

## Public Health Intervention Guidance

### Preventing the Uptake of Smoking by Children –Consultation on Draft Guidance– Stakeholder Response Table 19<sup>th</sup> March – 18<sup>th</sup> April 2008

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<b>Action on Smoking and Health (ASH)</b>		General		Overall, and taking into account the limited scope of the guidance, this is a positive and achievable approach to tackling smoking by young people, provided that it forms part of a broader tobacco control strategy. The successful implementation of the guidance will depend to some extent on adequate funding, particularly of the measures to prevent illegal sales of tobacco.	Noted. Thank you for your comment. This point is made prominently in the Considerations section of the final guidance.
<b>Action on Smoking and Health (ASH)</b>		Mass Media		As we noted in our comments on the synopsis of the evidence base, research suggests that mass media campaigns aimed at all smokers are likely to be more effective than specifically youth-focused campaigns.	Thank you for your comment. The guidance focuses on strategies specifically targeted at children and young people: mass media campaigns and point-of-sales measures. Assessing the relative effectiveness of adult versus youth targeted campaigns was beyond the scope. Nevertheless, PHIA have highlighted the importance of delivering youth targeted campaigns within the context of broader tobacco control strategies and the synergy between campaigns aimed at different target

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					populations has also been acknowledged.
<b>Action on Smoking and Health (ASH)</b>			P6	<p>Factual correction:</p> <p>Under “<i>consider groups that research indicates have higher rates of smoking than the average (for example young women)</i>”</p> <p>It is incorrect to suggest that smoking rates among young women are rising. According to the General Household Survey 2006, smoking rates among women aged 16—19 fell from 26% to 20% between 2005 and 2006; and among 20-24 age group the rate dropped 1% from 30% to 29%. Therefore the ref. to young women should be removed.</p>	The Health Survey for England indicates that in 2006, those aged 16-24 had the highest smoking prevalence rate of any female age group (at 28%) and had done so for many years ; nevertheless, the reference to young women has been removed.
<b>Action on Smoking and Health (ASH)</b>		Media	P6	<p><i>“use messages that empower children and young people to refuse offers of cigarettes”</i></p> <p>Although this appears logical and desirable, we would urge caution in advocating mass media campaigns that have ‘refusal skills’ as part of the message since this is similar to the discredited tobacco industry “Just say no” approach.</p>	The wording of this recommendation in the final guidance has changed slightly to suggest several qualities of messages that might be included, of which this is just one. In addition, this guidance makes clear that communication strategies and advertisements should be researched to ensure

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					they meet the goals intended.
<b>Action on Smoking and Health (ASH)</b>			P7	<p><i>“National campaigns should exploit the full range of media used by children and young people, especially television advertising.”</i></p> <p>A good example of a recent TV campaign is the Children’s BBC “Smokehouse” programme in which children persuaded their parents to quit smoking. The programme resulted in 100,000 supportive information packs being downloaded and was the top rated programme by children whilst it was being screened. See: <a href="http://www.bbc.co.uk/cbbc/grab/#printouts=printoutssmokehouse">http://www.bbc.co.uk/cbbc/grab/#printouts=printoutssmokehouse</a> Further unpaid promotions of quit smoking campaigns of this kind should be encouraged.</p>	Thank you for this additional information.
<b>Action on Smoking and Health (ASH)</b>		Illegal Sales	P7	<p>A key issue for the successful implementation of the guidance to prevent illegal sales of tobacco to children will be adequate funding, particularly of Trading Standards Officers (TSOs). By way of comparison, for the implementation of the smokefree legislation, the Government allocated £29.5 million to local authorities to ensure that the smoke-free provisions of the Health Act 2006 were properly implemented.</p> <p>Without additional funding, TSOs are unlikely to be able to carry out the additional measures, such as regular audits and test purchasing, that the guidance is proposing.</p>	Thank you for this information; PHIAC notes in the considerations section(paragraph 3.8) that local authorities do not have a duty to carry out test purchases on tobacco, but that it would like them to be given greater priority and more resources made available to achieve this.
<b>British Heart Foundation</b>		General		This guidance is a positive step forward in tackling smoking by young people. It needs to be part of a broader tobacco control strategy and properly funded if it is to have the impact desired.	Noted. Thank you for your comment. This point is made prominently in the

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					recommendations section of the final guidance.
<b>British Heart Foundation</b>		Introduction	1	In other places in the guidance you rightfully stress the importance of retailer commitment in achieving the goal of preventing the uptake of smoking by children. However, retailers are not included in the introduction as a target audience for the guidance. While retailers will no doubt receive the messages from local authority staff, we believe that NICE should consider how to communicate these recommendations directly to them, perhaps through linking with trade associations and press.	The retail sector is particularly mentioned in the Introduction of the final guidance. Your further comments will be passed on to NICE colleagues working on implementation.
<b>British Heart Foundation</b>		Mass Media	7	While we recognise that there is more evidence on the effectiveness of television awareness programmes, we question the sense of stating that national campaigns should focus “especially on television.” New media is an increasingly powerful vehicle for communicating with young people and a properly designed national awareness campaign based on the principles of social marketing should not begin with a bias towards television advertising before the research is done. We recommend the phrase “especially on television” should be removed. This is in part based on our highly successful <i>Food for Thought</i> campaign this year which focused almost entirely on new media. Our evaluation has indicated significant cut through with the target audience.	In addition to reviewing the published evidence on the effectiveness of television campaigns, NICE commissioned qualitative research with young people that confirmed their exposure to the medium. Full details of the methodology, data analysis and ethical approval for the project can be found in the report, available at: <a href="http://www.nice.org.uk/smo_kingandchildren">www.nice.org.uk/smo_kingandchildren</a> .

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					Nevertheless, the recommendation has been changed so that it refers to the <i>inclusion</i> of television rather than <i>especially</i> television.
<b>British Heart Foundation</b>		Illegal sales	7	A key to implementing the guidance will be secure funding and training, particularly for Trading Standards Officers (TSOs). Without adequate funding, TSOs will not be able to implement the sensible recommendations from these guidelines, particularly test purchasing operations which can be very time intensive.	Thank you. Your comments will be passed on to NICE colleagues working on implementation
<b>British Heart Foundation</b>		Illegal sales	8	Following up on our point above about retailers, we suggest that under "Who should take action?", the guidance should include retailers as this could encourage self-regulation - not at the expense of regulation but as a complement.	The guidance is focused on enforcing current legislation and a number of recommendations concern the support that retailers should receive from national and local government agencies.
<b>British Heart Foundation</b>		Illegal sales	9	While we recognise that there is a separate DH consultation on vending machines due later the year, the BHF believes that the continual presence of cigarette vending machines in areas that are accessible to young people is a significant impediment to these guidelines stated objective of preventing the uptake of smoking by children. We would like to see your recommendation strengthened to something like "assess whether a complete ban on cigarette vending machines is the only viable way to ensure young people are not accessing cigarettes in this manner. Such evidence should be used to inform legislative action."	Thank you. This issue is noted in considerations 3.14 and 3.15 in the final guidance.

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<b>British Retail Consortium</b>		General		The BRC is the trade association for retailers, and its members include major food retailers and high street chains responsible for a high proportion of tobacco sales. We supported the increase in the age of purchase to 18 last year. This brought tobacco into line with alcohol and increased the consistency of controls on under age sales through the adoption of Challenge 21 principles. These controls are embedded in the training of all staff in the major retailers and together with common signage has had a significant impact in preventing under age sales	Thank you for this information.
<b>British Retail Consortium</b>		General		We do not believe the recommendations reflect the comments on where children obtain cigarettes later in the document. It is clear children are obtaining cigarettes from older friends and parents, yet the target audiences and the actions are all directed at children 18 and under and retailers. The recommendations would be more effective if the target population was wider.	Thank you for making this point; PHIAC deliberated seriously on the sources of supply of cigarettes to children and young people. This discussion is noted in the considerations section of the final guidance in paragraphs 3.9 – 3.11.
<b>British Retail Consortium</b>		General		The recommendations are not particularly new, rather greater enforcement of existing regulations. We believe a better intervention would be for Government to make it an offence for a proxy purchaser to supply a child with cigarettes and for a child to attempt to buy cigarettes. In this way it would signal the seriousness of the issue and put it on the same footing as alcohol	Making proxy purchases illegal has been considered recently by Parliament in debate on the Criminal Justice and Immigration Bill and rejected by both Houses. PHIAC

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					discussed this and recognised the seriousness of the problem. The committee's views are expressed in paragraph 3.10 of the considerations section.
<b>British Retail Consortium</b>		Rec 1	5	The target audience should include the whole population. In terms of action it should include a section on the dangers of giving cigarettes to children or buying on their behalf	Thank you for your observation; please see the responses to the two previous comments.
<b>British Retail Consortium</b>		Rec 2	7	We have some concerns on the action of regular test purchasing. We believe all test purchasing should be used in an effective way in accordance with the Government's better regulation agenda. Targeting premises using intelligence is the most effective use of resources rather than blanket campaigns of test purchasing	Thank you for this comment. The final guidance emphasises the need for local agencies to work collaboratively and use local information to detect breaches of the law and identify areas where under-age tobacco sales are a particular problem.
<b>British Retail Consortium</b>		Rec 3	9	The recommendation doesn't make reference to the powers which are currently being debated in the Criminal Justice Bill which would introduce negative licensing for the sale of tobacco which we feel will have a significant impact in focusing the attention of retailers on ensuring no under age sales. As with recommendation 2, we also support targeted rather than blanket	Thank you for your comment. The Criminal Justice Bill is discussed in the final guidance in the Policy and legal

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				test purchasing	background section.
<b>British Retail Consortium</b>		3.10	16	We don't agree that children will turn to illicit sources if enforcement is increase as we believe our controls already deter under age purchasers. We would also expect the Government to also tackle illicit sources to prevent this	According to an official survey in 2004, two-thirds of children aged 11-15 who smoked said they had bought cigarettes from a shop. Just over half said they had been refused a purchase at least once. PHIAC noted that the sale of smuggled cigarettes should be tackled in part through collaborative working between HMRC and local enforcement agencies.
<b>British Retail Consortium</b>		3.14	16	Although we are discussing the future DH consultation on display of tobacco, we do not believe that the current display of tobacco is promotion as the rules that control advertising are already strict, only allowing for display and price information	Thank you for your comment.
<b>Bury PCT (NW ASH)</b>				NW ASH welcomes this draft guidance in this very important area of preventing the uptake of smoking by children and young people. We would like to make the following additional recommendations.	Thank you.
<b>Bury PCT (NW ASH)</b>				Parental behaviour is acknowledged as a major influence in the uptake of smoking by children – even if they have not stopped smoking expressing their disapproval is known to influence	This guidance gives examples of approaches which

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				children's behaviour; they should be involved and targeted in mass media campaigns.	have been found to be effective with young people. It does not rule out other approaches. Instead the guidance recommends that communication strategies be researched with the target audience.
<b>Bury PCT (NW ASH)</b>				Children and young people should be involved in the planning and testing of campaigns contributing to empowerment and campaign effectiveness.	Thank you, this is reflected in the final guidance.
<b>Bury PCT (NW ASH)</b>				Community leaders/ambassadors as identified by young people, e.g., sports people, actors, musicians, should be included in mass media campaigns.	See earlier comment.
<b>Bury PCT (NW ASH)</b>				Community Health Action such as 'Smoke Free Kids' groups should be supported to empower and build the self esteem of young people.	See earlier comment.
<b>Bury PCT (NW ASH)</b>				Children and young people continue to access cigarettes illegally from vending machines, single cigarette purchases as well as shops; the licensing of premises selling cigarettes and banning of cigarette vending machines should be introduced.	Thank you for your comments. For a fuller picture of PHIAc's deliberations on these topics, please see the considerations section in the final guidance.

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Bury PCT (NW ASH)				Counterfeit and smuggled cigarettes are often young people's first experience of smoking; the source and content of these contraband products should be publicised.	The extent to which enforcing purchasing restrictions on under-age sales would lead children to buy from unofficial sources is not known. PHIAc has made a research recommendation on this in the final guidance.
Bury PCT (NW ASH)				All new films should have an 18 certificate with an explicit warning at the beginning of the film that it contains scenes with smoking in; television productions with smoking in should also have this warning	Thank you but this is outside the scope of this guidance.
Bury PCT (NW ASH)				Mass media campaigns should make children and young people aware of how they are being exploited through targeted advertising by tobacco companies.	One of PHIAc's recommendations in the final guidance is to determine if a 'Truth' style campaign which includes these kinds of messages may be effective in the UK.
Dept of Health		General		<p>We welcome this guidance, which should help to reinforce our efforts (and those of local authorities and the NHS) to prevent future generations from becoming addicted to a product that is the single greatest preventable cause of premature death and disabling illness.</p> <p>We feel that the guidance will help to reinforce messages in our forthcoming consultation on tobacco control strategy, the central theme of which will be protecting children and young people.</p>	Thank you for these comments. The current Department of Health consultation is mentioned, with a link to consultation documents, in the final guidance.

