought that mass media advertising was only part of the solution, but alone not going to have a significant impact unless done in conjunction with other measures, e.g. tackling illegal sales. They were surprised that there was no reference to community outreach and schools-based prevention work, as well as enforcing illegal sales.

Some PCT public health advisers and tobacco leads thought they and their team would need training to commission, manage, develop and/or deliver a mass media campaign locally (e.g. local press, radio, post campaign, etc) A few PCT staff were unconvinced that the measures would have a significant impact on the rates of young people who smoked. They thought changes in smoking prevalence among the adult population were more likely to have an impact. They also thought it was hard for government or an individual PCT to compete with the marketing activities of the tobacco industry to attract children and young people to smoking. They thought project / community-based initiatives were more likely to be effective.

“I think it’s more relevant to national and regional campaigns, but for local, I think, that in order to actually have an impact with your local population you want to do something that’s actually going to involve some face to face contact.”

Depth, Local Authority, London

2. Recommendation 2: Illegal sales

Who is the target population?

Children and young people aged under 18.

Who should take action?

National government.

What action should they take?

- Support better enforcement of existing legislation by:
 - ensuring local authorities enforce current legislation to prevent under-age tobacco sales, in accordance with their statutory role and best practice
 - ensuring all local authorities undertake regular audits of test purchasing to ensure consistent practice and enforcement
 - building on current education and training programmes for trading standards officers
 - working through government agencies and national organisations to ensure retailers and others, such as publicans, are aware of the legislation on under-age sales, including from vending machines
 - ensuring magistrates have access to, and are aware of the most effective measures to deter retailers from making underage sales.
- Ensure efforts are sustained over a number of years.

2.1 Who is the target population?

Again, participants thought the target population was clear (i.e. children and young people under 18). All thought it was clear who should take action, i.e. National Government. All thought this was appropriate and that National Government has an important role to play in setting and ensuring the enforcement of tobacco control legislation, including the prevention of underage sales. They particularly welcomed the direction to sustain activity over a number of years.

2.2. Who should take action?

All welcomed recommendations that national government should take action to make sure local authorities enforce current legislation. Tackling illegal tobacco sales was not considered a high priority nationally or locally. Most welcomed the inclusion of recommendations to tackle this. They thought it sent out a clear message that such activity should be a higher priority, both in terms of underage sales and tackling smuggling. Trading standards professionals through the recommendation was relevant to them. They thought the recommendation sent out clear direction that they were expected to enforce the law on illegal sales. Some PCT staff, clerks of court, and magistrates thought local authorities should be named here (as well as under recommendation 3) as they had to actually implement the draft recommendations.

2.3 What action should be taken?

Trading standards professionals welcomed the draft recommendations. They said enforcing legislation on illegal tobacco sales was not currently a high priority locally. Tackling underage drinking was thought to take a far higher priority. They thought such direction to national government would increase the priority given to such activity. Some PCT staff and trading standards officers thought targets should be set as part of their regulatory assessment to ensure action was taken.

Trading standards professionals thought that test purchases were not commonplace, but that that such activity would be increased as a result of this recommendation. Some PCT staff thought the recommendation should give clearer guidance on exactly what level of test purchasing should take place. They were concerned that tobacco control took a low priority for trading standards officers. They thought that trading standards team would do the minimum level of test purchases without clear direction on exactly what was expected of them. Some also thought that test purchasing was not done well locally and wanted guidance on how to ensure the best outcomes through test purchasing. They also wanted recommendations for appropriate levels of resources to be invested in ensuring test purchasing is both done and done well.

However, some retailers thought 'test purchases' were unfair (i.e. entrapment). Large retailers, in particular, thought their stores were more likely to get targeted for action by trading standards professionals, i.e. a 'big local scalp'. However, retail trade associations claimed that some members conducted test purchases themselves.

Some trading standards professionals wanted to see government track prosecutions and fines given nationally to see if action is being taken to enforce the law.

Some PCT staff wanted to see audits of the test purchase process become part of the regulatory assessment of a local authority to make sure that such activity took place and was conducted to a high standard.

Retailers themselves said they were generally aware of the law and accepted the draft recommendations reflected current practice. However, some complained that they bore all responsibility and consequences for illegal sales, while children and young people bore none. They also complained that adults who bought cigarettes for children and young people should be penalised. While they accepted that retailers had a responsibility to prevent illegal tobacco sales, they thought it could be hard to tell a young person's age. They thought staff could be reluctant to ask for proof of age to avoid abuse when forced to refuse a sale to a minor. A few of the larger retailers and retail trade associations want to see greater emphasis on the children and young people who bought cigarettes under age and adults who gave cigarettes to underage smokers. They thought too great an emphasis was placed on the retailer.

“Retailers work hard and they deserve anything that they make. That’s something else, though, you see, I don’t know. The retailers are breaking the law by selling cigarettes to underaged kids. Are the kids breaking the law by smoking?”

