

APPENDICIES

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A REVIEW SCOPING DOCUMENT

1	SUBJECT	Tobacco Control
2	COMMITTEE	Health, Housing and Adult Social Care Overview & Scrutiny Committee
3	REVIEW GROUP	<ul style="list-style-type: none"> • Sir David Williams (Lead Member) – TBC • Cllr Butler • Cllr Coombs • Cllr Elloy • Cllr Jones • Cllr Nicholson • Margaret Dangoor
4	AIMS/ OBJECTIVES/ OUTCOMES	<p>AIMS/ OBJECTIVES: To aid in the policy development of the Tobacco Control Plan</p> <p>OUTCOME: A more robust and wide reaching plan for Richmond (possibly in conjunction with Kingston) is developed</p>
5	MEASURES OF SUCCESS OF REVIEW	<p>The Tobacco Control Alliance feels there scrutiny has added useful input and insight into refreshing the current strategy.</p> <p>Further reduce uptake and prevalence of tobacco use as already monitored by the PCT and NHS and to be fed to the new Health and Well-Being Board once it is up and running.</p>
6	SCOPE	<p>To evaluate Richmond's current Tobacco Control Strategy in light of the Healthy Lives, Healthy People: A Tobacco Control Plan for England, gather evidence from a number of professionals and from Young People on how to further develop the existing plan.</p> <p>To make recommendations, where appropriate, for a more robust plan to be put in place.</p>
7	SERVICE PRIORITIES / KEY THEME (Corporate/Dept)	<p><u>Priority:</u> Caring for the most vulnerable in our community</p> <p><u>Key Theme:</u> Delivering for our Community</p>
8	REVIEW SPONSOR	Health, Housing and Adult Social Care Overview & Scrutiny Committee
9	ACCOUNTABLE MANAGER	Laura Latham, Assistant Head, Democratic Services
10	SUPPORT OFFICER	Ofordi Nabokei, Scrutiny Officer
11	ADMINISTRATIVE SUPPORT	None
12	EXTERNAL INPUT	Stakeholders: Health, Young People, Youth Council, Trading Standards, HMRC, Gerard Hastings
13	METHODOLOGY	<p>Investigation into Tobacco Control involves component parts:</p> <ol style="list-style-type: none"> 1. Look at existing policy, guidance and best practice relating to Tobacco Control. 2. Ascertaining and establishing the effectiveness of existing Tobacco Control Plan and actions being undertaken by the Tobacco Control Alliance within the borough by investigating what currently exists, how it

		<p>3. Witness sessions with professionals and stakeholders in order to gather information and views regarding Tobacco Control and how it should be further developed.</p> <p>4. Investigate other controls and actions that could be used to help minimise the up-take, prevalence, health and other related harms associated with tobacco use.</p> <p>5. Commission the Youth Council to conduct research and write a report regarding Tobacco Control and Young People, the reasons why take up smoking, the relationship between cannabis, alcohol and tobacco; and effective measures to disincentivise Tobacco use.</p> <p>6. Analyse and evaluate the information received and the evidence gathered and make a recommendation to O&S and taking into account the current Health reforms.</p> <p>Beginning in mid-January, it is expected that the review will report to O&S in 2012</p>
14	EQUALITY IMPLICATIONS	Help to reduce health inequality in the borough.
15	ASSUMPTIONS/ CONSTRAINTS	
16	SECTION IMPLICATIONS	17 None
17	TIMESCALE	Report to be submitted to O&S by winter 2012
18	RESOURCE COMMITMENTS	Scrutiny Officer
19	REPORT AUTHOR	Ofordi Nabokei with Chair and Task Group
20	REPORTING ARRANGEMENTS	<p>Outline of formal reporting process:</p> <p>To Service Director [] TBC but prior to 10th February</p> <p>To Portfolio Holder [] TBC but prior to 10th February</p> <p>To CMT []</p> <p>When.....N/A.....</p> <p>To Cabinet []</p> <p>When.....N/A.....</p>
21	FOLLOW UP ARRANGEMENTS (proposals)	

B TIMETABLE OF MEETINGS, WITNESSES & EVENTS

Meeting	Date	Attendees
1	11 January 2012	<ul style="list-style-type: none"> ○ Tobacco Control Task Group ○ Ofordi Nabokei, Scrutiny Officer
2	25 January 2012	<ul style="list-style-type: none"> ○ Emma Seria-Walker, Acting Consultant in Public Health, Richmond Borough Team, NHS South West London ○ Tobacco Control Task Group
3	28 February 2012	<ul style="list-style-type: none"> ○ Dr Dagmar Zeuner, Director of Public Health (Richmond) ○ Emma Seria-Walker, Acting Consultant in Public Health, Richmond Borough Team, NHS South West London ○ Sir David Williams ○ Ofordi Nabokei, Scrutiny Officer
4	29 February 2012	<ul style="list-style-type: none"> ○ Ben Skelton, Area Youth Work Lead, LBRuT ○ Margaret Dangoor (Co-opted member) ○ Cllr Elloy ○ Cllr Jones ○ Cllr Nicholson ○ Sir David Williams ○ Ofordi Nabokei, Scrutiny Officer
5	21 March 2012	<ul style="list-style-type: none"> ○ Rob Harvey, Trading Standards Team Leader, LBRuT ○ Cllr Butler ○ Cllr Elloy ○ Cllr Jones ○ Cllr Nicholson ○ Sir David Williams ○ Ofordi Nabokei, Scrutiny Officer
6	26 March 2012	<p>Event: Tobacco Control Alliance Clear Model Discussion</p> <ul style="list-style-type: none"> ○ Sir David Williams ○ Ofordi Nabokei, Scrutiny Officer
7	18 April 2012	<ul style="list-style-type: none"> ○ Richmond Youth Council ○ Michael Connor, Youth Engagement Lead LBRuT ○ Lucy Chisholm, NHS South West London ○ Louise Duffy, Health Improvement Lead, NHS South West London, Richmond Borough Team ○ Cllr Butler ○ Cllr Elloy

		<ul style="list-style-type: none"> ○ Cllr Jones ○ Cllr Nicholson ○ Sir David Williams ○ Ofordi Nabokei Scrutiny Officer
8	2 May 2012	<ul style="list-style-type: none"> ○ Serena Masters, Area Youth Work Lead. LBRuT ○ Cllr Elloy ○ Cllr Nicholson ○ Sir David Williams ○ Ofordi Nabokei Scrutiny Officer
9	16 May 2012	<ul style="list-style-type: none"> ○ Michelle Chambers Community Substance Misuse Nurse Richmond Community Drug & Alcohol Team (RCDAT). ○ Elaine England, Lead Inspector, Curriculum and Learning (EYFS to KS3), LBRuT ○ Cllr Elloy ○ Cllr Nicholson ○ Sir David Williams ○ Ofordi Nabokei Scrutiny Officer
10	21 May 2012	<ul style="list-style-type: none"> ○ Richmond and Kingston's Tobacco Control Alliance ○ Cllr Elloy ○ Cllr Nicholson ○ Sir David Williams ○ Ofordi Nabokei Scrutiny Officer
11	28 May 2012	Event: Professor Gerard Hastings talk on Tobacco Control
12	30 May 2012	<ul style="list-style-type: none"> ○ Paul Rigby Borough Commander, Richmond upon Thames, London Fire Brigade ○ Ben Moore, Station Manager, Richmond Fire Station, London Fire Brigade. ○ Mr Burke, Head Teacher Christ School ○ Dr Demont, Head Teacher, Hampton Academy. ○ Dr Nicholas Jackman, General Practitioner ○ Cllr Butler ○ Margaret Dangoor (Co-opted member) ○ Cllr Elloy ○ Cllr Jones ○ Cllr Nicholson ○ Sir David Williams ○ Ofordi Nabokei Scrutiny Officer

13	6 June 2012	<ul style="list-style-type: none"> o Graham Lewis, General Practitioner o Cllr Jones o Sir David Williams o Ofordi Nabokei Scrutiny Officer
14	20 June 2012	<ul style="list-style-type: none"> o Terry Silverstone, Chief Executive of the Local Pharmacist Committee Kingston and Richmond, o Mukesh Shah Pharmacist o Raj, Rohilla, Pharmacist o Sam Hedayati Pharmacist o Cllr Elloy o Cllr Nicholson o Sir David Williams o Ofordi Nabokei Scrutiny Officer

C WRITTEN EVIDENCE SUBMITTED TO THE TASK GROUP

Submitted by	Issues
Richmond Borough Police	<ul style="list-style-type: none"> o Written response
Richmond Safer Neighbourhoods Team	<ul style="list-style-type: none"> o Written response
Meadlands School	<ul style="list-style-type: none"> o Written response
Richmond Fire Brigade	<ul style="list-style-type: none"> o Briefing on RIP Cigarettes o Information on the number of fires in London compared to Richmond upon Thames
Public Health	<ul style="list-style-type: none"> o Ash Reckoner o Data from RYC Peer Research o Clear Model o Papers from the Kingston and Richmond Tobacco Control Alliance.
RYC	<ul style="list-style-type: none"> o Peer research findings and presentation to task group.

D RICHMOND YOUTH COUNCIL'S PEER RESEARCH MANAGEMENT SUMMARY, FINDINGS & PRESENTATION.

Richmond Youth Council

Young people and smoking in Richmond upon Thames Research Management summary

1. Background and objectives

This document provides a draft summary of the findings from the survey and interviews with young people on tobacco, cannabis and alcohol.

Richmond Youth Council (RYC) were approached by the overview and scrutiny panel to conduct peer research to gauge young people's opinions and experiences of youth smoking in the borough. The purpose of this project was also to explore the relationship between smoking tobacco, cannabis use and alcohol consumption. The specific aims of the project were:

- To identify the reasons why young people do or don't smoke.
- To find out what may stop a young person from quitting smoking.
- To see how young people view local provision and education around smoking.
- To find out what young people think they should know about the issues of smoking.

