

Public Health Guideline

Mass media and point-of-sale measures to prevent the uptake of smoking by children and young people (PH14) - Consultation on draft review proposal Stakeholder Comments Table

15 September – 29 September 2014

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Action on Smoking and Health	General		<p>ASH agrees with the expert review group that this guidance should be updated. However, we also believe that there is a case for broader guidance which takes into account a range of interventions to reduce youth smoking prevalence. Such guidance should reflect the context in which young people are now most likely to be exposed to tobacco or smoking imagery, for example in films and social media.</p> <p>Since the original guidance was published, responsibility for public health interventions has been transferred from the NHS to local authorities. It is therefore particularly important that staff who are new to the public health role are given robust guidance to enable them to make policy decisions based on the best available evidence.</p>	<p>Thank you for commenting on this review proposal.</p> <p>The scope of this guideline update includes looking at new media as a route to prevent the uptake of smoking. As such social media will be included in this. Smoking imagery in films is an important issue but is beyond the scope of this guideline.</p> <p>Noted, thank you.</p>
Action on Smoking and Health	Public health need and practice.		<p>In the background to the 2008 guidance it is noted that <i>"in recent years little progress has been made to reduce the number of children aged 11-15 who take up smoking."</i> Whilst that was true in the 1980s and 1990s, over the past decade regular smoking among children aged 11-15 in England has fallen from 10% in 2002 to 3% in 2013. (HSCIC, 2014) This is a significant achievement and is likely to be due to a range of measures including the tobacco advertising ban, the impact of the smokefree legislation on changing norms around smoking, as well as other measures such as regular rises in tobacco tax.</p> <p>It is worth noting that the above are population level measures and are not targeted at young people</p> <p>Specific youth-focused measures such as the ban on the sale of tobacco from vending machines and raising the legal age for the purchase of tobacco from 16 to 18 are also likely to have had an impact in reducing youth smoking. In addition, the full</p>	<p>Thank you for providing this information.</p> <p>As part of the update, the most recent available data on smoking trends in children will be sought and the guideline updated accordingly.</p> <p>Thank you, noted.</p> <p>Thank you, noted. The policy and legislative context will be taken into account when updating the</p>

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			<p>implementation of the point of sale display ban and standardised tobacco packaging (if it is implemented) are also expected to help reduce take up of smoking by children.</p> <p>The value of mass media campaigns and interventions at the point of sale therefore need to be considered in this context and it is important that people who are required to develop local tobacco control policies are given clear guidance as to the most effective and cost-effective interventions.</p>	<p>guideline.</p> <p>Thank you for your comment. The guideline will aim to provide clear advice on effective and cost-effective mass media campaigns and interventions at point of sale.</p>
Action on Smoking and Health	Recommendations 1,2 & 3		ASH agrees with the comments made by the expert group. In particular, we endorse the statement that particular attention should be paid to the evidence on the impact of smoking cessation campaigns aimed at adults and the knock-on effect they may have on de-normalising smoking which could deter children from taking up smoking.	Thank you for your support.
Action on Smoking and Health	Recommendation 1		We question whether it is a good use of resources for mass media campaigns to be developed at local level and agree with the expert group that greater efficiencies are likely to be achieved by co-ordinating efforts at regional level.	Thank you for your support.
Action on Smoking and Health	Recommendation 3		Further efficiencies may be achieved if regional mass media campaigns are integrated with national strategies rather than devoting resources to 'reinventing the wheel'.	Thank you, this would be considered as part of the update.
Action on Smoking and Health	Recommendation 4		<p>ASH agrees with the expert group that there should be a greater focus on tackling sales of illicit tobacco as well as interventions to reduce proxy purchasing. The latter will be particularly important when the regulations to prohibit proxy purchasing come into effect.</p> <p>Furthermore there should be a reference to Article 5.3 of the FCTC which requires all levels of government to protect their tobacco control policies from the vested interests of the tobacco industry. In practical terms this means that local authorities should have policies in place that limit contact with the tobacco industry. One way of ensuring</p>	<p>Thank you for your support.</p> <p>Thank you for providing this information. It has been noted.</p>

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			that this is enshrined in local authority practice is for authorities to sign up to the Local Government Declaration on Tobacco Control (LGD) which has been endorsed by Public Health England and other organisations. The LGD is a statement of a council's commitment to ensure tobacco control is part of mainstream public health work and commits councils to taking comprehensive action to address the harm from smoking. We recommend that specific reference to the LGD is included in the updated guidance. For more information see: http://www.smokefreeaction.org.uk/declaration/index.html	
Action on Smoking and Health	Recommendation 4		ASH endorses the expert group's call for an update to this recommendation with reference to support for better enforcement and ensuring magistrates are aware of sentencing guidelines.	Thank you for your support.
Association of Convenience Stores	General		ACS believes that NICE should consider whether the timeframes for the review of this guidance are long enough to reach all interested parties. 11 working days is a very short time period to get a full response to this importance guidance.	Thank you for your comment. We do understand that the consultation period may appear short, but NICE gives registered stakeholders advance notice on when consultations will be occurring to enable them to have sufficient time to comment.
Association of Convenience Stores	Introduction		The introduction states that the guidance is intended for <i>"all those with a remit to improve the health and wellbeing of children and young people under 18"</i> and list retailers within that group. Retail organisation should therefore have a full stake in the consultation process and be invited to attend the expert group to review the guidance.	Thank you for your comment. We do aim to have a broad range of backgrounds on the expert panel. We also seek to get a broad range of stakeholders during consultation. This should

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Public Health Guideline

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				hopefully ensure all relevant organisations have the opportunity to input into the guideline.
Association of Convenience Stores	Recommendation 4		The guidance states the Government should work with <i>“the Local Better Regulation Office to make illegal tobacco sales a higher priority for local authorities, thereby increasing inspection and enforcement activities”</i> . The Local Better Regulation Delivery office has now changed to the Better Regulation Delivery Office, all references should be changed accordingly.	Thank you for your comment. This has been noted.
Association of Convenience Stores	Recommendation 4		This section should also make reference to action on the illicit trade and the need for local authorities to work to prevent children accessing tobacco products through this unregulated market. ACS supports enforcement activity against any retailer that persistently sells tobacco products to children and references to this in the guidance. However, all enforcement activity should be evidence led and proportionate - the guidance should make reference to evidence led - enforcement activity by local authorities.	Thank you for your comment. This has been noted. Thank you for your comment. This has been noted.
Association of Convenience Stores	Recommendation 4		The guidance needs to be updated to reference the developments in the Children, Schools & Families Act making proxy purchasing of tobacco illegal.	Thank you for this information. This has been noted.
Association of Convenience Stores	Recommendation 4		Guidance should make reference to age verification schemes such as Challenge 25 with regard to <i>“request proof of age from anyone who appears younger than 18 who attempts to buy cigarettes and get it verified”</i> . Age verification schemes are common place in the convenience market and an affective deterrent for underage sales.	Thank you for your comment. This has been noted.
Association of	Recommendation		The guidance should reference communicating procedures for retailers and the public	Thank you for this information.

