

## Public Health Intervention Guidance

Consultation on Review proposal to update – **PREVENTING THE UPTAKE OF SMOKING BY CHILDREN AND YOUNG PEOPLE - Stakeholder Comments Table**

15<sup>th</sup> June 2011 – 29<sup>th</sup> June 2011

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<b>Action on Smoking &amp; Health (ASH)</b>	General	<p>ASH continues to have concerns that this guidance does not make clear that action targeted at young people is not necessarily the most effective means of reducing youth uptake and believes that this needs to be spelt out more clearly in the introduction to the guidance.</p> <p>As the Royal College of Physicians notes in its report “Passive smoking and children” children who grow up in contact with smokers in their family are considerably more likely to become smokers themselves. Therefore action to help adult smokers to quit is likely to have a lasting effect on children’s health as well as reducing the likelihood of them becoming smokers. This was also spelt out succinctly in the College’s earlier 1992 report, ‘Smoking and the Young’:</p> <p><i>“In the long term, permanent declines in children’s smoking can only be achieved in the context of a comprehensive national programme aimed at all appropriate age groups. Only in this way will we remove the ultimate incentive for children to take up smoking – the presence of adults as role models.”</i> (p80)</p>	<p>Thank you for your comments. The referral asked NICE to produce public health guidance on how to prevent the uptake of smoking by children and young people. This guidance focuses on mass-media and point-of-sales measures. Other NICE guidance has focused on some of the measures to reduce smoking amongst adults. A different referral would be needed to consider the relative effectiveness and cost effectiveness of measures targeted at adults and children.</p>
<b>Action on Smoking &amp; Health (ASH)</b>	3. (Mass Media)	<p>As we argued in our submission on the synopsis of the evidence to support this current guidance that mass media campaigns should be undertaken only as part of a package of broader</p>	<p>Thank you for your comments. The guidance recognises the importance of other measures and includes the</p>

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		<p>tobacco control measures. Furthermore, campaigns aimed at the population as a whole are likely to be more effective than those targeted at children. As the 2007 Cochrane Review by Sowden and Arblaster concluded: the best that can be said in support of mass media interventions aimed at preventing youth smoking is that they may be effective but the evidence is not strong.</p> <p>(Sowden AJ &amp; Arbalster L. (2007) Mass media interventions for preventing smoking in young people. The Cochrane Database of Systematic Reviews)</p>	<p>following statement “Mass-media and point-of-sales measures should be combined with other prevention activities as part of a comprehensive tobacco control strategy. Such a strategy is defined by the US Surgeon General, World Health Organization and others as encompassing price and regulation policies, education programmes, cessation support services and community programmes. It should be sufficiently extensive and sustained to have a reasonable chance of success”.</p>
<p><b>Action on Smoking &amp; Health (ASH)</b></p>		<p>It is particularly important given the new localism agenda in public health that local authorities are given guidance on the most effective and cost-effective measures they can implement to reduce smoking prevalence and uptake. ASH therefore recommends that NICE should develop <b>new guidance on local tobacco control measures</b>. This should set out the relative effectiveness and cost-effectiveness of different measures. This would enable local authorities, for example, to compare stop smoking services with local mass media campaigns or measures to tackle the illicit trade. This would help local</p>	<p>Thank you for this suggestion. It will be logged for consideration whilst NICE consults on its methods and processes for producing public health guidance which includes the process for topic selection.</p>

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		authorities to decide how best to allocate their limited resources.	
<b>Health Improvement &amp; Development Service – Portsmouth City Council</b>	General	What I feel is missing from the original document is mass-media and point of sales prevention targeted at the adult population. From my own experience and from recent research it has been shown that input with parents/adults on their influence on young peoples smoking can have a great impact	Thank you for your comments. We note that guidance on the role of family, friends and the wider community is a gap in NICE guidance on tobacco control measures.
<b>Health Improvement &amp; Development Service – Portsmouth City Council</b>	Recommendation 3: campaign strategies	Recent research has shown that mass media campaigns need to be sustained over a long period to continue having any impact.	NICE agrees and this is reflected in the recommendations.
<b>Imperial Tobacco Limited</b>	General	Imperial Tobacco does not market tobacco products to under 18s, and we abide by an internal code of marketing practice which is applied consistently in all its operating markets. Tobacco is an informed adult choice. We are completely aligned with the aim of the Review consultation document to "... prevent the uptake of smoking by children and young people."	Thank you, noted.
<b>Imperial Tobacco Limited</b>	Recommendation 4: Support enforcement	Enforcement of existing legislation is a crucial factor in preventing access by under-18s to tobacco products. We have consistently re-iterated our view about the importance of	Thank you, noted.