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				You may wish to be aware that we will be seeking views on a range of measures that will help to de-normalise tobacco and smoking, and to reduce access to tobacco from retail outlets (and through illicit trade sources).	
<b>Dept of Health</b>		General		In our opinion, the observation that strategies [aimed at adults] are likely to have a 'knock-on' effect on children and younger people, and vice-versa is useful.	Thank you; this is acknowledged in Consideration 3.2 and Evidence Statement 1.3.3 of the final guidance.
<b>Dept of Health</b>		General		We feel that it may be helpful to explore the role played by ethnicity in the reduction in the uptake of smoking (i.e. do all communities hear the same message?)	Much of the evidence on the influence of ethnicity in the published literature was from the United States; it was unclear how applicable these findings would be to a UK setting. PHIAC has made research recommendations on the impact of socioeconomic factors on the effectiveness of mass media and point of sale measures.
<b>Dept of Health</b>		General		Could you please consider the impact of illicit sources of tobacco on particular, and often vulnerable, communities: we believe that additional resources would be necessary to implement key	PHIAC has made a recommendation for research to find if

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				messages within this guidance, and that these may have political and policy implications.	purchasing restrictions lead children and young people to buy from illicit sources and if so, what are these sources and how much tobacco is being purchased from them by young people.
<b>Dept of Health</b>		General		In our opinion, the effectiveness of this guidance will rely on a key lead for implementation and co-ordination, and the co-operation of all related partners in the public, voluntary and private sectors.	Thank you for your comment.
<b>Dept of Health</b>		General		<b>Local authorities:</b>  We would like local authorities to give tobacco control greater priority, but regret that we are unable to do so directly. We feel that it is for local authorities to make their own decisions regarding priority work. We can encourage (but cannot require) the authorities to do so. We are aware however, that other levers are available to encourage them, through additional funding for work (in areas like tougher enforcement of the law on age of sale).	Thank you. The final guidance emphasises the role of national government in encouraging and supporting local authorities and national organisations.
<b>Dept of Health</b>		General		<b>Vending machines</b>  You may wish to be aware that we will shortly be consulting on stricter regulation of vending machines.  We would agree that children's access to tobacco from vending machines should be controlled more effectively, particularly now that the age of sale has been increased.	PHIAC was concerned about vending machines and in addition to recommendations on their strict control, has also included a discussion in the considerations

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				Trading Standards test purchasing evidence shows that there is far too little adult supervision of machines, and routine ignorance of the NACMO voluntary code. However, we feel that it should be stressed that fewer young people between 11 and 15 are obtaining their cigarettes from vending machines than was the case ten years ago (14% of regular smokers in this age group, according to the last <i>Smoking, Drinking and Drug Use Survey</i> in 2006). In our view, the importance of vending machines (relative to convenience stores as a point of access to tobacco) should not be over-stated.	section of the guidance.
Dept of Health		General		<p><b>Proxy purchasing</b></p> <p>You may be aware that the suggestion (that buying tobacco on behalf of young people under 18 should be made an offence) has been considered by Parliament in the last few months under amendments to the Criminal Justice and Immigration Bill.</p> <p>For information, both houses have so far rejected the creation of an offence of “proxy purchasing”, on the grounds that it is unlikely ever to be enforced.</p>	Thank you. PHAC was concerned about children’s access to illicit sources of cigarettes, including proxy purchases, and this is discussed in the considerations section.
Dept of Health		General		<p><b>Licensing</b></p> <p>We note that the guidance urges the Government to adopt positive licensing to help enforce the age of sale law.</p> <p>You may be aware that <i>Licensing of tobacco retailers</i> was the subject of Government consultation in 2006 and that the majority of respondents favoured a negative licensing system, in which retailers are free to sell tobacco (unless they are found to have repeatedly flouted the law on the age of sale).</p> <p>Trading Standards officials can apply for orders in such cases,</p>	Thank you for this comment. PHAC considered several approaches including positive licensing and mandatory registration. In the considerations section of the final guidance (paragraph 3.12) they have encouraged the

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				prohibiting the retailer from selling tobacco for periods of up to one year. We appreciate your support for an alternative system but, in light of the legislation now going through Parliament, feel that the Government is unlikely to re-visit the issue for some time, particularly in the absence of a strong evidence base, justifying a positive licensing system.	Department of Health to consider which scheme would be the most effective in ending illegal sales, when the time comes to reconsider licensing.
Dept of Health		General		<b>Fixed Penalty Notices</b>  We note that the guidance recommends that trading standards be given powers to impose on-the-spot fines for under-age sale of tobacco. Legislation is going through Parliament to give such powers to enforcement officers, under the <i>Regulatory Enforcement and Sanctions</i> Bill.	Thank you. The text of the final guidance has been changed to reflect this.
Dept of Health		General		<b>Proof of age</b>  In our opinion, it is important to stress that the only acceptable forms of ID recommended by LACORS and TSI are passport, driving licence or proof-of age card, bearing the tamper-proof PASS hologram.	Thank you. The text of the final guidance has been changed to reflect this.
Dept of Health			5	We would recommend that more is done to collate media messages, developed locally and regionally, to disseminate (nationally, if appropriate) those messages that are deemed effective.	Thank you. The text of the final guidance has been changed to reflect this.
Dept of Health			6	In our view, caution-balance needs to be sought between tobacco being treated as a deadly substance and the effect such information may have on young children (who will become very worried about their parents, relatives etc.).	The final guidance includes this as one of the types of messages that should be researched and tested with the target audiences.

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Dept of Health			6	We believe that looking at the effects on skin and teeth may have resonance with those young people who are image conscious.	Thank you; the effect of smoking on appearance is mentioned as an example of graphic images that might be used in mass media communication.
Dept of Health			12-13	In relation to policy initiatives, could you please consider mentioning the <i>National Healthy School Programme (NHSP)</i> . As part of a whole school approach to physical and emotional well-being, the NHSP includes a focus on smoking. To achieve National Healthy Schools status, we feel that schools need to be delivering high quality PSHE, where education about the dangers of smoking, the legal position in relation to tobacco use and skills to resist are included. It is also our view that school sites need to be smoke-free.	Schools are outside the scope of this guidance, but are being considered in another piece of NICE guidance currently in development. See <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976</a>
Derbyshire County Council Trading Standards		General		Derbyshire County Council trading Standards carries out test purchasing exercises on tobacco products annually.	Thank you for this information.
Derbyshire County Council Trading Standards		General		It is our experience that vending machines are the major problem. Only a small percentage of retail shops sell tobacco to our young volunteers, but they can purchase from the majority of vending machines. We advise traders where we consider that their machines are inappropriately sited but they do not necessarily move them.	Thank you. PHIAC was concerned about vending machines and in addition to recommendations on their strict control, has also included a discussion in the considerations

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Derbyshire County Council Trading Standards		General		There are also issues around who is supplying the cigarettes - Is it the company which owns the vending machine and stocks it Or is it the pub who is supposed to supervise it?	See above.
Derbyshire County Council Trading Standards		General		For retailers I would favour a positive licensing system, similar to that for alcohol. It would then be possible to apply for revocation/suspension of the licence.	Thank you for this comment
Derbyshire County Council Trading Standards		General		Fixed penalties would be a useful deterrent , but again not so practical with vending machines as it is less obvious who has made the sale.	Thank you. See earlier comments regarding PHIAc's deliberations on vending machines and other measures to control access.
Derbyshire County Council Trading Standards		General		It would be preferable to ban cigarette vending machines altogether. Particularly now that smoking is banned in pubs etc. there can be no justification for them to be there.	Thank you for your comment. Please see paragraphs 3.14 and 3.15 in the considerations section of the final guidance.
Derbyshire PCT- Derbyshire health promoting Schools team		3.5	15	If there is no evidence to show that it prevents smoking are we running the risk of promoting smoking generally even if in a negative way to young people? Has any of the evidence indicated that those people who would not have thought of smoking at all have been given new ideas? Or will this create a society of young people that keeps smoking a secret, unable to seek any help or support if needed? If a mass media campaign is run should it not also consider ways of supporting young people who already smoke? Or will the campaign label them even more as being bad creating stigma and discrimination?	The published evidence did show a positive effect of mass media and access restrictions but studies are not able to show whether specific interventions prevented children from ever taking up smoking, or merely

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## Public Health Intervention Guidance

### Preventing the Uptake of Smoking by Children –Consultation on Draft Guidance– Stakeholder Response Table 19<sup>th</sup> March – 18<sup>th</sup> April 2008

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					<p>delayed the time when they started to smoke. Even if interventions delayed onset of regular smoking, PHAC considered this would be a worthwhile goal.</p> <p>The scope of this guidance does not include campaigns to encourage young smokers to quit.</p>
<b>Derbyshire PCT- Derbyshire health promoting Schools team</b>		3.10 and 3.11	16	I think the document has clearly identified the dangers that young people will turn to illicit sources in which case quality control will be unmanageable. How will this affect the socio-economic gap? Surely the gap will widen?	All cigarettes, whether bought legally or illegally are highly dangerous. There is a research recommendation in the final guidance which highlights the knowledge gaps about cigarettes obtained from illicit sources and the impact of socioeconomic factors on the effectiveness of measures to prevent uptake of smoking.

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Drug Education Forum		General		<p>The Drug Education Forum believes that public health campaigns are more effective when carried out in conjunction with effective education campaigns.</p> <p>We understand the reason that educational interventions were not included in the scope of this guidance, however we hope that it will be made clear that there should be an expectation that public health campaigns aimed at children should run alongside educational interventions. In our view this should mean that those that develop public health campaigns should produce materials and resources that are available to schools to use in PSHE lessons.</p>	<p>Smoking education in schools is the subject of other NICE guidance currently in development, see <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976</a></p> <p>This guidance emphasizes the importance of a comprehensive strategy for tackling tobacco use.</p>
Drug Education Forum		Rec 1	5&6	<p><i>"be informed by research that identifies and understands the target audiences"</i></p> <p><i>"include advertisements that elicit an emotional reaction (for example, fear)"</i></p> <p>The Drug Education Forum is well aware of young people's often stated claim that they would find harder messages around drugs (including tobacco) would have a deterrent effect on their use. However, there is no evidence, we are aware of, for campaigns carried out in this way leading to changes in children's behaviour. There does seem to be some evidence (see <a href="#">Boomerang Ads</a> from Drug and Alcohol Findings 2005) that harder messages can have the unintended consequence of making drugs more attractive to young people.</p> <p>The Drug Education Forum does not believe that fear is the most effective reaction to be trying to achieve with public health campaigns aimed at children. To support this view we would cite</p>	<p>Thank you for this considered response. There is published evidence which indicates that vivid communications are successful with young people. This evidence can be found in the review of the mass media campaigns available on the NICE website at: <a href="http://www.nice.org.uk/guidance/index.jsp?action=folder&amp;o=40">http://www.nice.org.uk/guidance/index.jsp?action=folder&amp;o=40</a></p>

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				<p>the findings in the <a href="#">review of effectiveness</a> carried out to inform this guidance, which says:  <i>"A UK-based (++)6 qualitative study found that social norms messages were more effective than fear messages at encouraging more committed smokers to consider their smoking behaviours and reinforcing awareness of the dangers of smoking in less committed smokers." [page 6]</i></p> <p>NICE will also want to make it clear that where campaigns are targeted at children and young people they need to be in line with the Advertising Standards Authority guidance. We would particularly point to CAP Code clauses <a href="#">9.1 and 9.2</a> (Fear and distress) and <a href="#">47.2</a> (Children), and CAP (Broadcast) TV Advertising Standards Code rules <a href="#">7.3.6</a> (Children - Distress).</p>	<p><a href="#">004</a></p> <p>Thank you.</p>
<b>Drug Education Forum</b>		Rec1	6	We endorse the need for a sustained campaign over 3 – 5 years.	Thank you.
<b>Drug Education Forum</b>		Rec 1	7	<p><i>'contribute to changing society's attitude towards tobacco use so that smoking is not considered the norm by any group'</i></p> <p>We endorse this as a critical challenge for the outcome of the guidance; as peer and family norms are powerful influences on children and young people.</p>	Thank you, noted.
<b>Essex County Council</b>		Illegal sales	7	Local authorities have a wide range of u-age duties and extra funding for tobacco work is essential of government funding for specific alcohol sales campaigns	Thank you for this observation. PHAC has made the same point in the considerations section (paragraph 3.8) of the final

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					guidance.
<b>Essex County Council</b>		Illegal sales	8	Make siting of vending machines a statutory issue as opposed to, voluntary – or ban vending machines all together	Thank you for this observation. You will be aware that the control of vending machines is one of the issues included in the current government consultation on tobacco control. PHIAc's discussion of this is included in the considerations section of the final guidance.
<b>Essex County Council</b>		Illegal sales	8	Licensing of tobacco sales would allow Magistrates to remove the ability of a retailer to sell tobacco.	Thank you. PHIAc's discussion of this issue is in paragraph 3.12 in the considerations section of the final guidance.

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Essex County Council		Illegal sales	9	Funding and priorities of local authorities affects this section and other la enforcement and advice work	Thank you, noted.
Faculty of Public Health		General		Most reference citation systems use authors, or editors, as the in-text citation. Why does NICE use the publisher / commissioner of the Smoking and Drug Use among Secondary School Children (ie The Information Centre) instead of the editors or the organisation that wrote the report (NatCen)?	Thank you, we will amend this.
Faculty of Public Health		General		Given the many gaps in evidence summarised at the end of Appendix D, this is a good attempt to produce evidence-based recommendations that are deemed likely to result in positive and avoid negative effects on reducing tobacco use and therefore improve short-, medium- and long-term health.	Thank you for your comment.
Faculty of Public Health		General		We are very pleased that NICE has placed these recommendations within the context of a comprehensive tobacco control policy, as effective tobacco control interventions generally have greater impact when introduced in conjunction with other measures rather than in isolation.	Thank you. PHIAC was clear in its emphasis on this point.
Faculty of Public Health		Recommendation 1	6	It is crucial that any mass media campaigns that focus specifically on children take note of the specific recommendations listed, to avoid increasing the desirability of smoking. However, not all of the evidence listed in section 1 in Appendix C is included, such as the need not to patronise children.	This draft recommendation has been made into three – on campaign development, messages and strategies – to make it more precise. The need to avoid patronising children is not mentioned specifically, but the guidance emphasises how crucial it is to research and test

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					messages with the target audience.