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Convenience Stores	ation 5		to report the sale of illicit tobacco. HMRC have a dedicated 24 hour hotline or people can anonymously report using the Crimestoppers number. This will help local agencies to take action on the illicit market	This has been noted.
Association of Convenience Stores	Recommendation 5		<p>ACS refutes the reference in the guidance about smaller shops: <i>“Children and young people usually get cigarettes from friends, family and shops, especially small corner shops.”</i></p> <p>There has been significant decline in the number of young people accessing cigarettes according to Health & Social Care Information Centre’s latest stats on smoking among 11 – 15 year olds and local shops have played a positive role in this trend.</p> <p>We believe this reference should be removed from the guidance and instead a wider narrative about most common sources, which tobacco is accessed by young people i.e through proxy purchase (69%).</p>	<p>Thank you for this information. This has been noted.</p> <p>Thank you for this information. This has been noted.</p>
Association of Convenience Stores	Policy and Legal Background		The <i>“Policy and Legal Background”</i> section is out-of-date. A full review is required to understand new evidence.	Thank you for your comment. As part of the update this section will be reviewed and amended as necessary.
British Thoracic Society	General		The Society supports the recommendation that this guidance is updated.	Thank you for your support.
Cancer Research UK	Mass media Recommendations 1, 2 and 3		<p>Cancer Research UK (CRUK) supports the use of mass media campaigns, coordinated at a local level, to encourage quitting and promote the availability and use of local stop smoking services.</p> <p>While we recognise the often differing needs at local authority level, Regional tobacco control offices in the North East (Fresh NE), North West (Tobacco Free Futures) and</p>	Thank you for your comment. This has been noted.

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			South West (Smokefree South West) have proven success of devising and implementing mass media activity addressing cessation, illicit trade and denormalisation of tobacco (and the tobacco industry).	
Cancer Research UK	Mass media		Although existing guidelines state that campaigns should not be developed in partnership with the tobacco industry, we remain concerned that tobacco companies have continued to work closely with official bodies – particularly relating to the illicit trade. We welcome decisions from local government to reject partnerships with the tobacco industry, and encourage advocacy work to raise awareness of Article 5.3 of the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC), which addresses the fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests. The Article states: "In setting and implementing their public health policies and with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law".	Thank you for this information. This has been noted.
Cancer Research UK	Mass media		As is noted in the recommendations we would agree that mass media activities which look to denormalise smoking to adults also have effect on denormalising smoking for young people. Two-thirds of smokers start before the age of 18, and we would advocate that guidance notes the role of denormalisation campaigns targeted at young people could have in reducing initiation.	Thank you for your support. This has been noted.
Cancer Research UK	Mass media		Though this is an area that should continue to be monitored, there is not yet evidence of e-cigarettes' having a <i>gateway effect</i> into the uptake of tobacco smoking among young people. We believe that e-cigarettes have significant potential to help smokers quit by delivering nicotine in a way that seems to be safer than smoking cigarettes. However we remain concerned about how they have been marketed to date, and we await the new rules by the Committees of Advertising Practice who are planning to introduce new marketing rules for e-cigarettes.	Thank you for your comments. They have been noted.

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			<p>In November 2013 we released a report 'The marketing of electronic cigarettes in the UK' from the Institute of Social Marketing. This report outlined concerns about the effects irresponsible advertising of e-cigarettes may have - among which was the renormalisation of smoking for young people.</p> <p>All organisations involved in tobacco control must be vigilant to e-cigarette marketing and monitor and report concerns - particularly as tobacco point of sale displays are removed in April 2015.</p>	
Cancer Research UK	Mass media		<p>Mass media campaigns are a proven effective way of encouraging smoking cessation, and discouraging initiation, as outlined in guidance PH10. We would agree more emphasis needs to be placed to target mass media at lower socio-economic groups and the role that denormalisation campaigns could have in reducing initiation in young people. The transition of public health budgets to local authorities creates opportunities for targeted interventions which can better reflect the communities they are aimed at, but also creates the risk of reducing budgets and capacity to run effective campaigns.</p>	Thank you, noted.
Cancer Research UK	Illegal sales Recommendation 4 and 5		<p>A register of retailers as is in place in Scotland, is set to be introduced in Northern Ireland and has been proposed in the Welsh Public Health Consultation. While we would welcome a further review of the efficacy of the measure, our belief is that such a measure adds additional accountability to tobacco sales which can help to reduce young people's access to tobacco.</p> <p>The Children and Families Bill includes provisions which include a ban on proxy purchasing and if the necessary Legislative Consent Motions have been passed would enable UK-wide implementation. We welcome these legislative developments which can help address the issue of illegal sales.</p>	Thank you, noted.
Cancer Research UK	Illegal sales		<p>Particular emphasis should be given to ensuring that organisations involved in tobacco control do not work with the tobacco industry on illicit trade issues.</p>	Thank you for your comment.

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			Engagement with the tobacco industry legitimises their role in an area in which they have used misleading commentary and statistics to undermine public health measures such as standardised packs.	
Cancer Research UK	General comments		As is noted in the recommendations, there is currently no guidance for smoking cessation specifically for young people – although some is covered under PH10 guidance. As is noted in PH10 guidance, NRT may be used by those aged 12-17 for a period of up to 12 weeks ⁱⁱ (although drug treatments may not be offered to under-18s). Whether there is a need for specific guidance – or amendments to PH10 on this point – should be evaluated to reflect the emergence of e-cigarettes and inhalators; particularly as the new products become licensed, opening up the possibility that they are prescribed through stop smoking services.	Thank you for your comment. This has been noted. PH45 covers electronic cigarettes if they are licensed.
Cancer Research UK	General comments		Tackling the illicit trade is as much a public health issue as it is an issue of revenue protection. It is vital that warnings about illicit products – either in respect of their ingredients or ignition propensity – do not undermine messaging that there is no such thing as a ‘safe’ cigarette. There continues to be an issue whereby tobacco company investigations into the illicit trade are reported in local media, legitimising their role in this public health issue, and distracting from concerns regarding the deadly nature of all tobacco products -whether legally or illegally manufactured ⁱⁱⁱ .	Thank you for your comment. This has been noted.
Cancer Research UK	General comments		We fully support the proposed ban on smoking in private vehicles which addresses the issue of exposure of second-hand smoking to children. Guidance should explicitly recognise that reducing smoking in homes; during pregnancy and in other environments where children are present – including outdoor spaces such as sports fields or play area – can be driven by a combination of mass media campaigns and voluntary guidelines.	Thank you for your comment. This has been noted.
Cancer Research UK	General comments		The guidelines should reference the growing evidence base demonstrating the role of comprehensive marketing restrictions; including the removal of point of sale displays and the proposed introduction of standardised packaging. Evidence from Australia –	Thank you for this information. This has been noted.

