Public Health Intervention Guidance

School-based interventions to prevent smoking –Consultation on Draft Guidance– Stakeholder Response Table
3rd September – 1st October 2009

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Cardiff University		1 Recommendations 2&3	6,7	Who should take action? Should include those most likely to commission external trainers. Those named in the 'Who should take action?' sections are outwith the NHS and do not have budgets or resources to commission such interventions. Nor are they beholden to NICE guidance in the way that NHS organisations, NHS employees and clinical professionals are. PCTs, regional and national health commissioners are those with the resources to commission such interventions, and to gain much benefit through reduced NHS usage in the long term. The guidance should recommend that these commissioners invest in the recommended interventions, rather than only cover this perspective in Recommendation 5.	Thank you for your comment. The audience for NICE Public Health guidance is broader than the NHS alone, and includes all those working with public health as part of their remit. This guidance is of particular relevance to professionals and commissioners working in education and local authorities, as well as in the NHS. We work closely with colleagues in the NICE Implementation team to ensure that the recommendations are taken up and used by all relevant sectors.
Cardiff University		Recommendation	4-8	Trained external professionals are explicitly stated in Recommendation 2 as recommended for delivery of school based smoking education. Peer-led interventions are recommended (3) to be delivered by adults who are experts but the need for them to be external to school is not made clear, which it should be. Recommendation 4 is for training for those working in schools but it is not clear what this means. Consistent with recommendations 1,2&3 would be training for school staff on the importance of smoking prevention and the enforcement of school policy, but not in delivery of smoking education. Consistent with recommendations 2&3 would be training for external professionals required to deliver smoking education and peer-led interventions.	Following consultation recommendation 2 has been changed in the final guidance to make it clear that school staff should take the lead in delivery of tobacco education. Recommendation 3 has been rewritten to clarify the role of training by experts outside the school. Recommendation 4 has been changed to emphasise the necessity of training those individuals in schools who will be involved in smoking prevention work.
Cardiff University		Recommendation 3	7	Why only 'consider' offering? The evidence of effectiveness of peer-led intervention for smoking prevention is stronger then that for curriculum based smoking education.	PHIAC considered feedback from the consultation to the draft guidance, and from the fieldwork, which included comments about the costs of implementing peer-led interventions. Although the evidence review identified

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					good-quality evidence for the effectiveness and cost-effectiveness of peer-led interventions in secondary education, further investigation showed that such approaches were generally more expensive than curriculum based or whole-school policy approaches. PHIAC therefore felt that it should recommend that such an approach should be 'considered'.
Cardiff University		Appendix D	43	Agree with the importance of gaps 2,3 and 7. Perhaps more need to identify need for and effectiveness of multi-component interventions targeting those at highest risk of multiple risk behaviours.	The final guidance includes research recommendations. These point to the need to determine if it is more effective to deliver smoking prevention programmes alone or as part of a broader substance misuse programme and if interventions should be targeted at high risk groups.
Department for Children Schools and Families		1	4	First bullet is confusing. Suggest "maintained and independent primary, secondary and special schools"	Thank you for your comments. We have used this wording to clarify the guidance
Department for Children Schools and Families		1	4	Second bullet point: delete "grammar school" – a grammar school is a secondary school so is covered in the first bullet point	The wording you suggest has been adopted.
Department for Children Schools and Families		general		There is no differentiation between PSHE in primary and secondary schools. PSHE covers personal, social, health and economic education in both phases.	We have amended the guidance as you have suggested.
Department for Children Schools and Families		Recommendation 1	5	First bullet, second section – suggest words in bold are included: "The policy should sit within a wider healthy school policy incorporating **sex and** relationships **education, drug education** and behaviour"	We have amended the guidance as you have suggested. This is now in the second bullet point.
Department for Children Schools and Families		Recommendation 2	6	First bullet: Schools are already strongly encouraged to teach about the health risks of smoking as part of drug education which is delivered through the statutory science curriculum and through non	We have amended the wording in bullet point 2.

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				statutory PSHE. Suggest you might add the words in bold "as part **of drugs education taught within** PSHE to the first sentence.	
Department for Children Schools and Families		Recommendation 2	6	First bullet, third indent. Teachers are the main providers of drug education in schools, so should appear first in the sentence, followed by external professionals such as school nurses etc.	The role of teachers has been emphasised, as you suggest.
Department for Children Schools and Families		Recommendation 5	9	Second bullet, second sentence: change "may" to "should". As already stated above, we already strongly urge schools to provide evidence-based teaching about the effects of smoking, including where to get further help, support and advice. See our "Drugs: Guidance to Schools" at http://www.teachernet.gov.uk/wholeschool/behaviour/drugs/	The wording has been strengthened and clarified.
Department of Health		General		The introduction to the recommendations section of the guidance mentions one target audience as being colleges (page 4). Throughout the document however, there appears to be no mention of how this guidance can be applied in a college setting, which in our view is very different to schools. Increasingly, 14 to16 year olds (as well as those over 16) are receiving education in the further education (FE) sector. Rather than using the term 'schools' as a blanket statement for all the organisations set out on page 4, could you please consider using the term "educational settings" (or similar). Use of the word "school" may be less inclusive, in terms of ownership of this work. We feel that FE colleges are unlikely to look at this if it refers to schools and school-aged children and young people, as these are such different settings. From the outset, it may be helpful to highlight FE as an audience, and to reinforce this message throughout. Where the guidance does not apply to FE then this should in our opinion, be made explicit.	Thank you for your comments. The guidance has been amended throughout to be clearer about the different types of educational settings covered, as defined in the scope. 'School' has been defined in the Introduction as well as at the beginning of the Recommendations. Reference has been made specifically to FE colleges throughout.
Department of Health		General		A related comment is linked to the phrase "children and young people under the age of 19 who attend school". We feel that this could be potentially problematic for those over 14 years who attend FE, as this would not be considered as "school".	See the response above; the guidance has been amended to include 'other educational establishments'.
Department of Health		General		Links with healthy schools and Personal, Social, Health and Economic (PSHE) appear to be very strong throughout the guidance, but it does not appear to consider how PSHE is delivered in a college, nor does the guidance appear to build in the attraction for	The guidance has been amended to include 'other educational establishments' when referring to school workforce and to the Healthy FE initiative.