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		<p>enforcement and that there should be increased resources for enforcement agencies. For example in our 2008 submission to the DoH's Future of Tobacco Control consultation we said:</p> <p style="padding-left: 40px;">“...we are certain that further tobacco control measures as those outlined in the consultation document are not the measures which will address the Government's objectives of reducing youth smoking initiation. If the UK Government are serious about achieving those objectives they should look more closely at all the evidence and propose solutions that address its indications rather than seeking out 'easy targets' which can be introduced at little cost to the Government but will be entirely ineffective.</p> <p style="padding-left: 40px;">This should be supported with greater enforcement of current minimum age laws together with additional resources to support enforcement agencies in their efforts to tackle illegal sales.”</p> <p>So we are delighted to see many of the measures we advocated in 2008 within the Guidance.</p> <p>However, we believe that the recommendation to ensure that “... magistrates have access to, and are aware of the most effective</p>	

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		measures to deter retailers from making underage sales...” takes a negative view of the role of the retailer community, most of whom are responsible and most of whom make it their business to keep up to date with new legislation.	
<b>Imperial Tobacco Limited</b>	Recommendation 5 – the role of retailers	<p>Much of the tone of Recommendation 5 is adversarial, with a focus on the minority of “..retailers who persistently break the law”. Point of sale interventions should recognise, involve and support the responsible retailer – in fact most retailers and retail organisations such as the Association of Convenience Stores (“ACS”) and National Federation of Retail Newsagents (“NFRN”) that choose to act responsibly and promote responsible initiatives.</p> <p>The retail sector, with support from tobacco manufacturers has pioneered some great initiatives such as proof of age and schemes such as Challenge 25. Citizencard and the NoID No Sale initiative are part of that collaboration. The NoID No Sale pack includes, for example, point of sale material and a refusals register for retailers to use. We are proud to have been amongst the sponsors of these schemes. Since many of these voluntary initiatives reflect actions that NICE endorses at Recommendation 5, we would advocate and encourage enforcement authorities to work constructively with retailers and</p>	Thank you for your comments.

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		<p>tobacco companies in fostering voluntary measures and initiatives that are effective in presenting sales to under-18s.</p> <p><b>Retailers and retail associations such as ACS and NFRN should be invited to work with government, for example under a Responsibility Deal, in developing initiatives to prevent sales to under-18s. Imperial Tobacco would be happy to support and partake in such a Responsibility Deal.</b></p>	
<b>Imperial Tobacco Limited</b>	Recommendation 5 – vending machines	It is unfortunate that Government chose not to consider age restriction mechanisms on vending machines. This would have made many of the recommendations in this section unnecessary. Imperial Tobacco has consistently advocated its support for restricted access mechanisms - as a proportionate measure.	Thank you for your comments
<b>Imperial Tobacco Limited</b>	Recommendation 5 – Sources of cigarettes	<p>We welcome the acknowledgement by the experts that “...the evidence also showed an increase in underage access to cigarettes through social sources (eg friends and family members). ... A similar concern was expressed about children and young people accessing cigarettes via the illicit market.”</p> <p>We agree. In 2008, in our submission to the Government’s Future of Tobacco Control consultation we said:</p>	Thank you for your comments