Depth, Clerk, Cheshire

Trading standards professionals did not think training was an issue or problem. They thought their current education and continuing professional development equipped them to enforce the law. However, they had no particular issue with the draft recommendation to *build on existing training*.

Several trading standards professionals were pleased to see direct references to magistrates. Several said they rarely took retailers to court, because magistrates tended to only give them nominal fines. They did not think such fines acted as much of a deterrent. They thought such direction from central government to magistrates could result in tougher penalties for retailers who sell tobacco products to under 18s. A few wanted to be allowed to set penalties and give on-the-spot fines themselves (e.g. to avoid clogging the magistrates courts up with retailers). A few said they would like to see a license system (re)introduced for tobacconists (i.e. repeat breaches of the law could result in a license being revoked, which they thought would make it easier to enforce the law on underage tobacco sales).

Magistrates similarly said that they rarely saw retailers being prosecuted for under age sales, but assumed that such sales were relatively commonplace locally. Magistrates said they tended to deal with criminal casework, including fraud, theft, burglary, and even murder. They thought that illegal tobacco sales were low on their local authorities list of priorities. Consequently, they thought they saw few such cases as a result. Magistrates accepted they had a role to play in discouraging young people from smoking. However, they thought major cultural change was needed to encourage children and young people to take the risks of smoking seriously.

Some thought it was unclear what ‘ensuring magistrates have access to and are aware of the most effective measures to deter retailers from making underage sales’ actually meant. They thought this recommendation could be clearer.

Again, all welcomed the recommendation to sustain effort over time. They thought any efforts to enforce the law locally were often shortlived and as such, were considered largely ineffective.

In terms of improvement, some PCT staff, trading standards professionals, and magistrates were surprised that there was not direct reference to tackling smuggling. They thought that some young people had ready access to smuggled cigarettes. They also thought restricting access to retailers would drive young people towards tobacco smugglers. Therefore, they thought that both retail activity and smuggling needed to be tackled in tandem.

“I think it could be made obvious that it could be used as a checklist for any organisation who’s looking to develop a campaign that’s focusing on young people smoking.”

Depth, Voluntary Organisation, London

3. Recommendation 3

Who is the target population?

Retailers.

Who should take action?

Local authorities and trading standards bodies.

What action should they take?

- Ensure retailers are aware of legislation banning under-age sales by:
 - providing practical guidance on how to avoid illegal sales
 - encouraging them to request and verify proof of age for anyone who appears younger than 18 who attempts to buy cigarettes. (Examples of proof of age include a passport or driving licence)
 - encouraging them to complete the ‘Age restricted products refusal register’ for each tobacco sale refused on the grounds of age
 - running publicity campaigns, which could include highlighting where tobacco is being sold illegally, details of successful local prosecutions, the

possible fines that retailers can face and health information.

- Make it as difficult as possible for young people aged under 18 to get cigarettes and other tobacco products. In particular, exercise a statutory duty under the Children and Young Persons (protection from tobacco) Act 1991 to prevent under-age sales by:
 - prosecuting retailers who persistently break the law – taking enforcement action if vending machines are being used by children and young people aged under 18
 - undertaking test purchases each year to detect breaches in the law. Audit test purchases regularly to ensure consistent practice across all local authorities.
- Ensure the owners of vending machines and those who have them on their premises take all reasonable precautions to prevent under-age people using them, in accordance with the law. Give practical advice on how to avoid illegal sales via vending machines by, for example, locating them where they can be controlled or supervised.
- Work with the police and other agencies to identify areas where under-age tobacco sales are a particular problem.
- Assess whether an advocacy campaign is needed to support enforcement. Any such campaign should be run in accordance with best practice and provide a clear, published statement on how to deal with under-age tobacco sales.
- Actively discourage enforcement and related campaigns developed by the tobacco industry.
- Ensure efforts are sustained over a number of years.

3.1 Who is the target population?

All thought it was clear who the target population was, i.e. retailers. All, especially, trading standards professionals welcomed recommendations targeting retailers. All thought it was clear who should take action, i.e. local authorities and trading standards professionals.

3.2 Who should take action?

Trading standards professionals agreed that they could do more to prevent illegal sales. They thought the draft recommendations sent out a clear message to trading standards professionals and teams to do more to prevent illegal sales.

They also thought that the draft recommendations set out clear direction on what retailers were expected to do. Some thought that retailers themselves could be cited under who should take action. Similarly, some thought trade associations should be encouraged to raise awareness of the obligations of retailers to prevent under age sales. They thought trade associations (e.g. British Retail Consortium) could take more of a

lead in raising awareness of the final NICE guidance and its implications for tobacconists.

“The only slight conflict here is that the people being asked to take action in this list is not us (retailers), so the actions that are being advised, I’m assuming, are linked to local authorities and trading standards bodies rather than retailers.”

