Public Health Intervention Guidance

Preventing the Uptake of Smoking by Children – Consultation on Evidence – Stakeholder Response Table (for review) 23rd Nov – 24th Dec 2007

Stakeholder Organisation	Evidence submitted	Document Name	Section	Page No.	Comments Please insert each new comment in a new row	Response Please respond to each comment
Action on Smoking and Health (ASH)		**Evidence Review (Executive Summary)**	General		Although much of the evidence to support interventions to prevent the uptake of smoking among young people comes from studies conducted in the United States, as the reviewers note, given the broad cultural similarities between the two countries, it is likely that the findings will be applicable in the UK in many cases. Therefore, interventions that have proven to be effective in either delaying or preventing smoking initiation should certainly be considered as part of a package of tobacco control measures in the UK.	Thank you for your views about national tobacco control policy. In developing this guidance PHIAC considers the applicability of all evidence to an English setting in addition to discussing the judgements of applicability made by the reviewers.
Action on Smoking and Health (ASH)			General		As the policy review and cost-effectiveness analysis reveal, there is good evidence to support measures to prevent the uptake of smoking among young people. Specifically, the evidence provides support for: + Mass media campaigns that have been piloted successfully and that have no connection with the tobacco industry; + A ban on the sale of cigarettes from vending machines; + Thorough enforcement of the law with frequent test-purchasing and severe penalties for retailers who sell tobacco to minors; + An amendment to the law to prohibit the sale of tobacco by persons under the age of 18; + The implementation of display regulations to put tobacco products 'under the counter' and out of sight. (see note below)	Thank you for this comment. PHIAC carefully considers all the available evidence.
Action on Smoking and Health (ASH)	"The effect of retail cigarette pack displays on impulse purchase" by		General		Although beyond the scope of this particular investigation, there is now good evidence to show that cigarette displays can result in impulse purchasing by adult smokers who are trying to quit. (See for example, Australian study attached). It is reasonable to assume that many young smokers will have similar experiences and that a ban on tobacco	Thank you for supplying this paper.

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	Melanie Wakefield, Daniella Germain & Lisa Henriksen © 2007 The Authors. Journal compilation © 2007 Society for the Study of Addiction				displays would reduce the urge to buy cigarettes.	
Action on Smoking and Health (ASH)		**Evidence Review (Executive Summary)**	Mass Media Interventions	2	The reviewers found that mass media interventions **can** prevent the uptake of smoking and influence knowledge, attitudes and intentions of children and young people. Given the severity of harm caused by smoking, any mass media campaign that produces measurable outcomes (eg reduction in smoking and/or increase in knowledge about the dangers of smoking) should be given careful consideration by the national Government or devolved administrations. However, it is not clear how effective specifically youth-focused campaigns are in preventing smoking uptake and ASH would therefore caution against spending significant sums of money on such campaigns. Mass media campaigns targeted at the general population on the other hand, may be more effective.	Thank you and noted. PHIAC will carefully consider all relevant evidence before issuing the final guidance. We look forward to receiving your views on the draft guidance.
Action on Smoking and Health (ASH)		**Evidence Review (Executive Summary)**	Mass Media Interventions	2	ASH fully endorses the conclusion that mass media campaigns should be undertaken as part of a package of broader tobacco control measures. This is because a single TV advertising campaign is unlikely to result in dramatic changes in smoking prevalence on its own but helps to increase knowledge about the dangers of smoking and to reinforce the anti-tobacco message when implemented alongside other measures. As the	Thank you for this comment.

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					reviewers note, increased exposure to anti-smoking messages over time decreases intention to smoke and smoking initiation.	
Action on Smoking and Health (ASH)		**Evidence Review (Executive Summary)**	Mass Media Interventions	2 - 3	As previously documented by ASH, the review has found clear evidence that youth smoking prevention campaigns initiated by the tobacco industry are not effective and may even be counter-productive by increasing youth interest in smoking. This provides further evidence of the need to be vigilant of any "smoking prevention" initiative that is in any way connected to the tobacco industry. See also note below regarding access restrictions.	Thank you; this has been drawn out clearly in the evidence review.
Action on Smoking and Health (ASH)		**Evidence Review (Executive Summary)**	Access Restrictions	12	The review notes the difficulty of ascertaining how effective access restrictions are in preventing youth smoking uptake. Clearly children obtain cigarettes from a variety of sources. However, it is pertinent that tobacco industry interventions do not decrease sales. The recent raising of the legal age for the sale of tobacco from 16 to 18 should reduce young teenagers' access to tobacco provided that the law is properly enforced.	Thank you for these observations; as the evidence review points out, active enforcement is one of the factors shown to influence the number of under-age sales.
Action on Smoking and Health (ASH)		**Evidence Review (Executive Summary)**	Access Restrictions	14	<u>Vending Machines</u> The review cites two US studies showing that tobacco vending machines can influence access to tobacco. Although the situation regarding vending machines in the US is not directly comparable to the UK, it is likely that the ease of access to vending machines is a factor in facilitating smoking among children. As the latest survey of smoking among secondary schoolchildren in England reveals, more than 1 in 6 children under the age of 16 who are regular smokers report that they buy cigarettes from machines.	Thank you for these views. PHIAC takes factors of comparability into consideration when developing recommendations. These data have been included in the background of the review (ONS 2007).
Action on Smoking and Health (ASH)		**Evidence Review (Executive Summary)**	Access restrictions	14	<u>Sale by minors</u> Evidence from the US, cited in the review, suggests that the status of the person selling tobacco appears to influence sales to young people, with the age of	Thank you for these comments.

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					the seller being of significance. Younger merchants were found to be more likely to sell tobacco illegally to their contemporaries than older adults. Given the similarities in the culture of North America and the UK, it seems reasonable to conclude that the situation would be similar here, lending support to the Department of Health's proposal to ban the sale of tobacco by people under the age of 18.	
Action on Smoking and Health (ASH)	 Exposure to m smoking Sarger  Exposure to sm in movies and es  R-rated films a adolscent smoki  Tobacco market tobacco use in f		General		<u>Portrayal of smoking in films</u> Although this is beyond the scope of the existing guidance it is an issue that is of increasing importance now that tobacco advertising has been banned. There is good evidence to show that children and young people are influenced by positive images of smoking in films, especially by actors whom they admire. (Evidence attached) Stronger curbs on smoking in films is therefore warranted. Whilst smoking on television programmes is strictly controlled by Ofcom, the British Board of Film Classification's voluntary code on smoking is very weak in comparison. This is a matter of great concern. ASH recommends that NICE investigate the feasibility of producing guidance on this topic.	As you point out, this subject is outside the scope of this guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Action on Smoking and Health Scotland			General		ASH Scotland is the leading voluntary organisation campaigning for effective measures to protect people for the harmful effects of tobacco. ASH Scotland is aware that a lot of work has gone	Noted, thank you.

