

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
ASH		General	Given the limited scope of this guidance – ie that it will cover only mass media interventions aimed at young people and point of sale measures, ASH recommends that NICE issue separate guidance at the earliest opportunity for the areas not covered by this investigation (ie those listed in paragraph 4.2.2 of the draft scope).	NICE recognises the need to cover the areas highlighted in section 4.2.2 of the draft scope. They will be referred to the topic selection panel to be considered for future guidance.
ASH		General	As point of sale measures are to be a key component of the guidance, efforts should be made to engage and encourage retailers, trading standard officers, community liaison staff and any others involved in the retailing of tobacco or enforcement of the law relating to tobacco sales. At present, the current list of stakeholders does not represent a balanced list and is likely to result in very different responses than would be the case if more people directly involved in the enforcement of the law were involved in the process.	A large number of organisations were contacted to make them aware of this piece of guidance and to invite them to register as stakeholders. However, some relevant organisations may not have been contacted or may not have registered. NICE encourages current stakeholders to inform those organisations that they feel are relevant to this work to register an interest ( <a href="http://guidance.nice.org.uk/page.aspx?o=512517">http://guidance.nice.org.uk/page.aspx?o=512517</a> ) We will also write again to those organisations that were contacted but did not take up the invitation.
ASH		4.2.1	ASH urges NICE to review evidence of tobacco industry marketing aimed at young people in order to make a comparison between the effectiveness of these techniques and those employed by health campaigns.  ASH will submit a copy of a recent report which demonstrates how tobacco companies are reaching young people via the internet and other forms of modern marketing techniques. Such methods are likely to undermine the efficacy of health campaigns.	Thank you for your comment. NICE encourages all stakeholders to submit any evidence that they feel can inform the development of this guidance. The search strategy will include terms to identify literature on the marketing tactics used by the tobacco industry.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Assoc. Of Public Health Observatories</b>		General	The topic of this guidance is important and relevant to the current tobacco reduction agenda. However, we feel that the limited scope of the proposed guidance does not adequately address the remit as defined by the department of health.	Thank you for your comment. NICE recognises that there are many areas that are applicable to this piece of guidance. To allow the current areas to be covered effectively the areas highlighted in section 4.2.2 will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
<b>Assoc. Of Public Health Observatories</b>		2 b / c	The cancer plan is largely considered to be an NSF and should appear in 2b rather than as an 'other' in 2c	Thank you, the scope has been amended.
<b>Assoc. Of Public Health Observatories</b>		4.2	It is disappointing that the scope of this public health guidance is so limited. The title of the guidance “preventing the uptake of smoking by children and young people” misrepresents the scope of the guidance. The impact of mass media interventions, while of some importance, will not be the only actions that prevent children and young people from starting smoking. To focus on only the mass media and point of sale interventions will only cover two dimensions of what is obviously a much more complex issue.	Thank you for your comment. <a href="#">Please</a> refer to our response to your general comment above.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Assoc. Of Public Health Observatories</b>		4.2.2a	<p>The background section (3b) acknowledges that the influence of family members is very important and it seems unreasonable that interventions addressing this topic are not included in the scope.</p> <p>To exclude the interventions focussed around the family, education and social or community settings seems to be missing out on an important area. The front line public health practitioners and the wider public health workforce need to know what interventions are effective in preventing young people from initiating smoking.</p>	Thank you for your comment. Please refer to our response to your general comment above.
<b>Assoc. Of Public Health Observatories</b>		4.5	The third of the three overriding questions should talk about “preventing the uptake <b>of smoking</b> and sale of ....” Rather than the uptake and sale”	Thank you, the scope has been amended.
<b>Assoc. Of Public Health Observatories</b>		4.5	It is difficult to see how the third of the over-riding questions can be answered without looking at a variety of prevention focussed interventions.	Thank you for your comment. Any comparisons will be made within the specific prevention areas highlighted in the scope: mass media and point of sale.
<b>Assoc. Of Public Health Observatories</b>		4.5 And 4.2.1a	The subsidiary question asks whether the effectiveness depends on the status of the person delivering it. Section 4.2.1a specifically states that “these anti-tobacco interventions do not involve person to person contact”. These two statements are incongruous.	Thank you for your comment. We recognise that these statements are incongruous in relation to the mass-media interventions. However, the point of sale interventions could be delivered by an individual. We will clarify the scope.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Asthma UK</b>		4.2.1	<p>Asthma UK would like to see the inclusion within this paragraph of new media interventions to prevent smoking uptake. New media, including websites, emails and text messages have enormous potential for social marketing, and any guidance on using the mass media that excluded these technologies would be incomplete. In particular, the benefits of 'Web 2.0', which enables users to develop and distribute their own content, should not be overlooked.</p> <p>Research in this area may not be so well established as that investigating other types of social marketing, but Asthma UK's own website for children and young people, Kick Asthma, is a very popular resource. The site had almost 100,000 hits in the last year, with over 5,700 posts on its message board. Interactive sites like this are an important way of facilitating communication with and between children and young people, and are often able to reach a wider audience than static one-way forms of communication.</p>	Thank you for your comment, we will amend the scope to include a specific reference to new media. NICE recognises its importance and accepts that the evidence base may not be as well established as other methods of social marketing. NICE encourages stakeholders to submit any evidence they know of that addresses these areas.
<b>Asthma UK</b>		4.2.1	The inclusion within the scope of some reference to smoking in films would also be of benefit. Films are cited as a risk factor in section 3 b, yet do not appear to be included in the scope's definition of mass media. Asthma UK would like this omission to be rectified.	Thank you for your comment. The areas described in 4.2.1 are meant as examples and not a definitive list.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Asthma UK</b>		4.2.2	<p>Asthma UK is very disappointed that NICE does not feel able to develop more comprehensive guidance on how to prevent smoking uptake among children and young people. The exclusion of family-, community- and school-based interventions is likely to reduce the effectiveness of the guidance as a whole: health promotion work in this area is more likely to succeed if it has multiple interlinked components and engages directly with children and young people. Guidance on these areas would be invaluable to professionals and local groups, as well as more realistically addressing the root of the problem of smoking among children and young people.</p> <p>The lack of any planned guidance on family interventions is particularly worrying, given that the evidence cited in the draft scope identifies family smokers as a highly significant risk factor for teenage smoking. Mass media and point-of-sale measures are simply not enough.</p> <p>Asthma UK has maintained to the Department of Health that raising the legal age for the sale of tobacco is unlikely to be an effective measure in isolation, but must be complemented by comprehensive inter-agency work, both to reduce the uptake of smoking among children and young people, and to help young smokers to stop smoking. It appears that this view has not been translated into action. Asthma UK urges NICE to seek clarification from the Government about the nature of the guidance required, and would hope that the scope can be extended if further guidance will not be developed soon.</p>	<p>Thank you for your comment. NICE recognises that there are many areas that are applicable to this piece of guidance. The areas highlighted in section 4.2.2 will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a></p>