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Faculty of Public Health		Recommendation 1	6	In particular, we welcome the final point on page 6, emphasising the need for pre- and post-testing of message contents, format and delivery.	Thank you. See the previous comment.
Faculty of Public Health		Recommendations 2 & 3	7 - 9	It is helpful that NICE is recommending that local authority Trading Standards departments enforce current legislation and conduct test purchases, as this may help such departments find resources for these activities. Their legal obligation under the 1991 Act regarding sale of tobacco to minors is only to report what enforcement activities – if any – they have conducted in the previous year.	Thank you. PHIAC's deliberations on this point have also been included in the considerations section (paragraph 3.8) of the final guidance.
g-Nostics Ltd.		General		<i>"The guidance complements and supports NICE guidance on brief interventions for smoking cessation":</i> An appropriate way forward would also be for this guidance to support the smoking cessation services guidance.	Thank you. The guidance complements previous NICE guidance on smoking.
g-Nostics Ltd.		General		Recommendation to alter title to include prevention not only of <i>smoking</i> but also of <i>nicotine ingestion</i> because there is evidence that nicotine ingestion from passive smoking and breast milk could also lead to early-onset disease and could also lead to an increased chance of taking up smoking later in life (see attachment for a synopsis)	This issue is beyond the scope of this particular guidance.
g-Nostics Ltd.		General		A point of care cotinine test, NicAlert™, is applicable for provision of an additional motivational tool to pregnant mothers and post-natal to reduce/eliminate exposure to second hand smoke. Screening of: - newborns and infants to prevent the uptake of nicotine from tobacco smoke ingested from the breast milk of a smoker - pregnant women to minimise the otherwise increased probability of their child becoming a smoker - children to prevent the uptake of nicotine from passive smoking - children to minimise or ultimately prevent the uptake of nicotine	Thank you, but this is outside the scope of this guidance.

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				from direct tobacco smoke ingestion	

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<b>g-Nostics Ltd.</b>		General		Genetic risk for nicotine dependence should be considered in the conceptualisation of tobacco control programmes for adolescents during the early smoking stages (see attachment for supporting literature and caveat re; regulation of this activity). In other words, providing the appropriate ethical guidelines are developed and regulations adhered to, it could be possible to use such screening to identify the risk of becoming a smoker later in life and healthcare workers could manage high risk candidates more closely	Thank you, but this is outside the scope of this particular guidance.
<b>g-Nostics Ltd.</b>	<i>Preventing the uptake of smoking (or nicotine ingestion by other means) by children</i>	General		Genetic approaches to optimise therapy – in order to help an under-18 to quit - should be offered by medical professionals to improve efficacy and minimise adverse events (see attachment for supporting literature). This should be supported with cognitive behavioural therapy and online 24-7 counselling.	Thank you, but smoking cessation for young people is outside the scope for this guidance.
<b>Hertfordshire County Council – Hertfordshire Tobacco Alliance</b>		General		Based on the lack of UK evidence, we think this report has highlighted the small amount of work undertaken by Central Government in preventing the uptake of smoking by children and young people over the years. Any future initiatives to prevent young people smoking should have a robust evaluation process in place. Support to deliver campaigns and evaluating outcomes should also be given to stakeholders working at a local level.	Thank you for your comment. The guidance emphasises the need for careful monitoring and evaluation of campaigns.
<b>Hertfordshire County Council – Hertfordshire Tobacco Alliance</b>		Rec 2	7	If the evidence in 2.2 (pg 45), 2.3 (pg 46) and 2.3.2 (pg 47) states the benefits from proof of ID schemes, why is there no action listed to provide young people with easier access to 'PASS' approved, proof of age cards? This could include making cards more affordable for young people at a rate which is cheaper than online fake cards.	Thank you for this suggestion but PHIAC have not included this in the final list of recommendations.
<b>Hertfordshire County Council – Hertfordshire</b>		Rec 3	8	Bullet point 1 gives examples of proof of age e.g. passport and drivers licence. We recommend that you also mention 'PASS' approved cards which are endorsed by the government.	Thank you for pointing this out. This change has been

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Tobacco Alliance					made to the final guidance.
Hertfordshire County Council – Hertfordshire Tobacco Alliance		Rec 3	9	No action is mentioned on how to address children who buy cigarettes from adults who sell from their own homes and from others involved in organised criminal activities (see page 11).	PHIAC deliberated these points at some length and the outcome of their discussions is included in the considerations section.
Hertfordshire County Council – Hertfordshire Tobacco Alliance		Evidence Statement 1.3.2	38	The report heavily mentions USA campaigns but does not state how much funding was given to run these campaigns. Would similar funding levels need to be available in the UK to ensure similar outcomes?	The final guidance recommends that research should find if the US-based 'Truth' campaign is effective in the UK. This would include levels of coverage of the campaign. The economic model includes costs for running mass media campaigns and is available on the NICE website at <a href="http://www.nice.org.uk/Guidance/PH14">http://www.nice.org.uk/Guidance/PH14</a>
Hertfordshire County Council – Hertfordshire Tobacco Alliance		Evidence Statement 1.3.3	39	Did anyone speak to the British Heart Foundation on the outcomes from their media campaign showing 'fat filled' arteries?	Only smoking prevention were included in the effectiveness review. Additional input was

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					sought from experts and through the stakeholder process.

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Hertfordshire County Council – Hertfordshire Tobacco Alliance		Evidence Statement 1.6.1	41	If the length of the campaign makes a difference, what are the cost implications on any national campaign? Should you recommend the importance of sustainable funding in order to make campaigns more effective and have a longer duration?	Thank you for this comment. If recommendations for sustained campaigns were implemented, there would certainly be cost implications. The economic modelling was based on a 5 year campaign and is available at <a href="http://www.nice.org.uk/Guidance/PH14">http://www.nice.org.uk/Guidance/PH14</a>
		Evidence Statement 1.81	45		
LACORS		General	7	There is no duty for Local Authority Trading Standards services to enforce existing legislation; they have an obligation to consider what action they might take each year, but they have no obligation actually enforce the provisions of the Children and Young Persons Act.  Suggest the word “ensure “could be replaced by facilitate , support, encourage ?	Thank you for this suggestion. The wording of the recommendation has been changed to focus on national government’s encouragement and support of local authorities.
LACORS			7	We are not clear what is meant by build upon current education and training programmes for Trading Standards officers ? does this mean that TS required additional training , if so by whom ?	The wording in the final guidance has been changed to emphasise encouragement for national organisations and local authorities to provide education

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					and training programmes for trading standards officers.

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LACORS			8	Replace use of publican with responsible person / license holder	The final guidance refers to 'retailers and others, such as publicans...'
LACORS			8	<p>Replace use of banning with prohibiting</p> <p>References to Proof of Age cards MUST state that they must be PASS accredited</p> <p>LACORS does not consider that Local Authorities are the best source of information about health – this is a responsibility of the PCT ??</p>	<p>Thank you. The wording has been changed to 'prohibiting'; reference has been made to 'PASS' .</p> <p>The guidance emphasises they should work with other agencies; this would include the PCT.</p>
LACORS			9	<p>Who is it envisaged with audit test purchase regularly – what does this mean ?</p> <p>LACORS collect data about test purchase operations I terms of attempts v sales but they do not audit the practice itself .</p>	The recommendation to undertake regular audits of test purchasing is made to national government. It is suggested that this would help ensure consistent practice and enforcement
LACORS			9	References to vending machines and their positioning should include a reference to the NACMO guidance	Thank you. This change has been made to the final guidance.
LACORS			9	The police are not directly involved with under age sales of tobacco ( unlike alcohol ) so better to state – other agencies only	Thank you. This change has also

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LACORS			9	Should this read “ actively ENCOURAGE “ ?? or do you want to discourage industry campaign such as NO ID... NO SALE ??	The form of words used in the recommendation does not rule out activities like the No ID No Sale campaign that are supported by the industry.
LACORS			9	Sustainability is an issue for Local Authority services – local priorities , resourcing issue will impact upon this	NICE recommends interventions that are cost effective, your comments regarding resourcing are particularly relevant to the costing statement that will be published alongside the guidance.
LACORS			13	<i>From October 2007, the age of legal purchase was increased from 16 to 18 years (Children and Young People[sale of tobacco etc.] Order 2007). Except for the legal age of purchase warnings which are required on vending machines, the other provisions of the 1991 Act remain the same.</i>  Please note that the statutory legal age of purchase warnings are required wherever tobacco products are sold NOT just vending machines	Thank you for this response. The wording of this sentence has been clarified in the final guidance.
LACORS			13	<i>However, the Local Government Association, Local Authorities Coordinators of Regulatory Services (LACORS) and government agree that all local authorities should assess the need for such a campaign. Where it is introduced, they believe it should be run in accordance with best practice. Together, they</i>	Thank you. The sentence has been removed.

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				<p><i>plan to draw up a detailed protocol of best practice for the UK, although the deadline for completion is not known.</i></p> <p>We are not clear what is being referred to here. There is a guide to test purchasing but we are not aware of any other detailed protocol of best practice that is being drawn up .</p>	

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LACORS			14	<p><i>In April 2006, LACORS published a practical guide for those organisations undertaking test purchases with young people on all age restricted products.</i></p> <p>Please note that this guide revised and amended the original code of test purchasing guidance previously by LACORS .</p>	A link to the current document has been added to the guidance.
LACORS				<p><i>Tobacco sales can be licensed using a positive or a negative system. Under a negative scheme, a retailer caught selling cigarettes to people who are under-age can lose the right to sell tobacco for a set period of time. Under a positive scheme, the retailer's tobacco licence can be suspended or revoked. Etc etc .</i></p> <p>LACORS support the current proposal to introduce retailer sanctions ( negative licensing ) with the proviso that the operation of such a scheme is subject to review after an agreed time period 2-3 years .</p>	Thank you for this information. This paragraph has been changed; outcome of PHIAAC's discussion can be found in paragraph 3.12 of the considerations where it encourages, the Department of Health to consider which scheme would be most effective in tackling illegal sales, when the time comes to reconsider licensing.
LACORS			25	<p><b>Jane MacGregor</b> <i>Freelance Consultant, Trading Standards Institute, LACORS and Department of Health</i></p> <p>Jane does not represent the Trading Standards Institute – she is a Trading Standards Professional and a member of the organisation</p>	Thank you; this has been clarified in the final guidance
Lambeth PCT- Public Health				1. It would be helpful if the recommendations were more	Thank you. This draft recommendation has

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Directorate		General		<p>structured to include:</p> <p>a) deciding the message &amp; the best practice for implementation  b) communication methods  c) The audience e.g. universal or targeted ; youth alone or youth &amp; role models in a given geographic area</p> <p>2. It would be useful to have some idea of intervention outcomes, how to measure (if there is any best practice to do so)  - It would be useful to include evidence about the outcomes of enforcement visits as varied by gender, ethnicity of the test purchaser? Gender, ethnicity of the business owner?</p> <p>3. Is there any evidence :  - To support test purchase and enforcement varying with the business size and location?  - Of best practices for controlling underage sale of cigarettes?  - Of best practices in conducting test purchasing? For example is it more effective if integrated with enforcement of alcohol sale, if there is an information campaign for both businesses and community?</p> <p>4. The recommendations could also benefit from providing some guidance on how to approach the subject of enablers and their affect on underage users.</p> <p>5. For small businesses alcohol and tobacco sales generally contribute significantly to gross income. Is there any evidence addressing the potential loss of business associated with the restriction of sales?</p>	<p>been made into three – on campaign development, messages and strategies – to make it more precise.</p> <p>Please refer to the reviews available at <a href="http://www.nice.org.uk/Guidance/PH14">http://www.nice.org.uk/Guidance/PH14</a> for the evidence considered in the development of this guidance.</p> <p>See previous response.</p> <p>Thank you, noted.</p>

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					Please refer to the reviews available at <a href="http://www.nice.org.uk/Guidance/PH14">http://www.nice.org.uk/Guidance/PH14</a> for the evidence considered in the development of this guidance.
<b>Life Education</b>		General		Any strategy to prevent the uptake of smoking needs to ensure that the campaigns with linked education for children, parents, schools, communities and society will be continual over time with no time limit. In order for lasting changes to occur over generations, an ongoing holistic strategy is needed – including prevention of uptake, help for people to stop smoking and relapse prevention. Laws are helping to change people’s behaviour, which is a great context for the children of tomorrow to grow up in a non-smoking society.	The guidance states clearly that mass media and point of sale interventions to discourage uptake of smoking should be part of a comprehensive tobacco control strategy.
<b>Life Education</b>			5 - 7 36 -54	As noted in the document, the strategy and methods focus upon mass media campaigns. Well-developed, ongoing campaigns use, as mentioned, research into what has and what has not worked. They also use needs assessment research with each population being addressed through each campaign. [The Evidence Statements from page 36 – 54 can also be checked via research if any of these statements will be informing a proposed campaign or strategy.] The list of considerations is good, however, the “fear-based/graphic” approaches need to be used carefully, if at all, after needs assessments researching the effects of these are conducted. However, it is noted on page 53,	Thank you for this comment. The final guidance recommends strategic research, and pre- and post-testing of mass media messages with the target audience(s).