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		<p>“...the root causes of youth smoking have nothing to do with tobacco advertising, displays or packaging. Instead, the principal causes include factors such as rebelliousness and risk taking, family structure and relationships, socioeconomic status, school connection and educational success. As such, the determinants of youth smoking are not advertising, tobacco displays or tobacco packaging but more fundamental factors.”</p> <p>Our position on these issues still stands.</p>	
<b>Imperial Tobacco Limited</b>	Recommendation 5 – Illicit Trade	<p>We think it is right that the Review consultation document acknowledges the role of the illicit trade. Any effective tobacco control measures aimed at improving outcomes for deprived communities must focus primarily on controlling the illicit rather than the legitimate trade in tobacco. In many communities, where smoking rates are well above the national average, a higher proportion of smokers including many under-18s, will be sourcing their tobacco from illicit providers and criminal gangs.</p> <p><b>The guidance must be revised to give a greater consideration to the illicit trade in tobacco products if it is</b></p>	Thank you for your comments, however the guidance scope is limited to mass media and point-of-sale measures.

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		<b>to be effective.</b>	
<b>Imperial Tobacco Limited</b>	General	<p>Imperial Tobacco supports action on youth smoking that is targeted, reasonable, proportionate and effective. Our track record in consistently supporting youth access initiatives such as Citizencard and the NoID No Sale scheme speaks for itself. The Guidance should be amended so that it is not applied in an adversarial manner.</p> <p><b>There is much to welcome in this guidance. However a partnership between responsible retailers, associations and tobacco companies could make a very positive difference in driving these issues forward.</b></p>	<p>Thank you for your comments. The guidance would only be amended if NICE considers there is sufficient new evidence or significant changes in policy and practice that are likely to lead to substantively different recommendations.</p>
<b>Local Government Group – Regulatory Support Unit</b>	Illegal sales	<p><i>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.</i></p> <p>Can you please reference the evidence?</p> <p>Whilst it is true to say that the number of illegal sales detected via test purchase operations carried out by Council TS has reduced since 2007 it is not possible to say that this is attributable to raising the age of sale . This could be due to increased and or improved training of retailers, promotion of a proof of age card / use of Challenge 21 etc</p>	<p>Thank you for your comments. The impact of raising the age at which tobacco can be legally purchased on number of illegal sales was the expressed view of the expert group.</p>

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<p><b>NHS STOP! Smoking Service - Leicester City</b></p>	<p>General / Mass Media</p>	<p>The influential components of youth culture continue to promote cigarette smoking. Examples of this are celebrity smoking (Kate Moss, Kanye West, Lil' Wayne) being consistently documented in picture, video, music smoking cigarettes. Other examples are youth orientated fashion labels (Supreme, Alife, Original Fake, 10 Deep) consistently promoting their garments with shots of models smoking and creating smoking related items with their brand incorporated (Zippos, Asthtrays).</p> <p>With regards to the above, the acceptance of smoking in public and particularly by those considered “cool” reinforces the cigarette as a brand/object that young people aren’t afraid to be associated with. This allows <b>those first few puffs</b> on a cigarette to take place and the addiction to follow.</p> <p>The first few puffs are unlikely to be effectively deterred by informing young people about the long term consequences of smoking. For example, the health effects and economic effects are less effective when considering the first few puffs in isolation.</p> <p>A more effective deterrent is the feeling of not wanting to be associated in public with a cigarette either because of stigma or</p>	<p>Thank you for your comments and for providing details of your initiatives. The role of youth culture and media in particular falls outside the scope of this guidance. However, the guidance recommends that mass media campaign messages are presented by celebrities to whom children and young people can relate and exploit the full range of media used by children and young people, including television advertising.</p> <p>The importance of using a wide range of methods to communicate messages is reflected in the guidance. For example Recommendation 2 includes the following:</p> <p>“Convey messages based on strategic research and qualitative pre- and post-testing with the target audiences. These could include messages that:</p>