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Public Health Guideline

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			the first country to introduce standardised packaging in December 2012 – shows that smoking rates and tobacco consumption have fallen with the introduction of the measure.	
Cancer Research UK	General comments		The role of tobacco industry corporate social responsibility (CSR) activities in undermining Article 5.3 principles remains pervasive and problematic for public health. For example, Imperial Tobacco's involvement with the <i>Love Where You Live</i> campaign, offered the company a route with which they could potentially engage with young people; the partnership was eventually ended in December 2013 owing to concerns regarding compliance with FCTC Article 5.3 ^{iv} . Similarly Japan Tobacco International made an approach to the Communities and Local Government Committee in Parliament to debate the transfer of public health budgets to local authorities. The company stated: 'JTI would like to take this opportunity to demonstrate that worthwhile and genuine partnerships can be formed with tobacco companies despite the perceptions that exist' ^v .	Thank you for this information. This has been noted.
Cochrane Tobacco Addiction Group	4 – Mass Media		The Cochrane review 'Bala MM, et al. Mass media interventions for smoking cessation in adults. Cochrane Database of Systematic Reviews 2013, Issue 6. DOI: 10.1002/14651858.CD004704.pub3' was updated in 2013 but no new studies were included. This review focused on the impact of campaigns on adults. A separate review of effects of campaigns on young people (Brinn MP, et al. Mass media interventions for preventing smoking in young people. Cochrane Database of Systematic Reviews 2010, Issue 11. DOI: 10.1002/14651858.CD001006.pub2) is currently being updated. So far no new included studies have been identified. This review would include young people specific outcomes from adult targeted campaigns, but all the included evidence relates to prevention focused campaigns. This suggests that there will be a lack of direct evidence from evaluations of campaigns using social media, at least for smoking outcomes	Thank you for this information. This has been noted.
Cochrane	4 – Illegal		The Cochrane review 'Stead LF, Lancaster T. Interventions for preventing tobacco	Thank you for this information.

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Tobacco Addiction Group	sales		sales to minors. Cochrane Database of Systematic Reviews 2005, Issue 1. DOI: 10.1002/14651858.CD001497.pub2.' was last updated in 2008. There has been little new research since then. Some tested multicomponent interventions may have included efforts to reduce proxy sales. Multiple component interventions may have some limited impact, but there is only weak evidence that interventions can affect underage smoking prevalence, as opposed to proxy outcomes of access. Whilst licensing of retailers has been used in some places, we are not aware of any controlled evaluations that tested this specific component. There are reasons to think that it could help reduce underage sales by limiting the number of outlets as well as offering another possible sanction for retailers making illegal sales.	This has been noted.
Cochrane Tobacco Addiction Group	4 – Other approaches		There are Cochrane reviews addressing some of the other approaches discussed. An update of Thomas RE, et al. Family-based programmes for preventing smoking by children and adolescents. Cochrane Database of Systematic Reviews 2007, Issue 1. DOI: 10.1002/14651858.CD004493.pub2 is nearing completion, Family based approaches have been very varied, but typically have been tested as adjuncts to school based educational programmes. Community based approaches have been evaluated in Carson KV, et al. Community interventions for preventing smoking in young people. Cochrane Database of Systematic Reviews 2011, Issue 7. DOI: 10.1002/14651858.CD001291.pub2. Cessation interventions for children and adolescents has been covered by Stanton A, Grimshaw G. Tobacco cessation interventions for young people. Cochrane Database of Systematic Reviews 2013, Issue 8. DOI: 10.1002/14651858.CD003289.pub5. A recently updated review considers approaches for reducing children's exposure to environmental tobacco smoke by changing family and carer smoking behaviour; Baxi R, et al. Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke. Cochrane Database of Systematic Reviews 2014, Issue 3. DOI: 10.1002/14651858.CD001746.pub3	Thank you for this information. This has been noted.
JOHNSON &	GENERAL		Johnson & Johnson/McNeil in the UK welcome the opportunity to comment on the	Thank you.

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JOHNSON/MCN EIL			consultation proposing a review of Public Health Guideline 14 (PH14) on "Preventing the uptake of smoking by children and young people".	
JOHNSON & JOHNSON/MCN EIL	GENERAL		Johnson & Johnson/McNeil in the UK support the recommendation of the expert group to review the guideline and agrees that considering the latest evidence will ensure that this important guideline remains factually correct, up-to-date and relevant.	Thank you for your support.
JOHNSON & JOHNSON/MCN EIL	SECTION 4		Johnson & Johnson/McNeil in the UK notes with interest that the expert group discussed the marketing of electronic cigarettes and the possibility that they might "act as a gateway to – or diversion from - cigarette smoking among children and young people." It believes that this provides additional reason to review and update the guideline and encourages NICE to consider this issue as part of such a review.	Thank you. The role of electronic cigarettes will not be considered as part of this update as it is NICE's view that they would be better addressed separately.
NHS England	General		Thank you for the opportunity to comment on the above Public Health Guideline. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you.
Public Health England	General		PHE welcomes efforts in developing this guidance and its contribution to a swift advance towards a tobacco free generation.	Thank you.
Public Health England	General		PHE notes the title of the guidance has previously undergone revisions. We have concerns that the use of the word 'prevent' in the titles of this and the school based interventions guidance, may be interpreted to mean that only these two tobacco related guidance products offer preventative measures. This may serve to give a lower profile to the preventative effects of other NICE guidance for reducing tobacco use. We would suggest the title be revised to: "Mass media and point-of-sale measures to support prevention of smoking uptake by children and young people (PH14)" In this way recognition is given to the range of measures that would also reduce uptake in this group.	Thank you. As part of the NICE process, the title will be considered for refreshing once the guideline is updated to ensure the title best reflects the content of the guideline.
Public Health	General		PHE welcomes clear statements to exclude the tobacco industry in the development	Thank you. This has been noted.

