NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH INTERVENTION GUIDANCE

DRAFT SCOPE

1 Guidance title

Preventing the uptake of smoking by children and young people, including point of sale measures

1.1 *Short title*

Preventing the uptake of smoking by children and young people

2 Background

(a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on public health interventions aimed at 'preventing the uptake of smoking among children and young people, including point of sale measures'.

(b) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support NSFs on the following:

- coronary heart disease (DH 2000),
- children, young people and maternity services (DH 2004a).

(c) This guidance will support a number of related policy documents including:

- 'The NHS cancer plan' (DH 2000b)
- The tobacco white paper 'Smoking kills' (DH1998)
- 'The NHS in England: operating framework for 2007/8' (DH 2006)
- 'Tackling health inequalities – a programme for action' (DH 2003)
- 'Securing good health for the whole population' (Wanless 2004)
- The public health white paper 'Choosing health' (DH 2004b).

(d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at:

- those directly and indirectly responsible for the health and care of children and young people aged under 18
- professionals with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors
- those who sell and promote tobacco products
- those responsible for monitoring and enforcing legislation on the sale of tobacco to those aged under 18.

3 The need for guidance

a) Smoking remains the main cause of preventable morbidity and premature death in England. Between 1998 and 2002 it lead to an estimated 86,500 deaths per annum (Twigg et al. 2004). Once children start to smoke they become addicted to nicotine very quickly and tend to continue the habit into adult life. The earlier children become regular smokers, the greater their risk of developing lung cancer or heart disease if they continue smoking into adulthood. (Royal College of Physicians 1992).

b) There is no simple explanation as to why children take up smoking. However, 11–15 year olds who live in households where both parents smoke are almost three times more likely to be a regular smoker than children living in households where neither parent smokes. Children with an older sibling who smokes are five times more likely to be a regular smoker compared to a child whose older siblings do not smoke (Owen et al. 1995). Other risk factors include parental attitudes to smoking, gender, living with a lone parent, lack of educational aspirations beyond age 16, tobacco prices and advertising, and smoking in films (Dalton et al. 2003; DiFranza et al. 2006; Emery et al. 2001; Goddard 1992; Owen et al. 1995; Pierce et al. 2005).

c) In 1998, the government white paper 'Smoking kills' set out targets to reduce regular smoking (defined as one cigarette per week) among 11–15 year olds in the UK. From a baseline of 13% in 1996, the goal was to reduce regular smoking among this group to 11% by 2005 and 9% by 2010 (DH 1998). Currently, 9% of 11–15 year olds in England are regular smokers, a rate that has remained stable since 1999 (The Information Centre 2006a).

d) Girls are more likely to smoke than boys (10% compared to 7% respectively) and the proportion of children and young people who smoke regularly increases with age. As they grow older, the gap between boys and girls who smoke widens, with 25% of 15 year old girls smoking regularly, compared with 16% of boys (The Information Centre 2006a).

e) Rates of smoking vary according to ethnicity. Nine per cent of white and mixed race children smoke, compared to 5% of black children and 3% of children of Asian origin (The Information Centre 2006a).

f) In 2004, 66% of 11–15 year olds who smoked had bought cigarettes from a shop. Just over half of them (52%) said they had been refused a purchase at least once. Sixty three per cent of children and young

people who smoked were also likely to have been given cigarettes by friends (58%) or by siblings (13%). All children and young people who smoked, either occasionally or regularly, were included in these studies (The Information Centre 2006b).

4 The guidance

a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.

b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 *Populations*

4.1.1 Groups that will be covered

All children and young people under the age of 18, in support of new legislation making it illegal for anyone under 18 to purchase cigarettes. This legislation comes into force on 1 October 2007.

4.1.2 Groups that will not be covered

All those aged 18 and over.

4.2 *Areas*

4.2.1 Areas that will be covered

a) Mass media interventions: programmes or campaigns aimed at reaching large numbers of people via television, radio, newspapers, bill boards, posters, leaflets or booklets. (These anti-tobacco interventions do not involve person to person contact.)

b) Point of sale measures: this may include educating retailers and the general public about the law, proof of age schemes, regulation and law enforcement (including encouraging members of the community to help enforce the law).

4.2.2 Areas that will not be covered

a) Other prevention focussed interventions such as:

- Family, education and social interventions: these aim to inform family members and peers who smoke about the influence they exert on children and young people's choices about tobacco.
- Community-based interventions: coordinated programmes aimed at a particular geographical area or region, or groups of people who share common needs or interests, to prevent the uptake of smoking.
- School-based interventions: classroom programmes or curricula to deter tobacco use, including those associated with family and community interventions.

Please note: These interventions may be the subject of future guidance on this topic.

b) Interventions to encourage and support children and young people to quit smoking.

4.3 *Comparators*

Where appropriate, interventions will be compared against other smoking prevention interventions.