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				colleges to be healthy. We note that there is mention of healthy schools, but nothing similar for colleges. In our opinion, the guidance could helpfully draw attention to colleges' commitment to meeting ECM outcomes. Likewise, the guidance could helpfully refer to the workforce within colleges (for example, FE college lecturers and student support services).	
Department of Health		General		We consider that the guidance needs to look at education settings as a whole, rather then separating schools into primary, secondary and colleges. Though this is understandably difficult, the guidance (where possible) should do this to encourage join-up between LA, PCT and education organisations.	We have clarified this in recommendation 5.
Department of Health		General		As well as working closely with external organisations providing anti-smoking support, we believe that schools can also benefit from the *Continuing Professional Development (CPD) for PSHE* programme to increase PSHE knowledge, skills and understanding. Specifically trained staff would be able to provide early intervention/sign posting to other services, as and when needed.	Thank you for your comment. We have amended recommendation 4 to clarify that teacher training bodies and providers of continuing professional development should be centrally involved.
Department of Health		General (and specifically page 12)		When mentioning healthy schools, could you please consider making reference to the next phase of the healthy schools programme: the enhancement mode. This is an outcomes based approach, using data linked to high-level priorities for a school's universal and targeted population. It aims to provide sustainable improvements to the health and well-being of children and young people. Please see www.healthyschools.gov.uk for more details.	The 'enhancement mode' is referred to in the final guidance.
Department of Health		General		Could you please consider making reference to the new Healthy FE initiative which is now underway. Please see www.excellencegateway.org.uk/192523, or contact peter.chell@dh.gsi.gov.uk for more detail.	The final guidance refers to the Healthy FE initiative.

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Department of Health		General		Youth workers, the voluntary sector and the role they can play in supporting work in education settings does not appear to be clearly identified here, and we would greatly appreciate some clarification.	Youth services are now mentioned specifically in Recommendation 5 of the guidance.
Middlesbrough and Redcar & Cleveland PCT's		Introduction	1	The title School-based intervention is not inclusive of all of the settings including further education. The title would be better stating Interventions to prevent the uptake of smoking among children and young people within educational settings.	We recognise that the title itself – which was taken directly from the referral received from the Department of Health - does not cover all contexts. However, we have amended the first page of the guidance document to include a full description of the different educational settings to which it applies, and also clarified which settings are included throughout the body of the guidance
Middlesbrough and Redcar & Cleveland PCT's		Recommendation 1	General	Again this recommendation is not just for schools it needs to be inclusive of Pupil Referral Units and FE colleges, wording needs to be changed throughout the document to reflect this.	The guidance has been amended throughout to be clearer about the different types of educational settings covered, as defined by the Scope. Reference has been made specifically to FE colleges .
Middlesbrough and Redcar & Cleveland PCT's				The smoking policy would not sit within the wider Health Schools Policy as Healthy Schools is an ethos and not a policy but the schools policies would contribute toward them gaining status.	Thank you. This wording has been clarified in Recommendation 1.
Middlesbrough and Redcar & Cleveland PCT's				All educational settings should now have a smoke free site policy and this also needs to apply to contractors working within the site. The only exception to this policy is if the caretakers home is on the school site as the caretaker is able to smoke within their own home – this may need to be stated	Caretakers' homes are now mentioned specifically in Recommendation 1.
Middlesbrough and Redcar & Cleveland PCT's		Recommendation 2	General	The reference to just schools needs to be made inclusive of other settings	The guidance has been amended throughout to be clearer about the different types of educational settings covered, as defined by the Scope. Reference has been made specifically to FE colleges .

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Middlesbrough and Redcar & Cleveland PCT's				With all of the constraints on the curriculum it may be unrealistic to state two or more sessions to be delivered over the course of the academic year, 1 or more would be more appropriate	This has now been amended.
Middlesbrough and Redcar & Cleveland PCT's				Include accurate information including the "Social Norms" approach	Recommendation 2 has been clarified ,although 'social norms' are not specifically mentioned. NICE guidance is written in such a way as to be accessible to all and we try to avoid use of jargon or technical terms wherever possible.
Middlesbrough and Redcar & Cleveland PCT's			1st bullet 5th indent	For sessions to be sustainable teachers and support staff should be delivering the sessions with external input where is can add value but not replace existing teaching. This bullet needs to be reworded to reflect this.	The role of the school staff has been made more prominent.
Middlesbrough and Redcar & Cleveland PCT's			3rd bullet	Needs more thought as who would pay for the support materials for schools to provide parents with? Schools could provide parent evenings to raise awareness with parents.	This has been clarified.
Middlesbrough and Redcar & Cleveland PCT's			4th bullet	1 or more sessions instead of two per year as this would be unachievable for schools to do and it should also state one or more sessions outside the science curriculum	This has been amended.
Middlesbrough and Redcar & Cleveland PCT's			5th bullet	Change services to include local Health Improvement Services and put the Stop Smoking Service last as they would not be a direct partner for schools as they are mainly treatment and not prevention	This has been amended.
Middlesbrough and Redcar & Cleveland PCT's		Recommendation 3		Peer education should be stated as a method of delivering smoking education and not as a whole recommendation as schools would find it hard to meet this with time and money constraints. Peer education has its place to complement other work going on within the school but without the needed investment it has limited value. It is felt that this recommendation is the least realistic for schools to adhere to though it does have a place within the document but maybe added on to recommendation 2 as a teaching method.	In its consideration of the evidence, PHIAC took the view that the ASSIST trial was the highest quality and most current evidence from the UK and that this should be represented in the recommendations. The wording of Recommendation 3, however, only asks head teachers, governors, etc, to 'consider offering evidence based, peer-led interventions' to secondary school pupils.