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## Public Health Intervention Guidance

### Preventing the Uptake of Smoking by Children –Consultation on Draft Guidance– Stakeholder Response Table 19<sup>th</sup> March – 18<sup>th</sup> April 2008

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				children like graphic campaigns – these also help them recall the advertisements later. Pre- and post-testing to evaluate pilot campaigns is essential, as noted.	
Life Education			10	Statistics re death rates could be more recent than 1998 (for example, ASH provides these). Also, the research regarding socio-economics and the gap in life expectancy shows that poverty is related to other factors that impact on life expectancy – education, general health habits access and use of health care, etc. This provides a more detailed description of socio-economic factors and smoking/life expectancy.	The estimates for England have now been substituted for the UK estimate used in the draft guidance, This is not a statement of the number of deaths from particular diseases (as indicated by information from ASH and others) but an estimate of the number of deaths that can be attributed to smoking. The impact of socio-economic status on smoking appears repeatedly in the document.
Life Education			11	The factors regarding females who start/continue to smoke will need to be addressed specifically as there are gender issues/differences affecting smoking uptake. Also, the roles of parents and schools need to be specified and used to prevent the uptake of smoking as home and school are two important environments that have an effect on children. This is important for a truly comprehensive approach (as noted on page 12). It is	Schools programmes are beyond the scope of this guidance but are being considered in another NICE guidance document

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				good that the link with other health-related behaviours is noted.	currently in development.
<b>Life Education</b>			16	It is good that attention will be paid to illicit sources of cigarettes as children can get them via this method and it is not often addressed in campaigns – there is also a further issue of the contents of these cigarettes.	Thank you for this comment. Of course, all cigarettes are extremely dangerous and the differences between legal and counterfeit cigarettes may be trivial.

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Life Education			18	It is good that “local activities” are noted as part of the strategy. This is where home and school-based campaign/programmes can be integrated.	Thank you. Please refer to the note above about further NICE guidance on this topic.
Life Education			30	While it is noted that this document is concentrating on mass media campaigns, it is helpful to look at these campaigns as part of a more comprehensive, holistic strategy. This would include seeing what works in education and family programmes as the findings can be used with wider mass media findings to provide a micro and macro view of what works/does not work. Studies also need to be more current than 1990 and beyond as anything before a few years ago may not be relevant or represent the more recent changes in laws regarding smoking – e.g age, public no smoking laws from 2007. Newer studies can be added to the Evidence Statements that follow from page 36.	Thank you. The guidance emphasises the importance of a comprehensive tobacco control strategy (paragraph 2 of the Recommendations). This particular guidance is the latest addition to a suite of guidance documents from NICE. In recognition of the rapid changes taking place in mass media, research with young people was undertaken to supplement the information available in published studies. See focus group report available at Please refer to the reviews available at <a href="http://www.nice.org.u">http://www.nice.org.u</a>

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					<a href="#">k/Guidance/PH14</a> for the evidence considered in the development of this guidance.

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Life Education			38	Normative education, as noted, is an important component to address in any campaign.	Thank you for this comment.
Life Education			36 - 56	Finding studies and/or conducting studies representative of the UK is essential to inform culturally-correct campaigns/strategies that can be evaluated in pilot studies. These can also address the "Gaps in Knowledge" noted in pages 55 – 56.	Thank you. You may be interested to read Appendix B of the guidance which gives details of the methods used to develop the guidance.
Newcastle PCT		General		Overall, given that the scope of the guidance is somewhat limited this does provide a positive and achievable approach to tackling smoking by young people. However it will be essential to ensure that it forms part of a wider tobacco control strategy if it is to assist in reducing smoking prevalence. It is good that the guidance recognises this need. Some elements of this guidance will rely on the availability of adequate funding and this needs to be recognised. For example, mass media interventions run over a number of years, as proposed, are expensive and will require substantial and protected funds	Thank you. The guidance emphasises the importance of a comprehensive tobacco control strategy (paragraph 2 of the Recommendations).
Newcastle PCT		General	38,42	Given that a number of the evidence statements demonstrate that campaigns such as 'the truth' which focus on the tobacco industry and youth advocacy, have been effective in the USA, it is disappointing that the conclusion seems to have been reached that the results will not be applicable in the UK. Before reaching this conclusion some UK based work on exposing the tobacco industry and youth advocacy through mass media interventions should be explored to see if they effective in this country and the applicability of the research.	Thank you. In the final guidance, PHAC has made a research recommendation that the effectiveness of a 'Truth'-style campaign for the UK should be determined .
Newcastle PCT		Mass Media	6	<i>"use messages that empower children and young people to refuse offers of cigarettes"</i>	Thank you for this comment. The

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				Although this appears logical and desirable, a degree of caution is required in relation to mass media campaigns focussing on 'refusal skills' since this is similar to the "Just say no" approach run by the tobacco industry and others which has been discredited.	guidance recommends that communication strategies and advertisements should be researched with target audiences to ensure that they meet the objectives intended.

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Newcastle PCT		Mass media	6	<p><i>“included graphic images that portray smoking’s detrimental effect on health as well as appearance”</i></p> <p>It will be essential to engage with the target audience to pre test and develop the messages of any campaign. Shock horror approaches have largely been shown to be ineffective in the long term on those who are more susceptible to taking up smoking. Presentation of smoking’s effect on appearance should be included however as image has been shown to be important influence on young people.</p>	Thank you. The guidance recommends research to both inform the development of messages and to test messages with the target audience.
Newcastle PCT		Illegal Sales	7	<p>In order to successfully implement the guidance to prevent illegal sales of tobacco to children it will be necessary to identify and protect adequate funding, in relation to the employment of sufficient Trading Standards Officers.</p> <p>Without additional funding, there is a risk that Trading Standards Officers will not be able to carry out the additional measures suggested such as regular audits, test purchasing and awareness raising/guidance sessions for retailers.</p>	Thank you. PHIAAC considered and noted this issue (see paragraph 3.8 of the final guidance).
Newcastle PCT		Mass media	53	<p>It is important that mass media interventions try to engage young people through social networking and other electronic means. However the suggestion that <i>“These should be well signed ‘click through’ adverts with clear NHS branding, rather than dedicated pages within the sites”</i> is a concern. This may disengage young people. It will be important to ensure that young people are asked whether NHS branding would be the best method of reaching them within the social networking context. It may be necessary to develop a youth brand which is rated highly by them as demonstrated in the ‘Truth’ campaign rather than use existing NHS branding.</p>	This evidence statement was not reflected specifically in the recommendations. The guidance does emphasise the necessity of strategic research and pre- and post- testing with the target audience.
Norfolk PCT- Smoke Free Norfolk Alliance		General		<p>Internet advertising and its relevance to young people should be discussed.</p>	The internet/new media is part of the recommendations.

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					However, if you mean illicit tobacco advertising, it is outside the scope of this guidance.

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<b>Norfolk PCT- Smoke Free Norfolk Alliance</b>		General		Document generally full and comprehensive. Particularly impressive are the evidence statements	Thank you.
<b>Norfolk PCT- Smoke Free Norfolk Alliance</b>		1	5	Mention should be made of Tobacco Control Alliances in the section on who should take action.	Thank you. The guidance has been changed to include tobacco control alliances.
<b>Norfolk PCT- Smoke Free Norfolk Alliance</b>		1	8	Recommendation 2. Guidance on enforcement should specifically include the difficulties of taking action against large national companies.	This has not been mentioned, but the guidance has been clarified to be more specific about a range of support and local measures for cooperation to enhance enforcement.
<b>Norfolk PCT- Smoke Free Norfolk Alliance</b>		2.	11	Access to cigarettes. Reference should be made to measures to combat black market sales. This is because of the likely impact such sales have on the habits of young people. This cross references to the comments at paragraphs 3.10-3.11.	The extent to which enforcing purchasing restrictions on under-age sales would lead children to buy from unofficial sources is not known. PHAC has made a research recommendation on this in the final guidance.
<b>Norfolk PCT- Smoke Free Norfolk Alliance</b>		4	18	Again mention should be made of Tobacco Control Alliances.	Thank you. Tobacco control alliances have been added to the list of 'who should

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					take action' for recommendations 1-3 in the final guidance.

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North Lincolnshire PCT and North Lincolnshire Council		General		This guidance is timely and very welcome and will be of value in achieving the 'Vital Sign' and National Indicator on reducing smoking prevalence in those aged 16+ years (by reducing the number of smokers entering the cohort at aged 16). Reference should be made to both the Vital Sign and National Indicator so the local NHS and Local Strategic Partnerships (for Local Area Agreements) are made aware of how implementing this guidance can help achieve their targets.	Thank you for your comment. Your suggestions will be passed on to NICE colleagues working on the implementation sections of this guidance.
North Lincolnshire PCT and North Lincolnshire Council		Recommendation 1	7	The guidance on local and regional media campaigns is welcome i.e. they need to be tied into the national campaign to have the greatest impact. A part of the national campaign should be to ensure that materials can be easily 'localised' to allow this to happen.	Thank you. The wording of the final guidance has been clarified to emphasise the need for partnership in developing and framing mass media campaigns.
North Lincolnshire PCT and North Lincolnshire Council		Section 3 Considerations	15	You rightly exclude smoking cessation services for young people from the scope of this review. It would be worth elaborating on the reasons for this i.e. current evidence and expert opinion indicates they are not effective.	Thank you. As you say, cessation services are outside the scope of this work so cannot be elaborated in this particular guidance.
QUIT		General		QUIT would like to thank NICE for the opportunities to respond to consultation on the draft guidance – preventing the uptake of smoking by children.	Thank you.
QUIT		General		Mass media and point of sale interventions alone are not enough. Any intervention must be part of a comprehensive tobacco control strategy, which is multi-agency and reaches young people in all aspects of their lives.	Thank you. This point is made prominently in the introductory paragraph of the

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QUIT		1.3.2	38	QUIT would agree with the statement that interactive, multi-faceted websites are a useful and cost-effective way of communicating with a large number of young people, as well as with adults. The guidance should encourage broader use of the internet as a tool for communicating with people of all ages. See 'Guidelines to Best Practice for Smoking Cessation Websites' for more information. <a href="http://engonline.org/presentations/guidelines.pdf">http://engonline.org/presentations/guidelines.pdf</a>	Thank you for your comment. PHAC considered the potential of new media at some length. In addition to being mentioned in the recommendations, new media is discussed in the considerations section (3.18) and included in the recommendations for research.
QUIT		FG3 and FG4	53	Anti-smoking campaigns on the internet will benefit from linking with other health related websites that young people look at – including those related to drugs and sexual health, as well as social networking and general youth interest sites where young people can share personal experiences of smoking and quitting.	Thank you for this observation.
QUIT		Appendix D 1	55	If the risk of disease rises with the length of time a person smokes (See paragraph 3, page 10.), then delaying them from uptake for a length of time is beneficial in the long run.	Thank you. PHAC has also made this point in paragraph 3.1 in the considerations section of the final guidance.
Royal College of Midwives		General		The RCM welcomes moves which aim to reduce or delay the uptake of smoking. Smoking is known to cause significant health risks. The RCM has some concerns about whose role it would be promote the recommendations in schools – as the school nurse	Thank you. The focus of this guidance is mass media campaigns and illegal sales.

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				provision seems to be reducing.	Smoking education in schools is the subject of other NICE guidance currently in development, see <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976</a>

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Royal College of Midwives		Recommendations	6	Using advertisements which elicit an emotional reaction may be beneficial for some younger people. There is also likely to be some added benefit in highlighting the effect of smoking on appearance – particularly for girls. Aiming to promote non-smoking as “cool”.	Thank you. This draft recommendation has been made into three – on campaign development, messages and strategies – to make it more precise. The guidance emphasises how crucial it is to research and test messages with the target audience.
Royal College of Midwives		Preventing the uptake of smoking	12	The College agrees that multidimensional approach is more likely to reach a wider audience.	Thank you.
Royal College of Midwives		17	3.12	The potential for retailers to lose the right to sell tobacco, if found breaching the license regulations, appears to offer a significant incentive to be wary of selling tobacco to under 18s.	Thank you for your comment.
Royal College of Nursing		General	General	The RCN would welcome public health intervention guidance which would help reduce smoking in children.  We are aware that mothers’ influence is very likely to increase the chances of effective implementation of this guidance and will suggest that parents are involved.	Thank you for your comment.
Royal College of Nursing		General	General	We would support recommendations which would reduce the access of cigarettes to young people.	Thank you.

