

**Report on Focus Groups to review
Secondhand Smoke Materials and Key Messages
Prepared by XL Communications
September 2009**

Background

Since the successful introduction of the smoking ban in Scotland, many people are working to make more areas smokefree and are going beyond the scope of current legislation. Growing evidence has identified homes and private vehicles as key settings for the exposure of adults and children to the negative effects of secondhand smoke (SHS). Children have been identified as a particularly vulnerable group in whom there is a direct correlation between SHS and asthma, chest infections, ear infections and increased risk of Sudden Infant Death Syndrome (SIDS).

Secondhand Smoke is now a priority for NHS Greater Glasgow and Clyde's tobacco programme and the focus of activities will be to raise awareness of the dangers of exposing children to SHS in the home and in cars. The programme will encourage families and carers of children under the age of five to avoid smoking anywhere around them.

As part of the programme a new poster and leaflet has been developed which can be used on its own or in conjunction with a brief intervention training programme developed by Smokefree Merseyside who subsequently commissioned The Roy Castle Lung Cancer Foundation to deliver the training for health professionals. It aims to reduce children's exposure to SHS across its CH(C)P's and maternity services.

NHS Greater Glasgow and Clyde commissioned XL Communications to run a series of focus groups with the public and health professionals to pre-test three proposed concepts and key messages.

Aim and objectives of focus groups

The aim of the focus groups were to explore current knowledge, attitudes and perceptions of SHS and to explore views on proposed promotional materials including key messages.

Specific objectives (for public groups)

- To establish levels of awareness and understanding of the dangers of exposing children to SHS
- To develop insights into behaviour patterns and rationale of where participants smoke
- To explore attitudes towards making homes and cars smokefree
- To explore barriers to making homes and cars smokefree
- To explore attitudes towards proposed materials including presentation, style, tone, interpretation and understanding of key messages.

Specific objectives (for professional group)

- To establish levels of knowledge about SHS issues and the dangers of exposing children to SHS
- To explore attitudes towards promoting smokefree homes and cars
- To develop insights into advice currently given to parents/carers
- To explore barriers to discussing and promoting benefits of smokefree homes
- To explore views about attending brief intervention training

- To explore attitudes towards proposed materials and views on whether health professionals would use materials with clients

Methodology

A qualitative approach was taken to explore awareness, attitudes, beliefs and perceptions about secondhand smoke. Smokers living in deprived areas of NHS Greater Glasgow and Clyde were sought who lived with or cared for children under the age of five.* Three focus groups were conducted and participants were recruited via NHS GGC contacts in the community. *NB: required profile of participants was not met and this has been reflected in the conclusions and recommendations.

Public groups were held in a city centre hotel, a community centre in Drumchapel and a nursery school in Maryhill. Groups were scheduled to last for 1 – 1.5 hours and participants were paid an incentive to attend.

One further focus group was conducted with health professionals from the North of Glasgow. Recruitment to this group was also carried out through known contacts.

The groups were facilitated by an experienced moderator who worked from an approved topic guide to lead the discussion. (appendix 1).

Quotes from the participants throughout the report have been coded to protect anonymity and follow the sequence of:

- Male/female – smoker/non smoker – kids under 5, kids over 5
- Health professional group – (job title).

Analysis of focus group data

Our analytic approach was informed by Framework¹ (an approach devised for qualitative policy evaluation and used by the National Centre for Social Research). Thus emerging themes were identified within the accounts provided by participants. In addition ‘deviant cases were noted’ i.e. those perspectives that differed from the ‘common view’.

Ethics and confidentiality

Formal ethical approval was not required to conduct these focus groups, however our evaluation of findings follow the ethical guidelines of the UK Evaluation Society². Thus, informed consent was obtained from all those who participated in the focus groups: all participants were given verbal information detailing the purpose of the evaluation, how their views would be used and reported, and written (signed) consent was obtained prior to any participation in the focus groups.