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Middlesbrough and Redcar & Cleveland PCT's				Peer leaders should received accredited training to make the time commitment worthwhile to the pupils as well as the educational setting as a whole.	This has been clarified.
Middlesbrough and Redcar & Cleveland PCT's		Recommendation 4	1st paragraph	Health Improvement and Public Health should be included in the who is the target population as Health Improvement would be the main providers of training for School Nurses and Teaching Staff	This has been changed in the final guidance.
Middlesbrough and Redcar & Cleveland PCT's			2nd paragraph	Who should take action – NHS, Public Health Commissioners, Health Improvement	Public health commissioners are now specifically mentioned in Recommendation 4.
Middlesbrough and Redcar & Cleveland PCT's			3rd paragraph 1st bullet	Not a realistic aim to set, would suggest a more practical action provide training for all those working in schools to raise awareness of the harm caused by smoking and tobacco products also offering signposting where needed to stop smoking services	This has been clarified in the final version of the guidance.
Middlesbrough and Redcar & Cleveland PCT's			3rd paragraph 2nd bullet	Universities would not be a valid partner in designing and delivering training. Again Health Improvement Services have been missed here	Education experts were included here as many run degrees in education and PGCE courses, and therefore are involved in initial teacher training. Health improvement services have been added to the list of organisations.
Middlesbrough and Redcar & Cleveland PCT's			General	Include some examples of methodologies used for training to include techniques for the teaching of effective tobacco education at the different key stages. What should be included in the training for teaching staff.	Unfortunately, it is not possible within the format of NICE public health guidance to include detailed information of this sort. However, the implementation tools nd the NICE schools signposting document include further information on schools, training and other implementation issues: see www.nice.org.uk/guidance/ph23
Middlesbrough and Redcar & Cleveland PCT's				This section is too brief for the amount of detail which needs to be covered. Each key stage should be set out with what skills the teaching staff will need to have to ensure effective transfer of knowledge around tobacco to the children and young people	Please see our previous response

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Middlesbrough and Redcar & Cleveland PCT's		Recommendation 5	General	Include examples of interventions that have worked, this is a downfall of the paper as it needs more detail	please see our previous response
Middlesbrough and Redcar & Cleveland PCT's		General		Document needs to stress this is just one part of a prevention agenda/strategies	This is now clarified in the opening paragraph of Section 3, 'Considerations'.
Middlesbrough and Redcar & Cleveland PCT's				An over arching tobacco control policy is key	Please see our previous response. The national tobacco control strategy is also covered in Section 2, 'Public health need and practice'.
Middlesbrough and Redcar & Cleveland PCT's				Each locality locally and regionally have an 8 strand tobacco action plan	See the reply above.
Newcastle PCT		General		This guidance is welcomed. It should help to provide more consistent, evidence based and high quality smoking prevention programmes for young people under the age of 19 in educational settings. It will also strengthen the case for the roll out of current good practice to more educational settings and encourage their engagement with it, particularly through the 'Enhanced Healthy School Programme'.	Thank you.
Newcastle PCT		General		As the guidance is targeted at a range of stakeholders and in particular those working in schools such as teachers, head teachers, governors and support staff, Newcastle PCT believes it will have more resonance with them if it is endorsed by the Department of Children Schools and Families. Schools are used to accessing guidance from the DCSF, less so that by NICE. Endorsement by the DCSF should increase the implementation of the NICE guidance with its key target audience.	Thank you for your suggestion. We have worked closely with colleagues at DCSF while developing the guidance.
Newcastle PCT		Sect 1	4	It is noted that the guidance is aimed at schools and young people in further education settings under the age of 19 years. The term 'schools' is used throughout to include those settings. However by using the term schools' to define settings including further education there is a danger that the guidance will not be seen by those in further education as applying to them. It is suggested that the guidance needs to refer to either schools and further educational	The guidance has been amended throughout to be clearer about the different types of educational settings covered, as defined by the Scope. Reference has been made specifically to FE colleges .

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				establishments or educational settings for those under the age of 19years.	
Newcastle PCT		Sect 1, Recommendation 1	5	Newcastle PCT agrees that a smoke free site policy is an essential component of smoking prevention activities and is the foundation on which to build the smoking education programme. However in the recommendation which says that it 'should sit within a wider healthy school policy', this potentially could cause confusion among schools. Schools do not always have or indeed need a 'healthy school policy' in order to gain National Healthy School Status. However they do need to have a whole school holistic approach and a health promoting school ethos in place. Alternative wording could be to say that the whole school smokefree policy ' should fit within a whole school holistic approach fostered through a health promoting school ethos'.	Thank you for your comment. This has been clarified in the revised Recommendation 1.