The RYC worked in partnership with NHS Richmond to deliver this project.

2. Methods

The project included three main data collection methods:

- *Smoking survey conducted by peer researchers*

RYC members were trained as peer researchers and developed a survey which they used to interview young people. This survey only focussed on smoking tobacco.

- *Self completion survey distributed to secondary schools and youth clubs across the borough*

Questionnaires were distributed to all schools in the borough and mirrored the survey used by peer researchers. The questionnaires were also available to complete online. Six schools and youth clubs responded to the questionnaires.

A total of 911 questionnaires were received. This included 123 online completions, 150 survey interviews conducted by Youth Council members and 638 self-completion questionnaires.

- *Qualitative interviews on tobacco, cannabis and alcohol consumption.*

Qualitative Interviews were carried out separately with young people who were known to smoke cannabis and drink alcohol. It was felt that this approach would be more effective in gleaning the relationship between the three behaviours and would keep the survey simple for peer researchers to use. Three one to one interviews were conducted with two males (aged 17 and 18 years) and one female (aged 18 years), and one focus group was conducted comprising three males (aged 11 years, 13 years and 16 years). The interviews were conducted by a qualified researcher. In addition, a school council session was run by a youth worker.

3. Main findings

3.1 Peer research and self completion survey

- Nearly half of those surveyed (48%) said smoking is a problem amongst young people in Richmond. 25% said it wasn't a problem; 27% said they did not know.
- Education on the topic was rated least favourably by the young people who smoke. A total of 72% of young people who smoke occasionally or regularly rated education

they have received as 'okay' or 'poor', compared to 24% of young people who do not smoke.

- Increasing the price of tobacco is seen to be the most current effective deterrent to encouraging young people to quit smoking (73% stated very or quite effective). This was closely followed by education of the health risks (70% very or quite effective) and banning smoking in public places/workplace (69% very or quite effective).
- Many young people do not know where to go to obtain support to help them quit. Nearly twice as many young people did not know where to go if they wanted advice about quitting smoking compared to young people who did know (48% versus 25%).
- Most young people (83%) reported that they currently don't smoke. Of these, a quarter had *'tried smoking once or twice'* and 5% indicated that they *'used to smoke but don't now'*. A total of 18% of young people reported that they smoke occasionally (less than one cigarette a week) or regularly.
- The proportion of young people who reported that they smoke regularly or occasionally (less than one cigarette a week) increases with age. Almost six times as many young people aged 16+ years smoke regularly or occasionally (23%) compared to those who are 13 years old (4%).
- A total of 4% indicated that they smoke regularly and would like to give it up. Those around young people including friends, siblings and other family members have the most influence on them starting to smoke and choosing to quit. Young people also acknowledged addiction to tobacco as a reason for not giving up. However, they tended to state that it is their responsibility to quit and will do so when they are ready.
- There is demand for peer support and stop smoking advisers to help young people to quit smoking. Young people who smoked occasionally or regularly were more likely to suggest this as a solution to quitting. They also felt it would be good to see the immediate and long term impact of the effects of smoking.
- Most young people cited parents as being responsible for helping young people to stop smoking. However, this response was more likely to be selected by young people who do not smoke; young people who smoked occasionally or regularly felt it was their own responsibility and only they could help themselves to quit smoking.

3.2 Interviews with young people about tobacco, cannabis and alcohol

- The interviews with young people who use cannabis revealed that there were no strict patterns of usage and initiation. All but one of the respondents smoked both tobacco and cannabis. Some respondents started smoking cannabis first and then moved to standard cigarettes because they could no longer afford cannabis or opted to smoke cigarettes more frequently. Others said they started smoking first and then tried cannabis, which they now smoke more regularly.
- Some respondents preferred to smoke cannabis alone while others would only smoke with at least one other person *'I wouldn't do it by myself; 'If you're with loads of mates or with one mate'. 'Sometimes I do it by myself and prefer it that way'*.
- The perception of cannabis amongst users was that it is not as harmful or addictive as other drugs. *'I won't try any other drugs, to me you can't overdose on cannabis'*. The ease of access and price was also a reason why they engaged in this substance as opposed to others. *'Weed is the easiest to get and it's the drug that most people do, it's the cheapest. It's not very damaging.'*
- Respondents who smoked cannabis indicated how accessible it was; whilst it wasn't visibly available it was *'only a phone call away'*. One respondent described how his local estate had a lot of people that smoked and sold cannabis and that exposure to it in this way may have contributed to him starting: *'where I grew up there's a lot of people that smoke weed. On my estate there's about 30 people who sell weed, it's everywhere'*.
- Some young people interviewed felt that alcohol produced different effects to cannabis and that the situation or occasion determined their choice of substance use. For example, if they were going to a party then they may want to socialise and felt that alcohol was better for this occasion. *'Sometimes I prefer to go out and get drunk with my mates. It's more of a social thing'; 'If there was people [sic] at a party*

and it was loud music and dancing I'd rather just have a drink and dance. I smoke weed when I want to just chill out, no loud music, just loud enough to you can talk, play on play station, watch a film or TV, just sitting down and relaxing.'

- Young people talked openly about the negatives of smoking cannabis and the association of risky behaviours with alcohol and cannabis. Respondents were shown cards with different situations that are known to often occur as a result of alcohol or cannabis use. The most common of these that young people reported they had experienced were:
 - Accident or injury
 - Fight with friends or someone you don't know
 - Unprotected sex or sex that they regretted the next day
 - Problems with school work
 - Problems with family.
 - They also described how it affected their motivation and energy levels.

4. Recommendations

The RYC have made the following recommendations following their research.

- Peer to peer education
 - Train young people to provide programmes within their schools i.e. School Councils
- Make smoking less socially acceptable
 - Ban/uphold smoking on all public places including schools, youth clubs, park play areas
- Better promotion of advice:
 - Places young people can go
 - People who are there to support them
 - Advice is easy to obtain and non-judgmental
 - Access to counseling for young people who smoke cannabis
- Exploring other ways of reducing stress
 - Getting involved in recreational activities.

**RICHMOND YOUTH COUNCIL PRESENTATION TO THE
TOBACCO CONTROL TASK GROUP**



**Young People and smoking in
Richmond upon Thames**

**Peer Research project - Richmond
Youth Council**

Wednesday 18th April 2012

Background

- Richmond Youth Council is a youth engagement and participation programme
- RYC is a representative group of young people who represent the voice of young people in Richmond
- The Council Youth Service deliver this programme and have lead on this scrutiny project in partnership with NHS Richmond.

How we got involved

- RYC were approached by the scrutiny panel to conduct peer research to gauge young peoples' opinions on youth smoking in the borough.
- As part of this peer research project, we undertook training to learn how to effectively conduct research, interview techniques and data analysis.

Aims

- To identify the reasons why young people do or don't smoke.
- To find out what may stop a young person from quitting smoking.
- To see how young people view local provision and education around smoking.
- To find out what young people think they should know about the issues of smoking.



RYC Research Objectives

- To raise awareness around the reasons why young people smoke.
- To explore the effectiveness of anti-smoking campaigns.
- To find out what would make young people stop smoking.
- To find out if young people know where to go to get advice to enable them to stop smoking.
- To find out from young people about the best methods of raising awareness around the damage caused by smoking.
- To find out if there is a connection between parents who smoke and their children.
- To see if early intervention in smoking is effective for smoking prevention.
- To evaluate the effectiveness of smoking prevention and support programmes.
- To find out if young people know the legalities of smoking.
- To discover from young people who they feel should be responsible for helping them to quit smoking.
- To find out how young people who are under 16 can obtain cigarettes.

Peer research training outcomes

- The training provided confidence in approaching interviewees.
- We learnt effective ways of conducting interviews with appropriate interview techniques.
- We gained an understanding of the process of data gathering.
- We learnt the difference between qualitative and quantitative data.
- We developed skills to conduct ourselves safely during an interview.
- We helped to design the questionnaire and tested it during the peer research training.



Peer to peer interviews

- RYC members each had to conduct 15 interviews with young people.
- Each of us conducted the interviews in various places, but we mainly concentrated our efforts within schools, colleges, youth clubs and local high streets.
- We each had to try and gain a representative sample of respondents, especially in terms of the numbers of smokers and non-smokers we interviewed.
- This approach enabled us to discover the views of the largest possible number of young people, and not just a small, specific sample. This means that our results and findings are more valid.

The project also included self completion questionnaire and qualitative interviews

- Questionnaires were distributed to all schools in the borough.
- The questionnaires were also available to complete online.
- Six schools and youth clubs responded to our questionnaires:
 - Teddington - Harrodian
 - Orleans Park - Heatham House
 - Waldegrave - Ham Youth Club
- Qualitative interviews with young people who smoke, use cannabis and alcohol were used to explore the relationship between these three substances. Three one to one interviews and one focus group were conducted.
- All questionnaire data was entered and processed to create data tables.