¹ Ritchie, J. Spencer, L. (1994) ‘Qualitative data analysis for applied policy research’ in Bryman, A. & Burgess RG. (eds). *Analysing Qualitative Data*. Taylor & Francis.

² http://www.evaluation.org.uk/Pub_library/Good_Practice.htm

Profile of participants – public groups *:

Group 1: 8 participants – In this group we had 5 smokers, 1 ex smoker (has stopped for 3 months) and 2 non smokers (both were pregnant), only 1 participant had a child under 5. Although the smokers all smoke in their home, their experiences, attitudes and perceptions may be different from parents/carers of under 5's and this needs to be taken into account for the findings.

Group 2: 6 participants - 5 non smokers, 1 smoker (male – parent and grandparent – to child of 4), 4 participants with children under 5, 1 with grand children aged 4 and 5 months. The smoker doesn't allow smoking in the home when his 14 year old daughter comes to stay at weekends. The whole group had strong negative views about smoking in the home but this is likely to be reinforced because 5 out of 6 of the group are non smokers, which has been taken into account in the conclusions.

Group 3: 4 participants - all smokers, all have children under 5. One had signed up for the Smokefree Services 'gold award' and says she has been smoking outside for the past 3 weeks, 1 had signed up for 'silver award' and had been restricted smoking to the kitchen, 1 smoked everywhere in the house, 1 smoked everywhere except the kids bedrooms.

Public Focus Groups

Awareness of SHS

All participants had heard of SHS but levels of understanding of what the dangers are were mixed. Many spontaneously referred to passive smoking but all seemed comfortable to use the term SHS.

Many participants spoke about the powerful, emotive impact of the NHS Health Scotland television commercial as their source of awareness of SHS. Many highlighted the image of the smoke circling around the babies head as a powerful image. Some spoke about how an advert like that can make them feel bad about their smoking habits around children but not enough to make them want to change their behaviour -especially if their children are beyond the baby stage.

"The advert disgusts you but not enough to make you stop. You feel guilty and then you forget about it". Female smoker, 2 kids over 5, 1 kid under 5

Other sources where people had heard of SHS are from magazines, other people, health professionals who raise the issue especially when women are pregnant and have a new baby. Many participants who had older children said that their kids talked about SHS having heard about it at school and even told the parents off for smoking in front of them. The focus for many was mainly about the smell of smoke.

"Even my wee one comes in (he's three) and gestures with his arms 'gonnae get that away from me'". Female smoker, 2 kids over 5, 1 kid under 5

Understanding of term SHS

Participants were asked to call out *'anything that springs to mind'* when the term SHS is mentioned. Some people recognised that smoke can linger for hours after the cigarette has been stubbed out or left burning while others admitted that they had no idea how long SHS can stay in the atmosphere. There were varying opinions about whether it's only when you can see the smoke. Various relevant issues were raised including:

"If you leave burning cigarettes, you are still breathing smoke in even if you're not smoking it". Female smoker, 2 kids over 5, 1 kid under 5

"Smoke gets in your hair and clothes and stains the walls and lingers for ages". Female smoker, 4 kids over 5

"I'm not too sure (how long SHS lingers for), but I think it'd be there a long while". Female smoker, 1 kid over 5

"Smoke in the air that gets into people's lungs and causes damage". Female – non smoker, 3 kids under 5

"There are lots of chemicals and they get everywhere. If you smoke and touch a baby, then they put their hands in the mouth, it's like they are smoking too". Female – non smoker, pregnant

Dangers of SHS to kids (spontaneous understanding)

Participants were asked to describe what they felt the dangers of SHS were for children. The most common illnesses mentioned were asthma, bronchitis and coughs. Others mentioned cot death although a number of participants were unaware that this is a risk. Diseases such as cancer – notably lung cancer and heart disease were also mentioned but it was acknowledged that this would be many years in the future. Parents of older children also acknowledged the fact that if there was smoking in the home it may encourage young people to take it up in the future.