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Newcastle PCT		Sect 1, Recommendation 1	5	The policy should cover the whole school site **with the exception** of the caretaker's house where this is within the site boundary and is used by him/her as their main residence. This fits with the requirements of Healthy School Status. Additionally experience has shown the need for the policy to explicitly state that it is 'applicable to all people at **all** times' even when the school is being used outside its core times for social events and evening classes' and that it applies during off site school visits, when adults accompanying pupils may potentially be smokers.	This has now been made explicit in Recommendation 1. Thank you, this has been clarified in the recommendation.
Newcastle PCT		Section 1, Recommendation 2	6	Newcastle PCT is pleased to see the inclusion of curriculum content about the tobacco industry recommended as this provides a method of keeping up the engagement of young people in smoking prevention issues by using different content to that which they are likely to have considered in Key Stages 1 and 2. We feel that this section could be further strengthened by specifically stating that the curriculum should cover activities building knowledge, attitudes and skills. Exploration of social norms would further enhance this recommendation.	Recommendation 2 has been changed to reflect some of your concerns.
Newcastle PCT		Section 1, Recommendation 2	6	Whilst the use of trained external professionals can add some value to the curriculum it is important that they are not seen by schools as the main provider of tobacco education. Teachers and Higher Level Teaching assistants are most likely to be delivering tobacco education and as such we feel they should be listed first for those delivering the programme. Schools should also ensure that they meet best practice 'visitors in schools' guidance.	Thank you for this observation. The wording of the recommendation has been changed to be clear that school staff take the leading role.
Newcastle PCT		Section 1, Recommendation 2	6	The final bullet point is confusing in its wording. Newcastle PCT welcomes the involvement of parents to the smoking education programme where appropriate. Local experience has demonstrated the powerful role that parents involvement in smoking education homework can have. Schools should be encouraged to set homework on smoking which engages parents in discussion with their children on smoking issues.	Thank you for pointing this out. The wording has been changed to clarify that schools should endeavour to engage parents interest through the pupils' work.

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Newcastle PCT		Section 1, Recommendation 2	7	Bullet 1- whilst ideal to have 2 sessions per year plus booster activities this will be very challenging for schools to do in our experience due to timetable constraints for PSHE in particular. More realistic would be the delivery of one session per Key Stage and post 16, plus an additional session in Key Stage 2 in the term prior to transition to the secondary school. Additional opportunities by schools to deliver elements of smoking education through cross curricular activities are also realistic. The transition period from primary to secondary school is critical in the uptake of regular smoking and we feel it would enhance the guidance to mention this fact. The curriculum offered needs to provide continuity and progression and go beyond the statutory science curriculum otherwise there is a danger schools will take a purely scientific approach and miss the critical components of attitude exploration and skill development.	Thank you for these helpful observations. The final guidance has been amended in line with your comments.
Newcastle PCT		Section 1, Recommendation 2	7	Schools are more likely to link into NHS Health Improvement Teams and school health teams than NHSS Stop Smoking Services to support the delivery of smoking prevention programmes, as the NHSS Stop Smoking Service is a treatment based service.	The recommendation has been amended.
Newcastle PCT		Section 1, Recommendation 3	7	The use of peer led interventions in schools in the manner described would have large resource implications for schools and for those local agencies expected to train peer leaders. Peer education is time and resource intensive in nature. In order to fulfil this recommendation schools would need to be assured support and high quality training in peer education are available to them. This in itself would present some CPD needs for services commissioned to provide such training to schools and young people. The use of small scale peer education programmes within schools as one delivery method for tobacco education is more commonly used.	Recommendation 3 has been changed to clarify that secondary schools should consider offering evidence-based, peer-led interventions such as the ASSIST programme as this is the highest quality and most recent UK research on school-based smoking prevention.
Newcastle PCT		Section 1, Recommendation 4	8	NHS Health Improvement Teams and Healthy School leads are the likeiest providers of training to schools on this curriculum area rather than universities and school nursing teams. The latter are more likely to be trained by NHS Health Improvement Teams and Healthy School leads than be the deliverers of training themselves. This	The 'who should take action?' section of this recommendation has been changed to include '…public health commissioners, teacher training bodies and providers of continuing professional

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				needs to be reflected in the guidance.	development.'
Newcastle PCT		Section 1, Recommendation 4	8	Experience locally has shown the value of focussing training for teachers, school staff and school health advisors on methodologies for delivery of tobacco education in the classroom. These methodologies should seek to demonstrate activities which explore attitudes, knowledge and skills development.	Thank you for this information.
NHS Gloucestershire		1	4 - 9	Under 'who should take action?' in each recommendation Smokefree Alliances should be included.	The final guidance refers to those 'staff in schools and those who work with them...' – a broad term to cover a range of professionals, including those working in Smokefree Alliances. Recommendation 5 also refers specifically to a broader group and 'local tobacco control alliances' are mentioned there.
NHS Gloucestershire		1	4	Recommendation 1- Under 'who should take action?' Youth Workers should be included.	Please see our previous response. Youth workers are mentioned in Recommendation 5
NHS Gloucestershire		1	5	Recommendation 1- Implementing a Smokefree Policy - It is important to state who is responsible for checking that the policy is implemented / enforced and also what penalties would be in place if a pupil or staff member were not to comply with the policy	The way in which smoke-free policies are implemented and monitored will vary at local level, depending on the type of educational establishment, and other local factors. The Healthy Schools initiative gives further guidance on smokefree policies.
NHS Gloucestershire		1	5	Recommendation 1- Smokefree Policies – It would be useful to include guidance on areas just outside school grounds where pupils and teachers smoke. This is often where pupils see teachers smoking. For example, staff not smoking within a certain distance of the school grounds.	Thank you for this suggestion, unfortunately these areas fall outside of our scope and referral.
NHS Gloucestershire		1	5	Recommendation 1- How pupils should access help to quit smoking - Advising pupils about local NHS Stop smoking services rarely brings about a quit attempt. It would be better to specify a minimum each school should provide - for example, one person in each school to be able to provide support to stop smoking e.g. a school nurse.	This part of the recommendation has been clarified, and now states that information on local NHS Stop Smoking Services should be easily available to staff and pupils.