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<b>Royal College of Paediatrics and Child Health</b>		general		Overall we feel this is a very satisfactory document. The scope is perhaps narrower than the title suggests (there are certainly other ways to discourage the uptake of smoking) but the document itself makes these limitations clear. Overall the suggestions are firmly evidence based, again with the gaps in the evidence brought to light, and seem to strike the right balance between being overly prescriptive and too vague.	Thank you. You may be aware that CPHE at NICE is currently developing guidance on schools based initiatives to prevent the uptake of smoking among children (see <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976</a> ).
<b>Royal College of Paediatrics and Child Health</b>		General		With respect to the implementation of mass media campaigns, local action will of course be totally dependent upon national action, and local providers and commissioners should be exempt from the recommendations of this guidance if the latter is not forthcoming.	Thank you for this comment.
<b>Royal College of Paediatrics and Child Health</b>		General	41	As school based tobacco prevention measures have been shown to aid mass media messages, why not get schools to help design the mass media campaign? Whoever wins gets a say in the final messages. This could be a nationwide project.	Thank you for this comment. See the paragraph above about schools based programmes. The suite of NICE guidance documents on tobacco control will, of course, support one another.
<b>Royal College of Paediatrics and Child Health</b>		General		Preventing the uptake of smoking in children requires an interdisciplinary approach, though its purpose is essentially health education. The number of children and young people starting to smoke is increasing, and as most smokers take up the habit during teenage years the increasing rates of young smokers will	Thank you for these views. Although this particular guidance focuses on mass media and illegal

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				<p>eventually feed through into adult smoking rates. The uptake of smoking is a complex process and is rarely a single distinct event. A factor strongly associated with decisions to start smoking is the influence of family members and peers.</p> <p>There is no simple way to prevent children and young people from taking up smoking.</p> <p>School-based programmes have achieved limited success, although social reinforcement measures seem to be more effective than traditional knowledge-based interventions. School nurses and health educators should work hand in hand with school teachers to ensure a continuity and consistency in advocacy on the dangers to health in smoking. Those who advise should not smoke during school hours so as not to undermine their teaching. It is useful to include in the health programme other aspects youth disorder such abuse of drugs, alcohol abuse and physical abuse and violence..</p> <p>Mass media campaigns can influence smoking behaviour. Both the intensity and duration over which the messages are delivered appear to be important factors.</p> <p>Enforcement of the law relating to cigarette sales to underage youth can have an effect on retailer behaviour, but the impact on smoking behaviour is likely to be small.</p> <p>Most programmes have targeted 11-17 year olds. However, attitudes towards smoking and experimentation with cigarettes may already be established by this time. Programme implementation before regular patterns of smoking behaviour are formed should be considered. This may involve targeting children at primary school age.</p>	<p>sales, it stresses the importance this being part of a comprehensive approach in tackling tobacco use.</p>

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Royal College of Paediatrics and Child Health		General		It is disappointing that the focus is on putting young people off smoking and on restricting access. Surely there is a third area deserving of study: the factors that encourage young people to take up smoking. If there is no evidence in this area, then it would be helpful to state this. For instance, young people are likely to be influenced to start smoking by peer pressure; the example of respected adults (this is mentioned); and the portrayal of interesting characters on film and television. Is there any evidence that restricting the use of cigarettes on film and television has had any impact? Or that the gradual removal of billboard advertising of cigarettes, and tobacco-company sponsorship of sporting events, has had any effect? Are there any programmes that encourage parents to give up smoking for the sake of their children? Or any programmes using mentorship in schools of younger children by older children?	This guidance was developed in response to a referral from the Department of Health to produce public health guidance on how to prevent the uptake of smoking by children and young people. You may wish to suggest further related topics; NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_to pic.jsp</a>
Royal College of Paediatrics and Child Health		1.3.1	P38	Fear v social norms message: One UK study suggests the latter is more effective. The applicability of US studies to the UK population should also be questioned. The US has a history of using shock tactics to teach in such areas e.g. Videos of accidents to warn of the dangers of driving.	There is clear evidence that advertisements which evoke strong negative emotions are effective. PHIA used this evidence in the formulation of recommendations. The final

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					recommendations also include elements to change societal attitudes.

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Royal College of Paediatrics and Child Health		FG5	P53	This was noticeably one of the most telling evidence statements.	Thank you for your comment.
Royal College of Paediatrics and Child Health		FG7	P53	The conclusion in the last sentence needs further explanation.	Thank you for your comment, but the evidence statements are included to clarify the basis on which PHIAAC formulated its recommendations. They cannot be altered by NICE.
Royal College of Paediatrics and Child Health		Appendix D	P55	We feel that point 9 (the fact that we don't know whether restricting point of sale access will actually have any effect on smoking uptake, or merely drive young people to other, perhaps more dangerous, sources of tobacco) needs to be brought out earlier in the document and given more prominence. The appropriate Cochrane review by Stead and Lancaster should be cited: <a href="http://www.cochrane.org/reviews/en/ab001497.html">http://www.cochrane.org/reviews/en/ab001497.html</a> .	This point is discussed in paragraph 3.10 of the considerations section. The review by Stead and Lancaster was included in the effectiveness review.
Royal College of Physicians of Edinburgh		General		Basically, there is a lot of detail in the draft, and evidence of a major investigation of the evidence in just two areas -  (1) mass media approaches  (2) better control of access to tobacco purchase by people aged under 18 - point of sale measures.  The draft acknowledges (page 15, para 3.3) that there are other areas which may well be included in the guidance eventually which are clearly important in terms of the uptake of smoking by	The two interventions – mass media and point of sale measures – were very clearly set out in the scope of this guidance at the beginning of guidance development. The

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## Public Health Intervention Guidance

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				<p>young people including price of tobacco products, family and education programmes, cessation support, package design, examples of smoking in films, media etc. Thus, the advice in the draft document only relates to two areas of activity so far.</p> <p>Although the report is well referenced, it does not refer to the Scottish Executive Report "Towards a Future without Tobacco" (Chair, Dr Lawrence Gruer) Astron B49136 11/06 which was a detailed report on the factors which encourage young people to start smoking with suggestions as to how the issue might be dealt with.</p>	<p>other topics you cite are clearly important ones. You may be aware that guidance on school based initiatives to prevent smoking among children is currently in development (see <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976</a> ). NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a></p> <p>The guidance does not reference <u>Towards a Future without Tobacco</u>, but NICE benefited from having a member of the Working Party, Professor Amanda Amos, as a co-author of the review of</p>

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					evidence of effectiveness that informed the guidance.

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Royal College of Physicians of Edinburgh		Recommendation 2 – Illegal Sales		<p>In the case of point of sale measures, the NICE advice relates mainly to increased enforcement of current regulations, but is not specific about the manner of regulation. At present, any retailer can elect to sell tobacco products, and the advice suggests that the right to sell tobacco could be removed from retailers who sell to minors on a recurrent basis. This is sometimes referred to as <u>negative</u> licensing.</p> <p>It is the view of the Scottish Coalition on Tobacco (of which RCPE is a member) and of Action on Smoking and Health Scotland that a system of <u>positive</u> licensing would have considerable advantages ie where retailers would have to apply for a licence to sell, much as is presently required for the sale of fireworks. It would not need to be as complex or costly as liquor licensing, since it will be a simple licensing system without the complexities around the sale of alcohol, licensing courts etc and the licence fee could be paid by the retailer. The advantages of such a system would be:</p>	<p>Thank you for these comments. PHIAC carefully considered the options on enforcement measures including licensing schemes. The outcome of its deliberations can be found in the considerations section, particularly in paragraphs 3.11 and 3.12.</p>
Royal College of Physicians of Edinburgh		Recommendation 2 – Illegal Sales (continued)		<p>(1) Retailers easily identified by trading standards officers.</p> <p>(2) Withdrawal of license following evidence of sales to minors would be simple.</p> <p>(3) It would be helpful to Customs and Excise in identifying sellers of smuggled cigarettes - apparently up to 30 % of</p>	

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				<p>cigarettes sold in UK may be smuggled. The NICE guidance does allude to the problem of smuggled cigarettes as a major source of cigarettes for young people. Of course this is not yet in legislation and the College is not sure whether NICE can make such suggestions, but believes it should so do.</p> <p>We therefore suggest a strengthened statement about the value of positive licensing of tobacco retailers.</p>	See comment above.

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<b>Royal College of Physicians of Edinburgh</b>		Section 2 – Public health need and practice		The guidance is intended to relate to reducing smoking by "children and young people" but refers mainly to children. However, significant numbers of young people take up smoking after the age of 18 (for instance, there are high levels of smoking in the student population) and the need to target activity towards this age group, both research and prevention work should not be neglected.	The scope for this guidance clearly indicates that because it examines point of sale measures, including the age limit of 18 for purchasing tobacco, the group covered is children and young people under 18 years of age.
<b>Sefton Primary Care Trust: Smokefree Sefton public health partnership group</b>		Recommendation 1		We support the recommendation to use mass media to preventing the uptake of smoking by children especially with the recommendation to involve the target audience in the development of these campaigns. Sefton has previously run campaigns aimed at young girls to both encourage them to stop smoking as well as to prevent young girls from taking up the habit. These have been two-phase campaigns, which enabled them to run for longer periods, and were developed in consultation with the target group.	Thank you for these comments.
<b>Sefton Primary Care Trust: Smokefree Sefton public health partnership group</b>		Recommendation 1	6	We do not agree with the recommendation to use campaigns that elicit emotional responses such as fear. As fear appeals should only be recommended with caution as they have been found to cause defensive responses if they are not supported with strong efficacy messages (Witte and Allen 2000)	There is clear evidence that advertisements which evoke strong negative emotions are effective. PHIAAC stated that this type of advertisement should be linked to messages insuring

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					the audience that they can avoid health problems and giving them advice on how to do so (see 3.6 in considerations). The final guidance recommends research and testing with the target audience to ensure that messages are effective.

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<b>Sefton Primary Care Trust: Smokefree Sefton public health partnership group</b>		Recommendation 1	7	In order for local teams to build on national campaigns more should be done to publicise future campaigns, to local stop smoking teams. Supporting resources and information regarding target audiences should be widely available to ensure that national campaigns can be built on locally and used to best advantage for local communities.	Thank you for this comment. The final guidance includes a recommendation on integrating national, regional and local campaigns
<b>Sefton Primary Care Trust: Smokefree Sefton public health partnership group</b>		Recommendation 1	7	An important consideration we feel should be included within this recommendation is the influence on other forms of mass media on children's smoking behaviour. Smoking on television and in movies has been found to influence children's smoking behaviour (Titus-Ernstoff et al 2008) and consideration should be given to recommend effective implementation of the British Board of Film Classification certificate 18 policy where by all films containing smoking would be rated as 18. It should also be recommended that British television should also become smokefree and should not promote smoking to young people.	Thank you for this comment, but the issue of television programmes and films is beyond the scope of this guidance.
<b>Sefton Primary Care Trust: Smokefree Sefton public health partnership group</b>		Recommendation 1	11	Where mass media is used, consideration should also be given to how it can form part of healthy schools and children's centre agendas along with youth workers and children services. These services can provide young people with the additional skills needed to support the messages used in local and national campaigns, such as how to resist peer pressure. Provide them with the support they need to prevent them from taking up smoking.	Thank you for this comment, Although school based approaches to prevent the uptake of smoking among children is beyond the scope of this guidance, it is the

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					subject of other NICE guidance currently in development (see <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976</a> ).

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<b>Sefton Primary Care Trust: Smokefree Sefton public health partnership group</b>		<b>Section 1 Recommendations</b> Recommendation 2	8	To support this recommendation we feel trading standards teams should be encouraged to perform spot checks on under aged tobacco sales and vending machines sales. This is to encourage not just complaint-based investigation but also a rolling programme of spot checks to ensure all retailers are abiding by the legislation. Results of these should be published to highlight the enforcement work that is undertaken to both retailers and young people alike.	Thank you, this is reflected in the final guidance.
<b>Sefton Primary Care Trust: Smokefree Sefton public health partnership group</b>		<b>Section 1 Recommendations</b> Recommendation 3	8-9	We support this recommendation, particularly we feel that trading standards officers should publish test-purchasing data to act as a deterrent for illegal sales and used as an opportunity to highlight the possible fines that retailers face for underage sales. This should be supported by an advocacy campaign to highlight to young people and retailers alike that retailers have a legal obligation to refuse sales.	Thank you, this is reflected in the final guidance.
<b>South Downs Health NHS Trust</b>		General		With reference to the above Draft Consultation, I would like to support and back up the points highlighted, however, as a Smoking Cessation Specialist working with Young People, I would be interested in further guidelines in relation to prevention / education as well as cessation work with young people. I know these issues were raised at the beginning of the consultation, but feel that this work is highly important in relation to prevention and uptake of smoking amongst young people.	You may be interested to know that school based approaches to prevent the uptake of smoking among children is the subject of other NICE guidance currently in development (see <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976</a> ).  NICE welcomes suggestions for future guidance.

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					Information on making a suggestion can be found at <a href="http://www.nice.org.uk/getinvolved/suggest_a_topic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggest_a_topic/suggest_a_topic.jsp</a>

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<b>The Association of British Dispensing Opticians, the Association of Optometrists and the Federation of Ophthalmic &amp; Dispensing Opticians. These comments are supported by the College of Optometrists</b>		Rec 1	5 -7	We support the need for mass media campaigns to prevent the uptake of smoking among young people aged under 18. The draft guidance rightly acknowledges that these advertisements need to elicit an emotional reaction such as fear. Given that sight is the one sense most people fear losing, introducing warnings on this risk will provide a strong reason to prevent children from starting smoking. Given the overwhelming evidence that smoking causes vision loss in later life, this link needs to be included in smoking prevention campaigns. Optometrists and dispensing opticians, as eye care professionals, are well placed to perform a public health role in supporting that message to a younger audience.	Thank you for these comments.
<b>The Association of British Dispensing Opticians, the Association of Optometrists and the Federation of Ophthalmic &amp; Dispensing Opticians. These comments are supported by the College of Optometrists</b>		Recommendation 1	5-7	There is a widespread lack of awareness of the risk of severe visual loss and blindness from smoking. Age-related macular degeneration (AMD) is the leading cause of severe visual loss and blindness in the UK. (1) There are several factors which increase the risk of a person developing AMD of which smoking is the only modifiable one. Studies in the UK have shown that smoking more than doubles the risk of developing AMD. (2) It is estimated there are over 40,000 cases in the UK of AMD with sight loss in people aged over 70 caused as a result of smoking. (3)  Bunce, C, Wormald, R. Leading causes of certification for blindness and partial sight in England and Wales. BMC Public Health. 2006; 6: 58. <sup>2</sup> Tomany, SC, et al. Risk factors for incident age-related macular degeneration. Pooled findings from 3 continents. Ophthalmology 2004; 111: 1280-7 <sup>3</sup> Edwards, R et al. Age-related macular degeneration in the United Kingdom: estimates of smoking-related vision loss. Letter. Br J Ophthalmology 20 July 2005.	Thank you for this information.

