

NHS Health Scotland

Commentary on NICE Public Health Guidance 14:

Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people

Summary

5 February 2009

Introduction

The National Institute for Health and Clinical Excellence (NICE) in England produces two types of guidance on public health topics: Public Health Intervention Guidance (interventions being defined as involving single measures, eg GP advice to patients to be more active) and Public Health Programme Guidance (on broader activities, eg strategies for smoking cessation). In Scotland, such Guidance has no formal status but attracts interest and provides a useful source of reviewed evidence.

As part of its role in promoting and supporting evidence-informed action for health improvement in Scotland, NHS Health Scotland produces Commentaries on NICE Public Health Guidance. Each Commentary, with Comments/Conclusions on the Recommendations set out in the NICE Guidance, is produced in collaboration with an appropriately constituted specialist Reference Group with members from within and beyond NHS Health Scotland (see page 11 for the membership of the Reference Group for this Commentary). The process involves consideration of the evidence cited and the Recommendations presented in the NICE Guidance, in the context of policy and practice in Scotland.

This Summary presents Comments/Conclusions from the NHS Health Scotland Commentary on NICE Public Health Guidance 14 (NICEPHG014 – Public Health Intervention Guidance), published in July 2008, entitled *Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people*. These Comments/Conclusions are intended to help organisations, professionals and others make use of the NICE Guidance in a Scottish context. The Commentary does not in itself constitute formal Guidance or Guidelines. Its scope and contents are limited by those of the NICE Guidance on which it is based. The Commentary should not be seen as a full action plan or full basis for a health improvement strategy on the subject area concerned, but rather as one evidence-informed contribution to such an action plan or strategy. The full Commentary includes the evidence statements cited in NICEPHG014 in support of the action Recommendations set out in the Guidance.

This Summary and the full Commentary will be made available in the 'Evidence' pages of NHS Health Scotland's website, at www.healthscotland.com/scotlands-health/evidence/index.aspx.

General NHS Health Scotland Notes

1. NICE Public Health Guidance 14 (NICEPHG014) is intended for all those with a remit to improve the health and wellbeing of children and young people under 18, including those working in the NHS, local authorities, the criminal justice system and the wider public, voluntary and community sectors. It is also aimed at the private sector, in particular the retail industry and mass media services. In addition, it is considered to be of possible interest to children, young people and their carers, as well as other members of the public.
2. NICE is also working on Guidance specifically for Local Authorities and NHS primary care services on school-based interventions to prevent the uptake of smoking among children. HS intends to produce a Commentary on that Guidance when it is published.
3. In developing the Recommendations set out in NICEPHG014, NICE's Public Health Interventions Advisory Committee (PHIAC) considered a review of evidence of effectiveness, qualitative and quantitative research with children and young people, an economic appraisal (comprising a review of economic evaluations and a cost effectiveness analysis), stakeholder comments, and the results of fieldwork. In this Commentary, the evidence statements cited for each of the NICEPHG014 Recommendations for action are presented immediately under the corresponding Recommendations, for ease of reference.
4. NICEPHG014 states that:
 - children who smoke become addicted to nicotine very quickly and tend to continue the habit into adulthood.
 - around two-thirds of people who have smoked took up the habit before the age of 18
 - because the risk of disease is related to the length of time a person has smoked, people who take up smoking before the age of 18 face a greater-than-average risk of developing lung cancer or heart disease
 - children and young people who smoke are 2–6 times more susceptible than their non-smoking peers to coughs, increased phlegm and wheezing; smoking can impair the growth of their lungs, and is a cause of asthma-related symptoms in childhood and adolescence.
5. NICEPHG014 indicates:
 - that mass-media and point-of-sales measures should be combined with other prevention activities as part of a comprehensive tobacco control strategy; that such a strategy is defined by the World Health Organization and others as encompassing price and regulation policies, education programmes, cessation support services and community programmes; and that the strategy should be sufficiently extensive and sustained to have a reasonable chance of success
 - that there was a paucity of evidence on how socioeconomic status and other measures of inequality might affect children and young people's response to mass-media interventions discouraging tobacco use or the effectiveness of tobacco access restrictions; and that, when implementing the Recommendations, careful consideration should be given to the potential impact on health inequalities.