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NHS Gloucestershire		1	6	Recommendation 2- Subjects other than science could be listed as being able to provide tobacco education e.g. citizenship, geography. Links to other PSHE topics could be made explicit e.g. smoking and fertility problems taught through sexual health topic.	Thank you for this suggestion. Many stakeholders endorsed a cross-curricular approach to teaching young people about tobacco. The final guidance suggests a wider scope of subjects where teaching on tobacco would be appropriate.
NHS Gloucestershire		1	6	Recommendation 2- It would be useful to include examples of how children and young people should be involved in the design of the interventions.	Thank you for this suggestion, but it is not possible to go into this level of detail in the recommendations. We will, however, pass your comments on to our colleagues responsible for implementation of the guidance.
NHS Gloucestershire		1	7	Recommendation 2- An example of a 'booster' activity could be given e.g. a theatre production.	Thank you for this suggestion. The guidance has been amended to reflect your comment.
NHS Gloucestershire		1	7	Recommendation 2- 2nd bullet point – linking with other partners to deliver the interventions. There may be confusion / uncertainty about who is then taking responsibility for the intervention.	This recommendation has been amended to clarify this point, and now gives some examples of who local partners could be
NHS Gloucestershire		1	7	Recommendation 3- It is important that it is stated that resources in peer-led interventions should be kept up-to-date	Thank you for this comment – recommendation 3 has been amended, but no evidence was identified on the issue of updating.
NHS Gloucestershire		1	8	Recommendation 3- Term 'experts' is too vague – more detail needed as to what qualifies someone as an expert.	Following the consultation, this has been clarified in recommendation 3.
NHS Gloucestershire		1	8	Recommendation 4- Under 'what action should they take?' – could be suggested that tobacco education is given to all staff through in-service day training.	Thank you for your suggestion. The guidance recommends that staff involved in delivering smoking prevention should be trained.
NHS Gloucestershire		1	8	Recommendation 4- Stop Smoking Services should be listed as 'key partners'	The NHS Stop Smoking Services are listed as local partners in Recommendation 2
NHS Gloucestershire		1	9	Recommendation 5 - 'Who should take action?' – the role of both Trading standards and Environmental Health should be explicitly stated.	Thank you for this suggestion; both services are now listed.

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NHS Rotherham-Rotherham Tobacco Control Alliance		General comments on the attachments	N\A	The attached documents (quantitative and qualitative) could have simply been presented as two key tables summarising the evidence base. This would make it much easier for stakeholders to respond.	Thank you for your views, but the two documents you cite were to inform the previous consultation, which was on the evidence used in the development of the guidance.
NHS Rotherham-Rotherham Tobacco Control Alliance		PUBLIC HEALTH DRAFT GUIDANCE School-based interventions to prevent the uptake of smoking among children and young people	N/A	We believe that pupils require a multi component approach – which is multi led at each year group (age appropriate and not repetitive). We agree that pupils should receive education at year 11 but consideration needs to be made with regards to current changes in the school leaving age (18 years). We note the lack of evidence for ages below 11 years. Education should be delivered in and out of the class setting with a focus to prevent yearly uptake of smoking. A standard toolkit should be developed to assist PSHE coordinators to incorporate tobacco education however we feel reporting and outcome setting is needed. If the evidence suggests a statistically significant age between initiation age and likelihood of cessation then we believe QALY should be recalculated to accommodate age specific groups (11-19). If 19 year old pupils are to be included then University (first year) students will need to be included in the definition on page 4. We would also recommend some further work on cost per pupil/year. We would like NICE to review current work on the European smokefree class competition. http://www.smokefreeclass.info/impact_sfc.htm	Thank you for your comments and suggestions for further analyses. To clarify, stratification by age is a characteristic of the economic model developed to inform this guidance. It used a baseline risk of regular smoking initiation in school-age children under 16 years old and considered the effect of a school based intervention on the uptake of smoking between the age of 9 and 23. Moreover, the effect of the intervention on smoking prevalence at different ages is extrapolated over their lifetime so in effect the calculation of QALYs is age related. Universities are specifically excluded from this guidance, as are people aged 19 or over.
NHS Rotherham-Rotherham Tobacco Control Alliance		Recommendation 1	4-5	We agree with the target population however we feel too many staff groups have been listed under 'who should take action'. Focus should be placed on PSHE coordinators, school governors and LSP. We agree with the actions staff groups should take. NICE should not there is a PSHE policy but not a 'healthy schools policy' within the healthy schools criteria. There needs to be some clarification on what is meant by a 'healthy schools policy' and templates should be provided to make this easy for schools to	Thank you for your comment. This has been changed in the final guidance. Following consultation, this recommendation has been clarified. It is not possible within a CPHE guidance document, however, to provide