Depth, Retailer, Leeds

3.3 What action should be taken?

Some trading standards professionals said they had run campaigns that targeted retailers to highlight changes in the age of legal purchase and the penalties for breaking the law. However, few said they had done much beyond this directly to prevent illegal sales.

All thought the activities outlined were relevant and feasible activities for them to do, i.e.:

- Providing practical guidance on how to avoid illegal sales and encouraging retailers to request proof of age
 - Trading standards professionals thought they could train retailers to recognise and tackle children and young people who are trying to buy cigarettes underage, including how to handle a refusal to sell tobacco to someone underage
 - Retailers thought requesting proof of age was an important way of preventing illegal sales and should be encouraged locally (including national retail chains)
- Encouraging retailers to keep an age-restricted products refusal register for each tobacco sale refused
 - Again, trading standards officers thought they could train local retailers to run such a register
 - Some retailers were unconvinced that an age-restricted products refusal register was effective in deterring underage sales. They thought that some retailers would record refusals falsely to make it look like they were doing a good job. They thought others might not write things in the register to avoid looking like their store was being frequented by people under age to get cigarettes. They thought it could work in a small retailer, but not a big one (which sees thousands of customers a week). They thought it was not practical for staff in big stores to complete such a register (i.e. break away from sales to record the refusal given the large number of customers seen each day).
 - Other smaller retailers did not know what a products refusal register was; once explained, they thought it was a good idea and would be easy to do (e.g. they thought they had only one or two refusals a week)

- Some PCT staff said that this had been promoted locally as beneficial to tobacconists, i.e. a way retailers can protect themselves in the event of legal action for underage sales

“Encouraging them to do a refusal register for each tobacco refused on the grounds of age. Well, we wouldn’t agree with that because we think if the correct processes are there and in place then you are not going to make a large number of sales to under age, and a register doesn’t really prove anything. I mean, we obviously wouldn’t do this but those registers could be falsely completed if somebody wanted to simply try and prove they were refusing lots of sales they could forge those registers. ... we don’t think it’s the most robust way of making sure that those people under age don’t purchase age restricted products.”

Depth, Retailer, Leeds

“Every shop that we identify that sells any age-restricted product gets advice on the different age-restricted products, say alcohol, tobacco, solvents, that sort of thing. And they’ve all been given, or will be given again an advice pack that has information on refusals and complying with the legislation. That’s ongoing. We’ve done that bit for years.”

Mini group, Trading Standard Officer, Birmingham

- Running publicity campaigns:
 - Trading standards professionals had themselves often run publicity campaigns (e.g. on changes in the age of legal purchase) and thought the draft recommendations on mass media campaigns provided a useful checklist to follow when developing campaigns
 - Trading standards professionals thought it was a good idea to publicise successful prosecutions; they think this could act as a deterrent to retailers to sell to underage smokers
 - Retailers thought that it could be counterproductive for local authorities to publicise successful prosecutions, because it would damage relationships between them and local retailers. They thought such relationships were important to maintain to ensure that local retailers responded to measures to prevent under-age tobacco sales.
 - Similarly, trading standards professionals thought it was a good idea to highlight where illegal sales were taking place; a few suggested developing schemes to encourage people to report retailers who they thought were selling tobacco to under 18s; Some retailers thought this might be counter productive and could publicise where young people could get cigarettes underage

“I believe what happens to retailers is they get warnings first, and that is actually effective and that is fair enough. Perhaps they should be encouraged to bring a few test cases to court to get that public profile that has been mentioned in these

recommendations. If they had something in the local paper about a retailer being fined £1,000 for underage sales that would, I think, have quite a dramatic effect on other retailers; whereas the odd warning might stop that retailer doing it but it's not the obvious deterrent to others."

Depth, Magistrate, Manchester

"Well, I think any retailer is going to try to comply with any legislation, because if you don't you're just going to end up facing bad publicity and it's going to cost you money and legal fees, fines, prosecutions. It's going to cost you money in time and actually, you're just better off doing it properly the first time rather than having to recover a situation. You're better off investing your time and effort in training your colleagues properly, in making sure you've got the correct controls in stores. We have a refusals log in every store that the colleagues would log a refusal if they refuse the sale. We have an age prompt on our tills."

Depth, Local Authority, Berkshire

Trading standards professionals welcomed encouragement to prosecute retailers, and to take enforcement action against owners of vending machines that are being used by under 18s to gain access to cigarettes. They thought this would encourage them to take action, and magistrates to impose tougher penalties (see also the response to recommendation 2). Magistrates similarly thought that this would encourage trading standards professionals to bring more cases to court.

"One of the things we are sometimes disappointed about, because we don't take many cases to court. It's only a handful, if that, but when we do take them to court, they just get fined a nominal amount. So that's not seen as much of a deterrent."