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					into collecting and reviewing the evidence NICE has gathered so that it can develop guidance on preventing the update of smoking by children for the Department of Health and that this consultation is with regard to that evidence. We are also aware that although you are primarily looking at evidence and how they impact on England, both the NICE guidance and evidence and the recommendations that will be formed by the Public Health Intervention Advisory Committee (PHIAC) based on this evidence, will no doubt have an impact for the UK as a whole and be used by all the home nations. There are therefore a number of points ASH Scotland would like to make.	
Action on Smoking and Health Scotland			General		The Scottish Government will be publishing an updated smoking prevention action plan for Scotland in spring 2008. This document may well be of interest and use to NICE and PHIAC in developing their guidelines. This new document will take into account the recommendations in *Towards a future without tobacco: the report of the Smoking Prevention Working Group*[1]. This document, which ASH Scotland contributed to developing, specifically looks at how smoking can be reduced, makes 31 evidence based recommendations to do so, and looks to reducing the availability, affordability, and attractiveness of tobacco as a means to reducing its usage.	Unfortunately, the publication date for this NICE guidance means the Scottish smoking prevention action plan is too late to be referenced in the review. However, the working group report has been referenced.
Action on Smoking and Health Scotland			General		None of the evidence collated and being used by NICE relates to systems of licensing tobacco sales other than the US study Chaloupka and Grossman (1996) which notes that age restrictions are ineffective unless coupled with educational, licensing	Thank you for this submission, the review team has considered its applicability and included this suggestion within the review.

[1] Scottish Executive. *Towards a future without tobacco: the report of the Smoking Prevention Working Group*. [Online]. 2006. Available from: http://www.scotland.gov.uk/Resource/Doc/155323/0041722.pdf [Accessed 1/12/2007]

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					and fines. Early evidence suggests that licensing can be highly effective when combined with enforcement can be effective in reducing illegal sales of tobacco to young people. This is a form of tobacco control that is actively being considered by both the Department of Health and Scottish Government in light of the evidence surrounding preventing under 18s from smoking. Information from Tasmania which has had a positive licensing scheme since 1997 is available: Quit Tasmania. *Brick Wall – Illegal Sales of Cigarettes to Children: Retailer Compliance Testing June 2004*. [Online]. 2004. Available from: http://www.quittas.org.au/reports/200406_brick_wall_final_report.pdf [Accessed 1/12/ 2007] Quit Tasmania. *Too Young … Too Easy – Illegal Sales of Cigarettes to Children: Retailer Compliance Testing June 2006*. [Online]. 2006. Available from: http://www.quittas.org.au/reports/too_young_too_easy_2006_final_report.pdf [Accessed 1/12/2007]	
Action on Smoking and Health Scotland			General		There are a number of promising approaches and interventions being delivered through a variety of initiatives seeking to prevent children from smoking. Many of these will not have the research background NICE requires but nevertheless are important indicators of ways we should be working in the future to reduce smoking uptake by young people and therefore should be studied and considered by NICE in the formulation of guidelines. By identifying indicators to monitor and evaluate successful interventions going on at local level across the UK, NICE can recommend building upon existing successful work.	Schools tobacco education is beyond the scope of this guidance. However it has been referred to the topic selection panel for consideration for future guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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					For example, the ASSIST[2] programme, a peer-led intervention which uses informal contacts between peer educators and other young people as an alternative to didactic, classroom-based approaches to health promotion specifically focuses on smoking prevention with children who are in Year 8 at secondary school. The results of a trial programme carried out in south Wales and the west of England was successful and the programme is now being rolled out across all school in Wales and funded by the Welsh Assembly Government. The original feasibility study is now also being replicated in Scotland. By communicating a view of intervention and tobacco control measures from across a wider spectrum, we can really work to make a difference in developing and delivering guidelines to prevent children smoking. *Towards a Future without Tobacco*[3]*, Pathways to Problems*[4], and the *Literature Review into the Effectiveness of School Drug Education*[5] reinforce the limited evidence on what works, however they provide comprehensive recommendations on how prevention work should be	

[2] Cardiff Institute of Society, Health and Ethics. *Randomised controlled trial of the effectiveness of a schools-based, peer-led, smoking intervention. ASSIST (A Stop Smoking in Schools Trial)*. 2005. Available from: http://www.cardiff.ac.uk/socsi/cishe/pages/projects/assist.html [Accessed 1/12/ 2007]

[3] Ibid.

[4] Advisory Council on the Misuse of Drugs. *Pathways to Problems; Hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy*. 2006. Available from: http://drugs.homeoffice.gov.uk/publication-search/acmd/pathways-to-problems [Accessed 1/12/ 2007]

[5] Scottish Executive Education Department. *Literature Review into the Effectiveness of School Drug Education*.[Online.] 2004. Available from: http://www.scotland.gov.uk/Publications/2006/03/14135828/0 problems [Accessed 1/12/ 2007]

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					developed to build on that evidence base. This is essential for future developments and to ensure that policy makers and those working at an operational level consider the underlying principles for developing and delivering services including: partnership working; youth involvement and participation; monitoring and evaluation of qualitative and quantitative data; and how any work to prevent the uptake of smoking in children and young people could be part of a comprehensive tobacco control strategy.	
Action on Smoking and Health Scotland			General		As the UK's governments are all seeking to reduce overall smoking rates, with specific targets for young people, NICE and other organisations interested in this issue should be looking to recommend commissioning research on innovative new ways of controlling tobacco and ensure the UK is a leading pioneer in this field. Evidence taken by NICE in key informant interviews are of course key to this, but so is taking evidence and gathering opinion from other sources that are looking for new ways to reduce tobacco use.	PHIAC will identify gaps and may make research recommendations.
Action on Smoking and Health Scotland			General		As with licensing, none of the evidence gathered investigates tobacco point of sale displays and the impact such displays may have on urging the young to take up smoking. Recent research (Wakefield), that will not have been available when NICE first carried out their literature search, shows that those trying to cut down or quit smoking experience urges to purchase cigarettes when they come across tobacco retail displays. Research has demonstrated that there is a positive, consistent and specific relationship between exposure to tobacco advertising and the subsequent uptake of smoking among and that adolescents appear to be more receptive to tobacco advertising than adults therefore point of sale is an issue that should be investigated further	The influence of point of sales displays on the uptake of smoking in children and young people is beyond the current brief. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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					when considering prevent smoking in youth[1] [2]. Point of sale advertising is crucial to the tobacco industry and internal tobacco industry documents demonstrate that in an increasingly restricted media environment, tobacco companies have aggressively pursued point of sale advertising and as their primary means of product promotion. It is also an extremely effective method of encouraging experimentation by young people[3] through the marketing attached to packages and may stimulate impulse purchases from recent ex-smokers, occasional smokers and teenage experimenters[4]. Therefore we would urge NICE to consider the evidence of point of sale advertising and its impact on youth smoking. Indeed one of your key informants Prof Gerard Hastings noted that restricting point of sales is a campaign that could help denormalised smoking among youth. [1] Pierce, J.P., et al. Does tobacco advertising target young people to start smoking? Evidence from California. *JAMA* 266 (22): pp.3154-3158, 1991. [2] Pollay R.W. et al. The last straw? Cigarette advertising and realized market shares among youths and adults, 1979-1993. *Journal of Marketing* 60 (2): pp.1-16, 1996. [3] Fraser, T. Phasing out of point-of-sale tobacco advertising in New Zealand. *Tobacco Control* [online] 7(1): pp. 82–84, 1998. Available from: http://tc.bmj.com/cgi/content/full/7/1/82 [accessed 15 January 2007] [4] Canadian Cancer Society. *Rationale supporting a total ban on tobacco displays and signage at point of sale: a brief submitted to Manitoba Health* [online] May 2002. Available from: http://www.ocat.org/pdf/bans_manitoba.pdf [accessed 15 January 2006] Melanie Wakefield, Daniella Germain, Lisa Henriksen The effect of retail cigarette pack displays on impulse purchase	