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				adapt/implement. The six topic themes from the qualitative research document should be considered. There needs to be some thought with regards to ofstead inspections specifically, well being indicators which looks at pupils perceptions of the drug education. NICE should recommend data collection on pupil's perceptions with regards to tobacco prevention/education.	templates. The NICE Implementation document on 'schools and evidence based action' may be helpful for signposting policy templates and other tools: http://www.nice.org.uk/guidance/index.jsp?action=download&o=40892 The final guidance includes gaps in the evidence identified by PHIAC, and a set of recommendations for research.
NHS Rotherham-Rotherham Tobacco Control Alliance		Recommendation 2	5-6	We agree with the target population 0-19 and for the education to be age specific (tailored). External agencies should not be responsible for teaching tobacco education however; they can support and advise the delivery of prevention programmes in schools. We feel there should be a nominated tobacco professional from each school (health schools coordinator). This person would be responsible to link with treatment, education and prevention schemes. The intervention should be delivered within PSHE (statutory) and not just science based classes which would only look at factual information or test knowledge. Application of the education is equally important. Training offered to teachers and parents would also be appropriate. A resource pack of interactive activities could be made available to support quality tobacco education (brief). The resource pack should include information on NRT, underage sales, illicit and counterfeit tobacco. In would not be practical to have RTPMs, TC Leads or LSSS staff delivering school based interventions. Emphasis should be on the teachers having confidence and resources and to work with school nurses. External agencies should support training and provide resources. It may be appropriate to have an allocated budget for	Thank you for this suggestion. The final guidance has been amended in line with your comment. Training for teachers features in recommendation 5 Thank you. This has been clarified in the final guidance.

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				schools to purchase resources.	
NHS Rotherham-Rotherham Tobacco Control Alliance		Recommendation 3	7-8	Clarification needs to be made with regards to the duration of a session(s). A general statement could recommend tobacco education be covered during the academic year. We agree with utilising different approaches of education e.g. theatre in education, education outside the schools setting and the notion of peer led education. Social benefits of not smoking should also be considered. Clarification should be made on the roles and responsibilities of peer leaders.	Recommendation 3 has been clarified and explicitly linked to the ASSIST programme. The importance of schools interventions being part of a community and nationwide tobacco control programme is also emphasised by the guidance, particularly in Section 3.
NHS Rotherham-Rotherham Tobacco Control Alliance		Recommendation 4	8-9	It is unrealistic to train all school staff on smoking prevention and we recommend focusing on no more than two key staff groups. Curriculum time for tobacco prevention is also limited unless negotiated nationally.	Thank you, we have attempted to clarify this. The final guidance recommends training those staff members who will be involved in the smoking prevention work.
NHS Rotherham-Rotherham Tobacco Control Alliance		Recommendation 5	9	We agree tobacco control in schools is important to address national and local targets. However we feel targets and indicators need to be set through national channels and within the LAA or as part of specific targets for inspection authorities. An outcome of interventions needs to set nationally with reporting requirements for local authorities. This will support data collection and reporting.	Thank you for pointing this out. We have clarified this recommendation and to emphasise the role of local government.
NHS North Tyneside PCT-Smoke Free North Tyneside Alliance		General		Smoke Free North Tyneside Alliance (SFNT) welcomes the development of NICE Guidance in relation to school-based interventions to prevent smoking and feels that this is an area of the tobacco control agenda that requires attention. It important that the recommendations are not seen to be set out in isolation and that ongoing initiatives will be required throughout a pupils school life through a variety of approaches in order for messages to be effective.	Thank you for your comments. The guidance states that a variety of interventions are needed to prevent smoking by children and young people.
NHS North Tyneside PCT-Smoke Free North Tyneside Alliance		1	4	Recommendation 1: Organisation-wide approaches SFNT believes that utilising an organisation-wide approach will encourage tobacco issues to be tackled at all levels and will enable them to be tackled under the ethos of being 'everyone's business'.	Thank you. The final guidance recommends this approach.
NHS North Tyneside PCT-Smoke Free North		1	6	Recommendation 2: Adult-led intervention SFNT believes that care should be taken to ensure that Recommendation 2 and 3 are clearly defined yet also clearly linked in	Thank you. Both of these recommendations have been amended. Recommendation 3 specifies that it

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Tyneside Alliance				terms of what they aim to achieve and when they should be used – i.e. with which age groups etc.	should be used in secondary schools because the research on the ASSIST programme, on which it is based, was on this age group. PHIAC has made research recommendations in the final guidance and notes important questions about peer-led approaches that should be addressed .
NHS North Tyneside PCT- Smoke Free North Tyneside Alliance		1	7	Recommendation 3: Peer-led Interventions SFNT believes that young people should be involved in the design of interventions aimed at them and that in being involved they will provide valuable insights into what will be effective. By being involved they will also gain some ownership and empowerment. However, the lack of evidence around who should deliver messages needs further research to ensure that programmes are effective. If this is to be included as recommended intervention the support that will be offered to schools implementing this should be much clearer.	Thank you for this observation. Recommendation 3 has been amended to link it more closely to the evidence on the ASSIST programme, on which it was based. The final guidance also contains a section on recommendations for research which includes a question about the effectiveness of peer-support and peer-led education in UK educational establishments to prevent the uptake of smoking.
Royal College of Nursing		General		We note that that school nurses are mentioned several times and we are in a good position to educate children. School nurses are concerned about health issues and obviously empowering our students to make 'healthy choices' is high on our agenda. However, the recent RCN Survey of school nurses showed that there are serious workforce issues. The survey indicated that school nurses are finding it difficult to cope with their workload. Staffing levels are dangerously low, with a nurse looking after 2,590 schoolchildren on average. To enable school nurses deliver on public health imperatives it is important that such short falls in capacity are addressed. Early interventions targeted at school age children are known to have a	Thank you for your comment - we recognise the importance of school nurses in delivering this guidance. .