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<b>The Association of British Dispensing Opticians, the Association of Optometrists and the Federation of Ophthalmic &amp; Dispensing Opticians. These comments are supported by the College of Optometrists</b>		Recommendation 1	6	<p>Smoking is also a major risk factor for the development of cataracts. (4) In the UK cataract surgery is the most common ophthalmic surgical procedure. There are both patient and NHS costs as a result of developing cataracts. Although surgical treatment for cataracts is very successful, complications can and do occur, with sometimes devastating results. Compared with non-smokers, a smoker of 20 or more cigarettes a day is at least twice as likely to develop cataracts.(5)</p> <p><sup>4</sup> Cigarettes: What the label doesn't tell you. (Chapter 15:Smoking and the eyes.) American Council on Science and Health. New York ACSH 1996.</p> <p><sup>5</sup> Kelly, S et al. Smoking and cataract: a review of causal association. Journal of Cataract &amp; Refractive Surgery. <a href="#">J Cataract Refract Surg.</a> 2005 Dec;31(12):2395-404.</p>	Once again, thank you for providing this information and the references.
<b>The Association of British Dispensing Opticians, the Association of Optometrists and the Federation of Ophthalmic &amp; Dispensing Opticians. These comments are supported by the College of Optometrists</b>		Recommendation 1	6	<p>The guidance also rightly includes the need for graphic images that portray the detrimental effect on health of smoking. Pictorial warnings are an important part of a public health campaign to encourage more people to give up smoking, deter people from commencing smoking and reducing the detrimental effects of smoking and second-hand smoke. These warnings should be as large and shocking as possible for maximum effect. We believe that a graphic image depicting the link between smoking and sight loss should be accompanied by the text 'Smoking causes blindness', for maximum impact.</p>	<p>Thank you for this comment. Although beyond the scope for this guidance, you may wish to suggest a topic for future guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_to_pic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_to_pic.jsp</a></p>

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<b>The Association of British Dispensing Opticians, the Association of Optometrists and the Federation of Ophthalmic &amp; Dispensing Opticians. These comments are supported by the College of Optometrists</b>		Recommendation 1	5-7	The warnings used on tobacco products should be updated to take account of the latest research. Given the amount of emerging research on the link between smoking and AMD as cited above, we believe this risk should be included in the warnings.	Thank you. Please see the response above.
<b>The British Dental Association</b>		General		<p>The BDA welcomes and supports this document and the recommendations and evidence given within this guidance.</p> <p>In common with other health professionals, dentists and dental care professionals have significant concerns about tobacco use. Tobacco has a major impact on many aspects of health, including oral health. Tobacco use is well recognised as a risk factor for conditions including gum disease and oral cancers. Tobacco use is by far the greatest risk factor for oral cancer. The dental team has a key role to play in the prevention, detection and treatment of such conditions.</p> <p>Measures to restrict the availability and discourage consumption of tobacco are complementary to the work that dentists, dental care professionals and medical colleagues undertake encouraging smoking cessation.</p>	Thank you for these comments.

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				<p>Research shows that the earlier individuals start to smoke, the less likely they are to quit.<sup>1,2</sup> An association between the age at which people start to smoke and dependence on tobacco among 21 to 39-year-olds is demonstrated.<sup>1</sup> The same study finds the odds of being a heavy smoker are significantly greater for those who begin smoking in early adolescence compared with those who start age 20 or older.</p> <p>While preventing smoking initiation altogether is most desirable, delaying it by even a few years may have both individual and public health benefits.<sup>1</sup> Public policy to discourage early smoking, if it succeeds in delaying the initiation of smoking, may contribute to the reduction of smoking-related mortality by increasing the potential for quitting.<sup>2</sup> (Please see row below for references)</p>	

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<sup>1</sup>

<sup>2</sup> Breslau N. and Peterson E. Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences. American Journal of Public Health. February 1996, Vol. 86, No.2

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<b>The British Dental Association</b>				Chen J and Millar W. Age of smoking initiation: Implications for quitting. Health Reports, Spring 1998, Vol. 9, No. 4. <sup>2</sup> Breslau N. and Peterson E. Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences. American Journal of Public Health. February 1996, Vol. 86, No.2	
<b>The British Dental Association</b>		1	6	The draft guidance recommends mass media methods that 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. The BDA would like to see this extended to include teeth and gums.	Thank you for this comment. Recommendation 2 in the final guidance cites the types of messages that could be included, and messages about tooth and gum health would be consistent with these.
<b>The British Lung Foundation</b>		General		The British Lung Foundation is the only UK charity working for everyone affected by lung disease.  Smoking is a primary cause of a number of lung diseases such as chronic obstructive pulmonary disease and lung cancer. We therefore support all efforts to reduce the amount of people who start smoking.  We welcome the NICE guidance 'Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people' and are broadly supportive of its proposals. There are, however, areas where we feel the guidance should be stronger and there are also a number of points not currently included within the guidance which we would like to see incorporated. This submission outlines our recommendations for improving the draft guidance.	Thank you.

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The British Lung Foundation		General		<p>The British Lung Foundation calls for increased efforts to ensure NRT can be offered as part of a supervised regime to under 18s who show clear evidence of nicotine dependence. We therefore urge NICE to ensure that their guidance on smoking cessation (February 2008) is fully implemented.</p> <p>We also urge a rethink on the provision of Nicotine Replacement Therapy (NRT) in order to maximise the success of smoking cessation services for all people, including under 18s.</p> <p>Under current arrangements, if a smoker's attempt to quit is unsuccessful, healthcare professionals are recommended not to prescribe NRT for another attempt within 6 months. Such a system discourages people to maintain the continued effort required to quit smoking.</p> <p>We are calling for a long term attitude towards smoking and for it to be treated as a disease in its own right in a similar way to alcoholism or high blood pressure. NRT must be provided for free and for as long as a person needs it.</p>	<p>Thank you for this comment, but smoking cessation for young people is beyond the scope of this guidance, You may wish to suggest this as a topic for future guidance.</p> <p>NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_to pic.jsp</a></p>
The British Lung Foundation		1. Recommendations (mass media)	6	<p>The British Lung Foundation supports the intention for mass media campaigns to target groups where evidence suggests they are more likely to smoke (e.g. young people from disadvantaged backgrounds).</p> <p>In order for the implementation of this guidance to have the most effect, we suggest that these mass media campaigns are more concentrated in areas where the effects of smoking are placing the largest burden, for example where there is a high prevalence of smoking related lung diseases.</p>	<p>Thank you for these suggestions.</p> <p>Recommendation 1 in the final guidance sets out a number of variables that should be considered in the development of a campaign.</p>

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				<p>To do so we suggest that the planning of these mass media campaigns reference the British Lung Foundation report 'Invisible Lives', which identifies the hotspots for chronic obstructive pulmonary disease (COPD).</p> <p>Campaigns to reduce smoking rates in these areas would be particularly welcome as it would go some way to minimise the future health problems that currently burden these communities and reduce future health inequalities.</p>	

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## Public Health Intervention Guidance

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The British Lung Foundation		1. Recommendations (mass media)	5-7	<p>In order to reduce the number of minors who smoke, initiatives to prevent the uptake of smoking must be accompanied by efforts to help people who are already addicted to tobacco before they reach the age of 18.</p> <p>The British Lung Foundation supports previous NICE guidance on smoking cessation (February 2008) that recommends people between 12 and 17 years old be offered information, advice and support on how to stop smoking as well as nicotine replacement therapy (NRT) as part of a supervised regime for these young people who show clear evidence of nicotine dependence.</p> <p>However, in order for under 18s to make full use of these services and reduce smoking rates amongst these young people it is necessary that they are aware of the support available to them.</p> <p>We therefore advocate that the guidance on mass media campaigns aims to raise awareness amongst young people of the services available to them to stop smoking. In order for this guidance to be most effective in reducing the rates of under age smoking, the mass media campaigns must not only be aimed at reducing the attractiveness of smoking amongst under 18s, but also to make these young people aware of the services that are available to them and recommend that they consult their GP.</p>	<p>Thank you for this comment, but this guidance deals exclusively with prevention of uptake of smoking. You may wish to suggest this as a topic for future guidance. Information on making a suggestion can be found at <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_to pic.jsp</a></p>
The British Lung Foundation		1. Recommendations (Illegal sales)	7-9	<p>The British Lung Foundation supports the statement in the draft guidance that it must be made as difficult as possible for people aged under 18 to get cigarettes and other tobacco products.</p> <p>However, we feel that efforts to reduce the number of under 18s buying cigarettes is greatly undermined by omitting to recommend a ban on the sale of cigarettes through vending machines.</p>	<p>Thank you for these comments. Please refer to the considerations section of the final guidance where these issues are discussed. (see</p>

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				<p>As is acknowledged in the draft guidance, ‘vending machines remain a popular source of cigarettes for people aged under 18’ (page 17). It is therefore disappointing that the recommendations within the guidance on vending machines are restricted to offering practical advice to retailers on how best to prevent under age people using them.</p> <p>It is very hard for proprietors to constantly monitor vending machines and the people who are purchasing from them. For this reason it is not legal to sell other age restricted products, such as alcohol and pornography, from vending machines. We believe that cigarettes should not be treated as an exemption and that the most effective measure would be to ban the sale of these products in this manner.</p> <p>We acknowledge that the Department of Health is planning a consultation on this issue in Spring 2008. However, in order to strengthen efforts to reduce under 18s being able to buy cigarettes, we feel it is necessary that NICE more strongly emphasises the problem of vending machines sales and that the guidance propose a full ban.</p>	<p>paragraphs 3.14 and 3.15).</p>

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The British Lung Foundation		1. Recommendations (Illegal sales)	7-9	<p>The British Lung Foundation supports calls for cigarettes to be removed from view at point of sale. We believe that tobacco products being sold under the counter would deter young people from taking up the habit and assist people in giving up.</p> <p>We understand that the Department of Health will be consulting on this issue in the Spring and we plan to fully endorse these proposals.</p> <p>As with the proposals on banning the sale on cigarettes through vending machines, however, we feel it is necessary that this guidance from NICE more strongly emphasises the problem and that the guidance ought to propose the removal from view of cigarettes at the point of sale.</p>	<p>Thank you for this comment.</p> <p>Prohibiting point-of-sale displays is discussed in paragraph 3.13 of the final guidance.</p>
The British Lung Foundation		1. Recommendations (Illegal sales)	7-9	<p>The British Lung Foundation calls for increased penalties for those who supply cigarettes to under age children and we urge NICE to include this as a recommendation in their guidance.</p>	<p>The Criminal Justice and Immigration Act 2008 deals with persistent offenders who sell tobacco to children. Under this Act it will be possible to increase the penalties, but only for persistent offenders. The revised Recommendation 4 in the final guidance refers to the support national government should give to magistrates to ensure they are</p>

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					aware of these new, tougher penalties.

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The British Psychological Society		General		In terms of mass media, the significant effect of smoking in movies on initiation of smoking in young people has been completely excluded. This is one of the most significant "mass media" exposures that young people have and studies have shown that this can account for 50% of initiation in smoking, the effect was still seen when controlling for other factors such as parental smoking, educational achievement, sibling/ friends smoking. We are concerned therefore that this intervention with a potentially massive effect is completely excluded from the report. In addition, the WHO has supported this issue for some time and it is likely that such an issue can only be tackled at a national level.	Thank you for this comment but the scope of this guidance is on interventions to prevent the uptake of smoking and not on other influences to start smoking. You may wish to suggest this as a future topic for guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at <a href="http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp">http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</a>
The British Psychological Society		General		The WHO recommendation is that movies with smoking contained within them should be rated "18" certificate by the BBFC. They also recommend that movie makers declare the sponsorship that they receive from the Tobacco Industry. It is predicted that this will significantly limit young peoples' exposure to tobacco and, due to the revenue gained from PG rated films, in the longer term it is likely that the movie industry would eliminate smoking altogether from most movies in order to gain this preferred certification (there is a precedent for this in the current regulations relating to use of swearing in movies).	Please see the response above.