Depth, Trading Standard Officer, Birmingham

"I think it goes back to the court only being able to do its job if cases are brought to the court. There is no way that magistrates can encourage cases or anything else. It's just when they arrive. I suppose there could be informal dialogue between the courts and enforcements, police and trading standards and things like that, get the youth court on board, that people are spending their money on cigarettes. But I think the bottom line is that there is very little that courts can do until cases are brought to court."

Depth, Magistrate, Manchester

Trading standards professionals welcomed the recommendation to support owners of vending machines to prevent under age sales. They were aware that this was an issue that needed to be given a higher priority for action to be taken. Some respondents thought cigarette vending machines should be banned altogether. Others thought that bar staff should give out tokens for vending machines to prevent underage sales or that vending machines should be kept behind the bar to prevent illegal sales.

“I think that a vending machines should be behind a bar or you have to pay with a credit card or something just to make it that much more difficult. I think it’s just saying that they’ve taken reasonable precautions.”

Depth, Voluntary Organisation, London

Trading standards professionals welcomed direct reference to police involvement to support any activity they took. Some thought magistrates should be referenced here too as a key stakeholder in terms of enforcement of legislation locally.

Again, some wanted clarification why the tobacco industry should not be involved in such activity. Again, trading standards professionals welcomed the recommendation to ensure efforts are sustained over a number of years.

Overall, trading standards professionals thought the draft recommendations set out a clear checklist of things they and retailers were expected to do to prevent underage tobacco sales. They thought this could be helpful to inform court reports when deciding on an appropriate penalty for under-age tobacco sales.

In terms of improvements, some would have liked to see greater emphasis on tackling point of sale promotion (following recent media coverage of issues to be covered in a forthcoming government consultation on tobacco control) and on tackling smuggling.

Some magistrates and clerks of court questioned whether or not enforcing the legislation would have a significant impact on rates of smoking, and as such whether or not prioritising such activity was cost effective use of trading standards officer time. They wanted to see changes in the law to tackle children and young people who try to buy tobacco products underage, adults who give tobacco products to children underage, and access to contraband cigarettes. Others questioned whether trading standards professionals had sufficient resources to take effective action to tackle illegal sales. Some thought that trading standards should bring more test cases to court.

“I think it’s all good. I think really the negative thing is, how is it going to be done without extra money? It’s easy to say this should be done, but I’ve heard from trading standards people that they just don’t have the resources to do it. Perhaps there need to be more penalties to deter people from selling cigarettes to young people and more test cases.”

Depth, Voluntary Organisation, London

“I would think the biggest barrier is the restraints on Trading Standards and the wide range of responsibilities they currently have, and the very wide range of establishments selling tobacco which, as I’ve already said, is a much larger number of premises than sell liquor. And particularly it is referred to that the significant number of sales that are made by vending machines, the level of supervision necessary is much less than over-the-counter sales.”

Depth, Trading Standard Officer, Burton-on-Trent

However, some professionals nationally, regionally, and locally remain unconvinced that investment in trying to prevent young people from smoking in the first place presents good use of public funds. They believe there is little evidence that activities are effective. They think tackling adult smoking should remain the priority.

D. CONCLUSIONS AND RECOMMENDATIONS

1. The draft recommendations are generally well received and relatively few improvements are suggested
2. The draft recommendations are generally considered relevant by:
 - NHS public health / health improvement staff
 - Local authority trading standards professionals
 - Marketing and communications professionals
 - Other professionals
3. Most consider the draft recommendations easy to read and understand, e.g. in terms of who the target population is, who should take action, and what action should be taken
 - Some would like to see greater emphasis on targeting children and young people most at risk of smoking (i.e. those from the most disadvantaged backgrounds)
 - Some would like to see greater specificity in terms of who should take action, e.g. explicit references to trading standards professionals, magistrates, police, NHS health improvement teams, etc
4. Most professionals think they have the knowledge and skills to implement the draft recommendations
 - Trading standards professionals think the draft recommendations are well within their skills (e.g. working with retailers to prevent illegal sales, helping the set up an age-restricted products refusal register, running campaigns to prevent illegal sales, etc)
 - Some NHS staff say they would need training to commission or to implement a mass media campaign
5. We assume the final document will make direct reference to the evidence base underpinning each recommendation; some advertising and marketing professionals want evidence that the recommendation approach to encouraging young people not to smoke works (e.g. using testimonials, provoking an emotional response, portraying tobacco as a deadly product)
6. Most NHS and trading standards professionals think they could do all the activities outlined in the draft recommendations;
7. Retailers recognised that they should not sell tobacco products to underage smokers and should ask for proof of age to prevent illegal sales