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		<p>fear because the cigarette is perceived as “uncool”. When a brand becomes uncool, young people would avoid at all costs being associated with it for fear of ridicule or going against “herd mentality”.</p> <p>Currently, the assumption is that young people should have more information about the harms of smoking including tobacco industry, economical, social, health arguments.</p> <p>Whilst accurate information is crucial, young people and other groups do not always base their decision making process solely on knowledge. Choices can and are also made for aspirational reasons, fear, anxiety and other emotional processes.</p>	<ul style="list-style-type: none"> <li>• elicit a strong, negative emotional reaction (for example, loss, disgust, fear) while providing sources of further information and support</li> <li>• portray tobacco as a deadly product, not just as a drug that is inappropriate for children and young people to use</li> <li>• use personal testimonials that children and young people can relate to</li> <li>• empower children and young people to refuse offers of cigarettes</li> <li>• include graphic images portraying smoking’s detrimental effect on health as well as appearance (for example, its effect on the appearance of skin and teeth).”</li> </ul>
<p><b>NHS STOP! Smoking Service - Leicester City</b></p>	<p>General / Mass Media continued</p>	<p>The initiation of smoking is often cited as a rebellious act which is why it can be appealing to young people. If it were rebranded as an act of conformity and marketed in such a way that young people are able identify it as exploitation it has the potential to cause a shift in youth culture.</p>	<p>Thank you for your comments and providing details of your initiatives.</p>

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		<p>A social marketing intervention called The SmokeScreen is attempting this approach in Leicester City. The campaign is marketed and branded using images and designs that young people would associate with iconic films and computer games. It carries with it one core and concise message that can be easily transferred person to person. The message highlights the high death toll from tobacco and the need for those who benefit from its sale to find new replacement smokers (mostly teens).</p> <p>In Leicester City young people are addressed in groups of 200 at a time but it is a concept that is easily transferable to different media formats. In Leicester City the young people are invited to sign-up to say they won't become a replacement smoker and are then rewarded with a small incentive (branded pen, lanyard and Newspaper). This allows the brand to remain behind and the message to get passed on to those who were not addressed directly. The intervention has attracted just over 5000 young people to sign-up from January 2011 to May 2011.</p> <p>The intervention is being evaluated in partnership with The Oxford Health Alliance as part of the global Community Interventions for Health programme and the baseline and post questionnaires have been collated and are being processed.</p>	

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		<p>The concept is easily understood and designed to appeal to older teens with the awareness that young teens will aspire to value something as more credibly if it appears aimed at an older market and not “watered down”. It has also been developed with strong influence from the NICE PH23 Guidance on smoking and young people.</p>	
<p><b>NHS STOP! Smoking Service - Leicester City</b></p>	<p>General / Mass Media continued</p>	<p>Testimonials from young people:</p> <p>“You guys have inspired me to talk to my mum and dad about them quitting smoking.” Year 10 student at English Martyrs Catholic School.</p> <p>“It was a good idea to have this event in school, I like the idea of signing a pledge to not start smoking, I don’t ever want to be a replacement smoker.” Year 11 student at Sir Jonathan North School.</p> <p>“I learned lots from Smokescreen, I never want to smoke.” Year 7 student at Sir Jonathan North School.</p> <p>Testimonials from Teachers and Youth Workers:</p> <p>“It was such a great day. The kids were so up for it and the</p>	<p>Thank you for providing this information. When the guidance is next considered for a possible update, we would be interested in receiving evidence which shows that this approach has had an effect on smoking uptake.</p>

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		<p>'replacement' smoker campaign angle was seen as really interesting, refreshing and powerful." Teacher at Beaumont Leys School.</p> <p>"The Smoke Screen had a very positive effective within our college, over 100 students signed the pledge which was great. Also it was a great talking point for smokers too and we have had an increase in students enquiring about stopping smoking since the campaign." Youth Development Worker at Regent College</p> <p>Thank you so much for all your hard work at Jonathan North, you managed to reach lots of students. Around 50% of our students signed your pledges. I think you had a innovative approach that really engaged our students. Many of them were able to use the newspapers as part of coursework for Health and Social care GCSE.</p> <p>"You could answer students questions on smoking related issues in a simple clear way that they understood. Your approach appealed to students from across our age range of 11-16 and the magazines pens and lanyards were very popular." Teacher at Sir Jonathon North School</p>	