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England			and delivery of campaigns. The majority of smokers start whilst in their teenage years with very few starting after the age of 20. The tobacco industry is obliged to protect the profits of a product that kills one in two lifelong smokers. In light of the tobacco industry's vested interests we believe submissions directly from them, or bodies funded by them, should be restricted and treated with caution.	
Public Health England	Recommendation 1: campaign development		<p>PHE agrees that this recommendation would benefit from being updated.</p> <p>We welcome the development of evidence led campaigns. In England mass media campaigns delivered by PHE, the Department of Health and the regional offices of tobacco control have been focused on changing adult behaviour. PHE is concerned about the exclusion of the evidence around the effect that adult targeted campaigns have in preventing uptake among young people. In NICE's evidence review, the following statement suggests that adult targeted campaigns do have a preventative effect.</p> <p><i>"Evidence from one cross-sectional (+)1 study and one (+)2 review suggest that adult-focused or general population campaigns are successful for reducing smoking (cutting down the number of cigarettes smoked, increasing numbers of youth attempting to quit, making it easier to stay a non-smoker) in young people. Yet, one (+)3 review contends that both messages aimed at young people and general messages can be effective in developing awareness, and changing attitudes and behaviours associated with tobacco use, as long as messages are not deemed patronising by the young."</i></p> <p>http://www.nice.org.uk/guidance/ph14/resources/preventing-the-uptake-of-smoking-by-children-and-young-people-review-of-effectiveness2</p> <p>PHE believes that an endorsement of adult targeted campaigns with respect to their ability to prevent uptake would serve to offer greater value and a multiplying effect in</p>	Thank you for your support. The effects of adult campaigns on children is something that will be considered during update.

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			that they would: 1. Motivate smokers to quit; 2. Reduce smoking prevalence; 3. Decrease the number of smoking role models; and 4. Prevent uptake among young people.	
Public Health England	Recommendation 2: campaign messages		PHE agrees that this recommendation would benefit from being updated. Young people involved in campaign development should be those most at risk of becoming smokers. It is not enough simply to engage those who are already engaged. We feel this point should be made more clearly.	Thank you for your support. This point has been noted.
Public Health England	Recommendation 2: campaign messages		PHE agrees that this recommendation would benefit from being updated. The inclusion of young people in the development of campaigns is welcomed. We would like to reiterate that there is value to be realised in engaging those young people who would go on to become adult smokers. It is important to engage young people in the framing of messages and designs. Where messages move further away from the evidence base, those in charge of development should be confident and able to set the ideas to one side in a respectful way. We feel this point could be made more clearly.	Thank you for your support. This point has been noted.
Public Health England	Recommendation 3 Campaign strategies		PHE agrees that this recommendation would benefit from being updated. Current evidence concludes that tobacco control mass media campaigns offer good value for money. The effectiveness of mass media campaigns is realised in their ability to reach large populations. Therefore mass media campaigns delivered at a national or regional level are likely to offer better value for money when considering cost per head. We think there is an opportunity to make this clearer, particularly for colleagues who are considering pooling resources with their geographical neighbours as there is greater value to be realised across a supra-local footprint. This has been demonstrated by the public's engagement with campaigns delivered by the regional offices of tobacco control which work at this level.	Thank you for your support. This point has been noted.

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Public Health Guideline

Mass media and point-of-sale measures to prevent the uptake of smoking by children and young people (PH14) - Consultation on draft review proposal Stakeholder Comments Table

15 September – 29 September 2014

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Public Health England	Recommendations 4 and 5 illegal sales		PHE agrees that these recommendations would benefit from being updated. PHE would welcome an evidence review of the effect that a tobacco retail register and retail outlet density would have on under-age sales and availability of illicit tobacco.	Thank you for your support. This point has been noted.
Public Health England	Recommendations 4 and 5 illegal sales		PHE agrees that these recommendations would benefit from being updated. All references to vending machines should be removed.	Thank you for your support. The reference to vending machines will be removed.
Public Health England	Recommendations 4 and 5 illegal sales		PHE agrees that these recommendations would benefit from being updated. We note that the title of the guidance refers to point of sale and the body of the recommendations refers to illegal sales. If the scope of the guidance is to address illegal sales, we would welcome a review of the evidence into effectively tackling providers of illicit tobacco in communities, as these are known to circumvent the retail legislation on age of sale.	Thank you for your support. The evidence of interventions to tackle illicit tobacco will be updated.
Public Health- Nottinghamshire County Council	General		We support an update in light of recent and upcoming legislation on smoking in cars with children, standardised packaging, proxy sales, point of sale displays and the removal of vending machines. It is felt the guidance should reflect the popularity of e cigarettes and their potential to be a gateway to smoking. The guidance should also include reference to the wide range of social media now available.	Thank you for your support. Your suggestions have been noted. The role of electronic cigarettes will not be considered as part of this update as it is NICE's view that they would be better addressed separately.
Public Health Somerset County Council	General		A survey of more than 10,000 Somerset young people via schools has provided evidence of what was previously suspected, that regular smoking seems to become much more prevalent at sixth form/college. In this county we have around 1% smoking in years 6 and 8, 6% in year 10, but 18% in year 12, with 45% of the latter	Thank you for this information. The remit of this guideline includes children upto 18 years of age in college and 6 th form and

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15 September – 29 September 2014

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			<p>confirming that they had started smoking since starting 6th form/college.</p> <p>It has been suggested locally that there may be two factors at play here, but we have no evidence for this. One is that the “smokers” in schools are a small but coherent group, but on moving to college they are dispersed among the non-smokers on different courses. Secondly, some courses seem to have more of a smoking culture attached to them eg hairdressing.</p> <p>It would be helpful if the guidance review would consider this increase in smoking at 6th form/college and how it might be most effectively addressed. For example, could a social norms type approach in year 11 prior to transition have an impact?</p>	the update will consider the impact of new media and social norm approaches.
Royal College of Nursing	General		<p>Nurses caring for people with Preventing the uptake of smoking by children and young people were invited to review the proposal consultation.</p> <p>There are no further comments to make on this document on behalf of the Royal College of Nursing.</p> <p>Thank you for the opportunity to participate.</p>	Thank you.
Royal College of Physicians & Surgeons of Glasgow	GENERAL		We believe it will be necessary to update this guideline to take account of the future impact on smoking behaviour from the use of e-cigarettes, especially those targeted at young people, as well as the potential and as yet unquantified hazards of such products.	Thank you for your comments. The role of electronic cigarettes will not be considered as part of this update as it is our view that they would be better addressed separately.
The Royal College of Paediatrics and Child Health	4		We note the debate about e-cigarettes but are disappointed that although the text cross references to the section on point of sale issues there does not appear to be any recommendation in this regard.	Thank you for this information. Please see previous response regarding electronic cigarettes.