- Some are concerned that staff may be reluctant to ask for proof of age due to the risk of abuse from customers
 - Trading standards officers say they could and do work with retailers to help them ask for proof of age effectively
8. However, some retailers express concerns about some of the draft recommendations relating to them:
- A few retailers think test purchases are unfair, e.g. when no action is taken against children and young people who buy tobacco products underage, or adults who give cigarettes to children and young people
 - Some large retailers think it is impractical for their staff to maintain an age restricted products refusal register given the large volume of tobacco product sales made at each store, but smaller retailers were generally happy to get involved in such an initiative; it will be important to present both the evidence of effectiveness of such activity and any commercial benefits (e.g. protection in the event of prosecution)
 - Some retailers think publicising successful prosecutions could damage relationships between trading standards officers and local retailers; they think good relationships are needed to ensure local retailers play their part in preventing illegal sales
 - Some retailers think highlighting where illegal sales are taking place may be counterproductive, i.e. notifying children and young people where to go to get tobacco products underage; again it will be important to present evidence of effectiveness of this strategy in preventing illegal sales
9. Preventing illegal sales and encouraging young people not to smoke in the first place are both perceived to be a low priority at present nationally, regionally, and locally
- It is widely thought that these recommendations will encourage NHS and local authority teams to give a higher priority to encouraging young people not to smoke
 - Magistrates hope this will encourage trading standards professionals to bring more cases to court
 - Trading standards professionals hope it will encourage magistrates to give tougher sentences when cases are brought to court
10. Several professionals think that the recommendations should become part of a PCT or local authorities regulatory assessment, or enshrined in national standards and targets to make sure that statutory bodies take the action needed to prevent illegal sales and discourage children and young people from smoking effectively

11. Professionals would also like to see greater emphasis on tackling children and young people who try to buy / buy cigarettes underage, adults who give cigarettes to children and young people, and access to contraband cigarettes (which is thought to be a way that children and young people get access to tobacco products)
12. Several professionals question whether or not NHS and local authority teams would have the resources needed to truly tackle underage smoking and illegal sales,
 - Some PCT staff say that they have had more money for campaign work since their PCT achieved a surplus
 - Some suggest that it is difficult for national government, regional and local activity to be effective against the spend of the tobacco industry to promote its products to children and young people
 - Others suggest that greater emphasis is needed on tackling point of sale promotion nationally
13. Some professionals questioned whether or not greater investment in preventing illegal sales and encouraging young people not to smoke was good use of resources
 - Several professionals think encouraging adult smokers to quit should remain top priority, as a reduction in adult smoking prevalence is considered one of the most effective ways of reducing smoking prevalence among under 18s
14. Overall, the draft recommendations are thought to give a useful checklist for how to prevent illegal sales and set up and run mass media campaigns to discourage children and young people from smoking

APPENDICES

- 1. Approach letter**
- 2. Discussion guide**
- 3. Draft recommendations (circulated to participants in advance)**



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**NICE GUIDANCE ON PREVENTION OF THE UPTAKE OF SMOKING IN CHILDREN
AND YOUNG PEOPLE**

The Department of Health has asked National Institute for Health and Clinical Excellence (NICE) to: 'Produce guidelines on the prevention of the uptake of smoking in children and young people, including point of sale measures.'

The Centre for Public Health Excellence (CPHE) at NICE wish to test draft recommendations on interventions aiming to prevent the uptake of smoking by children and young people by using mass media and prevention of illegal sales of tobacco.

The guidance is aimed at those directly and indirectly responsible for the health and care of children under 18. It will consider mass media interventions and point of sale measures; but, it will not cover family, community, or school-based interventions, price of tobacco, interventions to encourage children and young people to quit smoking, chewing tobacco or other smokeless tobacco products.

The draft recommendations will be developed as part of the guidance produced in response to this referral.

I am writing to ask for your help with this very important stage in the development of these recommendations. We want to invite those involved in the commissioning, planning, design and delivery of mass media advertising and point of sale interventions to prevent young people from smoking to evaluate our recommendations and have asked Dr Foster Intelligence to manage this process.

We need your input to help us make sure our recommendations are relevant, useful, feasible, and implementable. Therefore, your feedback is extremely important to us. Anything you tell us will be treated in the strictest confidence. No individuals or organisations will be identified when we report the findings.

I do hope you will be able to take part in this important project. If you have any queries about the research, please contact Patti White at NICE on 0207 045 2146 or Nigel Jackson at Dr Foster Intelligence on 020 7332 8866.

Yours faithfully

Simon Ellis

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Appendix 2: Discussion Guide

National Institute for Health and Clinical Excellence (NICE)
Centre for Public Health Excellence (CPHE)

Fieldwork on draft recommendations on: Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people

A: Introduction

1. *Welcome*: introduce Dr Foster Intelligence, moderator and any observers
2. *Introduce the guidance & the research*:
 - a. NICE have produced draft public health guidance on using mass-media and point-of-sales measures to prevent children and young people under 18 from taking up smoking
 - b. They are now holding a consultation period. Dr Foster Intelligence has been commissioned to test draft recommendations within the guidance with all the different professional groups who will have responsibility for implementing them
 - c. The guidance is aimed at a wide range of professionals from the public, private and voluntary sectors, including: Local authority & NHS commissioners responsible for preventing the uptake of smoking in children & young people under 18, organisers/planners of public education & communications campaigns, national government, trading standards bodies
3. *Reassure interviewees*:
 - a. This is a very important stage in the development of the guidance
 - b. NICE takes the views of professionals and the public very seriously and will consider them very carefully when reviewing the draft guidance. This is your opportunity to influence what the final guidance says.
4. *Explain anonymity & confidentiality issues*:
 - a. Please be open and honest – all views will be strictly anonymous
 - b. Ask permission to audio-tape fieldwork. Explain confidentiality and anonymity

B. Introducing the Interviewee

- Can you briefly introduce yourself, your role and your responsibilities?