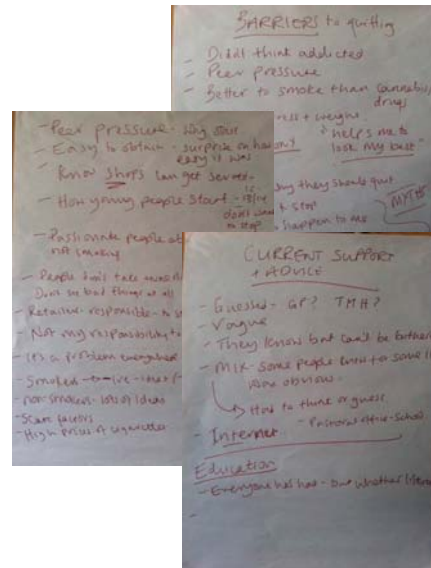
Sample size

Answer Options	Are you...?			Response Percent	Response Count
	Male	Female	Prefer not to say/ No response		
12 years	9	8	10	3.0%	27
13 years	65	69	2	15.0%	136
14 years	106	123	9	26.3%	238
15 years	125	116	18	28.6%	259
16 years	88	110	20	23.5%	218
17 years	6	8	0	1.5%	14
18 years	6	3	0	1.0%	9
19 years	3	4	3	1.1%	10
TOTAL					911

- 911 responses in total:
 - 123 online completions
 - 150 survey interviews conducted by Youth Council members
 - 638 self-completion questionnaires

Analysis session

- A session focused on the group analysis of data was conducted in April.
- The purpose of the analysis sessions were:
 - To explore what we found.
 - To analyse the data from our interviews and questionnaires.
 - To discuss the meaning of our findings and our recommendations
 - To prepare a presentation



OUR FINDINGS

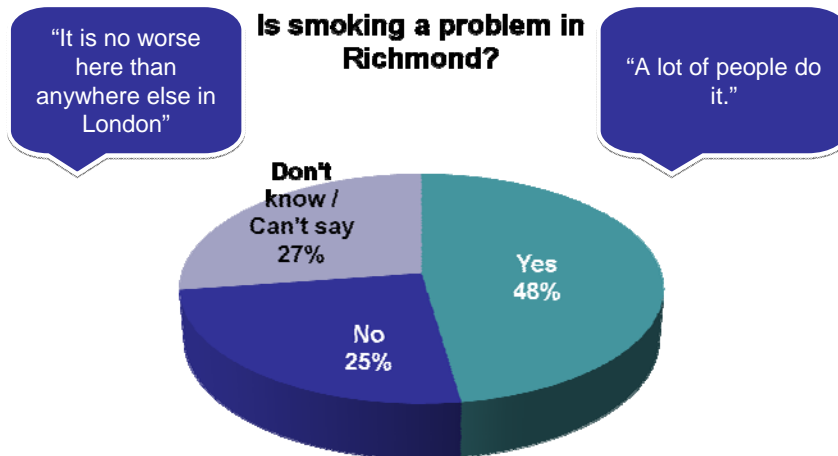



Richmond

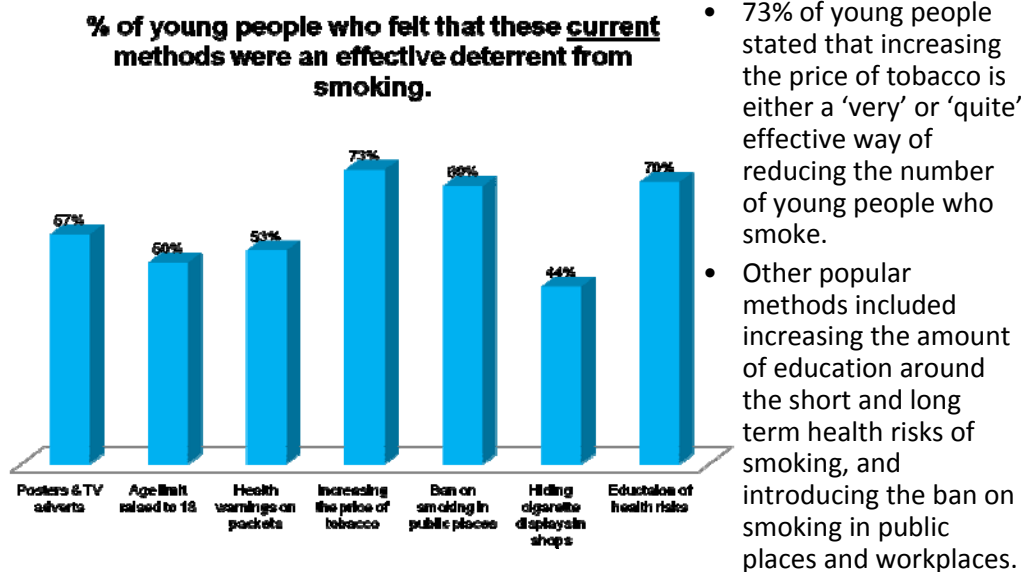
Summary of findings

- 48% of those surveyed said smoking is a problem amongst young people in Richmond. 25% said it wasn't a problem; 27% said they did not know.
- Education on the topic may not be sufficient – and rated least favourably by the young people who smoke.
- Increasing the price of tobacco is seen to be the most current effective deterrent to encouraging young people to quit smoking.
- Many young people do not know where to go to obtain support to help them quit.
- Most young people don't smoke. However, 1 in 5 young people smoke occasionally or regularly and the likelihood of smoking increases as a person gets older.
- Those around young people have the most influence on them starting to smoke and choosing to quit.
- There is demand for peer support to help young people to quit smoking.

Youth smoking is a problem in Richmond



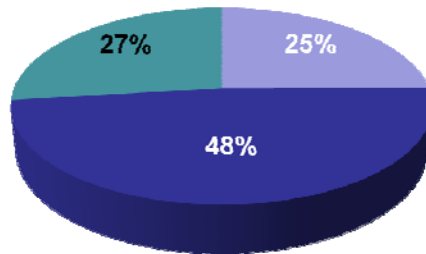
Expensive cigarettes means fewer smokers



No-one knows where to go...

Do you know where to get advice to quit smoking?

■ Yes ■ No ■ Not applicable



- Nearly twice as many young people did not know where to go if they wanted advice about quitting smoking compared to those who did.

- 40% of the young people we asked said peer support would be the best way to improve support for young people to quit smoking.

- Suggested support ideas from non-smokers was more along the route of free quit smoking packs, gum and patches.

- On the other hand, smokers said they desired more advisors, peer support and thought the impact of seeing the long term effects of smoking would be extremely effective to make young people quit

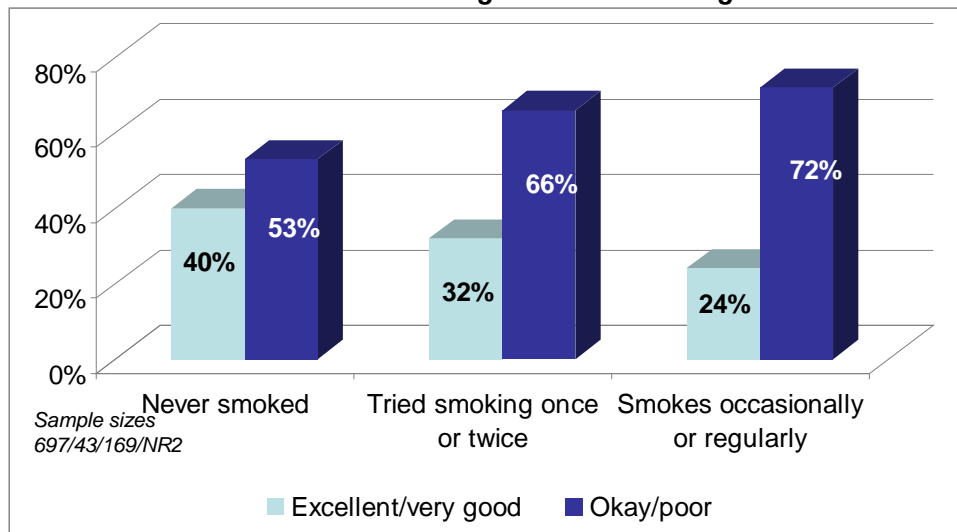
Top ideas for preventing young people from starting smoking



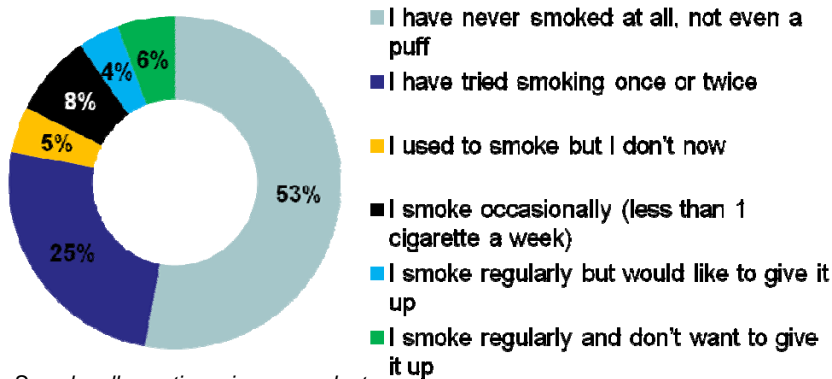
Education is key

Those who smoke are more likely to rate the education they have received around smoking as poor/ok

How would you rate the education you have received about smoking at school or college?



The majority of 13-19yr olds don't smoke but a small number reported that they smoked occasionally or regularly.



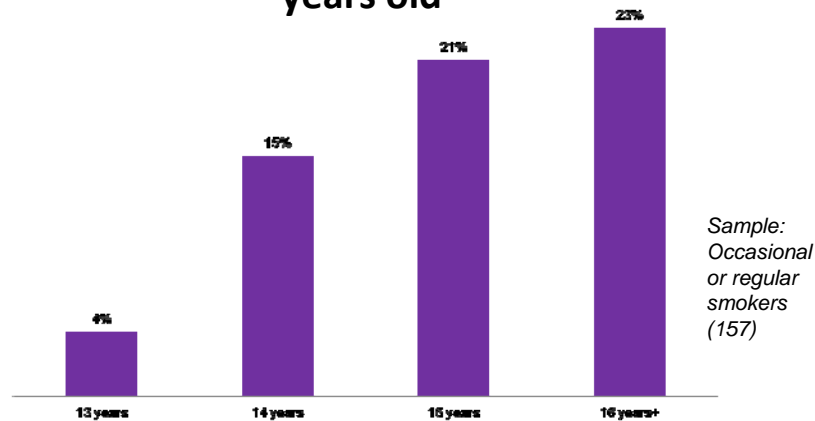
Sample: all questionnaire respondents (897/ 14 NR)

The main sources of cigarettes are:

- Purchase by older friends/ adults
- Being sold underage without an ID
- Older siblings, parents and other family members

- 1 in 10 young people smoke regularly.
- Nearly 1 in 5 smoke occasionally or regularly.
- A quarter of young people have tried smoking once or twice.