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Public Health Guideline

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15 September – 29 September 2014

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			<p>There is evidence that e-cigarettes or ENDS (electronic nicotine delivery systems to use WHO terminology) are being used by never- smoking youth as a gateway to nicotine addiction, although it is too early to say for sure whether this leads to cigarette smoking longer term.</p> <p>(E-cigarettes: the best and the worst case scenarios for public health—an essay by Simon Chapman BMJ 2014;349:g5512)</p> <p>From experience with other forms of Nicotine Replacement Therapy it seems highly unlikely that ENDS will be a useful tool to help young smokers quit.</p> <p>(Tobacco Cessation Interventions for young People, A Stanton, Gill Grimshaw, Cochrane Database Sytematic Reviews, 2013)</p> <p>Whilst there is currently no legal restriction placed on the age at which e-cigarettes may be sold, the majority of these products carry a voluntary age warning that they are not for sale to under 18s. New powers in the Children and Families Act 2014 allow for the introduction of a ban on selling e-cigarettes to under 18s.</p> <p>However there is evidence from trading standards that this voluntary agreement is frequently breached. (Press release, Public Health England, July 2014)</p> <p>Even allowing for the uncertainties in the evidence base therefore NICE should support the efforts of trading standards in monitoring the current situation and should take cognisance of the developing situation.</p>	
The Royal	4		NICE guidance on smoking cessation for young people would be interesting and	Thank you. The remit of this

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Public Health Guideline

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15 September – 29 September 2014

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College of Paediatrics and Child Health			useful.	guideline is limited to prevention only but we agree that smoking cessation is important in this age group. It's also worth noting that PH10 includes some information on smoking cessation interventions for young people aged 12-17 years.
Royal College of Physicians (RCP)	General		<p>The RCP is grateful for the opportunity to respond to the review proposal consultation. Our experts strongly agree that the guidance should be updated.</p> <p>We would welcome an update as, whilst smoking rates among children are falling, prevention of smoking in this age group is a key public health priority and there is a great deal more that could be done. This includes the various proposals in the draft document to reduce smoking among young people even further.</p> <p>We have concerns regarding the promotion of smoking in new media eg music videos on websites such as YouTube. Also of concern is the potential for the tobacco industry to promote electronic cigarettes via 'dark marketing' techniques.</p>	Thank you for your support. Your suggestions have been noted. The role of mass media campaigns using new media to prevent smoking uptake is something that will be updated in this review. The role of electronic cigarettes will not be considered as part of this update as it is NICE's view that they would be better addressed separately.
Smokefree South West	General		The points made in the review proposal are in line with updates which we feel are necessary in order to optimise the potential effectiveness of the guidance.	Thank you for your support.
Smokefree South West	General		In line with the review proposal, it is felt that the guidance in general requires some updating in terms of data and statistics. Many figures are likely to have changed since the last review in 2011 (prevalence of smoking among young people etc).	Thank you for your suggestions. During the update process we will review terminology and statistics.
Smokefree South West	General		Whilst reference has been made to the implementation of standardised packs, it is felt that this would potentially have a huge impact with regards smoking uptake among young people. This point should be linked in the reviewed guidance with regards to the sales and promotion of cigarettes and to ensure where possible that all	Thank you for your comment. Your suggestion has been noted.

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			opportunities are taken, which will continue to build on this good work	
Smokefree South West	General		In light of the continuously changing electronic cigarette debate and the fast emerging pieces of evidence around this, it is felt that the guidance should strongly incorporate this. Whilst the recent ASH Smokefree Youth Survey has found that the numbers of young people trying electronic cigarettes is still relatively low, this may or may not change as awareness is increasing. The guidance therefore must reflect this picture and make recommendations for electronic cigarettes to be included in campaigns, sales legislation and more (age of sale and proxy purchasing).	Thank you for your comment. The role of electronic cigarettes will not be considered as part of this update as it is our view that they would be better addressed separately.
Smokefree South West	General		If <i>smoking in cars with children</i> (Children and Families Act 2014) becomes legislation then this should also form part of this guidance. Whilst this may or may not become legislation until 2016, and is therefore post review date, reference should be made to the possibility and be incorporated with regards campaign development, messages and strategies (1-3).	Thank you. New legislation and policy will be incorporated during the update.
Smokefree South West	Recommendation 1, 2 and 3		In agreement with the proposed changes in the review document, Smokefree South West believes that adult targeted mass media campaigns can significantly influence youth behaviour.	Thank you for your comment. The effects of adult mass media campaigns of smoking uptake in children will be included in the update.
Smokefree South West	Recommendation 3		It is recommended here that campaigns should run for 3-5 years and whilst this is likely to be more effective, it is worth reporting that Smokefree South West have had great success with campaigns or shorter lifespan. In the current Public Health climate, reference should be made to the fact that not all partners have the guaranteed longevity to ensure a campaign of this length. This does not take away from the fact that behaviour change can be seen in shorter campaigns and indeed this is still worth undertaking.	Thank you for this information. The evidence on public health campaigns including the duration of effective campaigns will be considered as part of the update at such time NICE would be interested to receive any evidence concerning your campaigns..
Smokefree	Recommendation		In the original document, this makes reference to Local Authorities and Trading	Thank you for this information. It's

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Public Health Guideline

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15 September – 29 September 2014