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Asthma UK</b>		4.4	<p>Asthma UK would like to see the inclusion of a more extensive, reliable and clearly defined set of outcome measures. Within the primary outcome measures, it is unclear why self-reported smoking behaviour – which may not be reliable - is listed first above prevalence of tobacco use. Additionally, the second measure, 'illegal tobacco sales and other ways that children and young people believe they can obtain cigarettes' is vague and likely to prove very difficult to monitor in practice.</p> <p>Similarly, the precise meaning and likely method of measuring the secondary outcome measure 'decision-making and refusal skills increased self-esteem' is unclear, while 'intentions to smoke' appears both within another category and in its own right.</p>	Thank you for your comment. The outcome measures have been chosen to ensure that at this early stage we are not too prescriptive, which could result in valuable information being excluded from our review. We will clarify the scope to take into account the comments regarding the order of the outcomes and the secondary outcomes.
<b>British Dental Assoc</b>		General	This is a very welcome review of the broad areas of public health interventions related to smoking. Any review can only help in ensuring that resources are appropriately targeted to those areas where there is evidence of effectiveness. The use of the media is very expensive and should be evaluated fully to ensure that it is achieving changes in behaviour rather than just increasing awareness. The review will need to concentrate separately on awareness and point of sale measures, but also on the interaction of these two elements.	Thank you.
<b>British Dental Assoc</b>		General	The BDA welcomes this review as it will eventually assist in reducing the effects of tobacco smoking on the oral cavity. The dental profession would also be interested in future reviews which look at those areas not covered in this proposed review. In particular the role of the dental team in family, education and social interventions and community and school based interventions linking in with other aspects of oral health education within these environments.	Thank you.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>British Dental Assoc</b>		4.6	“The dental team” should be included in the list of professionals to be targeted for the distribution of the proposed guidance. Dentists and their teams can play an important role in tobacco cessation initiatives and this should be recognised in the guidance.	Thank you for your suggestion, NICE agrees that dentists and their teams have an important role to play in both preventing the uptake of smoking as well as encouraging and supporting smoking cessation. However, we feel that dentists and their teams are covered by the phrasing ‘professionals with public health as part of their remit’. The specific role of the dental team can be identified in the guidance itself, if there is evidence and PHAC are minded to make a recommendation.
<b>British Psychological Society</b>		General	Given the impending change in age of sale, there will be a significant population who will no longer be able to purchase cigarettes. Due to its focus on preventing uptake, this scope will not support the NHS in planning services/ strategies to tackle the issues that may arise as a result of this, i.e. addicted young smokers trying to find places to buy cigarettes, parents buying cigarettes for their children.	Thank you for your comment. As the guidance will focus on point of sale measures it should support strategies to tackle the issues you mention.
<b>British Psychological Society</b>		General	A current concern is the potential for 16 and 17 year olds to start purchasing counterfeit cigarettes on the streets once they are denied cigarettes over the counter. How will this be addressed?	Thank you for your comment. This will be addressed by the point of sale measures section. Should literature be available on access to and/or use of counterfeit cigarettes this by children and young people it will be included in the effectiveness review.
<b>British Psychological Society</b>		4.2.1	This specifically excludes the school curriculum, which is a route which all children have to gather information on the topic and make decisions about behaviour. Ensuring that these interventions are effective seems central to the prevention agenda.	Thank you for your comment. The areas highlighted in section 4.2.2 will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
<b>British Psychological Society</b>		4.4/ 4.2.1/ 4.5	Although you are using illegal sales as an outcome measure, you have not specified that you will be looking at strategies to reduce sales of smuggled cigarettes to young smokers. Your remit in section 4.2.1 seems to focus on illegal sales in terms of enforcement alone so we are not sure how you plan to achieve key question 2 regarding effective strategies to reduce illegal sales in terms of smuggled/ counterfeit cigarettes.	Thank you for your comment. The issue of smuggled cigarettes will be looked at within the context of the scope. The referral from the Department of Health is not concerned with measures to tackle smuggling.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Cancer Research</b>		General	The draft scope avoids mentioning the intervention that current evidence indicates has the most effect: price. We believe that this is a very significant omission.	Thank you for your comment. We will not address wider issues such as pricing policies for tobacco products in this piece of guidance. This may be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
<b>Cancer Research</b>		General	The guidance explicitly excludes school-based, classroom educational programmes. We believe it should cover these because we need a NICE statement to the effect that if we are to continue doing them it is based on very little evidence that they have an effect, but it is still worthwhile trying to inform children about the hazards of smoking by this route.	Thank you for your comment. The areas highlighted in section 4.2.2 will be referred to the topic selection panel to be considered for future guidance.
<b>Cancer Research</b>		General	In certain circumstances young people and smoking issues cannot be looked at in isolation from adult smoking issues. This includes certain aspects relating to under age sales. Other research questions, for example, what the effect of banning packs of 10 cigarettes would be on young people's smoking versus helping older smokers to quit, would be helpful.	Thank you for your comment. We are focusing on the areas of mass media and point of sale in this guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
<b>Cancer Research</b>		General	It is not quite clear how the intended research review scope will differ from similar reviews already conducted by Cochrane and Advisory Council on the Misuse of Drugs (ACMD; 2006 Pathways report).	Thank you for your comment. The review may include work that has been carried out previously, but it will also appraise other relevant and recently published material.
<b>Cancer Research</b>		4.2.1; 4.2.2a	This guidance is welcomed, particularly since the point of sale age increase is imminent. However, the area being covered is very narrow within the whole issue of what influences smoking uptake in young people. Given that the socio-cultural areas not focused on in the guidance are key to influencing uptake, a timescale for examining these areas would be appreciated.	Thank you for your comment. Please refer to our response to your general comment.
<b>Cancer Research</b>		4,2,1; 4.2.2b; 4.4	The document is inconsistent or at best unclear in terms of whether quitting mass media interventions in addition to prevention mass media interventions are both being evaluated.	The guidance will focus on the prevention of uptake of smoking in young people, so mass-media interventions focusing on getting young people to quit will not be reviewed .



## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Cancer Research</b>		4.2.2a; 4.5	If one to one/peer interventions are not being evaluated, then the key question 'how does effectiveness depend on the status of the person delivering it' might need to be re-phrased. Possibly 'vehicle' rather than 'person' might make more sense.	Thank you for your comment. One to one interventions will not be evaluated in relation to mass media interventions. However, the effectiveness of some point of sale measures could be influenced by the person delivering it. We will clarify the scope.
<b>Cancer Research</b>		4.5	An overarching key question in relation to intervention duration effect would be whether effective interventions are delaying smoking onset rather than preventing it entirely.	Thank you for your comment, we will amend the scope.
<b>Cancer Research</b>		4.5	We believe that the research evidence for this review should not be limited to the use of randomised controlled trial data, as we believe that this is an inflexible definition of research in this field. If this approach is followed the result could be a guideline that will include only a small number of studies, and these will produce limited and obvious conclusions. In order to measure complex phenomena, such as this issue, it would seem appropriate, in parallel, to search high quality 'grey literature' in order to provide the depth of information that is required.	Thank you for your comment. Randomised controlled trials will not be the sole source of evidence for this review. Other sources such as grey literature will also be interrogated.
<b>Croydon PCT Stop Smoking Service &amp; Croydon Healthy Schools Schemes</b>		4 - 4.2.2*	Exclusion of prevention focussed interventions such as those listed in this section is short-sighted and unfortunate; some excellent examples of front line prevention work & peer led cessation/uptake of smoking activities will not be recognised as excellent, effective practice and included in this proposed guidance if these omission criteria remain as stated. The impact of the proposed guidance will be minimised and its value to those working with young people significantly reduced to be almost worthless.	Thank you for your comment. The areas highlighted in section 4.2.2 will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

**Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Croydon PCT Stop Smoking Service &amp; Croydon Healthy Schools Schemes</b>		4 – 4.5*	<p>Answers to some of these key questions will not be forthcoming unless selection criteria laid out in Section 4.2.2 is removed or altered. Considerable amounts of robust data and evidence around levels of service uptake and mid to long term efficacy of interventions can be gleaned from health promotion/improvement projects such as those discounted in 4.2.2, and this again will minimise the value of this guidance.</p>	<p>Thank you for your comment. The key questions will be amended to reflect the narrower interpretation of the scope.</p>