4.4 *Outcomes*

Primary outcome measures will include:

- self-reported smoking behaviour and objective measures of smoking

- illegal tobacco sales and other ways that children and young people believe they can obtain cigarettes
- prevalence of tobacco use among young people

Secondary outcome measures will include:

- knowledge about – and attitude towards – smoking (including intention to smoke)
- decision-making and refusal skills increased self-esteem
- intentions to smoke

4.5 *Key questions*

The three overriding questions are:

- Which mass media interventions are effective and cost-effective in preventing children and young people from becoming smokers?
- Which interventions are effective and cost-effective in reducing the illegal sale of tobacco to children and young people?
- When appropriate interventions can be compared, which are most effective in preventing the uptake and sale of tobacco to children and young people?

The following subsidiary questions will be addressed:

- How does the way that the intervention is delivered influence effectiveness?
- Does effectiveness depend on the status of the person (e.g. peer, parent or teacher) delivering it?
- Does the site/setting influence effectiveness?
- Does the intensity of the intervention influence effectiveness or duration of effect?

- How does effectiveness vary according to the age, sex, socio-economic status or ethnicity of the target audience?
- How much does the intervention cost, in terms of money, people and time?
- What evidence is there on cost-effectiveness?
- What are the facilitators and barriers to implementation?

4.6 *Target audiences and settings*

The guidance is aimed at:

- those directly and indirectly responsible for the health and care of children under 18, including parents, foster carers, schools, pupil referral units and further education colleges, youth services and youth offending teams
- professionals with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors
- those who sell and promote tobacco products (e.g. product placement and use of role models)
- those responsible for monitoring and enforcing legislation (e.g. local authorities, trading standards) on the sale of tobacco to those aged under 18.

4.7 *Status of this document*

This is the draft scope, released for consultation on 12 April 2007, to be discussed at a stakeholder meeting on 19 April 2007. Following consultation, the final version of the scope will be available at the NICE website in May 2007.

5 Further information

The public health guidance development process and methods are described in ‘Methods for development of NICE public health guidance’ (NICE 2006) and

'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' NICE 2006) available at: www.nice.org.uk/page.aspx?o=299970

6 NICE related guidance

Published

Brief interventions and referral for smoking cessation in primary care and other settings. NICE public health intervention guidance 1 (2006). Available from: www.nice.org.uk/guidance/PHI1

The clinical effectiveness and cost effectiveness of bupropion (Zyban) and nicotine replacement therapy for smoking cessation. NICE technology appraisal 39 (2002). Available from: www.nice.org.uk/guidance/TA39

Under development

Workplace health promotion: how to help employees to stop smoking. NICE public health intervention guidance (due April 2007).

Varenicline for smoking cessation. NICE technology appraisal (due July 2007).

The optimal provision of smoking cessation services with particular reference to manual groups, pregnant smokers and hard to reach communities. NICE public health programme guidance (due November 2007).

Appendix A Referral from the Department of Health

The DH asked the Institute to:

‘Produce guidance on the prevention of the uptake of smoking in children and young people, including point of sale measures’.

Appendix B References

Dalton MA, Sargent JD, Beach ML et al. (2003) Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study. Lancet 362 (9380): 281–285.

Department of Health (1998) Smoking kills: a white paper on tobacco. London: The Stationery Office.

Department of Health (2000a) National service framework for coronary heart disease. London: The Stationery Office.

Department of Health (2000b) The NHS cancer plan: a plan for investment, a plan for reform. London: The Stationery Office.

Department of Health (2003) Tackling health inequalities: a programme for action. London: Department of Health.

Department of Health (2004a) National service framework for children, young people and maternity services. London: Department of Health.

Department of Health (2004b) Choosing health: making healthy choices easier. London: Department of Health.

Department of Health (2006) The NHS in England: operating framework 2007–08 [online]. Available from: www.dh.gov.uk

DiFranza JR, Wellman RJ, Sargent JD et al. (2006) Tobacco promotion and the initiation of tobacco use: assessing the evidence for causality. Pediatrics 117 (6): e1237–e1248.

Emery S, White MM, Pierce JP (2001) Does cigarette price influence adolescent experimentation? Journal of Health Economics 20 (2): 261–270.

Goddard E (1992) Why children start smoking. British Journal of Addiction. 87 (1): 17–18.

Owen L, Bolling K. (1995) Tracking teenage smoking: a survey commissioned by the Health Education Authority of the smoking behaviour, knowledge and attitudes of 11 to 15 year olds in England. London: Health Education Authority.

Pierce JP, White MM, Gilpin EA (2005) Adolescent smoking decline during California's tobacco control programme. Tobacco Control 14 (3): 207–212.

Royal College of Physicians (1992) Smoking and the young. London: Royal College of Physicians.

The Information Centre (2006a) Drug use, smoking and drinking among young people in England 2005. Leeds: The Information Centre.

The Information Centre (2006b) Drug use, smoking and drinking among young people in England 2004. Leeds: The Information Centre.

Twigg L, Moon G, Walker S (2004) The smoking epidemic in England. London: The Health Development Agency.

Wanless D (2004) Securing good health for the whole population. London: HM Treasury.