C. Context (20 minutes)

Aim: to explore what organisations do now and how similar/different this is to what the guidance is asking them to do

Mass-Media Campaigns


1. Are you/ your organisation (or have you/your organisation been) involved in developing and delivering national/ regional/ local mass-media campaigns to prevent the uptake of smoking among young people aged under 18?
2. If so...
 - a. What do you understand by “mass media campaign”?
 - b. What different media have you used in your campaigns?
 - c. Which groups of children have your campaigns been targeted at?
 - d. To what extent are these campaigns based on research that helps you to identify & understand the target audience?
 - e. How long do (or have) the campaigns run for?
 - f. To what extent and how do you evaluate the delivery and the effectiveness of the campaigns?
 - g. To what extent do you/your organisation work in partnership with other organisations to develop the campaigns? Which organisations (*probe: national/regional/local government, NGOs, NHS?*)
 - h. To what extent are these campaigns designed to integrate with other regional/national campaigns?
 - i. What messages/ideas have you tried to promote through these campaigns? Why have you chosen these messages/ideas?
3. If not...
 - a. Are you aware of any national/regional/ local mass-media campaigns aimed at preventing the uptake of smoking among young people aged under 18?
 - b. What different media have been used in these campaigns?
 - c. What messages/ideas were promoted in these campaigns?

Illegal Sales

Questions for Local authorities, trading standards officers.

1. What measures do you/ your organisation take to enforce existing legislation preventing under-age tobacco sales?
2. What is the coverage and frequency of these measures? For example, if you/your organisation carry out test purchasing, where does this take place and how frequently is it carried out?
3. What steps has national government taken to ensure that you/ your organisation/ your profession enforce(s) existing legislation preventing under-age tobacco sales?
4. Are you aware of any other measures or schemes designed to ensure that existing legislation preventing under-age tobacco sales is enforced (e.g. measures/schemes put in place by other organisations)?
5. What training and education programmes are available for trading standards officers to assist them in preventing under-age tobacco sales and assist them in enforcing current legislation preventing under-age tobacco sales?
6. What measures do you/your organisation/ government agencies/ other national organisations take to ensure that tobacco retailers (including publicans) are aware of legislation no under-age tobacco sales?

Questions for retailers

1. What measures or schemes are you aware of that are taken by government/ your local authority/ trading standards officers/ any other organisations to ensure that the law controlling sale of tobacco to children and young people under 18 is enforced?
 2. What measures are taken by government/ your local authority/ trading standards officers/ other organisations to ensure that you are aware of legislation controlling sale of tobacco to children and young people under 18?
 3. To what extent do you feel you understand current legislation concerning sale of tobacco to children and young people under 18?
 4. What more do you feel could be done to help you/other retailers understand the law concerning sale of tobacco to children?
 5. What measures do you currently take to prevent children and young people under 18 from purchasing tobacco either over the counter or from vending machines?
- 

D. Exploring the response to each of the three NICE Recommendations

Explore responses to each recommendation individually

Questions to explore whether the recommendation is clear and easy to understand

1. To what extent is it clear who the target population for this recommendation is? Could this be made any clearer? If so, how?
2. To what extent is it clear who is being asked to take action? Could this be made any clearer? If so, how?
3. To what extent is it clear what the recommendation is asking people to do? Could this be made any clearer? If so, how?

Questions to explore relevance of recommendation to interviewee/interviewee's organisation

1. Is this recommendation asking you/ your organisation to take action?
2. Do you think that this recommendation should be asking you/ your organisation to take action?
3. Does the target population of the recommendation cover population groups with which you work?
4. If implemented, would the recommendation impact on you/ your professional group/ your organisation? How/why?
5. How could the recommendation be made more relevant to you in your professional role/ your organisation?

Questions to explore whether interviewees think the recommendation would be effective in achieving its goal

1. If implemented, to what extent do you think that the interventions suggested in this recommendation would help to prevent the uptake of smoking amongst children and young people under 18? Why?
2. How useful is this recommendation to you in your professional role/ your organisation in terms of preventing the uptake of smoking amongst children and young people under 18? Why?
3. Overall, to what extent do you think this recommendation would impact (positively/negatively) on you/ your organisation/ the uptake of smoking amongst children & young people under 18?