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The British Psychological Society		General		The BBFC regulations already allow for such a change, as they state that their objectives under the Licensing Act 2003 include "the protection of children from harm", given the above evidence from published research (cross-sectional and longitudinal) it would seem hard to refute the harm caused by viewing of smoking by young people.	Please see the response above.
The British Psychological Society		General		Relevant studies: Dalton et al (2003)- The Lancet; Sargent et al (2001)- BMJ and Hanewinkel et al (2007)- American Journal of Preventive Medicine.	Thank you.
The Royal College of Ophthalmologists		General		We support all of the recommendations of the proposed Public Health Intervention and congratulate the Public Health Interventions Advisory Committee (PHIAC) on their review of the evidence in relation to uptake of smoking in childhood and its significance.	Thank you.
The Royal College of Ophthalmologists		General		We are aware of several significant ophthalmic hazards of tobacco smoking and of the growing literature providing compelling evidence that smoking is a causal factor of several ocular diseases which are of significant burden to patients and society. It is now well established that smoking is both the major environmental cause of age related macular degeneration and the major modifiable risk factor for this condition, which is the leading cause of blindness in developed economies.	Thank you for these comments. Recommendation 2 in the final guidance cites the types of messages that could be included, and messages about the ophthalmic hazards of tobacco smoking could be consistent with these.
The Royal College of Ophthalmologists		General		We are concerned that both patients and public are largely unaware of information in relation to the above ocular hazards of smoking. Furthermore when patients are made aware of such health risks from smoking it can be a	See above.

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				compelling message to promote quitting <sup>i</sup> A review of the advocacy efforts made to date by ophthalmologists and colleagues in advancing the novel message 'smoking causes blindness' is commended to PHIAAC members <sup>ii</sup> . Importantly this health promotional message is of merit to youths from evidence from a survey of teenagers undertaken in several youth dance venues in England. <sup>iii</sup>	

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The Royal College of Ophthalmologists		General		<p>With this evidence in mind we recommend that NICE promotes greater emphasis on novel health warnings in general and specifically that the stark and compelling new message 'smoking causes blindness' appears on tobacco products and is included in health promotional, educational and media campaigns. Targeted promotion of this message by eye care staff may be, in our opinion, an additional channel of delivery and we suspect that involvement of community optometrists<sup>iv</sup> and pharmacists<sup>v</sup> may be an untapped opportunity in this regard. We also wish to see more support provided to ophthalmologists, optometrists and or NHS ophthalmology departments to promote smoking cessation to their patients as we are aware of some room for improvement in this matter.<sup>vi</sup></p>	See above.
The Royal College of Ophthalmologists				<p>REFERENCES</p> <p>i Bidwell G, Sahu A, Edwards R, Harrison RA, Thornton J, Kelly SP. Perceptions of blindness related to smoking: a hospital-based cross-sectional study. <i>Eye</i> 2005;19:945-8.</p> <p>ii Thornton J, Edwards R , Harrison RA , Elton P , Astbury N , and Kelly SP. 'Smoke gets in your eyes': a research-informed professional education and advocacy programme. <i>Journal of Public Health (Oxf)</i>. 2007;29:142-6.</p> <p>iii Moradi P, Thornton J, Edwards R, Harrison RA, Washington S, Kelly SP. Teenagers' perceptions of blindness related to smoking - novel message to a vulnerable group. <i>British Journal of Ophthalmology</i> 2007;91:605-7.</p>	

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				<p>iv Thompson C, Harrison RA, Wilkinson S, Hemmerdinger C, Kelly SP. Attitudes of community optometrists to smoking cessation: An untapped opportunity overlooked? <i>Ophthalmic &amp; Physiological Optics</i> 2007;27:389-93</p> <p>v Thornton J, Torun P, Harrison A, Harrison RA, Verma A Edwards R, Kelly SP. Smoking cessation support in community pharmacies: is the association of smoking and eye disease an additional tool to increase uptake? <i>International Journal of Pharmacy Practice</i> 2008 (article in press)</p> <p>vi Sahu A, Edwards R, Harrison RA, Thornton J, Kelly SP. Attitudes and behaviour of ophthalmologists to smoking cessation. <i>Eye</i> 2008; 22: 246–250</p>	

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<b>Tobacco Alliance – Responsible Retailers</b>		General		Schools should be encouraged to forge links with local retailers (and vice-versa) so that pupils who repeatedly attempt to purchase restricted goods can be made known to their school.	Thank you for this comment, however schools-based approaches are beyond the scope of this guidance. You may be aware that guidance on schools based programmes to prevent uptake of smoking by children is currently in development at NICE see <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976</a> .
<b>Tobacco Alliance – Responsible Retailers</b>		General		Tobacco is a vital category in shops, and represents around a third of independents' turnover* as well as driving footfall. We believe that better enforcement of, and support for retailers in complying with, the minimum age law - national proof-of-age campaigns such as <input type="checkbox"/> No ID No Sale <input type="checkbox"/> ; and cracking down on the black market are the best ways to prevent children from accessing tobacco. We are opposed to regulation that restricts retailers from displaying tobacco products at the point of sale because the display of tobacco product is necessary for fair competition between independents and multiples, and the costs of a display ban will hit small retailers disproportionately hard. In addition, concealing tobacco products under the counter blurs the distinction between sales of legitimate and black market tobacco and could encourage some customers to seek cheap smuggled and counterfeit tobacco from illicit sources.	Thank you for your comment.

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<b>Tobacco Alliance – Responsible Retailers</b>		General		We are opposed to any measures which may disproportionately disadvantage smaller retailers and distort the market in favour of larger multiple retail outlets. We favour a 'negative' licensing scheme over a 'positive' licensing scheme. We believe a negative licensing scheme would deliver the same benefits as a positive scheme in terms of reducing under-age sales through legitimate channels, without the adding to the financial and regulatory burden on small businesses and without adding a considerable burden to the public purse. We believe that increasing enforcement of the present system is preferable to introducing a new system. In addition, we would not expect a licensing scheme to have any impact on the black market in tobacco, as the sellers of these products are undertaking criminal activity outside the law and would simply continue to do so regardless of whether they possessed a license. The UK's significant black market in tobacco provides an avenue of access to tobacco products by those under the legal minimum age and should be a primary target of enforcement activity.	Thank you for these comments. PHIAAC considered the evidence and discussed a number of approaches. In the considerations section (paragraph 3.12) it has encouraged the Department of Health to consider which scheme would be most effective in ending illegal sales, when the time comes to reconsider licensing.
<b>Tobacco Alliance – Responsible Retailers</b>		1	4	<b>Point-of-sale interventions</b> – we would welcome greater support/ encouragement for retailers, in particular independent retailers, to assist them in upholding the minimum age law. For example advice on staff training, acceptable forms of proof-of-age and how to refuse sales.	Thank you for these comments. Recommendation 5 in the final guidance is more explicit about training, guidance and support for retailers.
<b>Tobacco Alliance – Responsible Retailers</b>		1	4	Provision of materials such as posters, stickers, window vinyls and cut-outs which retailers can display in their shops create a culture of expectation, so that young people expect to be asked to prove their age if they attempt to purchase a restricted product. Small, independent shops are targeted over multiples by individuals seeking to purchase a restricted product before they are old enough because small shops and independent retailers	Thank you for this information. It will be shared with NICE colleagues working on the implementation tools for this guidance.

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				are perceived as being easier to intimidate and pressure, whereas a larger outlet is likely to have security staff and CCTV. Display materials warning customers that they will be asked to prove their age are of great support to independent retailers.	

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Tobacco Alliance – Responsible Retailers		3	8 - 9	<b>Illegal sales</b> - positive feedback, as well as negative, following test purchasing would raise awareness of enforcement activity and increase the deterrent against selling to those under-18 as well as boosting morale. Lottery operators Camelot give both positive and negative feedback through Operation Child, and they have around 94% compliance on under-age sales as a result. We would also advocate increased test purchasing enforcement wherever possible.	Thank you for this helpful comment. It will help to inform the implementation of this guidance.
Tobacco Alliance – Responsible Retailers		3	8 –9	There is a significant trade press aimed at independent retailers which consists of several widely-read titles. Such media outlets provide an excellent avenue of communication with retailers and should be utilised to provide retailers with updates on legislation, regulations and best practice guidance.	Thank you. This will help to inform the implementation of this guidance.
Tobacco Alliance – Responsible Retailers		3	8 - 9	Working with trade bodies which represent the retail sector – for example the British Retail Consortium, the Association of Convenience Stores and the National Federation of Retail Newsagents, as well as the Tobacco Alliance, to communicate messages and best-practice guidance to retailers, could significantly reduce under-age sales of tobacco.	Thank you for this comment.
Tobacco Alliance – Responsible Retailers		3	8 –9	As well as targeting legitimate retailers regarding under-age sales of tobacco, efforts should be made to reduce the availability of tobacco from other sources where it is easily accessible by under 18s, for example cigarettes sold from ice-cream vans. This is often black market tobacco (non-UK duty paid/ counterfeit) and is sold at around half the retail price, sometimes even by single sticks, at car boot sales, markets, street corners and private homes, etc.	PHIAC was very concerned about this issue (see 3.9 - 3.10 in the considerations section). There is a research recommendation in the final guidance concerned with knowledge gaps about cigarettes obtained from illicit sources and the

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					impact of socioeconomic factors on the effectiveness of measures to prevent uptake of smoking.
<b>Tobacco Alliance – Responsible Retailers</b>		3	8 - 9	<p><b>“Actively discourage enforcement and related campaigns developed by the tobacco industry”</b> – in recent years the Tobacco Manufacturers’ Association (representing British American Tobacco, Gallaher and Imperial Tobacco) have played a significant role in ensuring youth access prevention to tobacco through their funding contributions to the Citizen Card proof of age scheme and the No ID No Sale campaign. This contribution to youth access prevention should be recognised and commended as a moral and active commitment to ensuring those below the minimum age cannot access tobacco products. A survey* among members of the Responsible Retailers campaign in January 2008 found that ahead of the age increase on 1 October 2007, retailers received notification from: the No ID No Sale campaign (68%) tobacco company sales representative (64%) Local authority/ council/ trading standards (49%) Department for Health (19%.) This indicates the volume of support by the tobacco industry compared to that from central/ local government.</p> <p>*Question was: “Before the minimum age of sale for tobacco changed on 1 October to 18 years, did you receive any information about the change from any of the following?”</p>	The recommendation to discourage enforcement and related campaigns developed by the tobacco industry does not rule out activities that are ‘funded’ or ‘supported’ by the industry, like Citizen Card proof of age scheme and the No ID No Sale campaign
<b>Tobacco Manufacturers’ Association</b>		General		The member companies of the Tobacco Manufacturers’ Association (TMA) - British American Tobacco; Gallaher Ltd (a member of the JTI Group of Companies); and Imperial Tobacco Ltd UK - believe that persons aged under 18 should not smoke or	Thank you for your comments.

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				<p>be permitted to smoke.</p> <p>We believe the best ways to prevent children from accessing tobacco are to improve enforcement of the minimum age law; to support retailers in complying with that law through the use of national proof-of-age campaigns such as “No ID No Sale”; and to tackle and reduce the black market.</p>	
<b>Tobacco Manufacturers’ Association</b>		1	5	<p><u>Mass Media – Recommendation 1</u></p> <p>With regard to utilising the media to educate young people about smoking, the TMA believes that young people have not been sufficiently informed as to the change in the legal age for tobacco sales. It is extremely important to ensure that young people are made fully aware of the recently raised age threshold, especially as it has meant that a substantial number who had previously been able to purchase cigarettes legally are no longer able to do so. We believe that much of the onus of enforcing the change in the age to 18 last October fell on retailers, with insufficient support provided by the Government.</p>	Thank you for these observations.
<b>Tobacco Manufacturers’ Association</b>		1	7	<p style="text-align: center;"><b>Illegal Sales – Recommendation 2 – the Government</b></p> <p>As above, we believe that the Government needs to do more to publicise the age change to 18 rather than leaving enforcement to retailers.</p>	Thank you, noted.
<b>Tobacco Manufacturers’</b>		1	8	<b>Illegal Sales – Recommendation 3 – Retailers</b>	Thank you, noted.

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<b>Association</b>				<p>We believe that the age threshold that applies to sales of tobacco products should be fully respected and no one should sell these to an under-aged person. The vast majority of retailers in the UK are committed to upholding the law on age-related sales: The Tobacco Control Survey conducted in England in 2004-05 found that 88% of retailers did not make underage sales. However, the TMA supports sanctions against retailers who sell tobacco products to children and who trade in illegal product.</p>	
<b>Tobacco Manufacturers' Association</b>		1	8	<p style="text-align: center;"><b>Illegal Sales – Recommendation 3 - “Proof of Age”</b></p> <p>The TMA has supported retailers in refusing underage sales through the provision of age verification materials such as the CitizenCard scheme since its launch in 1999 and the No ID No Sale (NINS) proof of age identification campaign since its inception in 2004. Sales forces from the TMA's member companies have now distributed over 220,000 NINS information packs to retailers.</p> <p>The packs include age display posters and CitizenCard application forms for consumers to apply for cards to prove they are old enough to buy age-restricted products. Both the posters and the forms provide retailers with a clear message to which they can refer when they are faced with the frequently difficult situation of turning away those who cannot prove they are at the legal age of purchase.</p> <p>Our experience of the success of CitizenCard - which now has more than 1.7 million cards in issue - demonstrates the substantial contribution that a reliable proof-of-age scheme can make towards greater compliance, both on the part of retailers</p>	Thank you, noted.