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South West	dation 5		Standards bodies as those who should take action here. With regards illegal sales and campaigns around this work, Smokefree South West, in partnership with other regional offices have seen much success with illegal tobacco campaigns and work to promote awareness around this. The guidance should, therefore reflect that these regional bodies can and do also play a huge part here.	anticipated this would be one of the issues considered by the update.
Smokefree South West	Gaps in the Evidence		Whilst it will be possible to close some of the gaps in evidence outlined in the original guidance document there will possibly be some areas where evidence is not present. In addition, it would be recommended to work closely with regional Tobacco control offices to gather the data they may have. Smokefree South West has undertaken much work with regards mass media campaigns and illegal tobacco work, which has resulted in significant behaviour change levels. It would be valuable to incorporate this level of success in addition to cost effectiveness examples (through regional campaigns) in the reviewed document.	Thank you for this suggestion. We will consider how best we can include as wide a range of relevant evidence as possible during the update.
Smokefree South West	General		<i>Service and Monitoring Guidance</i> for Stop Smoking Services is currently being updated and due to be published imminently. It would be worth ensuring that any crossover is made reference to ensure continued partnership work across organisations and services.	Thank you for this information. This has been noted.
Smokefree South West	Illegal Sales		In addition to the points already raised, we would recommend that the guidance is updated to suggest that the DH work with BIS (Dept of Business Innovation and Skills) to ensure tobacco control is a priority for the National Trading Standards Board. Under the current arrangements the way NTSB provide funds and sets regional and national priorities for consumer protection enforcement, is constrained by the grant funding arrangements from BIS. NTSB can only direct BIS grant resources into the areas for which the grant has been provided. As tobacco enforcement falls within the policy area of the DH, NTSB cannot use BIS grant for these purposes. To establish a regional or national enforcement presence via trading standards services then DH would need to fund NTSB directly to achieve this.	Thank you for this suggestion. This has been noted.

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Public Health Guideline

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			<p>The current guidance refers to the now defunct LACORS' practical guide to test purchasing. This has been replaced by the Better Regulation Delivery Office's Age-Restricted Products and Services: A Code of Practice for Regulatory Delivery. In effect, this is quasi-statutory guidance which restricts Trading Standards Department's ability to undertake routine test purchasing. As such, this may conflict with recommendations within the NICE guidance regarding an increased in priority for underage test purchasing of tobacco products.</p> <p>We agree with the comments regarding the need for sentencing guidelines. The existing Magistrates' Court Sentencing Guidelines contain a section in respect of offences in connection with the fraudulent evasion of tobacco duty and a separate section in respect of offences relating to the unauthorised use of a trade mark (generically not tobacco-specific). Specific sentencing guidelines for all tobacco control offences, particularly those in relation to the supply of illegal tobacco and the sale of tobacco to those underage, would be welcome.</p> <p>As the current guidance acknowledges, smuggled tobacco is cheap and erodes efforts to discourage people from starting smoking (or to encourage them to stop). Children and young people are more likely to be able to purchase smuggled cigarettes and tobacco and age-restriction laws are likely to be ignored by criminals selling illegal tobacco. Illegal tobacco is not only sold in business premises such as shops and pubs (which are routinely subject to enforcement control by Trading Standards and HMRC) but are often also sold from private residences, particularly within deprived communities. To help Trading Standards take action against such premises a new power of closure for premises proven, on the balance of probabilities, to be persistently used in connection with the sale or storage of illegal tobacco would provide an effective and punitive sanction.</p>	<p>Thank you for this information. This has been noted.</p> <p>Thank you for this suggestion. This has been noted.</p> <p>Thank you for this information and suggestion. This has been noted.</p>

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			<p>Closure order powers already exist in relation to anti-social behaviour, class A drugs and brothels. These are civil orders issued under the jurisdiction of the Magistrates' Court and stop anyone entering, or residing, at a property.</p> <p>The power of closure would not only help trading standards departments, it would also demonstrate to the local community that robust action will be taken in appropriate circumstances. To ensure proportionately, statutory guidance could specify that the use of such powers must be as a last resort and the local authority would be required to demonstrate that they had attempted to seek compliance through other actions. The Court would set how long the period of closure should be for. Evidence such as previous advice, complaints, test purchases and seizures could be presented to the Court to demonstrate that any closure order application was proportionate and necessary.</p>	<p>Thank you for this information, noted.</p> <p>Thank you for this information and suggestion, this has been noted.</p>
South Gloucestershire Local Authority	1,2,3		<p>Recommendations from original document are still applicable to traditional mass media campaigns, but are now outdated.</p> <p>'New media' as referred to in original document is quickly becoming 'old media' as new ways of interacting with younger people change constantly.</p> <p>Uncertain what formats these campaigns may take on social media sites, but these need to be looked at carefully to ensure the target group is reached. For example, many young people now moving away from social media sites such as Facebook in favour of more instantaneous sites such as Twitter</p>	<p>Thank you for commenting on this review proposal.</p> <p>We agree that new media is rapidly evolving area, and will attempt to acknowledge this in the guideline.</p>
South Gloucestershire Local Authority	1,2,3		<p>Locally developed campaigns would be more valuable. Stronger guidance on how to do this effectively would be more beneficial than larger national campaigns</p>	<p>Thank you for this suggestion, it has been noted.</p>
South Gloucestershire Local Authority	1,2,3		<p>Campaigns aimed at denormalising smoking would be beneficial. Also need to consider denormalisation of adult smoking on TV and in films. Whilst TV has been addressed, films have not and these are also vital to address. Similarly, the portrayal</p>	<p>Thank you for these suggestions.</p> <p>The scope of this guideline update includes looking at new media as</p>

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			of smoking in video games and similar.	a route to prevent the uptake of smoking.
South Gloucestershire Local Authority	4,5		Would support licensing for cigarette retailers. Also harsher penalties for those who break the law, not just those who 'persistently' break the law.	Thank you for these suggestions, they have been noted.
South Gloucestershire Local Authority	General		Would be good to see more younger people in a campaign role – urging other young people not to smoke. Uncertain how effective the role of the celebrity is vs role of peers.	Thank you for these suggestions, they have been noted.
South Gloucestershire Local Authority	General		Await further evidence on role of e cigarettes and their use by younger people as uncertain if e cigs are contributing to uptake of smoking by younger people tempted by variety on offer. Would not wish to see 'normalisation' of e cigs in media in an attempt to 'denormalise' smoking	Thank you for these comments. The role of electronic cigarettes will not be considered as part of this update as it is NICE's view that they would be better addressed separately.
The Association of Directors of Public Health	General		We welcome the continuing development of guidance and tools that support Directors of Public Health and their local authorities to fulfil the potential for significant cross-sector/departmental public health innovations and gains; and through integrated pathway approaches. ADPH also recommends that those who are new to the public health role are given a robust guidance to enable them to make policy decisions based on the best evidence available. ADPH also believes that a broader guidance can also be developed which will take into account a range of interventions to reduce the prevalence of youth smoking. Such guidance should also reflect the circumstance of where young people are now most likely to be exposed to tobacco or smoking imagery, for example in films.	Thank you for your support. The focus of the current guidance is on preventing uptake and the update will include some additional approaches e.g. influence of social norms. It's also worth noting that PH10 includes some information on smoking