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					Addiction (OnlineEarly Articles). Accessed at http://www.blackwell-synergy.com/doi/abs/10.1111/j.1360-0443.2007.02062.x 1/12/07]	
Action on Smoking and Health Scotland			General		ASH Scotland believe that the key to preventing the uptake of smoking by children is to ensure there are wide societal measures to support such prevention as is maintaining current legislation and policies. The ban on smoking in public places which is now throughout the UK, the control of advertising and promotion of tobacco products, and the recent legislation to increase the minimum tobacco purchase age to 18 are all measures that must be continued and enforced.	Thank you for contributing your views; we look forward to your comments on the draft guidance.
British Heart Foundation		**Evidence Review (Full Report)**	Evidence Statement 23		Given that 17% of young people who smoke regularly buy their cigarettes from vending machines, the BHF believes their easy access is an obvious loophole which undermines other important tobacco control measures to stop children from smoking.	Thank you for making this observation. We look forward to your comments on the draft guidance.
British Heart Foundation		**Evidence Review (Full Report)**	Evidence Statement 23		The issue was recognised in 1997 in the *Smoking Kills* White Paper, which cited statistics from an Office of National Statistics survey in which 1 in 3 school children who smoked said that machines were one of their usual sources of cigarettes. Lindsey Jarvis, Office for National Statistics. *Smoking among secondary school children in 1996*: England. London: The Stationery Office, 1997	The more current data have been included in the background of the review (ONS 2007)
British Heart Foundation		**Evidence Review (Full Report)**	Evidence Statement 23		Nearly ten years on, this remains a problem. *The Smoking, Drinking and Drug Use among Young People in England Survey 2006* asked under-age smokers (children under 16) to identify the sources for their cigarettes; more than 1 in 6 children and young people who are regular smokers usually buy their cigarettes from machines. Across England and Wales this equates to more than 46,000 11-15 year old regular smokers accessing cigarettes through	The review has used ONS 2007 as its source of smoking related information on 11 to15 year olds.

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					vending machines. Since the age limit has now been extended from 16 to 18, it is likely that this number could be significantly higher. Fuller, E et al (2006). Smoking, Drinking and Drug Use Among Young People in England, Survey 2006, Table 2.23, Page 47. The Information Centre, Leeds.	
British Heart Foundation		**Evidence Review (Full Report)**	Evidence Statement 23		In addition, test cases undertaken by Trading Standards Services demonstrate that children can access vending machines with relative ease. In a test purchase study in the East Midlands, children were able to buy cigarettes from vending machines in almost 100% of cases. Test purchases in Lancashire in 2005 demonstrated that pub vending machines are undermining efforts to prevent underage tobacco sales - a boy of 13 walked away with cigarettes from nearly half the pubs he visited. http://www.lancashire.gov.uk/corporate/news/press_releases/y/m/release.asp?id=200508&r=PR05/0251	Thank you for sending this news article.
British Heart Foundation		**Evidence Review (Full Report)**	Evidence Statement 23		The American Lung Association (ALA) recently reported on *State Legislated Actions on Tobacco Issues* comparing the tobacco control environments in various states. There are a broad range of different regulatory systems in place for the sale of tobacco products through vending machines. Two states, Idaho and Vermont, prohibit the sale of tobacco products through vending machines, while others restrict machines to bars which are prohibited to people under the age of 21. In Florida where proof of age is required to buy cigarettes and enforcement is rigorous, a test case compliance study showed that one third of attempts by minors to access cigarettes through vending machines were successful. The ALA believes that making it as difficult and inconvenient as possible for kids to get their hands on cigarettes reduces the number of youngsters who smoke report and recommends a	Thank you for this information.

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					complete van on tobacco vending machines. American Lung Association (2007). State legislated actions on tobacco issues: 2006. ALA: Washington. American Lung Association (2007). Public Policy Position on Tobacco and Health.	
British Heart Foundation		**Evidence Review (Full Report)**	Evidence Statement 23		The BHF believes that legislation should be put in place to ban tobacco vending machines. This would eliminate one route for children to easily accessing cigarettes. Our campaign is supported by the tobacco control community including Action on Smoking in Health (ASH), British Lung Foundation, British Medical Association, Diabetes UK, the National Heart Forum, the Roy Castle Lung Cancer Foundation, The Royal College of Physicians, and the Stroke Association. A proposal to control vending machines has been included in the recent Cancer Strategy.	Thank you for contributing these views. We look forward to hearing your views on the draft guidance.
British Paediatric Respiratory Society		**Evidence Review (Full Report)**	Conclusions	86	The review finds that when interventions are implemented in a comprehensive, multi-component manner that they can influence children and young people. It is this comprehensive approach to tobacco control that must be emphasised and strongly recommended in the final document	Thank you for contributing these views.
British Paediatric Respiratory Society		**Evidence Review (Full Report)**	Conclusions	86	It is extremely disappointing to find that there is a paucity of UK research to support any proposals that may arise from the final review. Further UK research must therefore be commissioned. This lack of a UK research base seriously weakens any recommendations that may arise.	The review has highlighted the need for more UK research. PHIAC can make research recommendations.
British Paediatric Respiratory Society		**Evidence Review (Full Report)**	Conclusions	86	Several areas that might form part of a comprehensive tobacco control approach for children & young people were excluded from the remit of this review & should also be assessed: 1) Preventive interventions such as: • Family, education & social interventions which	These interventions are beyond the scope of this guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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					inform family members and peers who smoke about the influence they exert on children and young people's choices about tobacco. • Community-based interventions: coordinated programmes aimed at a particular geographical area or region, or groups of people who share common needs or interests, to prevent the uptake of smoking. • School-based interventions: classroom programmes or curricula to deter tobacco use, including those associated with family and community interventions. 2) Increasing the price of tobacco products. 3) Interventions to encourage & support children & young people to quit smoking	
British Psychological Society		**Evidence Review**	General		This is a comprehensive review of the literature in the area. It considers the sailent cognitions that have been found to be significant predictors in the uptake of smoking behaviour such as knowledge, attitudes, beliefs and perceptions. In also evaluates the effectiveness of mass media interventions and the individual variables involved. The running theme through the review is the uncertainty if interventions are delaying rather than preventing the uptake of smoking and there is a clear need for future research in the UK. Other areas to consider may be dietary restraint and weight control, which have been found to be significantly correlated with smoking onset (Tomeo, Field, Berkey, Colditz & Frazier, 1999) and smoking status (Camp, Klesges & Relyea, 1993). From a sample of 16,862 children (aged 9 to 14 years), experimentation with cigarette smoking (initiation)	PHIAC is able to make research recommendations and this may be something they will wish to comment on. Thank you for this suggestion. The review considered evidence of effectiveness of mass media campaigns that targeted smoking related knowledge, attitudes and behaviour. The potential for combining such approaches with other health related behaviours is beyond the scope of the review.