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		More information can be found at <a href="http://www.thesmokescreen.org">www.thesmokescreen.org</a>	
<b>NHS STOP! Smoking Service - Leicester City</b>	1 Recommendations – Page 6 Statement: “When implementing the recommendations, careful consideration should be given to the potential impact on health inequalities.”	<p>With regards to youth trends the promotion of positive/aspirational images and messages can have a negative effect amongst some young people, especially those who are from poorer communities and those who are lower academic achievers. There would be the perception that these messages are too “self righteous” and “over preachy”. Therefore when young people are told not to smoke to feel proud of their image, body and public perception, there is the danger it will have the opposite effect with those who are least engaged and more likely to smoke. This approach in essence involves the promotion of the concept that <b>it is cool to be a non smoker</b>.</p> <p>A different and more effective approach would be to say it is <b>uncool to be a smoker</b>. This naturally has a wider reach amongst young people and is more likely to include those who are less likely to engage with the first approach. The SmokeScreen uses the “uncool to be a smoker” angle as its model given that a higher proportion of young people smoke from poorer communities.</p>	Thank you for your comments. As noted above, we would be very interested in any evidence which shows the impact of this alternative approach to prevent the uptake of smoking.
<b>NHS Walton Forest - Public</b>	Section 3 Recommendation	We share the concerns of the expert group that expenditure on mass media campaigns at a local level may be a waste of	Thank you for your comments and support.

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Health Directorate	s 1,2 & 3	resources. It is unlikely that the available funding for a mass media campaign would provide enough coverage or longevity to realise results.	
NHS Walton Forest - Public Health Directorate	Section 3 Recommendation s 4 and 5	We support the conclusion of the panel that the recommendations are still valid regarding vending machines. We would also be in support of the production of NICE Guidance specifically on wider tobacco use issues, including underage sales, alternative tobacco, and counterfeit goods.	Thank you for your suggestions.
NHS Walton Forest - Public Health Directorate	General	In light of the changes to the provision of public health, the results of studies on the effectiveness on national level mass media campaigns, and the absence of new economic data, we agree with the recommendations that this guidance is not updated now, but reviewed again in 3 years time.	Thank you.
Northumbria Healthcare NHS Foundation Trust	General	Change references to regional work and campaigns and ensure that the research used is current.	Thank you for your suggestions.
Northumbria Healthcare NHS Foundation Trust	Recommendation 2	Include reference to manipulation of young people by the tobacco industry. This is a very powerful message – teens do not like to think that they are being manipulated by anyone.	Thank you for this suggestion. However the guidance will not be updated at this time.

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<b>Northumbria Healthcare NHS Foundation Trust</b>	Recommendation 3	“What action should they take?”... Competition for schools to take part in so young people can design their own media campaigns. This would generate ideas from young people as to what they think would be included in a successful media campaign.	Thank you for this suggestion.
<b>Royal College of Nursing</b>	General	The Royal College of Nursing welcomes the consultation on proposals regarding the review of the above guideline.	Thank you, noted.
<b>Royal College of Nursing</b>	7	We note the proposals not to update the guidance at this time and that the guidance will be reviewed again in three years time according to current processes  We also note that NICE could add a note to the online version of the guidance with respect to the recommendation relating to vending machines.	Thank you, noted.
<b>Royal College of Paediatrics and Child Health</b>	General	The College agrees that with the review proposal that no update is necessary at the present time.  We note that the anticipated changes in the law about vending machines would not justify a full revision of the guideline. It would more appropriately wait for the implementation of the Health and Social Care Bill and associated legislation that will	Thank you.

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		<p>change the way Public Health exercises its role.</p> <p>This is a very good paper and well done to all who contributed - a mammoth task.</p>	
<b>Royal College of Paediatrics and Child Health</b>	General	We note a concern that young women are targeted by subliminal advertising and that illegal vendors also concentrate their efforts on supplying to young people. The present guidance makes reference to both these points.	Thank you.
<b>Royal College of Paediatrics and Child Health</b>	General	<p>We are disappointed that there is a scarcity about exposure of children to passive smoke, and in particular to children exposed (without informed consent) to the significant dangers of smoke in enclosed spaces, e.g. cars where the action of parents/other adults is putting their health at risk.</p> <p>We think more should be done to push for a ban on smoking in private vehicles where there are children, as is the case in many other developed countries, such as in parts of Australia and Canada. The Government needs to appreciate that passive smoke is dangerous. We believe that most adults agree it is common sense that children should not be exposed to it any more.</p>	<p>Thank you for these suggestions. However, they fall outside the scope for this guidance. A different referral would needed to consider the effectiveness and cost effectiveness of a ban on smoking in private vehicles.</p>