Almost 6 times as many 16+ years olds smoke occasionally or regularly than those who are 13 years old



- Most young people who smoke have at least one other person or regular visitor in their household who also smokes.

Bad health vs. social status is the difference in perspective for choosing whether to smoke or not to smoke

Non-smokers (against smoking):

- Bad for your health 211
- Disgusting 18
- Bad smell 15
- Expensive 13

"It **smells** and makes you **ugly**, it's a waste of money"

"It can **kill** you inside and out"

"I like it; it makes me **calm** and I look **cool**"

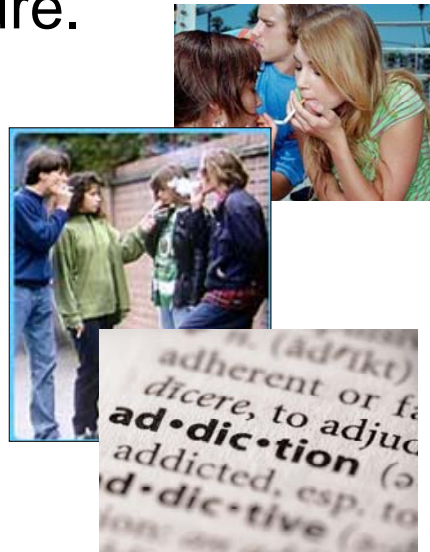
Smokers (for smoking):

- Social activity 40
- Peer pressure 26
- Relaxing 25
- Boredom 10

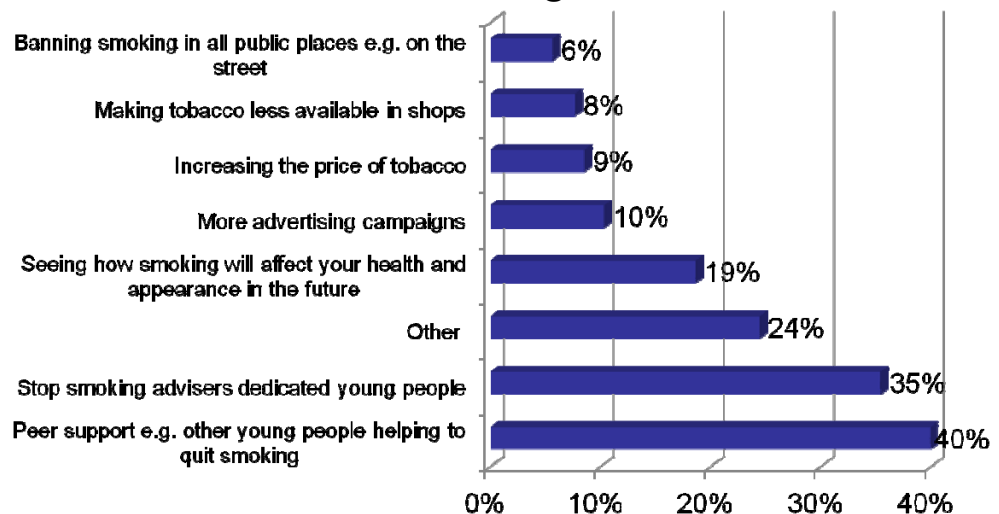
"It's what **bad men** do"

The addiction to cigarettes is not nearly as influential as peer pressure.

- Well over half of young people find those around them are the reason for them not wanting to quit smoking.
- Addiction to tobacco is the next biggest deterrent, with a third of young people saying it prevents them from quitting smoking.
- However, young people who smoke tend to think that smoking is not as bad as using other substances, e.g. taking illegal drugs.



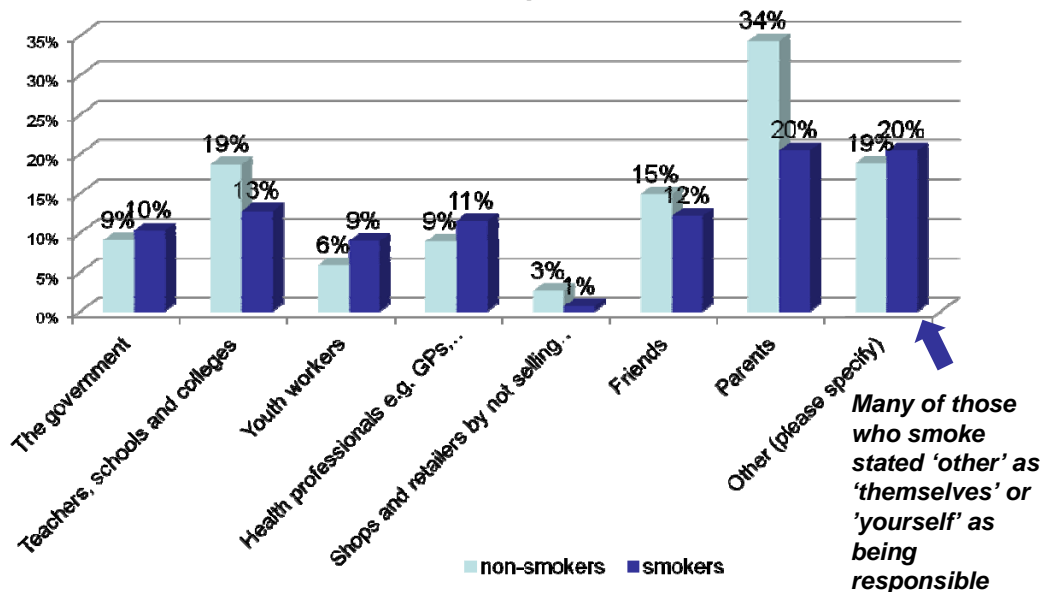
What would help young people to quit smoking?



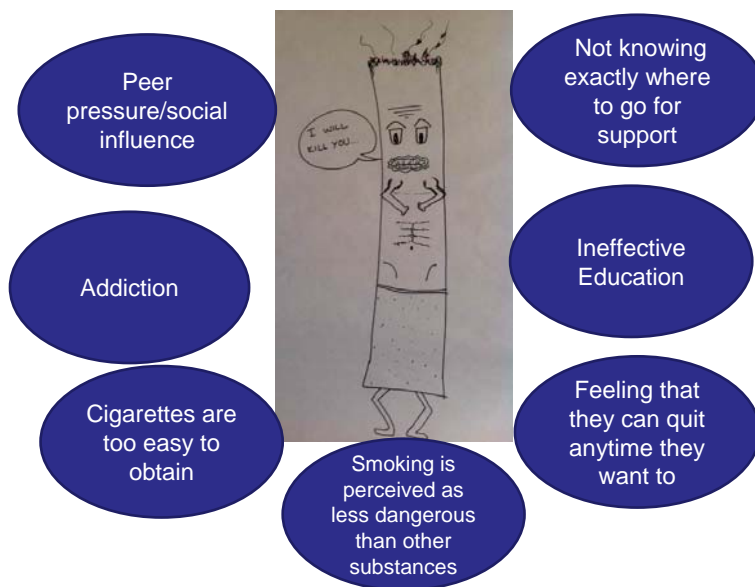
'Other' responses included:

- Real life smokers sharing their experience, e.g: with hard hitting stories.
- Graphic evidence of the dangers.
- Advertisements making it seem 'uncool'.
- More positive role models.

Who should be responsible for helping young people to stop smoking? Blame the parents?



What are the challenges to quitting or not starting to smoke?



What do we want young people to think and feel about smoking?

- To acknowledge it is their responsibility to quit – but promote the help that is available.
- It's cooler to be a non-smoker – don't be a sheep.
- Smoking can be as addictive and damaging as other drugs.
- What's the point of a beauty regime if you damage yourself by smoking?
- Quitting is the beginning and not the end.
- Not to use the label "quitter".



OUR RECOMMENDATIONS

for more
information
on lung cancer,
keep smoking.

— the lung association british columbia

Support to stop smoking or prevent starting smoking

- **Peer to peer education?**
 - Train young people to provide programmes within their schools
i.e. School Councils
- **Make smoking less socially acceptable**
 - Ban/uphold smoking on all public places including schools, youth clubs, park play areas
- **Better promotion of advice:**
 - Places young people can go
 - People who are there to support them
 - Advice is easy to obtain and non-judgmental
- **Exploring other ways of reducing stress**
 - Getting involved in recreational activities

Possible next steps

- To review and promote services that support young people with quitting smoking/preventing smoking.
- To review education around smoking in schools.
- To start a borough wide campaign.
- To increase the amount of peer mentoring for young people.
- To promote healthier ways to relieve boredom and stress.
- To make young people see what their future appearance may be if they continue to smoke.

SELF COMPLETION QUESTIONNAIRE



South West London



WE WANT TO HEAR YOUNG PEOPLE'S VIEWS ABOUT SMOKING

Richmond Youth Council is carrying out some research with 13-19 year olds about smoking. We are interested in all young people's views on smoking, regardless of whether you smoke or not. Your views are really important to us and will help us to understand why young people smoke, what can be done to stop them from taking up smoking and how they can be best supported to quit smoking. The findings of the survey will be given to Richmond upon Thames Council and will help to address smoking amongst young people.

We invite you to complete this questionnaire. It should take no longer than 10 minutes to complete. **You don't have to give your name and your responses will remain confidential.** This **is not** a test and there are no right or wrong answers. Thank you for your help! ☺

Please mark responses clearly using or and write any written responses as clearly as possible.

YOUR VIEWS ON SMOKING AND INFORMATION ABOUT STOPPING SMOKING...

1. Do you think smoking amongst young people in Richmond is a problem?

[Please tick one only]

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know/can't say	<input type="checkbox"/>

2. Can you please explain your answer? *[Please write in the box]*

--

3. How would you rate the education about smoking that you have received in school or college? *[Please tick one only]*

Excellent	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Okay	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Don't know/can't say	<input type="checkbox"/>

4. Below is a list of actions which have been taken to reduce the number of people from smoking. How effective do you think these are in preventing young people from smoking?