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					was associated with an attempt to control weight in boys, and purging and dieting behaviours in girls (Tomeo et al, 1999). Furthermore, the maintenance of cigarette smoking has also been reported to be related to eating behaviours in young people, with 39 percent of girls and 12 percent of boys (N=659) reporting they smoke cigarettes to control their appetite and weight (Camp et al, 1993).	
British Psychological Society		**Evidence Review**	General		A further concept that may provide insight into children's smoking onset is perceived image. Research has suggested that the self-concepts of adolescents who were currently smoking matched closely to the stereotypic image generally associated with smokers (Chassin, Presson, Sherman, Corty & Olshavsky, 1981). Among non-smokers, those who had self-concepts that matched the smoker image were more likely to report they intended to smoke cigarettes in the future (in a month and in a year). In contrast, the intention not to smoke has been found to be associated with a negative smoker image (Barton, Chassin, Presson & Sherman, 1982). More recent research has used the concept of image to examine the effect of movie exposure (Wills, Sargent, Stodmiller, Gibbons, Worth and Cin, 2007) and magazine adverts (Aloise-Young, Slater & Cruickhank, 2006) on adolescent smoking with some interesting findings. This may prove to be an important avenue for research towards preventive health behaviour and and intervention design	Thank you for these observations, but these papers fell outside of the areas defined by the research questions.
British Psychological Society		**Evidence Review**	General		There is a lack of relevant and UK based research. Conclusions are based on many US based studies but potentional lack of UK applicability is noted and commented on by key informants.	Thank you. The reviewers have now provided further comment on applicability to the evidence review.
British Psychological Society		**Evidence Review**	General		Smoking in children and young people is a public health concern because of the health risks associated with tobacco use. Prevalence of smoking in 11 to 15 year olds is 9% (ONS, 2007) and the	We have noted your comments.

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					differences of the degree of prevalence in smoking are not only affected by sex and gender, but reflects diversity and inequality. The recent literature review undertaken by NICE into interventions to prevent the uptake of smoking in children and young people was extensive. The literature searches which formed the basis of the review screened 7365 titles and abstracts from which 105 papers were selected of which 60 papers (40 mass media studies and 20 restricted studies) were looked at. The review of papers in mass media interventions identified outcomes such as: attitudes, beliefs, intentions and behaviour.	
British Psychological Society		**Evidence Review**	General		The review data indicates that mass media interventions can influence attitudes, knowledge, beliefs and behaviours about the effects of smoking among children and young people. The evidence cited in the reviews suggests that mass media campaigns can prevent the uptake of smoking and also influence knowledge, attitudes and interventions of children and young people. The psychological and psychosocial factors that have been shown to influence effectiveness are attitudes, perceptions, beliefs and intentions. These factors also take into account message source, content (i.e. health effects, cosmetic effects), format, framing, duration, target audience, demographics of the audience and the site/setting of the campaign. The factors that have influenced the degree of effectiveness in terms of smoking behaviour are i.e. smoking in the past 30 days, decreased initiation of smoking, quitting and number of cigarettes smoked. In addition message content, target audience, duration of the mass media campaign, demographics of the audience, the number of anti-tobacco message sources and the TRUTH campaign were also taken into account.	Thank you for your comments.
British		**Evidence**	General		The concentration on mass media interventions	Thank you for your comments. PHIAC is able

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Psychological Society		**Review**			specifically aimed at prevention of smoking by children and young people lead to few relevant UK studies being found. While this has implications for research activity by Health psychologists, it might have naturally lead to an examination of mass media interventions for prevention of unhealthy behaviours by children to broaden the knowledge base, which may have lead to examination of further theoretical approaches and research. The same can be said of the interventions to prevent the sale of tobacco to children- lack of research and specific studies relating to the UK. The consultation found studies which supported the use of mass media campaigns in prevention of uptake but it was the unpacking of the detail of who, what, when, where that was lacking in terms of relevance to the UK.	to make research recommendations and these may be issues they will wish to comment on.
British Psychological Society		**Evidence Review**	3.3	33	From a health psychology perspective it is important to identify if the intervention delays rather than prevents the onset of smoking. Thereby this can have a negative or positive affective on behaviour and attitude. This was not clear whether mass media interventions delay rather than prevent the uptake of smoking in children and youth. None of the studies identified this. However, the review data did indicate that the way an intervention is delivered does influence effectiveness and is dependent on a number of factors. Factors that influence effectiveness include message content, mode of delivery, target audience, messaging framing and message elements.	Agreed, thank you for your comments.
British Psychological Society		**Evidence Review**	General		Other factors that have an impact on effectiveness are ethnicity, age, sex and socio-economic status of the children and young people's families. This may play a role in their beliefs and attitudes as indicated in the review.	Thank you for your comments.
British Psychological		**Evidence Review**	Behavioural Change		Behavioural change is another important outcome that has been cited, however it is not clear in the	Some of the differences in response (and behaviour change) from various ethnic groups