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				cessation interventions for young people aged 12-17 years.
The Association of Directors of Public Health	General		The move of tobacco control to local government in England, developing national ambitions and new interventions are all significant changes which ought to be reflected in the guidance.	Thank you for your comment. The new policy and legislative context will be reflected in the update.
The Association of Directors of Public Health	General		Although the government's proposals on standardised packaging have been approved by parliament, the update of the guidance may be affected by the delay of its implementation. The general election in 2015 will also have implications for any future plans on Tobacco Control.	Thank you for your comment. We agree that there are planned and potential changes to tobacco control in the coming months and will try to reflect as much of these changes as is possible within the update.
The Association of Directors of Public Health	General		We support comments made by the expert group regarding the recent regulations relating to the supply and marketing of e-cigarettes. These should be taken into account when updating this guidance. The potential legislation around smoking in cars with persons under 18 is also relevant to any updates of this guidance.	Thank you for your support. The role of electronic cigarettes will not be considered as part of this update as it is our view that they would be better addressed separately.
The Association of Directors of Public Health	Recommendations 1, 2, & 3		ADPH welcomes comments made by the expert group. We also support the statement that particular attention should be paid to the evidence on the impact of smoking cessation campaigns aimed at adults and the knock-on effect they may have on de-normalising smoking which could deter children from taking up smoking.	Thank you for your support.
The Association of Directors of Public Health	Recommendation 4		ADPH agrees with the expert group that there should be a greater focus on tackling sales of illicit tobacco as well as interventions to reduce proxy purchasing. The latter will be particularly important when the regulations to prohibit proxy purchasing come into effect.	Thank you for your support.
The Association	Section 1		The role of local government in implementing tobacco control in England should be	Thank you for your comment. The

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Public Health Guideline

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of Directors of Public Health			included within this guidance. Emphasis should also be placed on local and regional commissioners and planners to engage with local authorities to improve the health and wellbeing of children and young people under 18.	role of local government will be reflected in the update.
The Association of Directors of Public Health	Section 1		“empower children and young people to refuse offers of cigarettes”- This should be extended to include any new smoked tobacco products (such as low emission or nicotine-free cigarettes and electronic cigarettes) and any novel forms of tobacco. As it is the combustion process and inhalation of smoke that causes most of the harm from smoking, herbal cigarettes, which are used in a similar way as nicotine cigarettes, are regulated in the same way as smoked tobacco products.	Thank you for your comment. The role of electronic cigarettes will not be considered as part of this update as it is NICE's view that they would be better addressed separately.
The Association of Directors of Public Health	Section 2		Tobacco controls should be extended to include the advertisement of electronic cigarettes in stores.	Thank you for your comment. T The role of electronic cigarettes will not be considered as part of this update as it is NICE's view that they would be better addressed separately.
The Association of Directors of Public Health	Section 3.13		As part of the Health Act 2009 the advertisement of tobacco products in large shops, e.g. supermarkets, was made illegal in April 2012. From April 2015 the advertisement of tobacco products via point-of-sale displays will be banned in small shops. Restrictions regarding the amount of products that can be seen; or placing limits on how near they can be placed to shop exits have proven to be effective. The planned introduction of plain packaging is likely to further reduce the attractiveness of cigarettes to young people, as the cigarette pack has increasingly become the main marketing tool to attract and retain customers.	Thank you for this information. The new legislative landscape will be reflected in the update.
Tobacco Free	Mass		There are an overwhelming number of studies that show mass media campaigns are	Thank you for this information.

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Futures	media Recommendations 1, 2 and 3		<p>associated with an increase in the number of adults stopping smoking and a decline in young people starting. A literature review in <i>the Lancet</i> reported mass media campaigns can produce positive changes or prevent negative changes in health-related behaviours across large populations. Below are a few examples of published studies of the international evidence base with key quotes:</p> <ul style="list-style-type: none"> • <i>“Public education campaigns reduce the number young people who start smoking and increase the number of smokers who quit - saving lives and healthcare costs.”</i> (HHS, <i>Preventing Tobacco Use Among Youth and Young Adults, A Report of the Surgeon General, 2012</i>) http://www.tobaccofreekids.org/research/factsheets/pdf/0051.pdf • The United States Task Force on Community Preventive Services, an independent expert advisory committee created by Centres for Disease Control and Prevention, found “strong evidence” that mass media campaigns, combined with other interventions, are effective in reducing tobacco use initiation, in reducing consumption of tobacco products, and in increasing cessation among tobacco users. (<i>The Guide to Community-Preventive Services, “The Effectiveness of Mass Media Campaigns to Reduce Initiation</i>) • The CDC’s <i>Best Practices for Comprehensive Tobacco Control Programs</i> concluded that public education campaigns are an integral part of efforts to both prevent initiation of tobacco use and to encourage tobacco cessation. (<i>Centers for Disease Control and Prevention (CDC), Best Practices for Comprehensive Tobacco Control Programs</i>) • <i>“A systematic review of the literature on the impact of mass media</i> 	<p>These references are very helpful and will be looked at as part of the update.</p> <p>Please see above comment.</p>

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Public Health Guideline

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			<p><i>campaigns, published in 2012, concluded that these campaigns can promote quitting among adults and, reduce adult smoking rates. Messages that used graphic images and/or testimonials to portray the negative health consequences of smoking were found to be most effective at generating increased knowledge, positive beliefs, and quitting behaviour. Adverts depicting negative health consequences appear to work particularly well with lower socioeconomic smokers. Television was found to be the most effective communication channel in which to reach and influence adult smokers.” (Durkin, S., et. al., “Mass media campaigns to promote smoking cessation among adults: an integrative review, ”Tobacco Control 21, 127-138, 2012)</i></p> <ul style="list-style-type: none"> The U.S. National Cancer Institute’s Monograph 19 concludes that mass media campaigns can discourage youth from starting to smoke, encourage adults to quit, change attitudes about tobacco use, work against tobacco marketing to reduce consumption, and increase population/political support for tobacco policy change. These campaigns are best done as part of comprehensive tobacco control program; however, well-designed campaigns can work in isolation. Among media vehicles, there is strongest evidence supporting the effectiveness of television. Digital vehicles are promising, but data on their effectiveness was lacking as of the Monograph’s 2008 publication. <p>So it is clear that there is a strong international evidence base, which has also been acknowledged in the UK.</p> <p>Public Health England’s Smokefree Marketing Campaign Strategy 2012-15 from Public Health England states: “<i>There is a strong international evidence base for the</i></p>	<p>Please see above comment.</p>