[Please tick one for each]

	Very effective	Quite effective	Not very effective	Don't know/ can't say
Stop smoking advertising such as posters and TV adverts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raising the age that tobacco can be sold to 18 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health warnings and pictures on cigarette packets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the price of tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ban on smoking in public places and workplaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiding the display of tobacco and cigarette packets in shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education about the short and long term health risks of smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What can be done locally to reduce the number of young people from starting smoking in the first place? *[Please write in the box]*

YOUR VIEWS ON LOCAL SUPPORT FOR YOUNG PEOPLE TO QUIT SMOKING...

6. a) How easy do you think it is for a young person to get help in Richmond to quit smoking? *[Please tick one only]*

Very easy	<input type="checkbox"/>
Quite easy	<input type="checkbox"/>
Not very easy	<input type="checkbox"/>
Don't know/can't say	<input type="checkbox"/>

b) Can you please explain your answer? *[Please write in the box]*

7. If you wanted some advice or local support about quitting smoking, would you know where to go? *[Please tick one only]*

Yes	<input type="checkbox"/>	Please state where:
No	<input type="checkbox"/>	
Not applicable	<input type="checkbox"/>	

8. How can local advice and support be improved for young people to help them quit smoking? *[Please write in the box]*

--

YOUR EXPERIENCES OF SMOKING...

9. Which statement best describes you? [Please select one only]

I have never smoked at all, not even a puff	<input type="checkbox"/>
I have tried smoking once or twice	<input type="checkbox"/>
I used to smoke but I don't now	<input type="checkbox"/>
I smoke occasionally (less than 1 cigarette a week)	<input type="checkbox"/>
I smoke regularly but would like to give it up	<input type="checkbox"/>
I smoke regularly and don't want to give it up	<input type="checkbox"/>

10. How many cigarettes have you smoked in the last seven days? [Write the number in the box, if none, write 0]

--

11. If you have smoked recently, where did you get or buy your cigarettes from?

--

12. How many people smoke, including yourself and regular visitors, on most days indoors in your home? [Write the number in the box, if none, write 0]

--

13. Based on your answer in Question 9. Can you give up to three main reasons why you smoke / do not smoke?

[Write only one reason in each box]

1.
2.
3.

SOME QUESTIONS ABOUT QUITTING SMOKING...

14. What do you think prevents you / a young person who smokes from quitting smoking? [Please write in box]

--

15. What do you think would help you / a young person who smokes to quit?

[Please write in box]

16. If you were asked to do a campaign for young people about the risks of smoking, how would you do it and what would you say? *[Please write in box]*

17. Who do you think should be responsible for helping you / young people to stop smoking? *[Please write in the box]*

18. Do you have any other suggestions or points you would like to make? *[Please write in the box]*

FINALLY, A FEW QUESTIONS ABOUT YOU...

These responses are all confidential and will not be passed on to anyone else. This helps to ensure we gather responses from a broad range of young people.

19. a) Please tell us your age:

12 years	<input type="checkbox"/>		16 years	<input type="checkbox"/>
13 years	<input type="checkbox"/>		17 years	<input type="checkbox"/>
14 years	<input type="checkbox"/>		18 years	<input type="checkbox"/>
15 years	<input type="checkbox"/>		19 years	<input type="checkbox"/>

b) Are you...?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

c) Would you describe yourself as having any learning/physical disabilities?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

d) Are you...? [If needed, ask respondent to indicate numbers]

White	1. <input type="checkbox"/> British 2. <input type="checkbox"/> Eastern European 3. <input type="checkbox"/> Irish 4. <input type="checkbox"/> Any Other White background	Mixed	15. <input type="checkbox"/> White and Black Caribbean 16. <input type="checkbox"/> White and Asian 17. <input type="checkbox"/> White and Black African 18. <input type="checkbox"/> Any Other Mixed Background
Asian or Asian British	5. <input type="checkbox"/> Indian 9. <input type="checkbox"/> British 6. <input type="checkbox"/> Afghan 10. <input type="checkbox"/> Bangladeshi 7. <input type="checkbox"/> Pakistani 8. <input type="checkbox"/> Any Other Asian Background	Black or Black British	19. <input type="checkbox"/> Caribbean 20. <input type="checkbox"/> African 21. <input type="checkbox"/> British 22. <input type="checkbox"/> Other Black Background
Other Ethnic Background	11. <input type="checkbox"/> Chinese 12. <input type="checkbox"/> Vietnamese 12. <input type="checkbox"/> Middle Eastern 14. <input type="checkbox"/> Gypsy/Traveller/Romany	Prefer not to say	23. <input type="checkbox"/> Unknown/Not Specified 24. <input type="checkbox"/> Information not yet obtained

Religion	1. <input type="checkbox"/> Christian 5. <input type="checkbox"/> Sikh 2. <input type="checkbox"/> Muslim 6. <input type="checkbox"/> Jewish 3. <input type="checkbox"/> Hindu 7. <input type="checkbox"/> Other 4. <input type="checkbox"/> Buddhist 8. <input type="checkbox"/> None 9. <input type="checkbox"/> Prefer not to say	Sexual Orientation	1. <input type="checkbox"/> Bisexual 2. <input type="checkbox"/> Gay Man 3. <input type="checkbox"/> Gay Women/Lesbian 4. <input type="checkbox"/> Hetrosexual/Straight 5. <input type="checkbox"/> Other 6. <input type="checkbox"/> Prefer not to say
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Thank you very much for taking part and helping us. 😊

Local NHS Stop Smoking Service 0800 085 2903

www.smokefreekingstonandrichmond.nhs.uk



WE WANT TO HEAR ABOUT SMOKING

YOUNG PEOPLE'S VIEWS

Hi, my name is

I represent Richmond Youth Council. We are interviewing 13-19 year olds in Richmond to get young people's views on smoking.

I have some questions which I would like to ask you. This should take no longer than 10 minutes. **You don't have to give your name and your responses will remain confidential.** Thank you for your help! ☺

Additional information: Your views are really important to us and will help us to understand why young people smoke, what can be done to stop them from taking up smoking and how they can be best supported to quit smoking. The findings of the survey will be given to Richmond Council and will help to address smoking amongst young people.

FIRST, I WANT TO ASK ABOUT YOUR VIEWS ON SMOKING AND INFORMATION ABOUT STOPPING SMOKING

1. Do you think smoking amongst young people in Richmond is a problem?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know/can't say	<input type="checkbox"/>

2. Can you please explain your answer? [Skip for those who said DK]

3. How would you rate the education about smoking that you have received in school or college? [Please tick one answer]

Excellent	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Okay	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Don't know/can't say	<input type="checkbox"/>

4. Here is a list of actions which have been taken to reduce the number of people from smoking. How effective do you think these are in preventing young people from smoking? [Please tick one for each]

	Very effective	Quite effective	Not very effective	Don't know/ can't say
Stop smoking advertising such as posters and TV adverts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raising the age that tobacco can be sold to 18 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health warnings and pictures on cigarette packets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the price of tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ban on smoking in public places and workplaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiding the display of tobacco and cigarette packets in shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education about the short and long term health risks of smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What can be done locally to reduce the number of young people from starting smoking in the first place?

NOW I'M GOING TO ASK ABOUT YOUR VIEWS ON LOCAL SUPPORT FOR YOUNG PEOPLE TO QUIT SMOKING

6. a) How easy do you think it is for a young person to get help in Richmond to quit smoking?

Very easy	<input type="checkbox"/>
Quite easy	<input type="checkbox"/>
Not very easy	<input type="checkbox"/>
Don't know/can't say	<input type="checkbox"/>

b) Can you please explain your answer?

7. If you wanted some advice or local support about quitting smoking, would you know where to go?

Yes	<input type="checkbox"/>	Please state where:
No	<input type="checkbox"/>	
Not applicable	<input type="checkbox"/>	

8. How can local advice and support be improved for young people to help them quit smoking?

THANKS FOR THOSE RESPONSES. NOW I HAVE SOME QUESTIONS ABOUT YOUR SMOKING EXPERIENCES

9. Which statement best describes you? [Please select one only]

I have never smoked at all, not even a puff	<input type="checkbox"/>
I have tried smoking once or twice	<input type="checkbox"/>
I used to smoke but I don't now	<input type="checkbox"/>
I smoke occasionally (less than 1 cigarette a week)	<input type="checkbox"/>
I smoke regularly but would like to give it up	<input type="checkbox"/>
I smoke regularly and don't want to give it up	<input type="checkbox"/>

10. How many cigarettes have you smoked in the last seven days?

11. If you have smoked recently, where did you get or buy your cigarettes from?

12. How many people smoke, including yourself and regular visitors, on most days indoors in your home?

13. Can you give up to three main reasons why you smoke / do not smoke?

1.
2.
3.

WE'RE ALMOST FINISHED. FOR THE LAST PART OF THIS QUESTIONNAIRE I WILL ASK YOU SOME QUESTIONS ABOUT QUITTING SMOKING

14. What do you think prevents you / a young person who smokes from quitting smoking? [Do not read out, tick applicable responses]

Friends / family / other people who smoke	<input type="checkbox"/>
Relieves stress and is relaxing	<input type="checkbox"/>
Tobacco is easy to buy or obtain	<input type="checkbox"/>
Smoking is less harmful than alcohol or drugs	<input type="checkbox"/>
Smoking helps to control weight	<input type="checkbox"/>
Boredom	<input type="checkbox"/>
Laws are not strict enough	<input type="checkbox"/>
Addiction to tobacco	<input type="checkbox"/>
It does not have a large effect health or appearance	<input type="checkbox"/>

Other reason:	<input type="checkbox"/>
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15. What do you think would help you / a young person who smokes to quit? [Do not read out, tick applicable responses]

More advertising campaigns	<input type="checkbox"/>
Stop smoking advisers dedicated young people	<input type="checkbox"/>
Peer support e.g. other young people helping to quit smoking	<input type="checkbox"/>
Banning smoking in <u>all</u> public places e.g. on the street	<input type="checkbox"/>
Increasing the price of tobacco	<input type="checkbox"/>
Making tobacco less available in shops	
Seeing how smoking will affect your health and appearance in the future	<input type="checkbox"/>
Other reason:	<input type="checkbox"/>

16. If you were asked to do a campaign for young people about the risks of smoking, how would you do it and what would you say?