Note to moderator: probe to see whether respondents feel that the availability of contraband/smuggled cigarettes will be a barrier to the draft recommendations being effective in preventing sales of cigarettes to children & young people under the age of 18

Questions to explore what might help or hinder the implementation of the recommendation, including:

- Barriers to implementation
 - How interviewee/ their organisation/ other organisations could contribute to implementing the recommendation
1. Do you/ individuals in your organisation feel that you have the training to implement/play a part in implementing this recommendation?
 2. Do you/ individuals in your organisation have the confidence to implement/ play a part in implementing this recommendation?

3. Does implementing/ playing a part in implementing this recommendation fit with the goals of your professional role/ your organisation?
4. What, if any organisational or resourcing barriers are there to you/your organisation implementing this recommendation? *Probe:*
 - a. *Resourcing barriers: funding? Staffing? Time constraints? Lack of training?*
 - b. *Organisational policies/ structures/ processes?*
5. What, if any, factors external to your organisation could help or hinder the implementation of this recommendation? Why?
6. What different professionals/organisations do you think should play a role in implementing this recommendation? Why?
 - a. What roles do you think these roles should be? Why?
 - b. How might these organisations help or hinder each other in terms of implementing this recommendation?

Questions to explore what could be done to make the recommendation more relevant/ useful/ feasible to implement/ effective

1. How do you think the recommendation could be made more relevant to you/ the population groups with which you work?
2. How do you think the recommendation could be made more feasible (or do-able)? Why?
3. How, if at all could the recommendation be made more useful to you in terms of preventing uptake of smoking amongst children and young people under 18?
4. What, if anything, do you think could be done to make the recommendation more effective in terms of preventing uptake of smoking amongst children and young people under 18?

E. Overview (10 mins)

1. Overall, which of the draft recommendations will have the most or least impact nationally/regionally/locally and why?
2. Which of the draft recommendations do you think should take the highest priority and why?
3. What three things could NICE CPHE do to make sure you/ your organisation implements the draft recommendations and why?
4. Any other thoughts on how the draft recommendations could be improved? Why?

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH DRAFT GUIDANCE

Issue date: July 2008

Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people

NICE public health guidance X

Introduction

The Department of Health (DH) asked the National Institute for Health and Clinical Excellence (NICE or the Institute) to produce public health guidance on how to prevent the uptake of smoking by children and young people. This guidance focuses on mass-media and point-of-sales measures.

The guidance is for those who have a direct or indirect role in, and responsibility for, preventing children and young people aged under 18 from taking up smoking. This includes those working in the NHS, local authorities, the criminal justice system and the wider public, private, voluntary and community sectors. It may also be of interest to those working in mass media and members of the public.

The guidance complements and supports, but does not replace, NICE guidance on: brief interventions for smoking cessation; workplace smoking cessation; smoking cessation services for hard to reach groups; and varenicline for smoking cessation (for further details, see section 7).

The Public Health Interventions Advisory Committee (PHIAC) has considered both the review of the evidence and the economic appraisal.

This document sets out the preliminary recommendations developed by the Committee. It does not include all the sections that will form part of the final guidance. The Institute is now inviting comments from stakeholders (listed on the NICE website at: www.nice.org.uk). Preventing the uptake of smoking by children and young people

Recommendations

The Public Health Interventions Advisory Committee (PHIAC) considered the evidence of effectiveness and cost effectiveness in drafting the draft recommendations. Note: this document does not constitute the Institute's formal guidance on these interventions. The draft recommendations are preliminary and may change after consultation.

Please also note: PHIAC has considered a range of other issues linked to tobacco sales and promotion and these have been referred to the Institute for further discussion with the Department of Health.

The evidence statements underpinning the draft recommendations are listed in appendix C. A brief description of the interventions is given below, immediately before the list of recommendations.

The evidence reviews, supporting evidence statements and economic analysis are available on the Institute's website at www.nice.org.uk/smokingandchildren

Interventions

- Mass-media interventions use a range of methods to communicate a message. This can include local, regional or national television and radio, newspapers, leaflets and booklets. It can also include new media. (In this document, 'new media' refers to communication via the Internet or mobile

phone. On the Internet, it can involve anything from real-time streaming of information and podcasts, to discussions with experts and the use of social networking sites.) The aim of mass-media interventions is to reach large numbers of people without being reliant on face-to-face contact.

- Point-of-sales interventions take place at the point where tobacco could be sold. (These interventions primarily aim to deter shopkeepers from making illegal sales.)

Mass-media and point-of-sales interventions are two strategies for preventing the uptake of smoking among children and young people aged under 18. They are usually combined with other prevention activities as part of a comprehensive tobacco control strategy. (The US Surgeon General, World Health Organization and others define a comprehensive tobacco control strategy as one that includes price and regulation policies, education programmes, cessation support services and local activities. It is also sufficiently extensive and sustained to have a reasonable chance of success.)