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				beneficial outcome over life, and we welcome this guidance.	
Royal College of Nursing		General		The guidance may also wish to consider links to smoking cessation services and tobacco control services and how these and other agencies can work collaboratively in the school environment to support not only children, but teachers and parents who wish to quit smoking.	Thank you. Recommendations 1 and 2 address this issue.
Royal College of Nursing		General		The guidance may also like to consider the role of practice nurses who are an important point of contact for children in primary health care and health visitors who work with families and children, and how their nursing care could contribute to school based interventions.	Thank you for this comment: The importance of local partners working together is emphasised in the guidance.
Royal College of Nursing		General		School Nurses need to be facilitated to access schools and the guidance may wish to highlight the need for co-operation and collaboration of the teaching staff. In particularly, the support of the head teachers should be stressed, as some may be very reluctant to allow school nurses into their school.	Thank you for this comment.
Royal College of Nursing		General		We would also like to highlight the need in the guidance to address the family and social aspect of any interventions, as targeting children in isolation, who may then return to homes with smoking parents, or who observe teaching staff smoking, may not be as effective.	Thank you . The importance of the school working with parents and carers is noted in Recommendation 2. The opening of Section 3, 'Considerations' also makes it clear that schools initiatives must be part of a comprehensive approach to tobacco control. It is also acknowledged in this section that implementation of the guidance will need to reflect the diversity of the schools and communities that will take on this work.
Royal College of Nursing		General		The guidance may wish to consider the school and surrounding environment as a smoke free area, as it is very difficult to get the word across when some parents and teaching staff smoke and the	The guidance recommends the participation of both teachers and parents in work to prevent smoking.

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				children see them smoke either in their cars or in the vicinity of the school.	Recommendation 1 urges schools to make information on local NHS Stop Smoking services easily available to students and staff.
Royal College of Nursing		General		A collaborative approach with all stakeholders including parents, teachers and healthcare professionals is required for the successful implementation of this guidance.	This is the approach taken in the guidance.
Royal College of Paediatrics and Child Health		General	General	The College notes that the majority of secondary school children who start smoking are influenced by two major factors: parental smoking and peer pressure in school. This document does not mention the issue of school teachers who smoke, who may be seen as role models for students. It is not rare to see school teachers or other members of school staff smoking outside their own school during school time on or near the premises. We think that schools need to tackle this. We note that the school nurse can be a good resource to promote health promotion activities, but that this role has been changed over the last few years with a great focus on child protection work. Health promotion activities delivered by the school nurse (rather than teachers) would be an important tool to help stop smoking in school.	The role of parents and teachers is implied in Recommendations 1, 2 and 3. Areas outside of the school are beyong the referral and scope of this guidance, however smoking is not permitted at all on school grounds and recommendation 1 makes it clear that this should be extended to the whole 'campus'. It also recommends that staff should receive help to stop smoking if they wish to do so.
Royal College of Physicians		General		The Royal College of Physicians is grateful for the opportunity to comment on this draft. We are supportive of the guidance.	Thank you.
Royal Hampshire County Hospital		General		Document is too wordy and very repetitive	We have amended the document following the consultation, and hope that some of these issues have now been addressed. However, NICE public health guidance must conform to a set template. You may prefer to read the shorter Quick Reference Guide that will be published with the final guidance.
Royal Hampshire County Hospital		General		I think the target group is too wide. If you advise adolescents not to do something it makes it more attractive. Targeting secondary school pupils is counter productive. All efforts should be targeted at the young 5-10.	Thank you for your comment but we are not able to change the target group. The target group of the guidance is defined by the referral NICE receives from the

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				The best way to influence adolescents is to take smoking out of their culture i.e stop pop stars and actors smoking in public and make films containing smoking scenes x rated (or the modern equivalent)	Department of Health. It is further refined by the Scope of the guidance . The consultation on the Scope with stakeholders ended on 20 October 2008 and the final Scope was published in November of that year. No evidence was identified in the course of developing the guidance to suggest that exclusively targeting pre-adolescent children will prevent the uptake of smoking.
Royal Pharmaceutical Society of Great Britain		'General'		Community pharmacists as part of the Essential Services component of the NHS Community Pharmacy Contractual Framework (CPCF) are required to:- • Promote healthy lifestyles through provision of leaflets, advice and information and participation in locally organised PCT health promotion campaigns. Smoking cessation is one of the areas covered by this service and can be accessed at pharmacies by adults, teenagers and local schools. • Signpost people (i.e. adults , teenagers) visiting pharmacies who require services which might not be available at that pharmacy e.g. smoking cessation clinics Community pharmacies are able to sell most forms of Nicotine Replacement Therapy to the public including teenagers over the age of 12. Primary care organisations such as PCTs are able to commission Enhanced Services from community pharmacies as part of the NHS CPCF.Such services includes smoking cessation. Pharmacists and appropriately trained technicians and support staff can train and qualify as smoking cessation advisors and provide such services in the pharmacy (and in venues such as schools if so commissioned). In 2008 over 4,500 pharmacies were providing smoking cessation 'clinics' which amounts to nearly 50% of all pharmacies in England	Thank you for this information.