17. Who do you think should be responsible for helping you / young people to stop smoking? [Do not read out, tick applicable answers]

The government	<input type="checkbox"/>
Teachers, schools and colleges	<input type="checkbox"/>
Youth workers	<input type="checkbox"/>
Health professionals e.g. GPs, nurses, pharmacists	<input type="checkbox"/>
Shops and retailers by not selling tobacco	<input type="checkbox"/>
Friends	<input type="checkbox"/>
Other reason:	<input type="checkbox"/>

18. Do you have any other suggestions or points you would like to make?

FINALLY, A FEW QUESTIONS ABOUT YOU

These responses are confidential. This helps to ensure we gather responses from a broad range of young people.

19. a) Please tell us your age:

12 years	<input type="checkbox"/>		16 years	<input type="checkbox"/>
13 years	<input type="checkbox"/>		17 years	<input type="checkbox"/>
14 years	<input type="checkbox"/>		18 years	<input type="checkbox"/>
15 years	<input type="checkbox"/>		19 years	<input type="checkbox"/>

b) Are you...?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

c) Would you describe yourself as having any learning/physical disabilities?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

d) Are you...? [If needed, ask respondent to indicate numbers]

White	1. <input type="checkbox"/> British 2. <input type="checkbox"/> Eastern European 3. <input type="checkbox"/> Irish 4. <input type="checkbox"/> Any Other White background	Mixed	15. <input type="checkbox"/> White and Black Caribbean 16. <input type="checkbox"/> White and Asian 17. <input type="checkbox"/> White and Black African 18. <input type="checkbox"/> Any Other Mixed Background
Asian or Asian British	5. <input type="checkbox"/> Indian 9. <input type="checkbox"/> British 6. <input type="checkbox"/> Afghan 10. <input type="checkbox"/> Bangladeshi 7. <input type="checkbox"/> Pakistani 8. <input type="checkbox"/> Any Other Asian Background	Black or Black British	19. <input type="checkbox"/> Caribbean 20. <input type="checkbox"/> African 21. <input type="checkbox"/> British 22. <input type="checkbox"/> Other Black Background
Other Ethnic Background	11. <input type="checkbox"/> Chinese 12. <input type="checkbox"/> Vietnamese 12. <input type="checkbox"/> Middle Eastern 14. <input type="checkbox"/> Gypsy/Traveller/Romany	Prefer not to say	23. <input type="checkbox"/> Unknown/Not Specified 24. <input type="checkbox"/> Information not yet obtained
Religion	1. <input type="checkbox"/> Christian 5. <input type="checkbox"/> Sikh 2. <input type="checkbox"/> Muslim 6. <input type="checkbox"/> Jewish 3. <input type="checkbox"/> Hindu 7. <input type="checkbox"/> Other 4. <input type="checkbox"/> Buddhist 8. <input type="checkbox"/> None 9. <input type="checkbox"/> Prefer not to say	Sexual Orientation	1. <input type="checkbox"/> Bisexual 2. <input type="checkbox"/> Gay Man 3. <input type="checkbox"/> Gay Women/Lesbian 4. <input type="checkbox"/> Hetrosexual/Straight 5. <input type="checkbox"/> Other 6. <input type="checkbox"/> Prefer not to say

Thank you very much for taking part and helping us. ☺

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E CleaR MODEL¹



CleaR is an approach to improving local tobacco control, specially designed for councils in England as they take on their new responsibilities for public health. The model is derived from the Tobacco control plan for England and NICE Public Health guidance it also explicitly values learning for local innovation.

In addition to local authorities the model has been designed for use by tobacco alliances and health and wellbeing boards. **CleaR** has been developed by ASH, in conjunction with partners including Cancer Research UK, Tobacco Free Futures, Fresh Smoke Free North East, Smoke Free South West, CIEH, NICE and a range of partners from within the local government and NHS family.

CleaR stands for the three linked domains of the model – **C**hallenge, **L**eadership and **R**esults.

- **C**hallenge for existing tobacco control services – based on evidence of the most effective components of comprehensive tobacco control, as outlined in “*Healthy Lives, Healthy People, a Tobacco Control Plan for England*”.
- Local **L**eadership for comprehensive action to tackle tobacco.
- **R**esults demonstrated by delivered outcomes against national and local priorities.

These three domains are underpinned by a central core of local priorities, which recognises the importance of local places and decision-making, and encourages consideration of how the broader aims of local authority and health and wellbeing board complement and support a strategy to tackle tobacco.

¹ For more information on the CleaR model visit: <http://www.ash.org.uk/CleaR> and http://www.ash.org.uk/files/documents/ASH_837.pdf



The model allows councils to score themselves in three areas: **Challenging services**, **Leadership** and **Results**. A “bottom line” score allows participants to benchmark with comparable councils and track improvements year on year.

A self-assessment questionnaire and voluntary peer assessment provide a simple but stretching framework that allows a review of the existing approach to tackling tobacco. Completing the self-assessment allows councils to see how well local practice is aligned to national policy and evidence based public health. Inviting a peer assessment provides added rigour. If a peer assessment is undertaken peer assessors, after their visit, will provide a succinct improvement report highlighting strengths and areas for improvement.

Councils that take part in a peer assessment are entitled to use the CLearR logo on their website and other materials.

F CASE STUDIES ON TOBACCO CONTROL²

ALLIANCE / SMOKEFREE

Smoke free North East England (Fresh) : An example of Best Practice:

Fresh is England's first dedicated regional office for tobacco control, set up in 2005 to tackle the high toll of death and disease caused by smoking. In 2009 Fresh was awarded the Chief Medical Officer's inaugural Gold Medal for Public Health for contributions to the health of the North East.

Fresh provides a comprehensive regional programme for tobacco control, delivering regional campaigns and projects, providing effective leadership and expertise, developing a regional approach to reduce smoking and supporting the work of key partners including the NHS, local authorities and key regional partners. Based on the strongest international evidence base, it has led the way in delivering a multi-component package to change the social norms around smoking to make it less desirable, less acceptable and less accessible. The approach focuses on changing community norms rather than just changing individual behaviour. As new people, businesses and organisations move into the community, they inherit, adopt and conform to the established norms around smoking and tobacco use. While a social norm change approach is emphasised, Fresh also supports the role of NHS Stop Smoking Services who offer direct support to smokers and their families in their communities.

The work of Fresh concentrates on three main areas:

1. To motivate and support smokers to stop,
2. To turn off the tap of new smokers and
3. To protect individuals and communities from tobacco related harm.

Since 2005 Fresh has delivered a comprehensive programme covering eight key components:

- Building infrastructure, skills and capacity and influencing decision making around tobacco - bringing together partners from health, local authorities, the voluntary sector and businesses.
- Protecting people - especially children - from secondhand smoke.
- Motivating and supporting smokers to stop - helping drive down smoking and supporting NHS Stop Smoking Services.
- Media, communications and education around smoking - viewed by the World Health Organisation as the cornerstone of any successful tobacco control programme.
- Reducing the availability and supply of tobacco products -both legal and illegal - and addressing the supply of tobacco to children.
- Tobacco regulation, e.g. through our current campaign to support plain, standardised tobacco packaging
- Reducing tobacco industry promotion aimed at recruiting new smokers,
- Research, monitoring and evaluation to ensure the programme is effective

More information about fresh is available at: <http://www.freshne.com/About-Us>

Case study: Gateshead, as with the other councils in the North East, benefited from a strong regional smoke-free alliance, 'Fresh Smoke Free North East'

Gateshead was able to use initiatives and materials provided by Fresh Smoke Free North East in a number of areas which allowed it to focus its resources on three main themes: smoke-free homes, education and community development. One of the areas where Gateshead was able to draw on the work of Fresh Smoke Free North East was around the issue of smoke-free homes – by supporting the *'Take 7 Steps Out'* campaign.

² For more information see: <http://www.lacors.gov.uk/lacors/upload/24052.pdf> and <http://www.idea.gov.uk/idk/aio/30982561>. For in-depth information as to what was achieved and how the funding for the RHITC was used in Gateshead, Thurrock, Plymouth, Lincoln and Sunderland see <http://www.idea.gov.uk/idk/aio/30984398>. See also Healthy Lives, Healthy People - a Tobacco Control Plan for England: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124960.pdf See also : <http://www.idea.gov.uk/idk/aio/25455753> - Reducing health inequalities through tobacco control - a guide for councils

Gateshead developed a smoke-free homes campaign pack (which includes a fridge magnet and a certificate); the council additionally produced window stickers for all participating homes. Feedback has indicated that this was highly valued in terms of dissuading visitors and guests from smoking indoors. More information on the 'Take 7 Steps Out' campaign is available at: <http://www.freshne.com/Campaigns/take-7-steps-out> and <http://www.freshne.com/take7stepsout/>

Case study: Hertfordshire rejuvenated the tobacco alliance

There was a Tobacco Control Alliance in place but like many alliances it had lost focus and momentum since the introduction of the 2007 smokefree legislation. The PCT appointed a tobacco control co-ordinator to improve the effectiveness of the Alliance and help improve the delivery of a strategic multi agency approach to Tobacco control in Hertfordshire.

The new alliance operates as a countywide network of agencies, with a core strategy group chaired by the deputy director of public health. The primary communication tool for alliance members has been a simple but effective email bulletin. Each of the 10 district health partnerships has signed up to a Tobacco Control Action Plan and receives regular progress reports. The alliance's 2011/12 communications strategy includes rebranding as Tobacco Free Hertfordshire (<http://www.hertsdirect.org/your-community/tobaccofh/>), launching a Tobacco Free Charter, developing web pages and toolkits and exploring new ways of engaging with communities.