6. Scottish contextual points –
- This Commentary should be read together with the following key Scottish policy and strategy documents:
 - *Scotland's Future is Smoke Free: A Smoking Prevention Action Plan* (The Scottish Government, 2008) – which set out a programme designed to dissuade children and young people from smoking that includes mass media and points-of-sale measures (see www.scotland.gov.uk/Resource/Doc/223415/0060163.pdf)
 - *A Breath of Fresh Air for Scotland – Improving Scotland's Health: The Challenge – Tobacco Control Action Plan* (Scottish Executive, 2004) – the first ever action plan on tobacco control designed specifically for Scotland, which among other things referred to 'development of a coherent, integrated long-term communications strategy to guide future prevention activity at national and local levels', and to measures against illegal sales (see www.scotland.gov.uk/Resource/Doc/26487/0013536.pdf)
 - *Better Health, Better Care: Action Plan* (The Scottish Government, 2007) www.scotland.gov.uk/Resource/Doc/206458/0054871.pdf – which among other things: highlighted the importance of smoking as 'still the biggest cause of premature death in Scotland, especially in disadvantaged communities'; referred to the increasing of the minimum age for purchasing tobacco from 16 to 18 years; and expressed commitment to develop the above Smoking Prevention Action Plan
 - *Equally Well: Report of the Ministerial Task Force on Health Inequalities* (The Scottish Government, 2008) – recommendation 51 in which stated: 'It should be a key priority within the Government's smoking strategy that NHS Boards and their local partners act to prevent young people in deprived communities from smoking, and to provide more effective support to smokers in those communities to quit' (see www.scotland.gov.uk/Resource/Doc/229649/0062206.pdf)
 - *Equally Well Implementation Plan* (The Scottish Government, 2008) – which set out actions on Equally Well recommendation 51, including implementation of the Smoking Prevention Action Plan and launch of the Enhanced Tobacco Sales Enforcement Programme (which identifies new targets for an outcomes-focused scheme to secure more rigorous enforcement of tobacco sales law); it also placed social marketing addressing smoking in the wider context of The Scottish Government's Health Improvement Social Marketing Strategy (within which discouraging children and young people from smoking is an important focus); see www.scotland.gov.uk/Resource/Doc/254248/0075274.pdf).
 - *Scotland's Future is Smoke Free: A Smoking Prevention Action Plan* set out targets to reduce the level of smoking amongst:
 - 13 year-old girls from 5% in 2006 to 3% in 2014; 13 year-old boys from 3% in 2006 to 2% in 2014
 - 15 year-old girls from 18% in 2006 to 14% in 2014; 15 year-old boys from 12% in 2006 to 9% in 2014
 - 16 to 24 year-olds from 26.5% in 2006 to 22.9% in 2012.
 - Other specific Scottish contextual considerations are highlighted where relevant in this Commentary.

NICEPHG014 Recommendations for action, and NHS Health Scotland Comments/Conclusions

NHS Health Scotland Notes:

The 5 Recommendations for action in NICEPHG014 are presented under 2 headings: 'Mass media' and 'Illegal sales'. The 3 'Mass media' Recommendations respectively relate to the following themes: campaign development; campaign messages; and campaign strategies.

The full NHS Health Scotland Commentary presents the NICE action Recommendations verbatim, with each followed by NHS Health Scotland Comments/Conclusions. **In this Summary version of the Commentary, composites of the NICEPHG014 action Recommendations and the corresponding NHS Health Scotland Comments/Conclusions are presented** for the sake of simplicity and clarity. Text taken direct from NICEPHG014 is in plain font; additional or amending NHS Health Scotland text is in *italics*. **In each case, the composite text presents the position arrived at by NHS Health Scotland in producing the Commentary.** It should be noted that in the case of Recommendation 4 NICEPHG014's last sub-point under the first bulleted main action point has been deleted as not applicable to Scotland (see full text Commentary for details).

A. Mass media

Recommendation 1 (campaign development), *with NHS Health Scotland text in italics*

Target population

- Children and young people under 18.

Who should take action?

(subject to adaptation to fit Scottish scale, organisational arrangements/responsibilities and professional roles)

- Organisers and planners of national, regional and local mass-media campaigns.
- Local and regional commissioners and planners (including regional tobacco programme managers) with a remit to improve the health and wellbeing of children and young people under 18. This includes those working in the NHS, local authorities and tobacco control alliances.

What action should they take?