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Stakeholder Organisation	Evidence submitted	Document Name	Section	Page No.	Comments Please insert each new comment in a new row	Response Please respond to each comment
Society					reviews what has been the shift in behaviour and attitude in some of the anti-tobacco campaigns and cross-cultural studies cited. In the cross cultural review of the African-American and Hispanic study it was suggested that shifts in behaviour had occurred. However, whether these shifts were due to specific cultural behaviours or because of psycho-education this is not clear and may help in UK studies if this is pulled out. Currently there does seem to be a trend with young people following American trends whether good or bad and a form of copycat style is implemented.	suggests that there may be cultural elements influencing youth's behaviour, but these studies did not examine these distinctions in detail. Therefore, the review team was unable to provide comment on how this may inform the UK context.
British Psychological Society		**Evidence Review**	Behavioural Change		The work cited by Hein de Vries and Karen Gutierrez about stages of behaviour change and intervention are crucial areas and will need to be built upon in order for young people to be more aware of the damage smoking can do to their health. Behavioural programmes, which include pre-motivational, awareness and post-motivational elements are good starting points making the structure of psycho-education a multifaceted approach.	Thank you for contributing these views.
British Psychological Society		**Evidence Review**	General		The review takes into account the psychological and psychosocial factors, which are important factors of quality of life outcomes that affect varying degrees of demographics. A comparator study of looking at the beliefs and perceptions of smoking cigarettes and waterpipes may help children and youth to have a better understanding about the myths and traditions around smoking per se. This may also help health professionals in finding other media sources to deliver health interventions. This may tie in with the message contents that have been used and the suggestions made by Schar and colleagues (2005) that audiences need to be exposed to the message over time in order for them to be effective.	Thank you for your comments.
British Psychological		**Evidence Review**	General		The review covered a lot of data and considered evidence from several sources. Reporting gave a	As noted in the review, the review team searched for evidence of variation according

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Society					balanced viewpoint and covered all areas that will help to meet the public health demands in putting in place health intervention strategies to prevent the uptake of smoking in children and young people. However, in some review the context of the effects of the interventions for the demographics of the children and also parents would have been an ideal indicator for establishing changes over a period of time. As it stands it is difficult to interpret and adapt to the UK client population.	to the age, sex, socio-economic or ethnic status of the target audience. PHIAC will give careful consideration to the applicability of the findings.
British Psychological Society		**Evidence Review**	General		Lack of specific culturally pertinent research could lead to an increase in research in this area, which may have the potential for harm e.g. prevention programmes actually leading to increase in smoking, of importance in any research but in particular when working with children and young people .	Thank you for this observation.
Buckinghamshire PCT			General		Work on tobacco needs to be clearly linked into work on drugs and alcohol. Too often although the issues are similar and in fact overlap, the two are seen by professionals outside schools as separate, to the detriment of both. The links need to be made in any guidance, in support for policy development in schools and in the curriculum.	Thank you for expressing these views. Schools based approaches are beyond the scope of the current guidance but have been referred to the topic selection panel for consideration for future guidance.
Department of Health		Evidence Review (Executive Summary)	Evidence Statement 20	13	Whilst there is a clear mention of multifaceted approaches as being more successful, we feel that none of the research appears to have looked at schools in the context of delivering information and messages. In our view, the schools context may in fact help boost any message placed there by contextualizing it within a curriculum, and as part of the overall schools culture and values. We feel that this (school and youth settings) may be	Thank you for your comment. However, schools tobacco education is beyond the scope of this particular guidance but have been referred to the topic selection panel for consideration for future guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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					a platform on which to launch key messages, and may be worth extending the evidence search in to.	
Department of Health		Evidence Review (Executive Summary)	General		In our opinion, the focus of the study on messages and mass media appears to exclude a review of the issues concerning social norms, and what this areas has to offer in terms of research into types and nature of messages given. We feel that some of this work could be generalized into the evidence base to help form more binding recommendations. There appears to be no work drawn in from the broader advertising and marketing industry which, in our view, must have some generalized and specific points on marketing messages to sections of the population.	Thank you. Where there is information, the reviewers have provided comment on social norms in terms of message content. For example, that social norms messages may be more effective than other types of messaging, depending on the target audience (Wakefield et al. 2003) (Devlin 2007).
Department of Health			General		In our opinion, much of the research discussed in the report is from America where tobacco advertising is still legal, whereas there has been a virtually comprehensive ban on tobacco advertising, promotion and sponsorship in the UK since 2003. We note that there is quite detailed discussion of the Truth campaign in Florida, and we are aware from market testing that young people in this country do not respond to anti-industry messages in their starting, relapse or quitting behaviour.	We have noted your comments and acknowledge that there are different levels of exposure to tobacco promotion in the UK and US. PHIAC carefully considers the applicability of evidence in developing recommendations.
Department of Health			General		In our view, there is relatively little published research on children and young people and smoking in the UK. Therefore, it is very difficult to establish whether conclusions, reached about the merits of evidence-based approaches in America, would be effective in the UK. We feel however, that the report contains some useful generic insights into different marketing approaches, which have proved effective with different ages and sexes, and which may be	PHIAC will carefully consider the lessons that can be learned from this evidence.

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					helpful in future DH communications campaigns. Whilst it does not include much UK evidence, we feel that the "access restrictions" part of the review would be helpful in supporting the more stringent measures on vending machines and tobacco product display. In our view, the evidence review has yielded some useful findings that are applicable internationally, despite differences in culture and tobacco control programmes.	
Department of Health		Evidence Review (Full Report)	1.4	23	The report refers to the recent report from the BMA on children and smoking, which criticised regulation of tobacco control relating to young people (pointing to the relatively small number of prosecutions). It is not true to suggest (as does the BMA report on children and smoking) that enforcement is poor. In addition, we consider that we have more than met the 11% target, set in Smoking Kills, of reducing smoking among older children and young teenagers from13% in 1998 to 9% in 2006.	While we acknowledge that the target of 11% prevalence in smoking for English 11-15 year olds has been met, 16% of 15 year old boys and 24% of 15 year old girls are regular smokers. The number of prosecutions of retailers for selling cigarettes to underaged children in England each year has improved but is small compared to the proportion of children who say they are able to purchase cigarettes from shops. In a 2004 survey of more than 9000 pupils in 313 schools across England, 66% of children aged 11–15 who smoked currently had bought cigarettes from a shop (The Information Centre 2006).
Department of Health		Evidence Review (Full Report)	1.4	23	While we welcome the report for surveying the journal evidence so thoroughly, we feel that it is of limited use in informing Government interventions on reducing smoking prevalence among young people, and in informing NICE guidance on the subject. We feel that we are already doing as much as we are able in both our smoke-free social marketing campaign, and in tobacco regulation to discourage young people from smoking, and restricting access to tobacco products. The recently published Cancer Reform Strategy signalled our intention to consult on	Thank you for these comments. In addition to the reviews of the evidence of effectiveness and cost effectiveness, PHIAC can use other sources of information to inform their views about the guidance. In this instance, they have also had expert testimony in committee as well as specially commissioned research to explore the views of children and young people on this subject – see www.nice.org.uk