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			<p><i>impact of tobacco control marketing on reducing smoking prevalence. This is also the case in England.</i></p> <p>Preceding this, the government's 2011 publication <i>Healthy Lives, Healthy People: A Tobacco Control Plan for England</i> reports "Effective communication about the harms of tobacco use is central to comprehensive tobacco control. There is a strong international evidence base for the role of marketing communications and mass media in reducing smoking prevalence."</p> <p>There are also examples of mass media campaigns being effective across all population groups.</p> <p>1. 'Take7 Steps Out' was a behavioural change mass media campaign focused around a TV advert. The campaign aimed to nudge those who smoke around children to take their smoke right outside the home (not to smoke inside, in one room, by a door or window).</p> <p>The initial campaign evaluation indicated attitudinal and behavioural changes amongst more than half of smokers, particularly females, with 61% encouraged to 'take 7 steps out' after seeing the campaign.</p> <p>19% of smokers said they go right outside to smoke. Moreover 6% of smokers who saw the campaign indicated that after seeing the advertising they had quit or tried to quit smoking. 44% said that it had made them think of cutting down.</p> <p>Significant insight based on both qualitative and quantitative research was gained. Qualitative research comprised 16 in-depth individual interviews including two with pregnant women and single parents. These comprised 10 from C3/C2/DE; 6 from B/C1. In addition there were 12 paired in-depth interviews including a mix of social groups but largely C1/C2/DE including parents and carers of children from extended</p>	<p>Please see above comment.</p>

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			<p>family members. The qualitative research was benchmarked with quantitative work and informed segmentation of audiences and the creation of targeted creative development and testing. This insight-driven approach resulted in a high level of success of the mass media with the specific target audience which include a range of socio-economic groups from C2DE – largely from high smoking prevalence communities. The campaign aimed to de-normalising tobacco use and smoking within communities: a segment of the population is persuaded to change their behaviour, thereby having a knock-on effect on their family and community – both in terms of immediate harm reduction and long-term prevention.</p> <p>2. Fresh Smoke Free North East ran a health harms of smoking campaign - "<u>Every Breath</u>" – which was launched in October 2011 after quantitative research found worryingly low awareness levels about smoking and COPD. Before the campaign, testing of adverts with focus groups of smokers revealed those campaigns which showed the graphic harm of smoking and / or the emotional impact of ill health were rated as more concerning and more powerful in triggering quitting intentions. Following the campaign, figures from the NHS Information Centre revealed the North East saw a large rise in the number of people accessing support from NHS Stop Smoking Services in the period when the campaign ran - a 17% increase in people setting quit dates through NHS Stop Smoking Services – compared to a 2.9% rise nationally, and a 21% increase in people making it successfully to week four of their quit attempt compared to a 3.1% rise nationally.</p> <p>Comprehensive approach to tobacco control</p> <p>There is a growing body of evidence that supports the adoption of multi-component approaches to tobacco control, comprising education & awareness, regulation, social marketing and support to help smokers quit. Comprehensive tobacco control programmes coordinated over a significant sub-national geographic footprint can have</p>	<p>Please see above comment.</p>

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			<p>a meaningful impact on attitudes towards tobacco, leading to increased rates of quitting and reduce rates of uptake.</p> <p>The international evidence on the effect of such programmes was collated by the Centre for Disease Control in USA. The state of California was one of the early adopters of a co-ordinated tobacco control programme and has used a social norm change approach to reduce tobacco use since 1988 (16,13). The sustained programme has reduced adult per capita cigarette consumption by over 60% and adult smoking prevalence by 35%, from 22.7% in 1988 to 11.9% in 2009. From 1988 to 2004, lung and bronchus cancer rates in California declined at nearly four times the rate of decline seen in the rest of the USA and the programme is associated with an \$86 billion savings in healthcare costs. Youth smoking rates among 12 to 17 years olds are the second lowest in the nation. This approach resulted in declines in tobacco related diseases and is associated with savings in healthcare expenditures. In considering the effectiveness of the Californian Tobacco Control programme, the takeaway message is that the impact has been achieved via a unified programme rather than a collection of independent interventions.</p> <p>The UK Centre for Tobacco Control Studies also recently conducted a review on the effectiveness of mass media campaigns, and found following the 2010 freeze on public health campaigns there was an immediate drop in monthly quit line calls of 65%, literature requests by 98% and web hits by 36%.</p> <p>FRESH in the North East of England and Tobacco Free Futures in the North West of England has, between them, 16 years' hands on experience in the development, delivery and evaluation of multiple component, award winning and effective tobacco control programmes. Both the current Directors led on the original successful business cases within their regions for local investment into regional collaborative</p>	<p>Please see above comment.</p>

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			tobacco control programmes. These collaborative approaches to comprehensive tobacco control programmes have led to reductions in adult and young people's smoking prevalence. In the North East 16+ adult prevalence fell from 29% in 2005 to 21% in 2011 (the biggest overall regional drop in England and in the North West from 23% in 2008 to 21% in 2011 (General Lifestyle Survey). Data from a biannual survey of around 14,000 fourteen to seventeen year olds has allowed us to track reducing smoking rates in young people in the North West. We are beginning to delay smoking initiation with smoking at age 14 halved from 2009 to 2011 down from 18% to 9% and it encouraging to see overall rates down by one third in 14-17s from 22% in 2009 to 15% in 2013.	
UK Centre for Tobacco and Alcohol Studies (UKCTAS)	General		<p>The UKCTAS fully supports the proposal to review this guidance. Although smoking rates among young people in England have fallen substantially in recent years it is essential that this progress continues, and this proposal identifies several components likely to support that objective.</p> <p>The role of new media content in promoting tobacco use is an area of particular potential importance, as tobacco companies are adept at exploiting opportunities for marketing that circumvents current legal restrictions. Concerns over the advertising of electronic cigarettes or other unlicensed nicotine sources as a means to promote tobacco smoking is also an area of significant concern. We therefore welcome the proposal to look at these and other potentially important current and future determinants of smoking uptake, in what would be a very timely revision.</p>	Thank you for your support.

ⁱ Corin Williams. [Councils urged to reject tobacco industry money](#). Environmental Health News (Online). 03.09.14

ⁱⁱ NHS Choices. [Who can use nicotine replacement therapy \(NRT\)?](#)

ⁱⁱⁱ Emily Heyward. [Manchester's bootleg tobacco is helping fund terrorism](#). Manchester Evening News. 13.02.14

^{iv} Tobacco Tactics. [CSR: Imperial and Love Where You Live](#). University of Bath, Tobacco Control Research Group.

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^v *Ibid*