(subject to adaptation to fit Scottish scale, organisational arrangements/responsibilities and professional roles)

- Develop national, regional or local mass-media campaigns to prevent the uptake of smoking among young people under 18. The campaigns should:
 - be informed by research that identifies and understands the target audiences
 - consider groups which epidemiological data indicate have higher than average or rising rates of smoking
 - be developed in partnership with: national, regional and local government and non-governmental organisations, the NHS, children and young people, media professionals (using their best practice), healthcare professionals, public relations agencies and local anti-tobacco activists
 - *be set within longer-term communication strategies, and wider smoking prevention and tobacco control strategies.*
- The campaign(s) should not be developed in conjunction with the tobacco industry.

Recommendation 1 (campaign development), contd – Scottish contextual points

- *One of the action points set out in 'Scotland's Future is Smoke Free: A Smoking Prevention Action Plan' (The Scottish Government, 2008) was: 'To ensure as part of the youth strand of the HISMS [Health Improvement Social Marketing Strategy] an ongoing multi-stranded media campaign is in place to discourage uptake of smoking by young people'. Another action point was 'To consider, as part of the collaborative planning and approval mechanisms under the HISMS, the value of developing a multi-faceted campaign, integrated with local services and initiatives and engaging the full range of health and other professionals, which is targeted at parents to raise awareness of the impact of tobacco on their children's health, including for second-hand smoke, specifically aimed at encouraging smoke-free lifestyles, homes and family vehicles. (See www.scotland.gov.uk/Publications/2008/05/19144342/13.)*
- *Existing sub-national infrastructure in Scotland relevant to tobacco prevention activities includes local tobacco control alliances (see www.ashscotland.org.uk/ash/5144.781.781.html), and youth/tobacco-related posts in some NHS Boards.*

Recommendation 2 (campaign messages)
with NHS Health Scotland text in italics

Target population

- Children and young people under 18.

Who should take action?

(subject to adaptation to fit Scottish scale, organisational arrangements/ responsibilities and professional roles)

- Organisers and planners of national, regional and local mass-media campaigns.
- Local and regional commissioners and planners (including regional tobacco programme managers) with a remit to improve the health and wellbeing of children and young people under 18. This includes those working in the NHS, local authorities and tobacco control alliances.

What action should they take?

(subject to adaptation to fit Scottish scale, organisational arrangements/ responsibilities and professional roles)

- Convey messages based on strategic research and qualitative pre- and post-testing with the target audiences. These could include messages that:
 - elicit a strong, negative emotional reaction (eg loss, disgust, fear) while providing sources of further information and support
 - portray tobacco as a deadly product, not just as a drug that is inappropriate for children and young people to use
 - use personal testimonials that children and young people can relate to
 - are presented by celebrities to whom children and young people can relate (taking care to avoid credibility and other problems)
 - empower children and young people to refuse offers of cigarettes
 - include graphic images portraying smoking's detrimental effect on health as well as appearance (for example, its effect on the appearance of skin and teeth).
- Repeat the messages in a number of ways and regularly update them to keep the audience's attention.

Recommendation 2 (campaign messages), contd –
Scottish contextual point

- *Existing sub-national infrastructure in Scotland relevant to tobacco prevention activities includes local tobacco control alliances (see www.ashscotland.org.uk/ash/5144.781.781.html), and youth/tobacco-related posts in some NHS Boards.*

**Recommendation 3 (campaign strategies),
*with NHS Health Scotland text in italics***

Target population

- Children and young people under 18.

Who should take action?

(subject to adaptation to fit Scottish scale, organisational arrangements/responsibilities and professional roles)

- Organisers and planners of national, regional and local mass-media campaigns.
- Local and regional commissioners and planners (including regional tobacco programme managers) with a remit to improve the health and wellbeing of children and young people under 18. This includes those working in the NHS, local authorities and tobacco control alliances.

What action should they take?