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				and young people. We would encourage the support of Local Authorities and Trading Standards bodies in highlighting to retailers the benefits of CitizenCard and No ID No Sale.	
<b>Tobacco Manufacturers' Association</b>		1	8	<p style="text-align: center;"><b>Illegal Sales – Recommendation 3 - “Refusals Register”</b></p> <p>The No ID No Sales pack contains a “Refusals Register” where retailers can note instances where customers have been turned away for appearing to be under the legal age of purchase and not being able to produce a valid form of ID. The register also acts as an illustration of due diligence by the retailer; it demonstrates the shopkeeper’s commitment to running a business in accordance with the law. The TMA welcomes any encouragement given to the use of refusals registers, which have proved very popular with retailers.</p>	Thank you for this information.
<b>Tobacco Manufacturers' Association</b>		1	9	<p style="text-align: center;"><b>Illegal Sales – Recommendation 3 – Vending</b></p> <p>The TMA believes that access to cigarette vending machines should be strictly controlled to prevent sales to children. The TMA does not, however, support the prohibition of vending machines, which would prevent legitimate access by adult smokers.</p> <p>Instead, the TMA proposes that vending operators and manufacturers identify and utilize systems that enable the</p>	The revised recommendations in the revised guidance (see Recommendation 5) have been made more precise and refer to the NAMCO guidance.

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## Public Health Intervention Guidance

### Preventing the Uptake of Smoking by Children – Consultation on Draft Guidance– Stakeholder Response Table 19<sup>th</sup> March – 18<sup>th</sup> April 2008

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				purchase of tobacco products by adults only. Eliminating uncontrolled sales of cheap and illegally imported cigarettes would help reduce availability to under-age purchasers. The TMA supports the National Association of Cigarette Machine Operators (NACMO) Code of Practice on the siting of machines and also supports all practical methods of preventing sales to children. The TMA would welcome the support of Local Authorities and Trading Standards bodies in this activity.	
<b>Tobacco Manufacturers' Association</b>		1	9	<p>Illegal Sales – Recommendation 3 – Tobacco Company Campaigns</p> <p>We feel it is counterproductive and irresponsible to discourage enforcement and related campaigns developed by the tobacco industry when they are so relied upon by retailers. The TMA, along with other stakeholders, is an active supporter of the CitizenCard proof-of-age scheme and the No ID No Sale campaign. CitizenCard is the leading proof-of-age scheme by some margin in the UK and retailers across the country have found it (and its supporting No ID No Sale campaign) to be extremely beneficial in the often difficult situation of refusing a sale. (A survey from the British Retail Consortium in September 2007 found that there had been a 50% increase in incidents of physical violence against shop workers in the previous 12 months).</p>	The recommendation asks retailers to request proof of age from anyone who appears younger than 18 who attempts to buy cigarettes and get it verified. One of the key points here is that proof of age can be verified. For this reason we give the following examples: passport or driving licence or cards bearing the nationally-accredited 'PASS' hologram. The Citizen card is one example of a 'PASS' card that has passed a stringent audit, carried out by trading standards

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## Public Health Intervention Guidance

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					officers, and that the card may be relied upon. In addition, as with the previous comment, the form of words used in the recommendation does not rule out activities like the Citizen Card proof of age scheme or the No ID No Sale campaign that are supported by the industry.
<b>Tobacco Manufacturers' Association</b>		2	11	<p style="text-align: center;"><b>Access to Cigarettes - Smuggling</b></p> <p>The TMA believes that more needs to be done to combat the issue of tobacco smuggling. Illegal traders have no regard as to the age of the person to whom they sell, yet they rarely feature as being significant in calls for more effective controls over sales to young people. The TMA member companies are committed to working with law enforcement authorities to reduce the sale of smuggled tobacco. The illegal trade in non-UK duty paid tobacco products is well established: our estimate is that in 2007, 27% of cigarettes and 68% of handrolling tobacco avoided UK duty.</p>	PHIAC was very concerned about the issue of smuggled cigarettes and the anxiety that children and young people might be buying cigarettes from unofficial sources. (see paragraphs 3.09 and 3.10 in the considerations section.) Because of gaps in the evidence on children and smuggled cigarettes, PHIAC also chose to make a research

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## Public Health Intervention Guidance

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					recommendation to determine if tougher sales restrictions might lead children to buy more smuggled tobacco.
<b>Tobacco Manufacturers' Association</b>		2	11	<p>Access to Cigarettes – Smuggling (cont'd)</p> <p>We believe that the focus of attention and resources needs to be devoted to tackling the illegal traders in tobacco products at community level particularly because of the lack of concern of these traders for the age of their customers. In addition, Trading Standards North West's own Smoking Survey of Young People from last year highlighted that of those 14 – 17 year olds who smoke, 56% bought smuggled cigarettes.</p> <p>TMA launched a poster campaign "Don't Be Tempted" in August 2005 to discourage smokers from buying smuggled tobacco and to highlight that those who knowingly buy from street vendors, car boot sales or markets are committing a crime and may face prosecution.</p> <p>We would be very keen to see an increase in the levels of inland enforcement to combat smuggling plus more resources given to Trading Standards to tackle illegal selling.</p>	Thank you, noted.
<b>Tobacco Manufacturers' Association</b>		3	17	<p style="text-align: center;"><b>Point 3.13 – Licensing</b></p> <p>With regard to the potential introduction of a licensing scheme to allow retailers to sell tobacco, we support a 'negative' licensing system (over a 'positive' one) where laws would be effectively and</p>	Thank you for this comment. PHIAC considered several approaches including positive licensing and mandatory

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## Public Health Intervention Guidance

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				<p>efficiently enforced by the authorities, and which would entail no cost or administrative burden to law-abiding retailers. Positive licensing could distort competition in the marketplace, particularly to the detriment of smaller retailers.</p> <p>In addition, any licensing scheme would do little to combat the sale of counterfeit or smuggled tobacco products, as these products are primarily sold through illegal channels. We believe illegal trade should be given greater focus by initiatives looking to combat youth access to tobacco.</p>	<p>registration. In the considerations section (paragraph 3.12) they have encouraged DH to consider which scheme would be the most effective in ending illegal sales, when the time comes to reconsider licensing.</p>
<b>Tobacco Manufacturers' Association</b>		3	17	<p style="text-align: center;"><b>Point 3.14 – Point of Sale Displays</b></p> <p>The TMA is opposed to regulation that restricts or prohibits retailers from displaying product at the point of sale. Display of product is necessary to allow adult consumers to make an informed choice based on availability, price and brand from the wide range of tobacco products on the market. We also believe that display of product is necessary for fair and undistorted competition between manufacturers and between retailers.</p> <p>In addition, product display at the Point of Sale, rather than elsewhere on the premises, is necessary for security and retail efficiency reasons as tobacco is a high value FMCG product. It is also the most requested FMCG product with approximately 12m smokers in the UK regularly buying tobacco products.</p> <p>Banning display will facilitate illegal traders who will be more easily able to infiltrate the legal supply chain with illicit product.</p> <p>As is stated in Appendix D of your draft document, “there is a lack</p>	<p>As you will be aware, point of sale displays are part of the current Department of Health consultation on the future of tobacco control. PHAC was advised that these displays promote tobacco products and they discussed several options to counter such promotion. Please see the considerations section (paragraphs 3.13 and 3.15) for more detail of their</p>

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				of evidence on whether access restrictions actually prevent the uptake of smoking" (Point 6,p 55)	deliberations.
<b>Trading Standards Institute</b>		general		TSI welcomes the Draft Guidance and believes that it is 'spot-on'. We hope that it will be widely published and brought to the attention of appropriate bodies, i.e. local authorities, PCTs, etc.	Thank you for your comments. We will bring them to the attention of NICE colleagues working on the implementation aspects of this guidance.
<b>Unite/the Community Practitioners' and Health Visitors' Association. (CPHVA)</b>		Recommendation 1	6	Please add that health literacy must be taken into account	The guidance does not use this wording, but Recommendation 1 specifies that campaigns should be informed by research that identifies and understands the target audience.
<b>Unite/the Community Practitioners' and Health Visitors' Association. (CPHVA)</b>			6	Please add non broadcast media	Recommendation 3 in the final guidance addresses campaign strategies and specifies non-broadcast media.
<b>Unite/the Community Practitioners' and Health Visitors'</b>			7	National campaigns should consider using non broadcast media (ie websites)	Thank you. The use of new media is mentioned in the recommendations,

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## Public Health Intervention Guidance

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<b>Association. (CPHVA)</b>					considerations and research recommendations.
<b>Unite/the Community Practitioners' and Health Visitors' Association. (CPHVA)</b>			7	National campaigns should consider using sports campaigns	Thank you for your comment. A number of approaches have been given in Recommendation 2 of the final guidance. The guidance also recommends that all communication strategies and advertisements be researched with the target audiences to ensure they meet the objectives intended.
<b>West Essex PCT</b>		General		Encourage DoH to provide extra funding for Core Smoking Cessation Provider Services to employ team members to deliver prevention work to young people. I've found that face to face with hard facts and video footage of people with illnesses/ addiction issues work extremely well, much better than TV adds they just turn away from or turn off. In a lesson/presentation they have the opportunity to take part in discussion, plus the school will be fulfilling their curriculum commitments (PSHCE)	Thank you for your comments. This particular guidance deals with mass media interventions, but you may be aware that guidance on schools based programmes to prevent uptake of smoking by children is currently in

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					development at NICE see <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11976</a> .
West Essex PCT		2	10	You state 120,000 deaths is this not 114,000 Or 106,000?	The English figure of 86,500 (between 1998-2002) is mentioned in the final guidance. The UK estimate from 1998 is 120,000.
West Midlands Public Health Group and The Tobacco Control Collaborating Centre		General	7	Some recognition needed of emerging findings relating to influence of the media (e.g. Blockbuster films) on initiation in young people.	Thank you, however this is outside the scope of this particular guidance.
West Midlands Public Health Group and The Tobacco Control Collaborating Centre		Rec 1	5	Under action to be taken – the use of the term or makes the section vague and implies that one intervention would be sufficient. I would suggest inclusion of 'and/or' at least.	This draft recommendation has been made into three – on campaign development, messages and strategies – to make it more precise.
West Midlands Public Health Group and The			6	Again use of 'or' in first bullet point	Please see the response above.

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Tobacco Control Collaborating Centre					
West Midlands Public Health Group and The Tobacco Control Collaborating Centre			6	The long list of possibles imply more than one complementary campaign.	This has been changed in the final guidance for greater clarity. Please see above.
West Midlands Public Health Group and The Tobacco Control Collaborating Centre			7	Would the committee reinforce need to work in partnership and coordinate approaches rather than a multiplicity of competing campaigns? It is not sufficient to suggest linking with national strategy.	This has been emphasised in the revised Recommendation.
West Midlands Public Health Group and The Tobacco Control Collaborating Centre			7	Wide use of internet and other media sources by young people and the changing way in which media is consumed is not given sufficient weight	Both the published literature and focus group research commissioned to support the development of this guidance show that television is still a dominant medium for children and young people. Nevertheless, PHIAAC recognized the potential importance of new media to prevent the uptake of

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					smoking among children, not only in the recommendations and considerations sections, but also as a research recommendation in the final guidance.
<b>West Midlands Public Health Group and The Tobacco Control Collaborating Centre</b>		Rec 2	7	<p>'Who should take action?'</p> <p>Not sure that NICE can (or should) make recommendations to National Government to 'ensure' LAs take action in the way described. May need rewording to include specific measures.</p> <p>In addition, is it fair to have the government solely responsible here? Surely there are many others (e.g. elected members of relevant councils) that have some control over what happens?</p> <p>The recommendation should recognise tobacco control partnerships (Alliances) and the varies responsibilities of agencies involved</p>	Thank you for this suggestion. The wording in the final has been changed to emphasise encouragement and support of local authorities, magistrates and national bodies.
<b>West Midlands Public Health Group and The Tobacco Control Collaborating Centre</b>			7	There should be an assessment of need. Las and others should be encouraged to concentrate efforts in areas of greatest need.	Recommendation 5 in the final guidance suggests local authorities and trading standards bodies should work with other agencies to identify areas where under-age tobacco sales are a particular problem.

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<b>West Midlands Public Health Group and The Tobacco Control Collaborating Centre</b>			7	LAs can (under the legislation) decide to do nothing. This should not be an option.	The force of the guidance is to encourage action by local authorities. PHIAC notes in the considerations section that local authorities do not have a duty to carry out test purchases on tobacco, but that it would like them to be given greater priority and more resources made available to achieve this.
<b>West Midlands Public Health Group and The Tobacco Control Collaborating Centre</b>			8	Not sure what is meant by measures available to magistrates – is this just fines etc?	Thank you for pointing this out. The wording has been made more specific in the final guidance (Recommendation 4).
<b>West Midlands Public Health Group and The Tobacco Control Collaborating Centre</b>		Rec 3	8	Publicity campaigns should reflect national plans.	This has been made more specific in the new Recommendation 2 on campaign strategies.

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West Midlands Public Health Group and The Tobacco Control Collaborating Centre			9	More detail is needed wrt the proposed advocacy campaign	The exact nature of an advocacy campaign would be informed by local intelligence and data.
West Midlands Public Health Group and The Tobacco Control Collaborating Centre			9	Police do not lead on illegal sales so should not be specifically mentioned unless TSOs are mentioned too.	Reference to the police has been removed.
West Midlands Public Health Group and The Tobacco Control Collaborating Centre		Section 2	10	Stats for deaths etc should match those used by DH and those in other recent NICE documents	Thank you for making this point. This section has been modified.
West Midlands Public Health Group and The Tobacco Control Collaborating Centre			13	The law relating to illegal sales includes tobacco papers whereas the 'Point of sale' and other advertising legislation does not. This should be rectified.	This goes beyond the remit of this guidance.

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