In a recent review conducted by the NHS regional tobacco programme manager Tobacco Free Hertfordshire was fully compliant and its partnership engagement was described as impressive. Furthermore it was the only Alliance in the East of England to be rated green against all the delivery mechanism criteria.

Case study: Sunderland used the funding to build existing activities, partnerships and tobacco alliance

Through environmental health known as 'Streetscene' the council had been working on the smoke-free agenda for some time. The main impact of the programme was to formalise existing processes and to allow the council to 'step up' to the agenda, in a way that would not have been possible previously, by developing skills and buying in additional resources:

This view of the alliance operating more effectively as a result of the focus which RHITC³ has brought to the issue is also shared by the PCT. The tobacco plan is seen as more effective with the PCT and the council viewing each other as joint partners. This has led to the alliance helping to forge relationships between partners who would not otherwise have worked together for instance, the university and Streetscene.

In particular, the council has been able to set up local multi-agency problem-solving groups made up of the police and various other public sector agencies allowing for a better flow of intelligence to enforcement agencies.

Roy Castle Fag Ends – Knowsley Health & Wellbeing

In 2006 32.6 per cent of the Knowsley population were classified as current smokers. Knowsley Health & Wellbeing, a partnership between NHS Knowsley and Knowsley Council's directorate of wellbeing services conducted research to inform the kind of service that the people of Knowsley needed to support them to quit. The results indicated that the residents wanted locally lead friendly services run by 'people like us'. They resisted authority and were reluctant to engage with NHS services and other health professionals. They were negative about their experiences of being lectured and criticised about their smoking.

To overcome these barriers to quitting Knowsley Health & Wellbeing service created a unique partnership with The Roy Castle Lung Cancer Foundation, the only charity in the world wholly dedicated to defeating lung cancer. The Foundation's stop smoking team, 'FagEnds' takes a community based approach to smoking cessation providing services at convenient times in easy to reach and access locations, by trained advisors in the community and tailored to meet local needs.

FagEnds offers a mixture of support packages tailored to meet individual needs. Drop-in support rather than

³ Reducing Health Inequalities through Tobacco Control (RHITC) programme, 25 English local authorities were each provided with funding of £200,000 from July 2009 to March 2011 to develop innovative tobacco control interventions designed to reduce health inequalities.

appointments have proven popular with the target audience as they offer flexibility for the individual.

Support is provided in a group setting to encourage social support or on a one-to-one basis for more focused advice but are all delivered in an informal manner by local advisors. A telephone helpline is also provided for instant support free of charge.

To further refine the service, in 2009 Knowsley Health & Wellbeing conducted a segmentation study of adult smokers in the borough to provide the necessary customer insight required to maximise the number of adults stopping smoking over the coming years and reduce smoking prevalence. In addition to demographics, smokers were segmented according to their lifestyle, environmental factors, reasons for smoking and attitudes to stopping smoking. In segmenting customers in this way, and understanding customers' ability and motivation to quit, as well as the size of each segment, Knowsley Health & Wellbeing have been able to identify the priority groups for initial targeting based on need and anticipated return on investment, in addition to using the insights to inform service development. In order to segment local smokers, a robust 5-stage research programme incorporating a range of methodologies was undertaken:

1. **Stakeholder engagement:** smoking cessation advisors engaged to being to understand and group specific customer types locally.
2. **Quantitative:** survey of smoking prevalence in Knowsley incorporating census data in cluster analysis to assess the current and previous smoking behaviour of different demographic groups.
3. **Qualitative:** incorporation of insights from other qualitative research findings to further develop understanding of the emerging segments.
4. **Quantitative:** survey of smoking prevalence repeated to confirm the existence of, and quantify each segment.
5. **Qualitative:** Finally a series of focus groups with adult smokers in Knowsley were undertaken to provide more in-depth attitudinal information about the people in each segment.

The segmentation study resulted in the development of 5 segments of smokers across Knowsley, and showed that smokers are not a homogenous segment. Using the insights gathered, which revealed that different sorts of quitters face different sorts of challenges, Knowsley developed a social marketing campaign called 'What Sort of Quitter Are You?' which provides a range of different help and support targeted at different segments, one of which is Fag Ends. As a result of the marketing and implementation of the service, Knowsley is second of England's 152 PCTs for the amount of people that quit.

Smokefree Business Awards – London Borough of Tower Hamlets:

Building on the Smokefree legislation introduced in 2007 the London Borough of Tower Hamlets environmental health commercial team and NHS Tower Hamlets established the Smokefree Business Awards. The awards primarily target large R&M employers and provide practical help to, and recognition for, businesses that (a) maintain smoke-free premises and vehicles and (b) encourage and support their staff to quit. All businesses who receive the award are encouraged to have a written smoke-free policy in place, highlighting the benefits to their employees. As a hook to encourage businesses to sign up to the scheme, The Smokefree Business team use a cost-benefit analysis tool to demonstrate the economic impact that smoking has on their business as a result of decreased productivity and increased sick days. The vast majority of businesses did not realise the impact that smoking was having and were prompted to engage in the scheme when they were made aware of the return of investment the scheme can generate. As well as an increase in productivity, businesses also benefit from an enhanced reputation for investing in employees, consulting with them about best practice and allowing smoking cessation projects to run sessions before, during and after working hours to ensure all those trying to quit, including shift workers, have services available to them. In recognition of their achievement the project team promotes every business that achieves Smokefree status in the local media generating positive PR for both the business and the scheme. Since its introduction Smokefree Businesses has awarded 108 businesses a Smokefree Business Award.

Case study: Specialist support for pregnant women who smoke

At the Phoenix Stop Smoking Pregnancy Service, run by NHS Lincolnshire, pregnant women are given specialist support and advice to help them stop smoking. NHS Lincolnshire has facilitated a co-ordinated, multi-agency approach that works with the families of pregnant smokers to help them to quit together. The service also offers advice on how to make the baby's home Smokefree even if some members of the household still smoke. Since the service started in 2005, over 3,500 pregnant women have quit smoking and the quit rate has steadily improved from

40 per cent in the first year to 62 per cent in 2010.

More information on the service is available here: <http://microsites.lincolnshire.gov.uk/smokefreeincls/stop-smoking/pregnancy-service>. More information on the range of services provided by Phoenix is available here: <http://www.lincolnshire.nhs.uk/your-health/smoking/Phoenix-Stop-Smoking-Service/>

Case study: Smokefree families in Wythenshawe, Manchester

A local community engagement initiative in Wythenshawe, Manchester, led by Barnardo's and commissioned by NHS Manchester, promotes the message of Healthy Smokefree Families. Key staff from the partner organisations engaged with local communities to develop interventions to protect children from exposure to second-hand smoke, identifying and training community-based people to:

- Raise community awareness of the dangers of exposing children to second-hand smoke;
- Encourage smokers who live with children and young people to make their homes and vehicles Smokefree;
- Develop local campaigns to protect children from exposure to second hand smoke.

When the project was initially established it aimed to engage 1500 households and protect 2000 children from homes with people who smoke. The pilot was delivered over 10 months. About one in every 3 adults who experienced face-to face intervention signed up their home as Smokefree.

In this period 1149 people from Wythenshawe signed up to the initiative, compared with a total of 1599 people from across Manchester. For comparison there were just 39 Wythenshawe sign-ups and 445 city-wide in the previous year.

Of the 1149 Wythenshawe households that signed up to the initiative during the project period:

- 575 people from smoking households signed up to the Smokefree Homes
- Scheme after the intervention, suggesting that the intervention was carried out with 1,725 smokers (It may have been more as smokers are perhaps less likely to sign up)
- 485 people in smoking households with children signed up to the Smokefree Homes Scheme after the intervention.
- 403 families were making a behaviour change i.e. not smoking/allowing smoking in a home where smoking used to take place, including 256 smoking households with children.
- The homes which signed up as smokefree included 1546 children.
- 560 children attended Manchester United Foundation events and heard about the project, carrying materials home and 1,990 Wythenshawe school children took letters and Smokefree homes leaflets home from school.
- 94 of the non-smoking households signing up would previously have allowed visitors to smoke in the home.

1649 Wythenshawe people in the area sought help to quit smoking over the same period and of these 31% successfully quit. Quit attempts rose by 36% on the previous year, whereas across the rest of the City we saw a 15% drop in numbers of people quitting. More information on this is available at:

[http://www.manchester.gov.uk/egov_downloads/7_Wythenshawe_Healthy_smokefree_report_for_HWOSC.nov2010.pdf](http://www.manchester.gov.uk/egov_downloads/7_Wythenshawe_Healthy_smokefree_report_for_HWOSC_nov2010.pdf)

and <http://www.stopsmokingmanchester.co.uk/downloads/press-releases/Heroes%20in%20Health%20NHS%20Award%20for%20Wythenshawe%20MPHDS%2032.pdf>

For the stopping smoking service see: <http://www.stopsmokingmanchester.co.uk/regional-news.html>.