(subject to adaptation to fit Scottish scale, organisational arrangements/responsibilities and professional roles)

- Use a range of strategies as part of any campaign to reduce the attractiveness of tobacco and contribute to changing society's attitude towards tobacco use, so that smoking is not considered the norm by any group. Strategies could include:
 - generating news by writing articles, commissioning newsworthy research and issuing press releases
 - using posters, brochures and other materials to promote the campaign
 - using opportunities arising from new media.
- The campaign(s) should not be delivered in conjunction with (or supported by) the tobacco industry.
- National campaigns should exploit the full range of media used by children and young people, including television advertising. *NHS Health Scotland Note – There is a need to consider that the potential impact of health education television advertisements on children and young people may have been weakened in the last 10 years with the emergence of newer modes of communication, such as web- and mobile telephone-based; and there is need for caution in assuming that evidence relating to health education television advertising can be extrapolated to newer media.*
- Regional and local campaigns should build on, and be integrated with, a national communications strategy to tackle tobacco use. Regional campaigns should use regional press and radio (local campaigns should use local press and radio) to reach specific audiences and to get unpaid coverage in the press. They should also use regional and local networks (as appropriate) to generate as much publicity as possible.
- Effective practice, including effective local and regional media messages, should be shared locally, regionally and nationally.
- *Campaigns should be planned to run for at least 2 years, to be monitored and evaluated, and to be continued and/or developed for as long as they appear to be contributing effectively to the overall strategy.*
- Use process and outcome measures to ensure campaigns are being delivered correctly and effectively. For recommendations on the principles of evaluation, see the *NHS Health Scotland Commentary on NICE Public Health Guidance 6 – 'Behaviour change at population, community and individual levels' – available at www.healthscotland.com/scotlands-health/evidence/NICE.aspx.*

**Recommendation 3 (campaign strategies), contd –
Scottish contextual point**

- Existing sub-national infrastructure in Scotland relevant to tobacco prevention activities includes local tobacco control alliances (see www.ashscotland.org.uk/ash/5144.781.781.html), and youth/tobacco-related posts in some NHS Boards.

B. Illegal sales

**Recommendation 4 (illegal sales),
with NHS Health Scotland text in italics**

Target population

- Children and young people under 18.

Who should take action?

- National government.

What action should they take?

(subject to adaptation to fit Scottish governmental, legal and organisational arrangements/responsibilities/roles, including recognition that the Local Better Regulation Office has no responsibilities in connection with tobacco sales in Scotland)

- Support better enforcement of existing legislation by:
 - working with the Local Better Regulation Office to make illegal tobacco sales a higher priority for local authorities, thereby increasing inspection and enforcement activities
 - encouraging and providing all local authorities with support to:
 - enforce legislation to prevent under-age tobacco sales, in accordance with their statutory role and best practice
 - undertake regular audits of test purchasing to ensure consistent practice and enforcement
 - encouraging national organisations and local authorities to provide education and training programmes for trading standards officers
 - working with government agencies and national organisations to ensure retailers and others, such as publicans, are aware of legislation on under-age tobacco sales (including the fact that it covers vending machines)
- Ensure enforcement efforts are sustained over a number of years.

NHS Health Scotland Note – The illegal sale of illicit (contraband or smuggled) tobacco is a matter for HM Revenue & Customs (HMRC) rather than Local Authorities.

**Recommendation 4 (illegal sales), contd –
Scottish contextual point**

- 'A Practical Guide to Test Purchasing in Scotland' (The Scottish Government, 2007) sets out guidance for authorities and agencies (mainly Local Authorities and Police Forces) involved in the conduct of test purchasing operations involving children and young people and the sale of age-restricted products/goods (see www.scotland.gov.uk/Publications/2007/10/25155751).

**Recommendation 5 (illegal sales),
with NHS Health Scotland text in italics**

Target population

- Retailers.

Who should take action?

- *Local Authorities, including their Trading Standards Services.*

What action should they take?

(subject to adaptation to fit Scottish governmental, legal and organisational arrangements/responsibilities/roles, including recognition that the Local Better Regulation Office has no responsibilities in connection with tobacco sales in Scotland)