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					tighter restrictions on vending machines and display of tobacco products. Both areas (as the report points out) are of key importance to reducing smoking among young people. You are no doubt aware that we are also bringing in a negative licensing system whereby retailers, who persistently flout the minimum age law, will be subject to orders banning them from selling tobacco for periods of up to a year.	
Islington PCT	School's Smokefree Poster Competition May – August 2006 © Islington Council website Age of Sale Change Smokefree Ambassadors event report Report by Young Person's Stop Smoking Advisor Oct 2007 Islington Press	**Evidence Review**	General		The evidence review implies that the guidance will solely discuss mass media interventions and access restrictions. Whilst these are 2 powerful interventions why does it exclude the impressive array of work being done within the community, which are not related to mess media and access restriction interventions? I attach copies of reports from Islington Young People's Stop Smoking Service as examples of this.	Thank you for this additional information. We agree that mass media and access restrictions are only part of what could be done to address smoking by children and young people. It is not possible to address all issues within this guidance, although that does not preclude them being considered by NICE in future work. School and family based interventions have been referred to the topic selection panel for consideration for future guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp The literature review is conducted according to the methods laid out in the NICE methods manual for public health guidance http://www.nice.org.uk/media/69E/BD/CPHEMethodsManual.pdf . PHIAC also considers other information, such as expert opinion when developing the guidance. In the case of this guidance, PHIAC has been able to interrogate experts who work with young people, trading standards officers, the media

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	Articles					and others.
Islington PCT			General		Not always clear in the original document whether effectiveness is referring to the intervention, or of young person/child's ability to either stay off cigarettes or purchase them illegally e.g. evidence statement 23	Thank you for pointing this out. We will revise the review and clarify any portions we think may be unclear.
Islington PCT			General		Isn't evidence statement 10 and 16 saying the same thing but with differing evidence i.e. that campaigns are more effective when longer in duration and greater in intensity of exposure – however evidence statement 10 says there are mixed research findings around this and evidence statement 16 says the evidence is conclusive	In the current version of the evidence review evidence statements 10 and 16 have now been re-numbered as 1.6.1 and 1.8.1 respectively. We do not however believe that the two evidence statements are contradictory. Evidence statement 1.6.1 indicates that increased exposure is most effective when supported by other tobacco control initiatives. While evidence statement 1.8.1 claims that a barrier to implementation is short exposure.
Islington PCT			General		Use FRANK's national evaluation for learning – wasn't clear from evidence if this was included	Thank you for this. As FRANK deals with illegal drugs, it would not be picked up in the literature search.
Islington PCT			General		Although a new area, the evidence review will soon be out of date if it does not include the use of social networking campaigns and NEW MEDIA campaigns – whilst there may not be extensive research into this area yet (although there is evidence out there) it is imperative that the guidance seeks to actively include what is there and discusses where it thinks this new area will lead for young people's smoking. Young People have traditionally been at the fore when exploiting new methods of communication and technology. Interventions which do not utilise these media formats will fail to be effective and evidence reviews which fail to include these will be too	There is a lack of published literature on the use of new media to prevent smoking among children and young people. PHIAC can consider other types of evidence and have taken expert testimony on new media and considered the findings of research commissioned by NICE in 2007 which explored young peoples views and use of all forms of media including new media – see www.nice.org.uk. Whether or not new media is an effective medium for delivering pubic health messages does not negate evidence of effectiveness of other 'traditional' forms of media particularly if there is good evidence that young people are still using these.
Islington PCT			General		Recently discussed on Globalink, the link between children and young people smoking and school	Schools smoking education programmes are beyond the scope of this guidance and thus

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					education programmes is still unclear and appears to be dependant on many factors. This shows show how interventions need to be clear in what they are doing, how their effectiveness will be measured and whether or not they will be used again. The present evidence review needs to take these points into account to be of sound quality	the review. School and family based interventions have been referred to the topic selection panel for consideration for future guidance NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Islington PCT		Evidence Review (Full Report)	2	25	Although 7414 studies were initially identified only 60 were involved in the final study. • Were there no more UK studies available from those finally chosen to enable interventions to be compared to the populations we are dealing with – it is not clear from the review • There are too few outcomes of interest meaning many of the studies were eliminated. Had there been more outcomes of interest this would have allowed for greater number to be looked at. An example of an additional outcome of interest would be 'others reported smoking behaviour of a young person' – self-reported scales are notoriously unreliable particularly with young people and will vary depending on many factors, including who is asking them. More ways of measuring the smoking rate would allow for a more thorough analysis of smoking behaviours and intentions, as such allowing more studies to go through • Inclusion criteria could have looked at smoking not just cigarettes – the use of cigars, shisha pipes, and also cannabis smoking which is common amongst young	The literature review is conducted according to the methods laid out in the NICE methods manual for public health guidance http://www.nice.org.uk/media/69E/BD/CPHEMethodsManual.pdf . A detailed description of the searches and processess used is in Appendix A of the review. Thankyou for your comment on the need for more ways of measuring smoking behaviour, intentions, etc. Use of cannabis, particularly in combination with tobacco, by young people was discussed in the scoping phase of this guidance, but was not included. . NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp

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					people and is often smoking with tobacco	
Islington PCT		Evidence Review (Full Report)	2.4	26 - 27	Only 18 participants we invited to be key informants and of these only 10 participated. 18 is a very low number from the original list – there are many more individuals from "diverse fields with expertise in the area of mass media, smoking prevention and youth'' (pg 27) Why were young people not consulted on this evidence? They would have been a great source to get explanations from, had someone allowed for the fact that they could explain it in layperson's terms? Many Local Authorities have Youth Participation forums that could be invited to feedback as key informants. Why were no direct young people's workers (myself included) contacted for the key informants interviews? Although there are few dedicated young people's cessation specialists, access to them can be found from regional teams to form another key informant group. In addition why were the key informants not asked about access restrictions? They would have experience of and understanding in how access restrictions change cigarette consumption, particularly looking at regional areas and differences	Thank you for these comments. In addition to the reviews of the evidence of effectiveness and cost effectiveness, PHIAC can use other sources of information to inform their views. In this instance, they have also had the benefit of expert testimony from people with diverse experience, including those who work with young people on this topic. In addition, focus group research to explore the views of children and young people on this subject was specially commissioned to give PHIAC more insight into the issues discussed.
Nuffield Council on Bioethics	*Public Health, Ethical Issues* ©Nuffield Coucil on Bioethics		General		As you may be aware, the Nuffield Council on Bioethics published a report *Public health: ethical issues* in November 2007. A PDF of the full report is provided as relevant additional material with this response. The report considers the ethical and social issues arising when designing measures to improve public health. The report concluded that the state has a duty to help people lead a healthy life and to reduce inequalities. It proposes a 'stewardship model', which outlines how this can be achieved, and an 'intervention ladder' as a way of thinking about the acceptability of different public health measures. The	Thank you for the interesting perspective you bring to the consideration of this guidance. We will study the areas you specify below where the report may be of relevance.