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Croydon PCT Stop Smoking Service &amp; Croydon Healthy Schools Schemes</b>		4.5#	<p>Evidence suggests that most young people begin to smoke through vanity (concern for how they are perceived by their peers; attempts to seem mature or rebellious) therefore vanity is the best possible lever for preventing them smoking. Recent campaigns that focus on detrimental effects to hair, skins, odour etc. seem to have impact.</p> <p>Also, children tend to overestimate the incidence of 'deviant' behaviours like smoking among their peers and experiment with smoking as a conformative measure. If a campaign could emphasise that the majority of young people do <u>not</u> smoke, instead of concentrating on the 'deviant' minority, children's desire to conform could prevent them trying tobacco.</p> <p>Many pubs and off licenses employ a policy of asking people for ID if they appear under 21 despite the law allowing those aged 18 plus to buy alcohol. This means that those at or near the legal age have to start carrying ID as a matter of course and this can make the vendor's life simpler by preventing them getting into disputes when someone's apparent age is in doubt.</p>	Thank you for your comments.
<b>Dept of Health</b>		4.2.1 a	<p>It would be helpful if the analysis of mass media interventions to draw in secondary prevention issues as far as possible. The potential of communication channels that are popular with children and young people should also be considered (e.g. myspace, YouTube and general youth media) although the evidence base for using these channels for public health messaging may be limited at present.</p>	Thank you for your comment. NICE recognises the importance of new media and accepts that the evidence base may not be as well established as other methods of social marketing. NICE encourages stakeholders to submit any evidence that addresses these areas. The scope will be amended to include an explicit reference to new media.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Dept of Health		4.2.1 b	Would you please consider broadening the point of sale to include all means whereby young people might access tobacco products (e.g. websites and outlets/channels for contraband cigarettes) then this would increase the potential impact of the guidance and the relevance to the target age range. If possible it would be good to consider the availability of alternative nicotine products to young people (e.g. NRT) although it is understood that this issue will also be picked up within forthcoming programme guidance on smoking cessation interventions.	Thank you for your comment. Point of sale will include all means where young people might purchase cigarettes. The availability of other nicotine products will not be covered by this guidance as this will be addressed within the smoking cessation guidance.
Dept of Health Regional Tobacco Policy Mgr	Documents provided	General	<b>Which mass media interventions are effective and cost-effective in preventing children and young people from becoming smokers?</b> Information campaigns that help young people see how the tobacco industry tries to manipulate their behaviour through advertising have been highly effective in changing behaviour and attitudes toward smoking among young people in the United States (American Legacy Foundation 2002).	Thank you for this information.
Dept of Health Regional Tobacco Policy Mgr	Documents provided	4.5	Which mass media interventions are effective and cost-effective in preventing children and young people from becoming smokers?	Thank you for this information.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Dept of Health Regional Tobacco Policy Mgr</b>	Documents provided	4.5	<p><b>Which interventions can be compared, which are most effective in preventing the uptake and sale of tobacco to children and young people?</b> Studies on the impact of youth legislation have produced variable results. Interventions to prevent the sale of tobacco to minors have reduced youth tobacco use in some studies (DiFranza J, et al, 1992; Forster J, et al, 1998; Jason L, et al, 1991) but not all (Rigotti N, et al, 1997), suggesting that youth access was not uniformly restricted in these studies. If legislation to prevent tobacco sales to minors was enforced rigorously, youth access may impact on youth smoking. A review of interventions to reduce smoking initiation published in 2004 concluded that there was evidence to suggest that interventions with retailers can lead to decreases in the number of outlets selling cigarettes to young people and that active enforcement and multicomponent educational strategies were key aspects to this (Naidoo B, et al, 2004). However, studies have shown the difficulties associated with achieving high levels of compliance (O'Grady B, et al, 1999). The costs associated with such enforcement have been described as substantial (Woollery T, et al, 2000). It has been suggested that compliance rates have to be very high to contribute to significant reductions to youth smoking (WHO, 1999). Systematic reviews have shown no detectable associations between smoking prevalence and level of merchant compliance. Also there was no evidence that an increase in compliance with restrictions was associated with a decrease in smoking prevalence (Wilson N, 2003). It has been suggested that while effective enforcement may lead to a general reduction in illegal sales of cigarettes to minors, it is not certain that it will translate into reduced and sustained reductions in youth tobacco use (Lantz P, et al, 2000). To improve the enforcement and implementation of tobacco control laws, it has been suggested that enforcement must be ongoing. In addition, a graduated penalty structure has been proposed, starting with moderate fines for first offences but escalating in severity. It also has been proposed that tobacco vendors be licensed, with licence removal as an option for those vendors who persistently sell tobacco products to minors (Lantz P, et al, 2000). Some authors have even suggested that such laws could actually encourage youth tobacco use (Darling H, Reeder A, McGee R, et al, 2004) but access laws can be effective in shaping community norms around tobacco (WHO, 1999). The CDC have recorded that it is critical that minors' access restrictions be combined with a comprehensive tobacco control programme that reduces the availability of social sources and limits the appeal of tobacco products (CDC, 1999).</p>	Thank you for this helpful information and references.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Dept of Health Regional Tobacco Policy Mgr	Documents provided	4.5	How does the way that the intervention is delivered influence effectiveness? See above	Thank you for this information.
Dept of Health Regional Tobacco Policy Mgr	Documents provided	4.5	Does effectiveness depend on the status of the person (e.g. peer, parent or teacher) delivering it? Please refer to; <i>Reducing Smoking Initiation Literature Review: A background discussion document to support the national Framework for Reducing Smoking Initiation in Aotearoa-New Zealand. Prepared for the Ministry of Health by the HSC (Health Sponsorship Council)</i>  <i>Jul-05</i>	Thank you for this information and the supporting reference.
Dept of Health Regional Tobacco Policy Mgr	Documents provided	4.5	Does the site/setting influence effectiveness?	Thank you for this information.
Dept of Health Regional Tobacco Policy Mgr	Documents provided	4.5	Does the intensity of the intervention influence effectiveness or duration of effect?	Thank you for this information.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	General	<p>Comments are based on D-MYST'S experience of working with young people and on evidence from Florida 'Truth Campaign' and 'Reality Check' New York programme of which have helped shape the principles of D-MYST.</p> <p><a href="http://www.d-myst.info">www.d-myst.info</a> (apologies as site has not been updated in last 6 months due to staff shortages). Please find attached annual report for year 1, for year 2, youth members have produced magazine that I will forward once completed.</p> <p><a href="http://www.protectthetruth.org/truthcampaign.htm">http://www.protectthetruth.org/truthcampaign.htm</a></p> <p><a href="http://www.whudafxup.com">http://www.whudafxup.com</a></p> <p><a href="http://www.realitycheckny.org/RCNY/">http://www.realitycheckny.org/RCNY/</a></p> <p>There are many more sites, which will give you a fresh look at how smoking prevention is being tackled elsewhere.</p>	Thank you for this information, we would be grateful if you could provide us with further information regarding the relevant websites..
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	General	<p>I feel that is important that mass media and point of sales measures are both run in conjunction with each other in order to strengthen the effect of all tobacco control measures currently been or are in place, workplace legislation, smoking cessation, etc</p>	Thank you for your comment. Both reviews of evidence, which will be carried out by the same team, will be considered by the independent Public Health Intervention Advisory Committee responsible for developing the guidance. Evidence of synergy between between strategies will be an important consideration.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	General	<p>Guidance Title: preventing update of smoking by children and young people.....</p> <p>What measure are you going to put in place to prevent children from starting to smoke or from exposure to second-hand smoke?</p> <p>Under 18 is huge age limit and one size fits all mass media campaign will not work as messages will need to be tailored to specific age group. Therefore you may need to consider community-based intervention at this point.</p>	<p>Thank you for your comment. NICE recognises that any mass-media interventions will need to be specifically tailored to the target population. However, the specific detail on how this can be achieved and how to prevent children from starting smoking can only be done once the guidance development process has been completed.</p>
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	General	<p>Another key area to consider is reducing children's exposure to tobacco and tobacco smoke, particularly in the home. On Merseyside we have already piloted a media campaign, research into attitudes on the subject and have developed a training pack geared towards informing professionals how to tackle this issue.</p> <p>I will forward campaign report and summary of the research for your information.</p>	<p>Thank you for your comment. NICE recognises that children's exposure to smoke, especially in the home, is very important. However, this falls within the areas highlighted in 4.2.2. They will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a></p>
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	4.2.1a	<p>Use promotion, beyond traditional methods of TV, Radio &amp; Print Media, use all tools of modern marketing e.g. formats that are accessible and used frequently by young people such as websites, U-Tube, Piczo, My Space, Bebo etc.</p>	<p>Thank you for your comment. NICE recognises the importance of new media and accepts that the evidence base may not be as well established as other methods of social marketing. NICE encourages stakeholders to submit any evidence that addresses these areas.</p>



## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	4.2.1a	Produce National Resources (including funds), so campaign can be tailored and rolled out locally and that resources can be adapted to include local services	Thank you for your comment.
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	4.2.1a	<b>Youth Involvement is Key.</b> Must be youth driven. Look to young people for inspiration and guidance but do not rely on youth to actually create the advertising. Target audience must be surprised and lead rather than receiving images or message they are expecting. If age group under 18, may be worth also consulting with young people slightly older (18 to 24) as youth are more sophisticated now in the way they think and act therefore the campaign messages and imagery need to reflect that. Use focus group, don't expect youth to come to you, go to them in their environments, make them feel comfortable	Agreed, thank you for your comment.
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	4.2.1a	Important to work with marketing companies who have experience of using unconventional means to get into the head of young people and create compelling advertising for those insights, create 'coolness' e.g. companies who market, computer games, mobile phones, ipods, fashion labels etc.	Thank you for your comment. NICE will endeavour to engage with companies such as these in the development of the guidance and at the fieldwork stage.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	4.2.1a	<p><b>Message/Tone of Campaign</b></p> <p>Must be how youth view tobacco, many young people will not see tobacco use as a big deal as the majority of young people know that “smoking kills” but continue to smoke and take up the habit. The fact smoking kills may be a selling point; the risk may make smoking that bit more appealing, something the tobacco industry clearly believes. Smoking is a sign of adulthood and will be more so now that it is in line with alcohol age limit.</p> <p>Therefore it’s important to use humour and present facts; how young people are manipulated by adults, by tobacco industry. Expose the truth behind (poke fun at) these multi national corporate companies and their marketing practices. E.g. low tar cigarettes, adding nicotine to cause addiction, their knowledge of the devastating effects of tobacco which they choose to keep to themselves and denied all knowledge of for as long as they could. They state that they don’t market to young people under 18 but yet position their products as young and cool, commissioning artists like Julian Opie, sponsoring youth oriented parties and music events, sports teams and actors world wide. There has also been an increase of smoking and product placement in youth rated movies over the last 10 years, coincidence! Tobacco Industry refers to younger adults as “Replacement Smoker” No longer using cartoon characters to promote products but high profile/celebrity role mode. Buzz marketing techniques etc. We need to take a leaf out of their book and use these techniques to combat the deadly effects of tobacco.</p>	Thank you for this information.
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	4.2.1a	Important to incorporate youth involvement research and evaluation throughout the campaign	Thank you for your comment.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>D-MYST Liverpool Health Promotion</b>	Documents provided	4:2:1 B	Point of Sale measures: as mentioned earlier this will no doubt make tobacco use more attractive to some young people. Therefore all efforts should not be focused in this direction. Young people will still be able to obtain tobacco via parents and siblings, vending machines as normally not supervised. Obtain smuggled and counterfeit tobacco and purchase tobacco cheaply when abroad and can sell on to other young people.	Thank you for your comment. Point of sale will include all means where young people might purchase cigarettes. This will include vending machines, internet sales and smuggled tobacco. NICE recognises the importance of the family unit in the obtaining of tobacco and it is likely that this will be addressed by guidance on family, education and social interventions. These topics will be referred back to NICE for the development of future guidance.
<b>Educari</b>		general	The development of this guidance is welcome	Thank you for your comment.
<b>Educari</b>		3a	“Once children start to smoke they become addicted”. It seems unlikely that ‘addiction’ is involved at the lower end of the scale of use (which is defined in 3c as one cigarette a week)	Thank you for your comment. Research has shown that young people can become quickly addicted to tobacco and suffer from withdrawal symptoms (McNeill and West 1986).
<b>Educari</b>		3a	The reasons why children start to smoke and continue to do so are multiple and complex and not restricted to ‘addiction’ – other factors, such as the social context and individual psychology are important	Thank you for your comment. NICE recognises the wider social risk factors and these have been addressed in section 3b.
<b>Educari</b>		4.2.1a	The term ‘mass media’ may exclude some kinds of interventions that reach significant numbers of people – for example, distributing booklets through GP surgeries.	Thank you for your comment. The distributing of booklets will be covered within mass media.
<b>Educari</b>		4.2.1a	You haven’t included the internet in your list of media – this could be quite an important area for investigation, although maybe you already think that there is little research that you will be able to draw on.	Thank you for your comment. NICE recognises the importance of new media and accepts that the evidence base may not be as well established as other methods of social marketing. NICE encourages stakeholders to submit any evidence that addresses this area. The scope will be amended and make explicit reference to new media.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Educari</b>		4.2.1a	There may also be interventions involving other delivery media such as mobile phones – at this stage, you should keep the net wide	Thank you for your comment. NICE recognises the importance of new media and accepts that the evidence base may not be as well established as other methods of social marketing. NICE would encourage stakeholders to submit any evidence they know of that addresses this area
<b>Educari</b>		4.2.1a	Why 'large numbers'? There may be some well-conducted studies that involve 'significant' but not 'large' numbers.	Thank you for your comment. The evidence review will include all relevant studies; it is the potential of the intervention to reach large numbers of young people that is important.
<b>Educari</b>		4.2.1a	The term 'anti-tobacco' doesn't best describe some of the interventions that you may be looking at	Thank you for your comment. The scope has been amended.
<b>Educari</b>		4.2.1b	'point of sale' is , I think, the wrong term here if it includes retailer education, etc which doesn't take place at the 'point of sale'.	Thank you for your comment. The term 'point of sale' has been used to include all factors involved in the sale of tobacco, including retailer education.
<b>Educari</b>		4.2.2a	Why are some of these areas not included, because the DH reference is broad enough to include them, and they may be more important than the measures that are being looked at? It's understandable that you would want to limit the task to a manageable size, but will you not have evidence on school-based interventions from other work that you are doing, so that this area could be included?	Thank you for your comment. NICE recognises that children's exposure to smoke, especially in the home is very important. This will fall within the areas highlighted in 4.2.2 which will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
<b>Educari</b>		4.4	Why the word 'believe' in: 'ways that children and young people believe...'? Maybe this should be a separate bullet point from 'illegal tobacco sales', as you may have more direct measures of these.	Thank you for your comment. The scope has been amended.
<b>Educari</b>		4.4	Suggest 'attitudes' in the plural, to indicate that there are a range of attitudes that might be held – such as health-related attitudes and attitudes about how 'cool' smoking is, and so on	Thank you for your comment. The scope has been amended.
<b>Educari</b>		4.5	Again, the use of the words 'mass media' is too restrictive	Thank you for your comment. The term mass media will cover all media interventions that are not one to one, therefore interventions such as the distribution of booklets will be included in the evidence review.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Educari</b>		4.5	The 'status of the person ...delivering it' is mentioned here, yet it is hard to see where the 'person' is in the mass media campaigns – unless you mean the character or star fronting the campaign – which doesn't seem to be so since the examples are peer, parent teacher'? Some clarification is needed here, at least.	Thank you for your comment. The status of the person refers to the point of sale measures which could be carried out on a one to one basis. We have amended the scope.
<b>Educari</b>		4.6	'Local Authority Children's Services' could be added to the list so that (for example) authorities responsible for looked-after children are included.	Thank you for your comment. The scope has been amended.
<b>Educari</b>		4.6	Include 'children's charities' in the list	Thank you for your comment. The scope has been amended.
<b>Forest Heath/Healthy Schools</b>		3	Healthy Schools should be included in the guidance.	Thank you for your comment. This guidance will not cover the education sector. NICE recognises the importance of schools' based prevention programmes and will refer this for the development of future guidance. The links with 'Healthy Schools' would be more appropriate at that time.
<b>Forest Heath/Healthy Schools</b>		4.2.1 (a)	Make examples of famous people giving up and how to do it.	Thank you for your comment. The focus of this guidance is prevention of uptake rather than encouraging smoking cessation. The intervention types highlighted in 4.2.1a are examples of mass media interventions. The interventions to be assessed will be determined, where appropriate, by the evidence base.
<b>Forest Heath/Healthy Schools</b>		4.2.1 (a)	All advertising needs to be appealing to young people and not make the smokers feel isolated or vulnerable – they are addicted and might not know how to stop.	Thank you for your comment.
<b>Forest Heath/Healthy Schools</b>		4.2.1 (a)	Advertise in young peoples magazines, especially those read by young girls.	Thank you for your comment. Please refer to our previous response.
<b>Forest Heath/Healthy Schools</b>		4.2.1 (a)	Stop young peoples magazines publishing pictures of celebrities smoking. If a celebrity is smoking in a picture, it can not be used.	Thank you for your comment. Please refer to our previous response.
<b>Forest Heath/Healthy Schools</b>		4.2.1 (b)	Proof of age schemes do not need to be re-invented, can they be the same as for alcohol?	Thank you for your comment.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Forest Heath/Healthy Schools</b>		4.2.1 (b)	Community enforcing is mentioned, does this mean 'enforcing' or reporting? Reporting to trading standards, schools, LA's – tobacco counters could display a sign 'if you think I am selling tobacco to someone underage, please contact .....'	Thank you for your comment. The exact detail of any intervention is to be determined by the evidence base. This will become clearer following the effectiveness review.
<b>Forest Heath/Healthy Schools</b>		4.2.2 (a)	Working with schools is essential to reaching young people – some educational intervention might help. Experience working with young people and smoking cessation, they participate and learn with interactive and visual examples of the effects of smoking.	Thank you for your comment. NICE recognises the importance of schools in the prevention of smoking uptake. This area has been referred for the development of future guidance.
<b>Hertfordshire Tobacco Alliance</b>		2(C)	Any work undertaken that may impact on young people and schools should work alongside the national guidance document Drugs: Guidance for Schools (DfES, 2004). There is information through out this document regarding approaches to deliver drug messages to young people including smoking e.g. life skills. The definition of drugs as stated by the DfES also includes smoking.	Thank you for your comment. NICE recognises the importance of schools in the prevention of smoking uptake. This area has been referred for the development of future guidance.
<b>Hertfordshire Tobacco Alliance</b>		3	There is some good data collected from the Schools Health Education Unit at Exeter University. They have data on trends associated with young peoples smoking which they have been collecting over a number of years. For more information: <a href="http://www.sheu.org.uk">www.sheu.org.uk</a>	Thank you for this information.
<b>Hertfordshire Tobacco Alliance</b>		4.2	I am surprised that more emphasis has not been placed on suitable approaches/guidelines to deal with young smokers e.g. cessation, prescribing NRT (or not), training for GP, Pharmacists. I am an advocate for prevention and dealing with underage sales but currently there are services trying to get young people to stop smoking without any suitable framework to work within and/or evidence it works.	The referral from the Department of Health asked NICE to develop guidance on the prevention of smoking uptake in children and young people. We will not be looking at smoking cessation in this guidance.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Hertfordshire Tobacco Alliance		4.2.1	<p>Could the research into mass media interventions also consider:</p> <p>a) How this could be rolled out at local level in order to reinforce national messages/brand. FRANK (national drug helpline) is a good example of how this <u>has</u> worked effectively.</p> <p>b) Take into consideration the mechanics of local stakeholders getting involved in campaigns and the resources they may require e.g. training, be able order enough quantity of leaflets, posters, allow enough time to develop local campaign strategies to reinforce national messages.</p> <p>c) Trying to ensure PCT's support this even though they may not see it as high importance considering the tough smoking targets and lack of funding.</p> <p>d) Where can we sign post young people to who see a mass media smoking campaign and want to quit? Do you think it is best practice to send them to smoking services predominantly aimed at adults?</p>	<p>Thank you for your comment. The specific detail regarding how any intervention could be implemented will be investigated within the evidence base. These issues will be further investigated during the fieldwork process.</p> <p>NICE has been asked to develop guidance on prevention of smoking in young people so this guidance will not cover smoking cessation nor whether young people should be referred to adult cessation services.</p>
Hertfordshire Tobacco Alliance		4.2.2	<p>As the issue of mass media is so wide and probably not beneficial to local organisations/services working with young people, why not consider just focusing on the underage sales issue? Alternatively, would it not be better to see if patterns of young peoples smoking behaviour change as a result of the new smokefree legislation being introduced on the 1<sup>st</sup> July and October (change in age of sales) ? I thought the number of young people who smoke is going down, so something must be working.</p>	<p>Thank you for your comment. Mass media-interventions could take many forms, some of which may be relevant to local authorities. The numbers of young people smoking did decrease in the late 90s, however, the latest figures suggest that the numbers smoking have remained stable over the last few years.</p>
Hertfordshire Tobacco Alliance		4.4	<p>I do not think it is clear how some of these outcomes benefit the two areas stated in 4.2.1.</p>	<p>The goal of the guidance is to prevent the uptake of smoking in children and young people. Much of the evidence base has examined the effectiveness of interventions through these outcome measures. For this reason, these will be used to measure the effectiveness of the interventions. The list of measures cited are not exhaustive and may be expanded if additional, relevant, measures come to light in the reviews of evidence.</p>

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Hertfordshire Tobacco Alliance</b>		4.4	High self esteem (mainly through peers) can also be a reason why young people smoke. More firm evidence on this would be useful.	Thank you for your comment.
<b>Hertfordshire Tobacco Alliance</b>		4.5	What mass media interventions will you be referring too as I have worked in Public Health for 9 years and there have been no campaigns targeted at young people who smoke or aimed at trying to prevent young people from smoking. I do know that young people see adverts aimed at adults. It would be interesting to see what impact these have.	Thank you for your comment. Interventions from around the world will be examined for their effectiveness and their applicability to the UK setting.
<b>Hertfordshire Tobacco Alliance</b>		4.5	Why would this question be asked when you are only looking at mass media campaigns that do not involve person to person contact? This question also contradicts 4.2.2, bullet point 1,3.	Thank you for your comment. The status of the person refers to the point of sale measures which could be carried out on a one to one basis. The scope has been amended.
<b>Hertfordshire Tobacco Alliance</b>		4.6	I think this list has just been produced to cover all relevant groups. I can't see how parents and foster carers would benefit from guidance talking about the use of mass media campaigns aimed at young people. Skills on talking to their child and suggestions on promoting a smoke free lifestyle maybe more beneficial but sadly the scope of this document does not cover that.  To develop and deliver a mass media campaign is extremely expensive and would not be relevant to those in bullet point 1. Healthy Schools, Health Promotion teams, Tobacco Alliances or those local authorities that fund smoking education projects would be more suitable to receive this guidance.	Thank you for your comment. At this stage we cannot anticipate the nature of the guidance and therefore do not wish to rule out anyone to whom the guidance may be relevant..
<b>Home Office</b>		4.6	Due to the high rates of smoking amongst young offender populations it is advisable that Young Offender Institutes are covered under target audiences and settings.	Thank you for your comment. The scope has been amended.



## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Institute of Health &amp; Society, Newcastle University</b>		4.2.1	<p>Looking at this scope in relation to the other guidance completed or in progress on smoking, there appears to be an important gap (unless I am mistaken): the focus on point of sale measures seems to imply that you will only consider the legal retail trade in tobacco. However, there is growing evidence from across the UK, in particular from the most disadvantaged areas, that a very significant and growing proportion of tobacco consumed comes from an illicit trade in smuggled, contraband and counterfeit tobacco products. These find their way into the hands of children and young people as much as adults (especially with such a broad definition of this age group). The price of illegal tobacco products on the street is significantly below the standard retail price (typically half to two-thirds of full price). Since we know that price is a very strong determinant of prevalence it seems highly likely that this huge illegal market is affecting prevalence and uptake among young people, especially in the most disadvantaged areas.</p> <p>It is important that NICE does not ignore this issue, otherwise this guidance will only apply to those who continue to purchase their tobacco through standard retail channels (increasingly a minority in some areas). There are consequences for considering this issue in a number of sections of the scope, but I won't labour the point. There is research in this area and government has devoted time to it, so it would be worth considering. If it is not to be considered in this guidance, acknowledgement of the issues would still be important. It is something that will need to be tackled, with or without an evidence base in the near future.</p>	Thank you for your comment. The issue of smuggled cigarettes will be looked at within the context of the scope. The Department of Health referral is not concerned with measures to tackle smuggling.
<b>Islington PCT</b>		General	Support the NICE Consultation	Thank you.
<b>Islington PCT</b>		4.2.1	Areas that will be covered: Does Mass Media campaign include Local promotion campaigns? E.g smokefree Islington dvd, website, resources the ethos of which is a whole community approach	Thank you for your comment. Mass media covers all interventions that aim to prevent the uptake of smoking in children and young people that are not delivered on a one to one basis and do not fall within the areas highlighted in 4.2.2.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Islington PCT		4.2.2 a	Why are these very specific areas not targeted? I understand that they may be the subject of future guidance on this topic but these areas are intrinsically linked to those that will be covered.	Thank you for your comment. NICE recognises the importance of the areas highlighted in 4.2.2. Due to the vastness of the subject areas it is not possible to research them within the timescale for intervention guidance (which has a much narrower focus than programme guidance). These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
Islington PCT		4.2.2 b	Those that support them to quit are linked to mass media campaigns aren't they? And how will you measure quit rates if you're not looking at the specific services that help young people to quit and what affect they're having.	Thank you for your comment. The Department of Health asked NICE to produce guidance on the prevention of smoking. It will not, therefore, examine services aimed at helping children and young people to quit smoking.
Islington PCT		4.5	Great questions to be looking at – what other interventions will these be compared with?	Thank you for comment. Where appropriate, interventions will be compared against other smoking prevention interventions.
Kent Alliance on Smoking & Health		4.1.1	Relevant groups of young people need to be surveyed e.g. <ul style="list-style-type: none"> <li>• looked after children,</li> <li>• excluded students</li> <li>• healthy schools network involvement</li> <li>• Connexions</li> </ul>	Thank you for comment. We will consider evidence from surveys, where appropriate, and are considering ways in which we can incorporate the views of a broad spectrum of young people in the guidance development process.
Kent Alliance on Smoking & Health		4.2.1a	Are there any internet or mobile phone interventions that could be considered?	NICE recognises the importance of these forms of new media and will, where possible, review the effectiveness of interventions based on this technology. NICE encourages all stakeholders to submit any evidence that examines interventions based on these methods.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Kent Alliance on Smoking &amp; Health</b>		4.2.1b	<p>Many other stakeholders need to be involved e.g.</p> <ul style="list-style-type: none"> <li>• trading standards</li> <li>• retail – particularly supermarket giants</li> <li>• customs</li> </ul>	<p>A large number of organisations were contacted to make them aware of this guidance and to invite them to register as stakeholders. However, some relevant organisations may not have been contacted or may not have registered. NICE encourages current stakeholders to inform those organisations that they feel are relevant to this work to register an interest (<a href="http://guidance.nice.org.uk/page.aspx?o=512517">http://guidance.nice.org.uk/page.aspx?o=512517</a>) We will also write again to those who were originally invited but did not register.</p>
<b>Kent Alliance on Smoking &amp; Health</b>		4.2.2	<p>It is quite disappointing that these areas are not being covered at this time – we would really like to see these discussed as soon as possible, because they have the best potential to make a difference to young people's smoking habits.</p>	<p>Thank you for your comment. NICE recognises their importance and these topics will be referred for the development of future guidance.</p>
<b>LACORS</b>		General	<p>If it is the intention to produce guidance for Retailers / business then it is important that this does not undermine the extensive business guidance that is already produced by Local Authorities for this same purpose – we may welcome nationally produced guidance BUT clearly there will be a need to ensure that it is appropriate for use by LAs.</p> <p>We have reservations about the success that any mass media approach will have – the message has been almost “done to death” in our view although with the raising of the age to 18years on October 1st we acknowledge that there maybe an opportunity to be had to combine the messages ?</p> <p>We are concerned about how outcomes will be measured – if this requires data from LAs then provision must be made for this to be collected well in advance.- databases will require coding etc etc</p>	<p>Thank you for your comments. NICE recognises the need for its guidance to sit alongside existing work and is grateful that you can work with us to ensure that this happens.</p> <p>By interrogating the evidence base NICE will try to determine the elements of a successful mass media campaign, so that these elements may be incorporated into the final guidance.</p> <p>The evidence base and outcome measures will be generated from the published literature. However, stakeholders are encouraged to submit any evidence that they feel are relevant to this piece of guidance.</p>

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

**Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>LACORS</b>		4.2.1 (b )	<p>The inclusion in the scope of Point of sale measures (as requested by the DH) suggests to us that other matters such as:</p> <ul style="list-style-type: none"> <li>• the <u>display</u> of tobacco product within retail establishments should be considered along side existing regulations that cover point of sale advertising</li> <li>• the continued use of vending machines could also be considered</li> <li>• Pack sizes – what is the evidence to support a change in minimum pack size</li> </ul> <p>The use of proof of age cards is not consistent throughout Local Authorities – there are many and varied schemes in use – this must be borne in mind when trying to establish the efficacy of such schemes .</p> <p>We are unsure of your intention regarding encouraging members of the community to help enforce the law – this requires further explanation. Enforcement of the legislation is a matter for Local Authority regulatory officers.</p>	<p>Thank you for your comments. The Public Health Interventions Advisory Committee will recognise the roles of regulatory officers in the enforcement of legislation and this will be taken into consideration when generating the guidance.</p>
<b>LACORS</b>		4.4 –	<p>How will the data regarding illegal tobacco sales be collected? do you intend to obtain this from Local Authority records ?</p>	<p>Appropriate data will be obtained from a number of sources. NICE encourages all stakeholders to submit any data they feel it is relevant to this guidance.</p>
<b>London Borough of Ealing</b>		General	<p>It is noted that normally an individual local authority would fall outside the criteria of a registered stakeholder in the NICE Public Health Guidance process, as would individual PCTs, stop smoking services.</p>	<p>Thank you for your comment. Both individual local authorities and PCTs can register as stakeholders.</p>