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		We note that the British Lung Foundation has recently handed in a petition on this and has had a letter published in The Daily Express.	
<b>Royal College of Physicians</b>	General	The RCP is grateful for the opportunity to comment. We agree that measures relating to mass media and underage sale may not require further revisiting but are concerned that many other determinants of smoking uptake, including point of sale displays, plain packaging, illicit supply, proxy purchasing, price, availability of 10-pack cigarettes, school and family smoking practices and cultures, and exposure to smoking behaviour in the media, are not addressed. All of these have potential major influences on smoking uptake, but smoking in film is a particularly important influence that has not been addressed effectively in UK tobacco policy to date. Smoking in films is easily controllable by effective age classification, which recent work (Lyons et al, Thorax 2010;65:417-22) demonstrates that the British Board of Film Classification is failing in its duty to deliver. We therefore urge NICE to extend its guidance to address these and other potentially important areas of potential to reduce the uptake of smoking by children and young people.	Thank you for your comments and suggestions. They will be logged for consideration whilst NICE consults on its methods and processes for producing public health guidance which includes the process for topic selection.
<b>Smokefree North West</b>	General	Smokefree North West believes that this guidance could provide a clearer reference to the strong evidence base that approaches	Thank you for these comments. Your suggestions for other guidance will be

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		<p>to engage young people and reduce youth uptake will not be effective in isolation, ie in the absence of a wider strategy and measures to reduce adult smoking prevalence. This needs to be made clear as part of the guidance.</p> <p>The Royal College of Physicians reported that <i>“In the long term, permanent declines in children’s smoking can only be achieved in the context of a comprehensive national programme aimed at all appropriate age groups. Only in this way will we remove the ultimate incentive for children to take up smoking – the presence of adults as role models</i> (‘Smoking and the young, 1992). More recently in their report “Passive smoking and children” it was noted that if children grow up in an environment where family members smoke, they are far more likely to initiate smoking behaviour themselves. Reducing the number of adult smokers will therefore be a key factor in the potential to reduce this likelihood of children becoming smokers.</p> <p>The evidence to support the use of mass media campaign is strong but it should be stated in the guidance that these should only be delivered as part of a package of broader tobacco control measures, and that mass media interventions on a greater footprint than local are needed.</p>	<p>logged for consideration whilst NICE consults on its methods and processes for producing public health guidance which includes the process for topic selection.</p> <p>When the guidance is next considered for updating we will be very interested in receiving further details of your findings.</p>

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		<p>New research has recently been commissioned by Smokefree North West which may hold new information related to the prevention of smoking and uptake by children and young people. This new research is due to report in full in July 2011:</p> <ul style="list-style-type: none"> <li>• Global Youth Tobacco Survey, analysed by the US Centre for Disease Control, administered by Smokefree North West engaged students in years 7,8,9 and 10 in 50 schools across the North West between January and May 2011. Qualitative and quant methodology. Range of tobacco control attitudinal and behavioural questions, particularly focused on smoking uptake and media</li> <li>• Research to explore the potential value of Tobacco Industry denormalisation, including the use of mass media approaches has been led by Liverpool John Moores University, using qualitative and quantitative method to engage young people aged 11-17 (Phase 1 n=1000, plus 40 parents and 8 NW providers) and 18-24 (Phase 2 n=130 plus 4 international professionals) from January to May 2011.</li> </ul> <p>We have also commissioned mixed method research engaged over 3000 adults and young people from the North west on a range of tobacco control measures, and specifically around illegal tobacco. These include valuable new information around tobacco control and engaging young people.</p>	

