

# **National Institute for Health and Clinical Excellence**

## **Centre for Public Health Excellence**

### ***Review decision***

#### **Review of Public Health guidance (PH14) – Mass media and point-of-sales measures to prevent the uptake of smoking by children and young people**

#### **1 Background information**

Guidance issue date: 2008

Considered for review: 2011

#### **2 Review decision**

The guidance should not be updated at this time.

The guidance will be reviewed again in 3 years.

#### **3 Process for updating guidance**

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of selected members (including cooptees) of the original committee that developed the guidance, the review team that produced the original

evidence reviews, and representatives of relevant government departments.

- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).
- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

#### **4 Consideration of the evidence and changes in policy and practice**

The expert group met in May 2011 to discuss current and ongoing research of relevance to the current recommendations. It also discussed changes to policy and legislation that affect the implementation of the recommendations.

##### **Mass media**

##### **Recommendations 1, 2 and 3**

The expert group commented that the recommendations as currently framed provide a set of broad principles and as such they did not require updating and would probably have a long shelf life. The expert group noted a tension between the one-year commissioning cycle and the recommendation that campaigns should be sustained in the long term (at least 3-5 years).

However, the expert group expressed some concern about the lack of detail on the use of new media. They thought that there may be recent evidence generated in the UK on the impact of different kinds of new media and approaches using youth advocacy and social marketing, which might allow some further detail to be added to the recommendations. The expert group also noted that there are gaps in the evidence base on the impact of mass media interventions on inequalities.

With the proposed changes to the way public health will be delivered in the NHS and through local authorities, and the loss of the regional tier in the coordination of tobacco control, there was a concern that expenditure on mass media campaigns at a local level would be an inefficient use of resources.

## **Illegal Sales**

### **Recommendations 4 and 5**

The expert group noted that because of the emerging changes in the delivery system, the recommendations could be 'tidied up' to refer to 'working with appropriate agencies' (e.g. Local Government Group, Health and Wellbeing Boards, retailer representatives). However, with the exception of any forthcoming changes in regulations that would affect the reference to vending machines<sup>1</sup>, the expert group agreed that the recommendations are still valid.

The expert group reported that there was evidence which showed that raising the age at which tobacco can be legally purchased had reduced the number of illegal sales. However, they reported that the evidence also showed an increase in underage access to cigarettes through social sources (eg friends and family members). The expert group were keen to see this issue addressed if the guidance is updated. A similar concern was expressed about children and young people accessing cigarettes via the illicit market.

With regard to recommendation 4, the expert panel referred to the results of a recent US trial and survey data from the UK (the 'Smoking toolkit study' (<http://www.smokinginengland.info>) which show that reducing access can lead to a reduction in smoking prevalence.

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<sup>1</sup> [The Protection from Tobacco \(Sales from Vending Machines\) \(England\) Regulations 2010](http://www.smokinginengland.info) is due to come into force on 1<sup>st</sup> October 2011, although it is included on a list of regulations currently under review by the government (see <http://www.redtapechallenge.cabinetoffice.gov.uk/wider-hospitality/>).

The expert group thought it might be possible to consider the impact of illegal sales measures on inequalities in smoking rates using regional survey data and data on the 'black market'. They also thought there might be UK data from the 'Smoking, drinking and drugs' survey on 'proxy purchasing' (i.e. adults who buy cigarettes on behalf of under 18s) and noted that legislation on proxy sales was introduced in Scotland in April 2011.

If the guidance were to be updated, the expert group thought there might be scope to expand or add to the actions for recommendation 5. For example, to raise awareness and encourage retailers to undertake training on illegal sales, a safer retailer award could be established (along the lines of the approach adopted in Scotland). The expert group also suggested that the mass media recommendations could be broadened to include an element about proxy sales e.g. media messages to adults/parents to say that buying cigarettes for children is not 'harmless'.

### **Other approaches**

The expert group briefly discussed other approaches to reducing the uptake of smoking by children and young people which have not yet been considered by NICE: ie family- and community-based approaches. (Note that school-based interventions were covered in NICE Public health guidance PH23). The group considered there was unlikely to be much evidence on family-based interventions, but that community-based interventions (including social marketing approaches) are likely to have a reasonable evidence base for the development of guidance.

## **5 Implementation and post publication feedback**

In total, 7 enquiries were received from post-publication feedback, most of which were requests for information. One enquirer asked for clarification of the costs and savings given the wide range of Incremental Cost Effectiveness Ratios (ICERs) reported in a poster presentation of the economic analysis.

No new evidence was identified through post publication enquiries or implementation feedback that would indicate a need to update the guidance at this time.

## **6 Stakeholder consultation**

The proposal was made to stakeholders that the guidance should not be updated at this time.

Thirteen organisations responded to the consultation. Two main issues emerged:

1. An urgent need for guidance which tackles the other main drivers of smoking uptake (e.g. role of media, influence of family and friends),
2. The need for guidance on tobacco control measures for Local Authorities given their new role.

Other points to note include the following:

- a concern that there is insufficient emphasis on the importance of tackling adult smoking,
- a view that greater consideration needs to be given to illicit trade,
- disappointment that many of the other key influences on uptake are not addressed by guidance,
- greater emphasis to be placed on using mass media, but only as part of a package of broader tobacco control measures,

Only 3/13 stakeholders explicitly stated they agreed that the guidance does not need updating. Of the remaining 10 stakeholders, only 1 explicitly stated they disagreed, however they go on to identify interventions that are outside the scope of the guidance.

## **7 Equality and diversity considerations**

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

## **8 Conclusion**

Although recent and forthcoming changes to how local services are commissioned and delivered will affect which agencies are involved in the implementation of this guidance, the recommended actions remain valid. The possible exceptions are those that relate to vending machines<sup>2</sup> – we propose including an addendum to the versions on the NICE website (and to *NICE Pathways*) to clarify the status of the legislation when this is known.

While there may be some more evidence that would allow further detail to be added to the mass media recommendations (particularly in relation to new media), this does not warrant the investment of the significant resources required to undertake an update ahead of the next scheduled review in 3 years time.

The two main issues that emerged in the consultation fall outside the scope of the guidance, however it is noted that there is a keen interest for NICE to produce new guidance for local authorities on tobacco control measures and new guidance on the other main drivers of smoking uptake in children. That being the case, the guidance will not be updated at this time. The guidance will be reviewed again in 3 years time, according to current processes.

*Centre for Public Health Excellence (CPHE)*

*September 2011.*

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<sup>2</sup> [The Protection from Tobacco \(Sales from Vending Machines\) \(England\) Regulations 2010](http://www.redtapechallenge.cabinetoffice.gov.uk/wider-hospitality/) is due to come into force on 1<sup>st</sup> October 2011, although it is included on a list of regulations currently under review by the government (see <http://www.redtapechallenge.cabinetoffice.gov.uk/wider-hospitality/>).