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London Borough of Ealing		General	<p>The criteria to become a registered stakeholder for this particular consultation would appear to be too narrow in it's examples as the key agencies involved in delivery of these particular interventions are in local government and the mass media sector. For example 1. Local Authorities Co-ordinating body for Regulatory Services (LACORS), Local Government House Smith Square London SW1P 3HZ Tel: 020 7665 3888 Fax: 020 7665 3887 <a href="mailto:Info@lacors.gov.uk">Email: Info@lacors.gov.uk</a></p> <p>2. Local Government Association (LGA) Local Government Association Local Government House Smith Square London SW1P 3HZ</p> <p>There are also the relevant professional bodies eg Trading Standards Institute, and the Chartered Institute of Environmental Health (because many of their managers within metropolitan areas are also responsible for delivery of age-restricted sales enforcement). Another major stakeholder is the business sector; there is a need to understand more about the marketing practices of, for example, the major grocery retailers, petrol and retail companies and shopping centre management agents.</p>	Thank you for your comment and helpful suggestions. We encourage all organisations that are keen to register (but believe they are ineligible) to contact NICE.
London Borough of Ealing		2(a)	This infers a much broader remit than is detailed in the scope. This may therefore dissuade interested parties from engaging with the document.	Thank you for your comment. Section 2(a) is the referral from the Department of Health. In this instance, the referral is for intervention guidance which has a much narrower remit than programme guidance and a shorter timeframe for production.
London Borough of Ealing		4.2.2.	It may be worth explicitly stating the scope does not cover chewing tobacco. Can it also be made clear if the guidance will cover 'shisha' practices and "other substances in a form that can be smoked" (see Health Act 2006 section 2 (2))?	Thank you for your comment. The scope has been amended.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London Borough of Ealing		4.4 and 4.5	Will the guidance look at data from, and the effectiveness of interventions by, customs and excise in relation to smuggled tobacco as this is likely to be a source of cigarettes easily available to children and young people?	Thank you for your comment. Appropriate data will be obtained from a number of sources. NICE encourages all stakeholders to submit any data if they feel it is relevant to this guidance.
London Borough of Ealing		4.4 and 4.5	Will the guidance look at effective control over access to cigarette vending machines as a source of cigarettes easily available to children and young people?	Thank you for your comment. NICE will examine all interventions aimed at preventing the sale of tobacco to children and young people.
London Borough of Ealing		4.5	Will the guidance look at use of the web, and facilities such as 'blogs' and 'myspace' as well as the use of the mobile phone, through text and access to the web?	Thank you for your comment. NICE recognises the importance of new media and accepts that the evidence base may not be as well established as other methods of social marketing. NICE encourages stakeholders to submit any evidence they know of that addresses this area. The scope will be amended and make explicit reference to new media.
Manchester PCT		General	The scope of the guidance detailed is welcomed as a good starting point but is limited due to large number of areas not being covered by the guidance. As detailed there are a number of factors that influence the uptake of smoking in children and young people and it can be a complex interaction between them. Consequently it is essential that further guidance is provided on the other areas not covered in this scoping exercise, namely family and social interventions, school based interventions and interventions to encourage and support young people to quit.	Thank you for your comment. NICE recognises the importance of other areas such as those highlighted in 4.2.2. However, due to the vastness of the subject, it is not possible to research these areas within the pre-determined timescale. These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
Manchester PCT		4.2.1 a)	It is welcomed that guidance on mass media interventions is included within the scope as it is certainly an area that I feel has not been successfully delivered upon over the last few years. There appears to be relatively few good quality young people prevention resources available. It is also important that guidance on the level of investment required to make a significant difference is included.	Thank you for your comment.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Manchester PCT</b>		4.2.1 b)	Guidance on point of sale measures is welcomed. It is important that specific information on the siting and regulation of cigarette vending machines is included. In addition, guidance related to smuggled/contraband cigarettes is a particular area of concern. Anecdotal evidence from young smokers accessing quit support through our Service is that this is one of the main types of cigarettes that they access – due to low cost	Thank you for your comment.
<b>Manchester PCT</b>		4.5	The key questions and subsidiary questions are sufficient to provide the type and level of guidance required.	Thank you for your comment.
<b>National Healthy Schools Programme</b>		3f	Retailers in local catchment areas of schools (within specified distance) should be charged with particular responsibility to work with schools if evidence is brought to their attention that illegal sales of tobacco is occurring.	Thank you for your comment.
<b>National Healthy Schools Programme</b>		4.2.2 a	I would like to suggest that it would be advantageous to use the Healthy Schools networks and experience when disseminating the media materials as they would be able to place them within the context of the schools health and well being agenda and tie the materials to school policy and practice thereby, making the impact of the materials more relevant to the target group	Thank you for your comment. This guidance will not cover the education sector, but we will refer it for the development of future guidance. At that time the use of the healthy schools network to communicate the guidance is likely to be invaluable.
<b>Newcastle PCT</b>		4.2.1a	Anti smoking work that considers media advocacy would be helpful in helping to inform effective practice. The Norwegian and US approach of using mass media to expose the tobacco industry and their tactics would be a useful focus within this area to see if this is a direction of travel for developing interventions for young people.	Thank you for your comment.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Newcastle PCT</b>		4.2.2a	I feel that it is essential that the guidance does consider other prevention focussed interventions such as community based, school based and family /social based as they play a crucial role in helping to determine future smoking behaviour. I accept that another set of guidance on these issues may be produced at a later date but if this guidance cannot be guaranteed then I fail to see how public health intervention guidance on 'preventing the uptake of smoking among young people, including point of sale measures', will not cover these key areas. In order to develop more effective interventions for tackling smoking among young people we need to look at all the available evidence within the whole tobacco control field and not just focus so narrowly on mass media and point of sale interventions.	Thank you for your comment. NICE recognises the importance of other areas such as those highlighted in 4.2.2. However, due to the vastness of the subject it is not possible to research these areas within the pre-determined timescale. These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
<b>Newcastle PCT</b>		4.2.2a	Within the school based curriculum I feel it is essential that the review considers the need to revise curricula for key stage 4 pupils, in particular, to focus on the tobacco industry and its role in helping people start smoking and stay smoking- this could be usefully addressed in the citizenship curriculum and such a review could be linked into the current QCA secondary curricular review of PSHE. The role of teenage advocacy programmes could also be explored as evidence of effectiveness on this area is currently lacking.	Thank you for your comment. This guidance will not cover the education sector, but this has been referred for the development of future guidance.
<b>Newcastle PCT</b>		4.6	I do not feel that the guidance will meet the target audience's needs if it fails to address prevention focussed interventions such as community, school and family /social based. It will have little value to teachers for example, if it does not cover school based interventions.	Thank you for your comment. Please refer to our response to your comment on 4.2.2a.
<b>Notts Healthcare NHS Trust</b>		General	The target groups appear at various points. THERE IS ONE TARGET GROUP THAT IS MISSING. PEOPLE GO INTO SHOPS AND BUY TOBACCO FOR CHILDREN. THIS SHOULD BECOME A PUNISHABLE OFFENCE.	Thank you for your comment. NICE will examine all interventions aimed at preventing the sale of tobacco to children and young people.



## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Philip Morris Limited</b>		General	<b>Philip Morris Limited believes that preventing youth access to tobacco products is an important issue for the Government to address in order to reduce the harm caused by tobacco. We fully recognise that smoking is addictive and causes serious and fatal diseases, including lung cancer, heart disease and emphysema. We firmly believe smoking should be a choice available only to adults and that effective legislation and communication programmes are essential to achieving this goal.</b>	Thank you for your comment.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Philip Morris Limited		4.2.1	<p><b>Effective government regulation and enforcement are crucial to preventing youth access to tobacco products.</b></p> <p>Minors should not smoke and we therefore welcome the increase in the minimum age for sales of tobacco products from 16 to 18 years old. However, a minimum age law will only be effective if it is vigorously enforced at the point of sale and we therefore also support the proposal for the scope of the public health guidance to include a review of measures such as licensing.</p> <p>If other point of sale measures, such as prohibiting the display of tobacco products or restricting the size of tobacco packs, are contemplated to prevent youth smoking, then a detailed assessment should also be made as to the potential unintended consequences that these measures may cause. (For example, a point of sale display ban could have an unintended anti-competitive foreclosing effect on the market as well as potentially increasing the illicit trade). Generally, we do not believe that the display of tobacco products and the size of pack of cigarettes are of themselves factors that contribute to youth smoking. As long as adequate sales supervision and access controls are in place, the display of tobacco products and the size of packs should not be a material factor in preventing youth smoking. Sales supervision and access control are the key measures to preventing youth smoking. We therefore <b>do</b> support the implementation of a positive licensing system, as outlined in the Department of Health's '<i>Consultation on Under-Age Sale of Tobacco</i>', but <b>do not</b> support such measures as banning the display of tobacco products, restricting the size of tobacco products or their packaging to generic or homogeneous designs.</p> <p>We agree that mass-media programmes also have an effective role to play and that they should continue to be used to educate minors about the serious health effects of tobacco use. Education as a whole is an important component of youth smoking prevention. However, communication to retailers is also important. We welcome the fact that the scope of the public health guidance will include assessing the use of education for under 18s and guidance and training for retailers.</p>	Thank you for your comment. The effectiveness review will cover point of sale measures, so it is likely that licensing will be covered.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Philip Morris Limited</b>		4.2.2	<p>We believe the scope of the public health guidance should also broaden to consider the effectiveness of making the purchase and use of tobacco products by minors unlawful. Minors should understand that if they smoke or use other tobacco products they are engaging in unlawful activity.</p> <p>We appreciate that the scope of the public health guidance has to be contained in order for it to be effective. However, the public health guidance should also acknowledge that youth smoking is a complex problem that requires concerted, comprehensive efforts to solve it. Access prevention, education, and other efforts should be used in conjunction to create an environment in which minors do not want and cannot smoke. Achieving that requires a concerted effort of <b>all</b> stakeholders involved, including parents, teachers, doctors, other educators and people that influence children's behaviour.</p>	Thank you for your comment.
<b>Public Health Nurse Schools</b>		General	This guidance looks extremely useful and will be a huge benefit for those working within schools where we have a targeted audience. This guidance will hopefully allow for further development of our public health work within the school setting.	Thank you for your comment.
<b>Royal College of Midwives</b>		General	The media interventions should include the harm from smoking in pregnancy and in the early years of children's lives. Midwives should be given the resources and be stakeholders in developing strategies and skills to discourage the uptake of smoking in young pregnant women and to arm with the necessary means to discourage others from smoking therefore maintaining a smoke free environment for mother and baby.	Thank you for your comment. The guidance will cover all those under the age of 18, including those who are pregnant.
<b>Royal College of Midwives</b>		4.2.1	The RCM supports the prioritising of mass media interventions and point of sales measures as a mass reach strategy.	Thank you for your comment.
<b>Royal College of Midwives</b>		4.2.2	We would like to see these other 3 elements kept in the programme for future guidance.	Thank you for your comment. These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
<b>Royal College of Midwives</b>		4.5	The increasing trend for chewing tobacco and snuff to be included in the guidance	Thank you for your comment. This guidance will focus on the prevention of smoking, we will clarify this in the scope.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Nursing		General	Young people and retail groups were not represented at stakeholder meeting. They need to be involved.	A large number of organisations were contacted to make them aware of this guidance and invited to register as stakeholders. However, some relevant organisations may not have been contacted or may not have registered. NICE encourages current stakeholders to inform those organisations that they feel are relevant to this work to register an interest ( <a href="http://guidance.nice.org.uk/page.aspx?o=512517">http://guidance.nice.org.uk/page.aspx?o=512517</a> ) NICE will write again to those on the original list who did not respond to the invitation.
Royal College of Nursing		General	School nurses would be willing to help access groups of young people when NICE gets to the stage of involving them.	Thank you for your comment and offer of help.
Royal College of Nursing		General	Need to look at young people's access to NRT	Thank you for your comment. If there is evidence on the use of NRT to prevent uptake it will be included in the effectiveness review.
Royal College of Nursing		General	Will the link from nicotine to cannabis be addressed?	Thank you for your comment. The link from nicotine to cannabis will not be addressed by this guidance.
Royal College of Nursing		General	Will the positioning of cigarettes in shops be addressed?	Thank you for your comment. All potential point of sale interventions included in the evidence base will be examined.
Royal College of Nursing		General	Priorities exist within PCTs regarding smoking cessation targets. Will this be seen as a priority for them as well?	Thank you for your comment. NICE public health guidance will help organisations meet the standards in the public health domain in 'Standards for better health'. These include the core standards numbered C22 and C23 and the developmental standard D13. .
Royal College of Nursing		General	Access to posters, resources at a local level is often difficult. Will this be addressed?	Thank you for your comment. The evidence review cannot address resource access at a local level. However, this issue can be raised at the fieldwork stage and therefore inform the final development of the guidance and the implementation support tools.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Nursing		4.2.1	When looking at mass media intervention – suggest look at areas which young people use frequently, for example the Internet - YouTube, text messaging etc.	NICE recognises the importance of these forms of new media and will review the effectiveness of interventions based on this technology where the evidence exists. NICE encourages all stakeholders to submit any evidence that examines interventions based on these methods.
Royal College of Nursing		4.2.1	Healthy Schools initiative would be a good way to access large numbers of young people.	Thank you for your comment.
Royal College of Nursing		4.2.1	Need to involve looked after children and excluded children	Thank you for your comment.
Royal College of Paediatrics and Child Health		General	This is a complex area and it may be that looking at discrete interventions is not the best way forward. If possible, I would favour looking at those areas that have dramatically reduced smoking by young people, and as far as possible following their lead, rather than taking a reductionist approach to tease out the most successful factors. Qualitative research can be very helpful here. California and Norway would be worth studying. Synergy between interventions may be important.	Thank you for your comment. NICE agrees that it is important to recognise the synergy between elements of a comprehensive approach and the context within which that approach is delivered. These issues will be drawn to the attention of the independent Public Health Interventions Advisory Committee responsible for developing the guidance.
Royal College of Paediatrics and Child Health		4.5/general	Second key question – response as 4.4 (below). Subsidiary question regarding effectiveness and status of person delivering intervention appears to contradict 4.2.1 (a). This is an important guideline - all potential opportunities to reduce smoking in this target group should be considered.	Thank you for your comment. One to one interventions will not be evaluated in relation to mass media interventions. However, the effectiveness of some point of sale measures could be influenced by the person delivering it. We will clarify the scope accordingly.
Royal College of Paediatrics and Child Health		2d	This should include advertising, the most powerful "positive" influence the children are exposed to for taking up smoking.	Thank you for your comment. Although tobacco advertising has been banned within the UK, the review will include evidence on the marketing tactics used by the tobacco industry.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health		3a	This guideline should also acknowledge the adverse effects of smoking on the foetus, as we have the highest rate of teenage pregnancy in Europe. Many of the risk factors for smoking are also associated with teenage pregnancy, SE group, poor employment opportunities, young age of mother etc. Both the risks to the baby, and the fact that the children may be engaged in healthcare during their pregnancy should be considered.	Thank you for your comment. The guidance will cover all those under the age of 18, including those who are pregnant or at risk of teenage pregnancy.
Royal College of Paediatrics and Child Health		4.2.1	Schools must be included, and school/further education institution based interventions must be assessed. This is a powerful opportunity to influence young people, and there has been research on different interventions in this setting. Likewise, an evaluation of "opportunistic" targeting of the message should be included, e.g. when young people are hospitalised/attend primary care/ family planning.	Thank you for your comment. NICE recognises the importance of schools and the other areas highlighted in 4.2.2. However, due to the vastness of the subject it is not possible to research these areas within the pre-determined timescale. These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
Royal College of Paediatrics and Child Health		4.2.1	I am surprised this guideline is not going to examine the evidence for/against the use of pharmaceutical aids to smoking cessation. There is a pressure on prescribers to consider their use, and guidance in this area would be very valuable, particularly in relation to the cost effectiveness and long-term safety of such interventions in this group.	Thank you for your comment. This guidance is aimed at the prevention of smoking and will not cover smoking cessation. The programme guidance on smoking cessation may include recommendations on smoking cessation for young people. The review of evidence is available at: <a href="http://guidance.nice.org.uk/page.aspx?o=404383">http://guidance.nice.org.uk/page.aspx?o=404383</a>
Royal College of Paediatrics and Child Health		4.2.1 (a)	Mass media interventions – should include “reach” and reaction of young people to generic campaigns. There is some evidence from Norway that effective promotions of quitting among adults leads to smoking having a less “cool” image among Young People (YP) – “Why start if you are going to quit?” If we are looking at this area, I’d also include effectiveness of advertising measures to curtail sponsorship of sporting events and product placement by tobacco companies in films etc. Internet based promotions – both for and against smoking – should also be employed. I wonder whether the industry is already using “blogs?”	Thank you for your comment. NICE would be grateful if you could submit any evidence which you feel is relevant to the production of this guidance. The scope will be amended to include an explicit reference to new media. The effectiveness review will also consider evidence on the marketing of tobacco and tobacco products.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health		4.2.1 (b)	Point of sale measures – I am dubious about the effectiveness of those proposed! In general the industry supports measures that label smoking as an adult activity forbidden to YP, as that is precisely what encourages YP to take up the habit. A Cochrane review (“Interventions for preventing tobacco sales to minors”) has already been done on this subject and not shown effectiveness, and others share my cynicism. (See Ling, Landman and Glantz Tobacco Control 2002; 11:3 - 6). Point of sale measures which may be worth exploring however would include control on pack design, the use of graphic health warnings on packs (especially showing external lesions) and limits on point of sale advertising, placement and displays. As YP get their cigarettes from such a wide range of sources, merely restricting sales by age is unlikely to have much effect.	Thank you for your comment and these references.
Royal College of Paediatrics and Child Health		4.2.2 (b)	As a Cochrane review author, I am unconvinced by the research on YP cessation so far, although the jury is still out. (Grimshaw G M, Stanton A, Tobacco cessation interventions for young people 2006). Because of the pattern of YP smoking, the line between cessation and prevention is blurred and will be necessary to reflect this in defining concise outcome measures. I would not support widening availability of NRT to YP at present, as it may discourage its use at a later and more effective point in their smoking careers.	Thank you for your comment. <a href="#">Please</a> refer to our response to your comment on 4.2.1.
Royal College of Paediatrics and Child Health		4.2.2 (a)	Whilst it may seem petty to quibble over a list of interventions that will not be covered, I would wish to add a few, in case you change your minds, or for later consideration. In particular, I would suggest price control, school and workplace bans, public space bans.	Thank you for your comment. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
Royal College of Paediatrics and Child Health		4.4	We need to be sure that primary outcomes are those that matter – smoking rates. Measures of sales are a poor proxy for reasons referred to above.	Thank you for your comment.
Royal College of Paediatrics and Child Health		4.6	The fact that schools/education facilities are among your target audience, it is all the more important to evaluate which if any are the effective measures to be used in this setting.	Thank you for your comment. This guidance will not examine school-based interventions. This topic has been referred for the development of future guidance.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Physicians of Edinburgh		General	The guidance group might find it helpful to refer to the Report of The Smoking Prevention Working Group, <i>Towards a future without tobacco</i> , November 2006 (chaired by Dr Laurence Gruer) and to the reports produced by ASH Scotland in addition to ASH UK, given the different experience of smoking interventions in Scotland.	Thank you for this information.
Royal College of Physicians of Edinburgh		4.1.2	On public health grounds, it may be preferable to extend the age limit of this guidance to include young adults in the 18-24 age group, particularly in relation to the effectiveness of mass media campaigns. There is evidence that many young people start smoking after the age of 18.	Thank you for your comment. This guidance will only focus on those under the age of 18. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
Royal College of Physicians of Edinburgh		4.2.2	The interventions included in this section are all important, and the impact of the guidance will be constrained if they are excluded.	Thank you for your comment. NICE recognises the importance of the areas highlighted in 4.2.2. However, due to the vastness of the subject it is not possible to research these areas within the pre-determined timescale. These areas will be referred to the topic selection panel to be considered for future guidance.
Roy Castle Lung Cancer Foundation		General	Young persons comment (male, aged 16 years) You could use a chat show on a local/youth oriented radio stations/ tv channels to discuss the health effects of smoking and also have a young person talking about the difficulties they experienced with quitting.	Thank you for this information.
Roy Castle Lung Cancer Foundation		General	Young persons comment (male, aged 16 years) Use websites such as YouTube to message young people with graphic images and involve sports stars as there is the link between smoking and fitness. Young people like messages from people they look up to.	Thank you for this information.
Roy Castle Lung Cancer Foundation		General	Young persons comment (female, aged 15 years) Whatever materials, resources etc get produced HAS to be done in consultation with young people so that it's in their style and language. If not, they won't take any notice	Thank you for this comment.
Roy Castle Lung Cancer Foundation		General	From experience, it is near impossible not to cover the issue of parental smoking as this is, both anecdotally as well as well as through research (The Liverpool Longitudinal Study on Smoking), a major factor influencing particularly primary school children in the uptake of tobacco	Thank you for your comment. The influence of the family will be referred for the development of future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>



## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

**Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007**

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Roy Castle Lung Cancer Foundation</b>		4.5	The likes of YouTube, MySpace etc are incredibly cost effective interventions that have the potential to reach a huge audience, both young people but also those working with children and young people	Thank you for your comment. NICE recognises the importance of new media and will amend the scope to make explicit reference to it. NICE encourages stakeholders to submit any evidence that addresses these areas.
<b>Smoke Free Cambridgeshire &amp; Peterborough</b>		general	<p>We would like to express our concerns that NICE only intend to focus on 2 of the 5 areas of prevention at this time (mass media and point of sales). We appreciate that that the short time scale for intervention guidance (1 year) does not allow a wider remit. However, given that Cochrane reviews and York Effectiveness bulletins previously recommend that the complex nature of factors influencing smoking behaviour in young people require multi faceted approaches e.g. school based interventions, community based and family etc. Cochrane and York recommend that all these factors interplay with mass media messages and restricted sales.</p> <p>If it is not possible to cover the interventions outlined above (e.g. school based etc.) We suggest that you consider looking at these for future programme guidance.</p>	Thank you for your comment and for the offer. NICE recognises the importance of the areas highlighted in 4.2.2. However, due to the vastness of the subject it is not possible to research these areas within the pre-determined timescale. These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Smoke Free Hampshire and Isle of Wight		4.2.1	Will "Point of Sale" be extended to include access to cigarettes? If so, this would incorporate smuggled and counterfeit cigarettes, and all access routes (including vending machines, mobile phones and internet), not just point of sale at retailers.	Thank you for your comment. NICE recognises the importance of illegal tobacco sales through smuggled cigarettes. This will be covered by the guidance.
Smoke Free Hampshire and Isle of Wight		4.2.1	Will the intervention cover cannabis use and its link to tobacco?	Thank you for your comment. This guidance will not cover the use of cannabis.
Smoke Free Hampshire and Isle of Wight		4.2.1	Will the intervention cover all tobacco products, including snff/"snus"?	Thank you for your comment. The guidance will only focus on the prevention of smoking.
Smoke Free Hampshire and Isle of Wight		4.2.2	It is impossible to isolate interventions on smoking and young people, as the influencing factors are interrelated. We would therefore ask for the Department of Health to imminently fund further Interventions by NICE on the other three intervention areas identified.	Thank you for your comment. You can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
Smoke Free Hampshire and Isle of Wight		4.6	As the intervention will be focusing on point of sale, it is essential to include Trading Standards/Regulatory Services, Customs and Excise as stakeholders. They are conspicuously absent in the list of stakeholders.	A large number of organisations were contacted to make them aware of this guidance and to invite them to register as stakeholders. However, some relevant organisations may not have been contacted or may not have registered. NICE encourages current stakeholders to inform those organisations that they feel are relevant to this work to register an interest ( <a href="http://guidance.nice.org.uk/page.aspx?o=512517">http://guidance.nice.org.uk/page.aspx?o=512517</a> ) We will also write again to those organisations that were contacted but did not take up the invitation.
Smoke Free Hampshire and Isle of Wight		4.6	The guidance is aimed at public health professionals – if the NHS is to implement the recommendations, then funding would be required from the Department of Health for subsequent interventions.	Thank you for your comment.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Smoke Free Hampshire and Isle of Wight</b>		4.6	It is essential that young people be consulted as stakeholders in the intervention, using, for example local Youth Councils/Parliaments and in line with Children and Young People's Plans. Will this also include vulnerable young people where rates of smoking are likely to be higher (Children Looked After, excluded children, children leaving care, children of substance users, youth offenders, children with special needs, young parents, Black and Minority Ethnic young people and children and young people in priority neighbourhoods with high levels of deprivation).	Thank you for your comment. NICE is keen to involve the groups you have highlighted and to consult with young people directly.
<b>South Birmingham PCT Stop Smoking Service</b>		General	The suggested guidance is extremely limited and would be more beneficial if it included the areas that are to be excluded	Thank you for your comment. NICE recognises the importance of the areas highlighted in 4.2.2. However, due to the vastness of the subject it is not possible to research these areas within the pre-determined timescale. These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
<b>South Downs NHS</b>		general	Preventing the uptake of smoking by children and young people is complex and therefore it requires a cohesive and comprehensive approach.	Thank you for your comment.
<b>South Downs NHS</b>		general	Unfortunately, the scope and final guidance would cover just two aspects that contribute to smoking uptake by young people and not the much needed guidance for the ground floor work which involves education, families, professionals working with young people, schools, community settings, peer involvement., effective interventions, as well as life style influences.	Thank you for your comment. NICE recognises the importance of the areas highlighted in 4.2.2. However, due to the vastness of the subject it is not possible to research these areas within the pre-determined timescale. These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
South Downs NHS		general	South downs NHS Trust – Stop Smoking Service provides, educational as well as cessation work for young people, covering areas included in 4.2.2 therefore we do not have any involvement with 4.2.1 a) b). Our input would be very limited, consequently, we will be passing on the information to our local trading standards offices who we believe their contribution would be more relevant	Thank you for your comment. NICE is grateful to stakeholders who highlight the development of this guidance to other potential stakeholders.
South Downs NHS		general	If an attitude survey was considered, we would be keen to participate, involving young people, families and communities across Brighton and Hove.	Thank you for your support.
South Downs NHS		4.2.2	This area should have taken priority over 4.2.1 b) point of sale, measures, particularly as the legal age to purchase tobacco is increasing to 18 years of age and not enough data will available.	Thank you for your comment. <a href="#">Please</a> refer to our response to your general comment.
Tameside & Glossop PCT		4.2.2	These are key areas that should be included.	Thank you for your comment. NICE recognises the importance of the areas highlighted in 4.2.2. However, due to the vastness of the subject it is not possible to research these areas within the pre-determined timescale. These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Tameside &amp; Glossop PCT</b>			Need to cover consent, Fraser guidelines and confidentiality.	Thank you, noted.
<b>Tameside &amp; Glossop PCT</b>		3e, 3f	Use of word and number for percentage figures.	Thank you for your comment.
<b>West Midlands Public Health Group and Tobacco Control Collaborating Centre</b>		2d	I appreciate the need to engage with those who sell tobacco products to others however it would appear that the guidance would also be aimed at the tobacco industry.  If this is the case then I would expect evidence on tobacco industry activities wrt to targeting young people to be included. If this is not intended then this section should be reworded.	Thank you for your comment. The evidence review will consider all types of evidence that can be made available to NICE. Stakeholders can submit any evidence they feel is relevant to this guidance. The effectiveness review will consider evidence on the tactics used by the tobacco industry.
<b>West Midlands Public Health Group and Tobacco Control Collaborating Centre</b>		3b	Example risk factors do not include tobacco industry tactics (other than films)	Thank you for your comment, the scope has been amended.
<b>West Midlands Public Health Group and Tobacco Control Collaborating Centre</b>		4.1.2	Although the recommendations will be directed at the reduction of smoking in under 18s those taking action may be over 18  Some interventions that have an effect on under-18s may be the same as those for a wider population.	Thank your for your comment.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
West Midlands Public Health Group and Tobacco Control Collaborating Centre		4.2.1 4.2.2 a	I acknowledge the need to restrict the scope but the exclusion of the measures in 4.2.2 does not match the terms of the referral from DH	Thank you for your comment. NICE recognises the importance of the areas highlighted in 4.2.2. However, due to the vastness of the subject it is not possible to research these areas within the pre-determined timescale. These areas will be referred to the topic selection panel to be considered for future guidance. Stakeholders can suggest future topics for consideration at: <a href="http://www.nice.org.uk/page.aspx?o=ts.home">www.nice.org.uk/page.aspx?o=ts.home</a>
West Midlands Public Health Group and Tobacco Control Collaborating Centre		4.2.2 b	It is sensible to exclude cessation from this exercise	Thank you for your comment.
West Midlands Public Health Group and Tobacco Control Collaborating Centre		4.3	Will this not require work to be carried out on measures excluded in 4.2.2 a?	Thank you for your comment. The comparison between different interventions will not require the review of the areas highlighted in 4.2.2. It is possible for comparisons to be made within the areas covered.

## Public Health Intervention Guidance

### Smoking and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 12<sup>th</sup> April to 10<sup>th</sup> May 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
West Midlands Public Health Group and Tobacco Control Collaborating Centre		4.5	It would be helpful to have some sort of comparative assessment on the use/effectiveness of illegal sales initiatives to date and how this may alter with the change in the law (i.e. evidence from other countries)	Thank you for your comment. NICE will examine all interventions that are available for review and will consider evidence from other countries. NICE encourages stakeholders to submit any evidence they feel is relevant to this guidance.
West Midlands Public Health Group and Tobacco Control Collaborating Centre		4.6	Guidance to local authorities should include elected members who make decisions on allocation of resources	Thank you for your comment.
West Midlands Public Health Group and Tobacco Control Collaborating Centre		6	This section should be updated following the publication of workplace cessation guidance	Thank your for your comment. The scope has been amended.