- Ensure retailers are aware of legislation prohibiting under-age tobacco sales by:
 - providing training and guidance on how to avoid illegal sales
 - encouraging them to:
 - request proof of age from anyone who appears younger than 18 who attempts to buy cigarettes and get it verified. (Examples of proof-of-age include a passport or driving licence or cards bearing the nationally-accredited 'PASS' hologram) *NHS Health Scotland Note – Trading Standards Services in Scotland suggest, on a precautionary basis, that proof of age be requested from anyone who appears younger than 21 who attempts to buy cigarettes.*
 - complete the 'Age restricted products refusal register' for each tobacco sale refused on the grounds of age
 - running campaigns to publicise the legislation. These could include details of possible fines that retailers can face, where tobacco is being sold illegally and successful local prosecutions, as well as health information.
- Make it as difficult as possible for young people under 18 to get cigarettes and other tobacco products. In particular, exercise a statutory duty under the Children and Young Persons (protection from tobacco) Act 1991 to prevent under-age sales by:
 - *reporting to the Procurator Fiscal retailers who knowingly or persistently break the law*
 - taking enforcement action if tobacco vending machines are being used by children and young people under 18
 - undertaking test purchases each year, using local data to detect breaches in the law and auditing them regularly to ensure consistent practice across all local authorities.
- Ensure owners of vending machines and those who have them on their premises take all reasonable precautions to prevent under-age tobacco sales, in accordance with the law.
- Give practical advice on how to avoid illegal sales via vending machines (for example, they should be located in places where they can easily be controlled or supervised). The National Association of Cigarette Machine Operators (NACMO) has issued guidance on the positioning of vending machines.
- Work with other agencies to identify areas where under-age tobacco sales are a particular problem.
- Work with the Local Better Regulation Office to improve inspection and enforcement activities related to illegal tobacco sales.

(Contd over)

Recommendation 5 (illegal sales), contd

- Assess whether an advocacy campaign is needed to support enforcement. Any such campaign should be run in accordance with best practice and provide a clear, published statement on how to deal with under-age tobacco sales.
- Actively discourage use of enforcement and related campaigns developed by the tobacco industry.
- Ensure efforts to reduce illegal tobacco sales by retailers are sustained.

Recommendation 5 (illegal sales), contd – Scottish contextual point

- *'A Practical Guide to Test Purchasing in Scotland' (The Scottish Government, 2007) sets out guidance for authorities and agencies (mainly Local Authorities and Police Forces) involved in the conduct of test purchasing operations involving children and young people and the sale of age-restricted products/goods (see www.scotland.gov.uk/Publications/2007/10/25155751/2).*

NICEPHG014 Recommendations for Research, and NHS Health Scotland Comments/Conclusions

Recommendations for Research

NICEPHG014 PHAC recommends that the following research questions should be addressed to improve the evidence relating to mass-media and point-of-sales measures to prevent smoking uptake by children and young people. It notes that 'effectiveness' in this context relates not only to the size of the effect, but also to cost effectiveness, duration of effect and harmful/negative effects.

1. Can interventions using new media help delay and/or prevent the uptake of smoking among children and young people in the UK?
2. What impact do socioeconomic factors (such as the social class of the target population) have on the effectiveness mass-media campaigns?
3. Would the US-based 'Truth' campaign be effective in the UK? (For details see 'Interventions to prevent the uptake of smoking in children and young people' at www.nice.org.uk/PH014)
4. What impact do socioeconomic factors (such as the social class of the target population) have on the effectiveness of measures to reduce illegal sales?
5. Do UK purchasing restrictions lead children and young people under 18 to buy cigarettes from unofficial sources? If so, how much tobacco are they buying from them and where are these sources?

HS Comments/Conclusions

Recommendations for Research supported.

NHS Health Scotland named officers for the NHS Health Scotland Commentary on NICEPHG014

- Ms Serena Meloni, when Public Health Adviser, Evidence for Action (Lead Officer – drafting, and collaboration with Reference Group)
- Dr Andrew Tannahill, Head of Evidence for Action (Sign-off Officer – sign-off on behalf of Health Scotland)

Members of Reference Group for Commentary on NICEPHG014

- Ms Philippa Bonella, Director of Information and Communications, ASH Scotland
- Ms Chrissie Fairclough, Head of Corporate Communication, NHS Health Scotland
- Prof Gerard Hastings, Professor of Social Marketing and Director of the Institute for Social Marketing and the Cancer Research UK Centre for Tobacco Control Research, University of Stirling and Open University
- Ms Nuala Healy, Health Improvement Programme Manager (Young People), NHS Health Scotland
- Ms Kerry McKenzie, Health Improvement Programme Manager (Tobacco), NHS Health Scotland
- Mr David Thomson, Chief Trading Standards Officer, South Ayrshire Council and Chair of SCOTSS (Society of Chief Officers of Trading Standards in Scotland)
- Miss Anna Wallace, when Policy Manager, Tobacco Control Unit, The Scottish Government