When implementing the draft recommendations, careful consideration should be given to the potential impact on health inequalities.

Mass media

Recommendation 1

Who is the target population?

Children and young people aged under 18.

Who should take action?

- Organisers and planners of national, regional and local public education and communications campaigns.
- Local and regional commissioners and planners with a remit to prevent the uptake of smoking among children and young people aged under 18. This

includes those working in the NHS and local authorities.

What action should they take?

- Develop and deliver a national, regional or local mass-media campaign to prevent the uptake of smoking among young people aged under 18, for example, by reducing the attractiveness of tobacco and generally making smoking socially unacceptable. The campaign should not be developed or delivered in conjunction with (or supported by) the tobacco industry. It should:
 - be informed by research that identifies and understands the target audiences
 - be developed in partnership with national, regional and local government and non-governmental organisations and the NHS (at national, regional or local level, as appropriate)
 - consider groups that research indicates have higher rates of smoking than the average, or where smoking prevalence is rising (for example, young women and young people in disadvantaged circumstances)
 - feature messages that are repeated in a number of ways
 - use advertisements that are regularly updated and run over 3–5 years (and which consistently attract and influence children and young people)
 - use personal testimonials that children and young people can relate to
 - use messages that empower children and young people to refuse offers of cigarettes
 - include advertisements that elicit an emotional reaction (for example, fear)
 - include advertisements that portray tobacco as a deadly product, not just as a drug that is inappropriate for children and young people to use

- include graphic images that portray smoking's detrimental effect on health as well as appearance (for example, its effect on the appearance of skin and teeth)
 - use news coverage, posters, brochures and other materials to promote the campaign. This includes generating news by writing articles, commissioning newsworthy research and issuing press releases. It also includes enlisting the support of healthcare professionals, public relations agencies and local anti-tobacco activists
 - use strategic and pre- and post-testing qualitative and quantitative research with the target audiences and process measures to ensure campaigns are being delivered as intended. For recommendations on the principles of evaluation, see 'Behaviour change at population, community and individual levels' (NICE public health guidance 6)
 - contribute to changing society's attitude towards tobacco use so that smoking is not considered the norm by any group
 - involve working in partnership with media professionals and using best practice methods employed by them.
- National campaigns should exploit the full range of media used by children and young people, especially television advertising.
 - Regional and local campaigns should build on, and be integrated with, a national communications strategy to tackle tobacco use. They should use regional and local press and radio to reach specific audiences and to get unpaid coverage in the press. They should also use regional and local networks to generate as much publicity as possible.

Illegal sales

Recommendation 2

Who is the target population?

Children and young people aged under 18.

Who should take action?

National government.

What action should they take?

- Support better enforcement of existing legislation by:
 - ensuring local authorities enforce current legislation to prevent under-age tobacco sales, in accordance with their statutory role and best practice
 - ensuring all local authorities undertake regular audits of test purchasing to ensure consistent practice and enforcement – building on current education and training programmes for trading standards officers
 - working through government agencies and national organisations to ensure retailers and others, such as publicans, are aware of the legislation on under-age sales, including from vending machines
 - ensuring magistrates have access to, and are aware of the most effective measures to deter retailers from making underage sales.

- Ensure efforts are sustained over a number of years.

Recommendation 3

Who is the target population?

Retailers.

Who should take action?

Local authorities and trading standards bodies.

What action should they take?

- Ensure retailers are aware of legislation banning under-age sales by:
 - providing practical guidance on how to avoid illegal sales
 - encouraging them to request and verify proof of age for anyone who appears younger than 18 who attempts to buy cigarettes. (Examples of proof of age include a passport or driving licence)
 - encouraging them to complete the 'Age restricted products refusal register' for each tobacco sale refused on the grounds of age
 - running publicity campaigns, which could include highlighting where tobacco is being sold illegally, details of successful local prosecutions, the possible fines that retailers can face and health information.

- Make it as difficult as possible for young people aged under 18 to get cigarettes and other tobacco products. In particular, exercise a statutory duty under the Children and Young Persons (protection from tobacco) Act 1991 to prevent under-age sales by:
 - prosecuting retailers who persistently break the law – taking enforcement action if vending machines are being used by children and young people aged under 18
 - undertaking test purchases each year to detect breaches in the law. Audit test purchases regularly to ensure consistent practice across all local authorities.

- Ensure the owners of vending machines and those who have them on their premises take all reasonable precautions to prevent under-age people using them, in accordance with the law. Give practical advice on how to avoid illegal sales via vending machines by, for example, locating them where they can be controlled or supervised.
- Work with the police and other agencies to identify areas where under-age tobacco sales are a particular problem.
- Assess whether an advocacy campaign is needed to support enforcement. Any such campaign should be run in accordance with best practice and provide a clear, published statement on how to deal with under-age tobacco sales.
- Actively discourage enforcement and related campaigns developed by the tobacco industry.
- Ensure efforts are sustained over a number of years.