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				and Wales. (NHS Information Services Report, 2008).	
Royal Pharmaceutical Society of Great Britain		Recommendation 2	Page 6	Include 'pharmacists' under external professionals	This section has been streamlined in the final guidance document and now identifies 'head teachers, school governors, teachers, support staff and *others who work with primary and secondary schools and further education colleges*…'
Royal Pharmaceutical Society of Great Britain			Page 7	Include 'pharmacists' under '.....partners involved in smoking prevention.....'	The wording of the bullet point has been changed for clarification in the final guidance. The partners specified are those more involved at the commissioning level rather than with specific professional groups.
Sheffield PCT		Recommendation 1	4-5	We feel that consistency of enforcement is a vital component of effective stop smoking policies in school. This point needs clearly stating.	Thank you for your comment, but the implementation, monitoring and enforcement of whole-school approaches will vary locally, depending on the type of educational establishment and other local factors. Therefore we have not included this level of detail in the final guidance.
Sheffield PCT		Recommendation 2	5-7	We feel that this recommendation should compliment current DCSF policy, which explicitly states that schools should not rely on external visitors to deliver interventions in school.	Thank you for this comment. The guidance has been changed to emphasise the leading role of appropriate school staff.
Sheffield PCT		Recommendation 2	5-7	What specific interventions should be used to prevent smoking among children and young people?	The second bullet point in Recommendation 2 of the final guidance sets out key components of effective interventions identified in the evidence reviews. Recommendation 3 lists an effective peer-led approach.
Sheffield PCT		Recommendation 2	5-7	Can you indicate the key components of an effective intervention?	The second bullet point in Recommendation 2 of the final guidance

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					sets out key components of effective interventions identified in the evidence reviews.
Sheffield PCT		Recommendation 3	7-8	Regarding peer support programmes in school - what is the evidence base? Peer support is notoriously unreliable, inconsistent, time consuming to implement and maintain.	This has been clarified in the final guidance. In its consideration of the evidence, PHIAC took the view that the ASSIST trial was the highest quality and most current evidence from the UK and that this should be represented in the recommendations.
Sheffield PCT		Recommendation 4	8-9	Who will provide the training and who will fund the training?	NICE public health guidance does not make recommendations on funding, however this the Costing Tool that is part of the documentation to support implementation of the guidance gives further detail on costs associated with implementation.
Sheffield PCT		Recommendation 4	8-9	We feel that this recommendation is difficult to implement - teachers are only allowed one half day per term for training.	Thank you for your comment. This recommendation has been amended to include training of all school staff who will be involved in smoking prevention work.
South Asian Health Foundation		General		We commend this draft, but we also note that the evidence gaps are large, which have been pointed out. Regarding the group we represent, it should be remembered that South Asian populations demonstrate heterogeneity. In South Asian **women**, smoking rates are reportedly low (Bangladeshi women 4%, Indian women 1%, Pakistani women 2%). Smoking in young South Asians tends to be hidden from older members of the community. National smoking prevalence, as with the general population, is strongly associated with **socioeconomic status** in Bangladeshi people living in the United Kingdom. However, with higher rates of deprivation and lower educational attainment in Bangladeshi communities, this predisposes this population to a greater burden of smoking related ill health. This should then be considered when targeting schools, especially those	Thank you for this comment. The final guidance includes a list of gaps in the evidence, and research recommendations. The first of these refers to ethnicity and gender as among the factors that may affect the effectiveness of school-based interventions to prevent the uptake of smoking.

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				in deprived areas. Rates of **smokeless tobacco** use are also high within Bangladeshi communities, with use present in both sexes and also in children. Smoking in South Asian men is viewed with a strong sense of social acceptance, social bonding, and tradition and is seen as a "normal" part of "being a man." This view is particularly strong among Bangladeshi participants. It is intimately bound up with notions of male identity. **Macho and fashionable images were associated with smoking and reinforced by Indian films** and popular media. Smoking in Bangladeshi and Pakistani women is viewed with taboo, stigma, and non-acceptance. Smoking is also perceived to affect the chances of a woman marrying. Women were regarded as having fewer opportunities to smoke, both culturally and economically.	
South Asian Health Foundation				However, rates of smoking amongst younger Asian women are not zero. Although culturally unacceptable as a behaviour, this societal 'norm' must not exempt Asian women from being asked about and receive advice and interventions for smoking cessation. The family is an important medium though which cultural norms and values associated with smoking are shaped and negotiated in South Asians. **Young boys often learn to smoke by observing male elders smoking**, whereas opportunities for women are limited owing to the cultural restrictions imposed on a Muslim woman by her parents. We should not look at school-based interventions in isolation but ensure cultural reinforcement of school based advice. IN this context, peer led interventions and challenges to societal norms, for ethnic groups, could be offered in community settings, with the added advantage that this would dispel any preconceptions of the cultural acceptability of smoking. As with the general population, upstream measures to control tobacco use and availability is essential in efforts to kerb widespread use. The import of **smokeless tobacco products** and the failure of legislation to control this demonstrates a significant challenge to	Thank you for your comments however this issue is outside the scope of this guidance.

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				controlling availability of tobacco products to schoolchildren. Any programme needs to be also co-ordinated with others **e.g. those on diet and physical activity.** South Asian children are less likely to walk to school for instance.	
South Asian Health Foundation				Our opinion is that, though this guidance is worthy, school-based interventions **are not likely to be successful in isolation**, especially in South Asian groups.	Thank you for your comment. Section 3, 'Considerations' makes it clear that schools initiatives must be part of a comprehensive approach to tobacco control. It is also acknowledged in this section that implementation of the guidance will need to reflect the diversity of the schools and communities that will take on this work.