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					report uses a number of case studies to illustrate the discussion, including that of smoking, including smoking in childhood. Recommendations for public health policy are made in four areas: infectious disease; obesity; alcohol and tobacco; and fluoridation of water.	
Nuffield Council on Bioethics			General		We should like to draw your attention to our discussion and recommendation on the issue of smoking in vulnerable groups including children. "Under our stewardship model, public health measures should pay special attention to the health of children (paragraphs 2.41–2.44). As both drinking alcohol and smoking are associated with dependence and harms, there has frequently been concern expressed about any use by children and adolescents […] Young people often lack judgment about risk and are vulnerable to the influence of others. Additionally, if people start drinking alcohol and smoking as children and adolescents and continue into adulthood, they will have been exposed to these health harms over a longer period of time than if they had started as adults. Health and other harms (such as any effect on education) caused by misuse of these substances can be very serious for developing children and adolescents." (para 6.32)	Noted, thank you.
Nuffield Council on Bioethics			General		Recommendation 19: "Producers, advertisers and vendors of alcohol and tobacco need to recognize more fully the vulnerability of children and young people, and take clearer responsibility for preventing harms to health. This would include refraining from understating risks, and from exploiting the apparent desirability of drinking alcohol and smoking, particularly in ways that appeal to children and young people. Furthermore, it would appear that whatever the legal position, these	Thank you for drawing this to our attention.

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					products are widely available to underage children, and existing law and policy need to be implemented more stringently. We welcome the raising of the minimum age for the purchase of tobacco from 16 to 18 years that has taken place throughout the UK as part of a strategy to protect vulnerable people. Although thought needs to be given to the way in which this measure can be implemented most effectively, it is an appropriate initiative in the context of the stewardship model, as the market has largely failed to self-regulate in this area." (para 6.33)	
Nuffield Council on Bioethics		Evidence review (Full Report)	General	4 & 13	We note that in both of the areas that you are considering (mass media interventions and access restrictions) you find a "lack of information" in relation to some aspect of the interventions' effectiveness. In *Public health: ethical issues* we consider how policy makers can respond ethically in a situation involving some lack of evidence. We particularly consider this in relation to obesity, but the principles are intended to apply to other public health policies. The following extracts of the report may be of interest to you. "Incomplete evidence for the effectiveness of policy options should not be used by industry and government as an excuse for inaction." (para 5.10) "We recognise that, as in the case of obesity (Chapter 6), and in many other areas of public health more generally, inconclusive evidence by itself is not necessarily a sufficient reason to halt an otherwise promising strategy." (para 7.42)	Once again, thank you for drawing these points to our attention.
Nuffield Council on Bioethics		Evidence review (Full Report)	General	4 & 13	"The stewardship model's emphasis on circumstances that help people to lead healthy lives, especially if they are in vulnerable positions (paragraphs 2.41–2.44), leads to an ethical justification for the state to intervene in schools to achieve a more positive culture towards food,	Agreed, it is vitally important to trial new approaches to determine whether they are effective.

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					cooking and physical activity. As in many other areas of public health policy, the only way of establishing whether a new policy is likely to lead to improved health is by trialling it. Because the need being addressed is an important one, it is desirable to explore the potential of promising policies, even if evidence for their effectiveness is incomplete." (para 5.36)	
QUIT			General		QUIT would like to thank NICE for the opportunity to respond to consultation on the synopsis of the evidence – preventing the uptake of smoking by children.	Noted, thank you.
QUIT		Evidence review (Full Report)	3.5	47	It has been QUIT's experience that in schools where a large portion of the teachers or a headmaster smokes, they are more averse to allowing prevention campaigns on the premises.	Thank you; however, schools programmes are outside the scope for this guidance. However they have been referred to the topic selection panel for consideration for future guidance.
QUIT		Evidence review (Full Report)	3.6	50	The ages listed for students in USA grades 8, 10, and 12 are incorrect. Students in grade 8 are aged 13-14, grade 10 are aged 15-16, and grade 12 are 17-18 years old.	Thank you. These will be corrected in the revised evidence review.
QUIT		Evidence review (Full Report)	3.7	60	QUIT uses a variety of pictures in it's prevention work for young people, which has made it accessible to young people in a variety of settings, including youth offenders and pupil referral units.	Thank you for this information. If QUIT has any published reports on this initiative, we would be happy to receive them.
QUIT		Evidence review (Full Report)	4.8	80	If young people are able to access cigarettes from a variety of social sources including their parents and friends, it is vitally important that effective education measures are in place from a young age in a variety of youth settings, as well as for parents.	Thank you for this observation; although there is much in what you say, it is beyond the scope of this guidance.
QUIT		Evidence review (Full Report)	4.9	82	Since a smoker who starts at age 15 is 3x more likely to die from lung cancer than someone who starts in their mid-20s, to delay the uptake of smoking is still a viable reason to use a variety of prevention measures.	Noted, thank you.
QUIT		E Evidence review (Full	4.9	86	QUIT would agree with the conclusion that 'when preventions are implemented in a comprehensive,	Thank you, however this guidance is limited to mass media and underage sales

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		Report)			multi-component manner, they can influence children and young people.' QUIT would also conclude that prevention must be provided in a variety of settings, not only via the media, but also in schools and after-school activities. QUIT also concludes that prevention is not enough, that cessation must be provided for young people, in a confidential and adult manner.	restrictions. Further topics may be the subject of future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp Thank you. This will be clarified in the revised text.
Royal College of Nursing			General		With a membership of over 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations. The RCN welcomes the opportunity to review this document.	Thank you.
Royal College of Nursing			General		The recent government initiatives of banning smoking and increasing the age of sales will help.	Thank you for this observation.
Royal College of Nursing			General		Statistically it is a mother's influence on children that will increase their chance so targeting the effects on women will still benefit.	Thank you for making this point, but it is outside the scope of this particular guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Royal College of Nursing			General		Image is more important to young people than long term health issues, so illustrating images of the effects on hair, teeth etc; may have greater effect.	Thank you for expressing your views. PHIAC will give careful consideration to the evidence on what constitutes effective mass media