Tackling smoking in pregnancy within the community – North Lincolnshire Council

In response to high smoking prevalence rates amongst pregnant women, North Lincolnshire Council have recently launched a joined-up, multi-agency programme of targeted interventions aimed at preventing the uptake of smoking behaviours and encouraging cessation attempts amongst pregnant mothers, their partners and other key parties that come in to contact with pregnant mothers and their children. The community based programme of interventions hinges on the key principle that 'prevention' is better than 'cure' – aiming to de-normalise smoking behaviour and tobacco industry practices to prevent uptake of smoking, and establish a community shift towards 'smokefree' behaviour. Building on extensive stakeholder work carried out to coordinate and engage a variety of partners, cutting across; local government, public health, education, enforcement and youth services – a dedicated Smoking in Pregnancy Development Worker has been charged with identifying and activating an informal network of community members within the community. In addition to informally educating community members about the effects of smoking on unborn babies and infants, introducing de-normalisation themes and sign-posting smokers to NHS operated

cessation services – volunteers including; librarians, shopkeepers and landlords will be trained to deliver brief interventions to those that express a willingness or desire to quit smoking in order to provide a truly ‘community based’ service for local residents. In addition to this, three council funded Health Trainers have been trained to act as intermediary support for potential quitters within the area – acting as 1-2-1 buddies that offer informal and immediate support for smokers before, during and after cessation attempts. Based in community venues including children’s and community centres, the Health trainers will act as a ‘bridge’ between the low-level support offered by the trained community members that comprise the informal network of volunteers, and the more formalised support of the Smoking in Pregnancy Development Worker and local smoking cessation advisers. A secondary arm of the programme based in primary schools across the area, and delivered by teachers, educates learners of the dangers of second hand smoke and encourages parents and guardians to create ‘smokefree’ environments for children by making one of three ‘smokefree promises’; bronze, silver, or gold. Recognising the value of partnership working and the necessity to provide integrated services, share learnings and provide holistic solutions – North Lincolnshire Council have placed the engagement of wider partners, and the integration of all interventions at the heart of their activity.

Smoking in pregnancy and early years – Stoke-on-Trent Tobacco Control Alliance

Led by NHS Stoke, in 2008 Stoke-on-Trent PCT developed a social marketing project to reduce the number of women who smoked during pregnancy in the area. Partnership working was key to the planning, development and implementation of this project with clear tasks and responsibilities assigned at the outset and key stakeholders and partners engaged at various stages throughout the process to ensure buy-in and support for the ultimate intervention. Following an initial review of data to identify priority wards for targeting, detailed insight work was conducted to ensure a thorough understanding of what it is like to be a pregnant smoker in Stoke-on-Trent. In light of these insights, the target audience was redefined to include women who were thinking about starting a family, women who were between pregnancies and women who had children under the age of five, in addition to pregnant women.

Using the insights gathered, two interventions were designed: 1. A professional intervention to raise awareness of the services, promote the referral pathway into the service, promote and deliver brief intervention training and build positive relationships with professionals 2. The public facing service based around providing ‘me time’ for pregnant women and mums via peer support ‘dropin’ services provided in locations that are convenient to women and easily accessible. The service is called ‘Me2’ Stop Smoking Clubs. A brand and communications materials were created to support and publicise the service. An ethos of ‘every contact counts’ has been established in Stoke-on-Trent with the council, and other stakeholders, providing referrals into the service through existing touchpoints with the target audience. This work is currently being carried out and not established yet, it is for the Stop smoking service as a whole and not just related to Smoking in pregnancy Evaluation demonstrates that the new service better meets the needs of the women the alliance are trying to reach - in the first year following service launch, 216 women accessed the service and set quit dates compared to 75 in the previous year, while quit rates improved from 51 per cent to 56 per cent. The project was voted ‘Best Social Marketing Project’ in the 2008 Health Service Journal Awards.

ILLICIT TOBACCO:

North of England Tackling Illicit Tobacco for Better Health Programme / Get Some Answers

Prevalence of illicit tobacco is particularly high in the north of England. Smokefree North West, Fresh (Smokefree North East) and Smokefree Yorkshire and Humber, along with trading standards, HMRC and other partners such as the police, have combined forces to target the illicit tobacco trade more effectively, by sharing intelligence and coordinating efforts to reduce both the supply of, and demand for, illicit tobacco in the north. A public-facing social marketing campaign - ‘Get Some Answers’ - was developed in response to extensive research across the north of England that aims to create a shift in attitudes that results in illegal tobacco becoming unwelcome within communities (particularly those with high numbers of R&M workers). Using a range of different media and messages that focus on the impact that illicit tobacco has on our communities, the campaign seeks to target members of the community who already feel uncomfortable, or have the potential to quickly become uncomfortable, about the presence of illicit tobacco. As these feelings of discomfort increase in intensity, the aim is to move the audience closer to the point where they are willing to share intelligence, whilst simultaneously initiating a shift in opinion that will bring to ‘soften’ hardened buyers / smokers’ attitudes towards illicit tobacco. Running alongside the public-facing campaign, an extensive stakeholder engagement programme has been undertaken to engage, educate, and equip a wide range of

stakeholders – from ‘enforcers’ such as trading standards, and the police, through to employers, retailers, smoking cessation advisors and local councillors – with the motivation, knowledge and skills to limit the supply of illicit tobacco, to promote discussion of the issues with the public, and to anonymously share intelligence where ever possible.

Case study: Tackling illicit tobacco in the north of England

An innovative approach to tackling both the demand and supply of illegal tobacco in local communities the *North of England Tackling Illicit Tobacco for Better Health Programme* has united the key agencies of HMRC, UK Border Agency, police, local authority trading standards departments and the NHS around a comprehensive action plan, covering eight key strands of work. The programme is focused on: building effective partnerships for delivery; increasing intelligence sharing and enforcement; training on illicit tobacco for a wide range of professionals, including local magistrates and local stop smoking service staff; and using well-tested media and marketing communications to shift public perceptions around illegal tobacco.

In a recent stakeholder survey, over half of over 500 respondents said that tackling illicit tobacco had become a higher local priority since the programme was launched in the summer of 2009. Where this had happened, the overwhelming driving force had been the sharing of expertise and resources through the programme's work. Calls to Crimestoppers increased significantly since the launch of the ‘Get Some Answers’ campaign and there has been some effective multi-agency enforcement activity in recent months. The experience in the north of England is helping to shape similar programmes in other parts of the country. An independent evaluation is being carried out by the UK Centre for Tobacco Control Studies, and its interim report concluded:

“The programme has provided the context for different players to come together, and catalysed a significant increase in partnership-working around illicit tobacco”. More information on the programme is available at: <http://www.illicittobaccnorth.org/> The independent report is available at <http://www.ukctcs.org/ukctcs/research/featuredprojects/illicittobacco.aspx>

CHILDREN & YOUNG PEOPLE:

Case study: Plymouth council explicitly based its work on existing evidence by implementing a NICE approved intervention in schools

The council undertook some research within schools which helped it to formulate and refine a peer supporter intervention. Plymouth chose to implement the NICE-approved DECIPHER-ASSIST programme, which involved training up volunteers to deliver peer support in three pilot schools.

To do so, it drew on the structures within its local strategic partnership (LSP). The city is divided into six localities and in June 2010 it was agreed by the LSP's Healthy Theme Group that tobacco control would be a strategic priority for locality teams in 2010/11 and 2011/12. The teams – with representatives from various council departments, the police and the PCT - were encouraged to develop action plans and, as part of this work, 20 staff were trained in the ASSIST methodology. The programme has been piloted in three schools (where 80 pupil selected peers have been taken out of school for two days, trained as peer supporters and given external support for a term) and it now being rolled out to four further schools in the city.

The NICE training programme is available at: <http://www.decipher-impact.com/wp-content/uploads/PDFWebsiteppt1.pdf>.

D-MYST (Direct Movement by the Youth Smokefree Team) – Liverpool Working Neighbourhood Fund

Launched in 2005 D-MYST is a Smokefree movement run by and for young people in Liverpool. Comprising the youth arm of SmokeFree Liverpool, D-MYST offers young people the opportunity to air their views and concerns on tobacco and the tobacco industry as well as putting their views into practice by shaping the programme, its campaigns and direction, in the context of meeting the programme goals. D-MYST positions itself as ‘pro Smokefree, anti-tobacco and not anti-smoker’ and has three core objectives:

- raising awareness of the dangers of tobacco and exposure to second hand smoke
- campaigning for and promoting Smokefree environments
- campaigning to get rid of smoking and the placement of tobacco products in the media.

As a movement rather than single campaign D-MYST is involved in multiple interventions at any one time, all with a focus on young people. Some examples include:

- In 2006 SmokeFree Stadia was launched with D-MYST campaigning throughout July and August, attending events to raise awareness and ask people to collect signatures for the inclusion of sports stadiums in the 2007 smoke-free legislation. As a result of the campaign D-MYST were mentioned in the Department of

- Health's consultation regarding the legislation that, when implemented, declared all stadiums smoke-free.
- Smokefree Movies is an ongoing campaign founded in young people's concerns at the number of smoking images in films shown to under 18s following evidence that such images influence young people's decision to smoke. This campaign is ongoing, with D-MYST continuing to raise awareness of the issue locally.
 - Regular smoking prevention and cessation work is undertaken by the project coordinator working with schools in the local area to reach target groups of young people.

D-MYST uses several platforms to promote their work including promotion in schools, outreach work and through channels such as a website and blogs as well as issuing press releases to ensure a sustained and strong local media presence.

Case study: Thurrock pushed for behavioural change around parks and playgrounds.

Following a pilot in the areas around three primary schools, the council rolled out its park signage project to 12 schools in Thurrock. Workshops were delivered in each school in conjunction with the PCT and a competition to design a 'thank you for not smoking' sign was established. Each winning pupil received cinema tickets and the schools were supplied with learning aids.

The signs were placed in the parks closest to the school. Pupils, their teacher and families were presented with prizes by the mayor in the council chamber, and the story was covered in the local press. The number of cigarette butts found in the playground area fell from 483 before the signs were erected to 193 after the signs were erected.

Case study: Medway set out to create an online resource specifically for young people.

Focus groups with young people were conducted so they could be involved in designing a website aimed at young people: www.smokefreemedway.co.uk/newgen. The website features shocking, attention grabbing graphics and myth busting insights about smoking. It offers tips for young people to quit smoking independently (as research shows young people are less likely to use a service) but also signposts them to stop smoking services they can attend.

The website is also an outlet for viral marketing and creative talent: creative work that young people have submitted to a stop smoking competition is posted on the website. The site is linked to Facebook but does not have its own Facebook page due to logistical issues. Young people find out about the website from posters in schools, community centres and promotional activity in schools (e.g. delivering information about the website at school assemblies).

An additional positive outcome of this work has been the development of relationships with schools and teaching resources are available and can be downloaded from the site for use in PHSE and other lessons.