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		Smokefree North West would support the development of an additional guidance around tobacco control for local authorities, given their new role in the localism agenda and public health specifically. Such new guidance should compare the cost effectiveness of various measures at a local and supra local level to assist in their funding decisions within a limited budget.	
<b>Smoke Free Hampshire and Isle of Wight</b>	Section 3	It is appropriate and relevant to conduct a review into new forms of media, particularly in relation to youth advocacy and viral marketing. In the national Tobacco Control Plan (March 2011) it states that a key area of work in relation to young people is to investigate new forms of media in preventing uptake. A review and guidance on this media would therefore be essential in order to carry out effective activity.	Thank you for this suggestion. However, there is unlikely to be sufficient new evidence at this time to expand on the current recommendations regarding new media.
<b>Smoke Free Hampshire and Isle of Wight</b>	General	There is no mention of family based interventions and the importance of having a wider approach when looking at young people's smoking issues. It is important to address these areas when carrying out the review.	Thank you, noted. It will be logged for consideration whilst NICE consults on its methods and processes for producing public health guidance which includes the process for topic selection.
<b>Smoke Free Hampshire and Isle of Wight</b>	General	Response from Hampshire Trading Standards: When resources are scarce, and while we need the display regulations and vending machine regulations to come in and	Thank you for sharing this information.

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		<p>have effect, a review in 3 years time would be more valuable in our view.</p> <p>There has been more retailer contact, support and testing over the last 3 or 4 years with the DH regional trading standards funding, so we do not see retailer advice as a high priority.</p> <p>Work is beginning on illegal sales, in the South East region, so again this needs a couple of years working to the plan to see if inroads can be made.</p>	
<b>UK Centre for Tobacco Control Studies</b>	General	<p>We disagree very strongly that this guidance does not need updating. There are a number of established or potential drivers of uptake of smoking among children that are not addressed in this guidance, and all of which require urgent assessment and control, for public health benefit. These include:</p> <p><b>Film:</b> One of the major drivers of smoking uptake among young children is exposure to smoking behaviour in films. The occurrence of smoking in films classified as suitable for viewing by children in the UK is extremely high (see Lyons et al, <i>Thorax</i> 2010;65:417-22) and there is now strong evidence of an association between exposure to such imagery and both</p>	<p>Thank you for your suggestions. Unfortunately, they fall outside the scope of this particular guidance. However, they will be logged for consideration whilst NICE consults on its methods and processes for producing public health guidance which includes the process for topic selection.</p>

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		<p>experimentation and uptake of smoking that is exposure-related, strong, consistent, and to a degree reversible.</p> <p>Smoking imagery in film remains, in our view, a major and to date almost completely overlooked driver of smoking uptake in the UK that could easily be prevented by simple changes to film classification.</p> <p><b>Illicit supply</b> Illicit sources make cigarettes available at low price to children of all ages and hence need to be controlled.</p> <p><b>Proxy purchase</b> Most children now obtain cigarettes from others, rather than buying themselves from shops (vending machines now being scheduled to be outlawed). Legal controls on the proxy supply may be an effective means of reducing uptake.</p> <p><b>Price and package sizes</b> Most cigarettes on sale in shops are priced well below the industry-defined Most Popular Price Category. Ten packs are available for little over £2. The effect of changes to the price structure and package size of cigarettes on uptake needs further assessment.</p>	

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		<p><b>Point of sale display</b> Exposure to tobacco products in shops appears to increase childrens perception of availability, and of the normality of smoking. Preventing point of sale display may therefore reduce uptake.</p> <p><b>Plain packaging</b> Tobacco packs are sophisticated media of communication with consumers, particularly in relation to perceived risk and to the effectiveness of health warnings.</p> <p><b>School policy</b> There is strong evidence that school culture and policy towards smoking is a strong determinant of smoking uptake</p> <p><b>Family smoking</b> Smoking by other household members doubles the risk of smoking uptake among children. Measures to reduce family smoking should therefore reduce smoking uptake.</p> <p>These are just some of the factors that could be addressed, in addition to media campaigns and under-age sale restrictions, to reduce uptake of smoking among young people. We urge NICE</p>	

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		to consider extending their guidance to address these potentially important areas of public health policy.	

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