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						campaigns.
Royal College of Nursing			General		Furthermore we would suggest that all TV films, soaps etc should not show/encourage smoking behaviour, therefore not idolising the behaviour in any way.	The portrayal of smoking in the media is beyond the remit of this guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Royal College of Nursing			General		The suggestion (as read in local papers) that vending machines should be banned is also an excellent idea. Thus reducing access further.	Thank you for expressing your views.
Royal College of Paediatrics and Child Health			General		Overall this is an excellent document. We would like to see some acknowledgement that the whole might be greater than the sum of parts e.g. that preventing access might be more effective at diminishing smoking against a background of effective media strategies etc.	Thank you for making this point.
Royal College of Paediatrics and Child Health		Evidence Review (Full Report)	General		Much of the evidence cited is from the US. We would like to draw your attention to the following study conducted in the UK. Clayton, Price, Hagan, Davies, Alldersea, Jones, Lenney and Lenney. Midlands Medicine 2007: 25; 67-70. This was a controlled study of the value of showing a locally produced video or just giving a leaflet "Be Smart Don't Start" to 3,000 12/13 yr old school children (13% of whom smoked) in 21 schools in Wolverhampton/Stoke on Trent was carried out by school nurses. There was no difference between the two groups in switching from smoking to non-smoking after 6 months (39% v 35%) and some (5.4% v 6.4%) switched from non-smoking to smoking. However, participating in the study increased the students knowledge of the facts about smoking.	Thank you for this suggestion, however the study is outside the current scope of this work and as such cannot be included within the review.
Royal College of Paediatrics and		Evidence Review (Full	Evidence statement 20	15	The sentence "…key to successfully increasing minimum age laws." (sic) isn't clear. Does it mean	Thank you. This will be clarified in the revised text.

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Child Health		Report)			"increasing impact of…"?	
Royal College of Paediatrics and Child Health		Evidence Review (Full Report)	Evidence statement 12	53 - 54	The conclusion seems misleading if the study in reference 5 for this statement was actually targeted at girls.	Thank you. This will be clarified in the revised text.
Royal College of Paediatrics and Child Health		Evidence Review (Full Report)	Evidence statement 6	7 & 38	The meaning of "message framing" is unclear - perhaps a glossary would be helpful?	Thank you. We will consider this suggestion when revising the text.
Royal College of Paediatrics and Child Health		Evidence Review (Full Report)	Conclusions	86	The review finds that when interventions are implemented in a comprehensive, multi-component manner that they can influence children and young people. We believe that it is this comprehensive approach to tobacco control that must be emphasised and strongly recommended in the final document.	Noted, thank you.
Royal College of Paediatrics and Child Health		Evidence Review (Full Report)	Conclusions	86	The college is disappointed to find that there is a paucity of UK research to support any proposals that may arise from the final review. Further UK research must therefore be commissioned, and we feel this should be included as a recommendation. The lack of a UK research base seriously weakens any recommendations that may arise.	We too are disappointed with the paucity of UK research. However, PHIAC carefully considers the relevance and applicability of non-UK derived data. PHIAC can also make research recommendations.
Royal College of Paediatrics and Child Health		Evidence Review (Full Report)	Conclusions	86	We feel that several areas that should form part of a comprehensive tobacco control approach for children & young people were excluded from the remit of this review & should also be assessed, including: 1) Preventive interventions such as: • Family, education & social interventions which inform family members and peers who smoke about the influence they exert on children and young people's choices about tobacco. • Community-based interventions: coordinated programmes aimed at a particular geographical area or region, or groups of people who share common needs or interests, to prevent the uptake of smoking.	These are important interventions but beyond the scope of this particular guidance. Family and school based interventions have been referred to the topic selection for consideration for future NICE guidance. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp.

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					• School-based interventions: classroom programmes or curricula to deter tobacco use, including those associated with family and community interventions. 2) Increasing the price of tobacco products. 3) Interventions to encourage & support children & young people to quit smoking	
Smoke Free Cambridgeshire and Peterborough		Evidence review	General		Smoke Free Cambs and Peterborough agrees with the evidence gathered and interpretation of this evidence presented in terms of mass media interventions and point of sales measures)	Noted. Thank you.
Smoke Free Cambridgeshire and Peterborough		Economic review	General		As above	Noted. Thank you.
Smoke Free Cambridgeshire and Peterborough			General		However, we would like it noted that we feel examining only point of sales measures and mass media leaves huge gaps in terms of looking at other interventions that may prevent the uptake of smoking. For example prevention interventions from an education perspective have a key role to play. Also some 'mass media' campaigns such as the 'Truth' campaign in Florida went beyond what we might determine as 'mass media' campaigns and were more of a youth advocacy campaign. Therefore a campaign such as 'Truth is a combination of mass media and peer led prevention making it very difficult to separate 'mass media' from 'prevention' for the purposes of this consultation.	These are important interventions but beyond the scope of this guidance and this review. NICE welcomes suggestions for future guidance. Information on making a suggestion can be found at http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp
Smoke Free Norfolk Alliance		**Evidence Review**	**Mass Media Interventions**		* The lack of UK-based research & evidence is striking.	Agreed. The lack of UK evidence was noted by the reviewers and by PHIAC.
Smoke Free Norfolk Alliance		**Evidence Review**	**Mass Media Interventions**		* It is unfortunate there have been no UK equivalent of the USA 'Truth' campaign available for study.	Thank you for your views.
Smoke Free Norfolk Alliance		**Evidence Review**	**Mass Media Interventions**		* It seems only generic factors can be extracted from the international studies eg effect of duration,	Thank you for your comments.

Public Health Intervention Guidance

Preventing the Uptake of Smoking by Children – Consultation on Evidence – Stakeholder Response Table (for review)
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					intensity, part of broader tobacco control programmes etc.	
Smoke Free Norfolk Alliance		**Evidence Review**	**Mass Media Interventions**		* These strategies should continue and be intensified in the UK.	Thank you for your views
Smoke Free Norfolk Alliance		**Evidence Review**	Access Restrictions		* Again the lack of UK-based studies is striking.	Thank you for your views
Smoke Free Norfolk Alliance		**Evidence Review**	Access Restrictions		* And again the best we can do with this situation is extract generic factors from international research.	Thank you.
Smoke Free Norfolk Alliance		**Evidence Review**	Access Restrictions		* These strategies should continue and be intensified in the UK.	Noted; thank you for expressing your views
Smoke Free Norfolk Alliance		Economic Review	General		* Given the lack of UK-based research, it is instructive that what international research there is suggests that mass media campaigns and point-of-sale interventions are cost-effective.	Thank you for expressing your views
Smoke Free Norfolk Alliance		Economic Review	General		* These strategies should continue and be intensified in the UK.	Noted; thank you for expressing your views
The Roy Castle Lung Cancer Foundation			General		Have any young people expressed their opinions on this?	The views of young people were not solicited on this review but PHIAC has had access to additional sources of information to help in their consideration of the evidence. One of these was a piece of research commissioned by NICE to explore the views of children and young people on the subject of this guidance. The study was conducted by Liverpool John Moores University Centre for Public Health – see www.nice.org.uk
The Roy Castle Lung Cancer Foundation		Evidence Review (Executive Summary)	Evidence Statement 8	6	This may be of interest. The Liverpool Longitudinal Study on Smoking (LLSS) is a unique research project, set up to undertake a comprehensive study into the experiences of children and smoking between the ages of 4 and 11.	Thank you for this information. Please see the above response.