"Affects their 'wee lungs" Female smoker, 1 kid over 5, 1 kid under 5

"Encourages them to smoke – they get used to being around it". Female smoker 4 kids over 5

"We go on about the kids not being well....having coughs an' that...but it's probably us that's causing it". Female smoker, 2 kids over 5, 2 kids under 5

Some smokers resent the fact that much of the blame for illnesses is put down to smoking. Others commented that their parents had smoked but none of them had ever been ill so they may question what they are being told by the health professionals. A few commented that they had a family history of smokers but no one had ever been ill so why bother?

“My mum and dad smoked constantly but none of us were ill. Five of us were in the house and we were all fine”. Female smoker 1 kid over 5

Views on smoking in the car

Many of the participants did not have their own car but those who did had mixed views about smoking in the car. Some felt that if they opened the window and blew the smoke out that would be acceptable. They were therefore surprised when they saw the text in the leaflet which says this is a ‘myth’. This caused considerable discussion and reflection on the fact that a car is a particularly small enclosed space which may even increase the dangers of secondhand smoke. Others smoked in the car if they were stressed but would only smoke in someone else’s car if the other person was also a smoker.

“I don’t use the ashtray. I just throw it out the window and always keep it open when I am smoking”. Female smoker, 1 kid over 5, 1 kid under 5

“You don’t realise what a tight space it is”. Female smoker, 2 kids over 5, 2 kids under 5

“My daughter smokes in the car. That’s going to stop now. It’s disgusting”. Female Ex smoker, 2 kids over 5, 2 grand children under 5

Others felt that avoiding smoking in the car was a good step to take and some smokers already avoided smoking in the car. There was also a feeling that it may be easier to and more practical to avoid smoking in the car as people usually spend less time in the car than they do in the house.

“You’re not in the car as long as you are in the house”. Female smoker 2 kids over 5, 1 kid under 5

Attitudes to smoking around the kids

The majority of participants felt bad about smoking around the children because they have no choice in the matter and their exposure to secondhand smoke is out with their control. A few acknowledged that their behaviour was selfish but others did not feel guilty about smoking in front of their children as they ‘*need their cigarettes*’. Parents in these focus groups seemed more concerned about the prospect of themselves dying of cancer or heart disease and leaving their kids behind as opposed to being concerned with the immediate danger to their children’s health.

"We are making the choice to smoke and they haven't. They are having to take it whether they like it or not." Female smoker, 2 kids over 5, 2 kids under 5

"I'm more likely to get ill than them. If I got cancer or died of a heart attack, that doesn't bear thinking about." Female smoker, 1 kid over 5, 1 kid under 5

The majority of participants spoke about how hard it is to avoid smoking around children once they are running around but all seemed very aware about smoking away from babies. Many complained that children are always hanging around which makes it very difficult to smoke away from them.

"When they are younger it's easier...but when they are older they just follow you into the kitchen". Female smoker, 2 kids over 5, 2 kids under 5

"I hate doing it in front of the kids but I still do....they're always around." Female smoker, 2 kids, 1 over 5, 1 under 5

"When they are babies you make a point of not smoking up close to them". Female smoker, 2 kids over 5, 1 kid under 5

Attitudes to having a smokefree home

Many people agreed that having a smokefree home was a good idea – even smokers but some were concerned how practical it would be – especially if they didn't have an outside veranda, garden or the willpower to carry it through. All non smokers had strong views about keeping their home smokefree with a couple of exceptions who were ex smokers and felt that they didn't want to preach to others.

"I signed up not to smoke anywhere in the house. Since then (3 weeks ago) I've been smoking outside in the garden". Female smoker, 2 kids over 5, 1 kid under 5

"I don't think we need to be convinced (making homes smokefree) it's all about having the willpower to do it". Female smoker 2 kids over 5, 1 kid under 5

"I've never smoked in someone's company. I won't let anyone smoke in front of my kids. I stand at the back door. I've been doing that for years even before the ban". Male smoker, 5 kids over 5, 1 grand child under 5

Some smokers agreed that they should be setting a better example to their children but sometimes pressure and stress takes over (especially when dealing with the children) which makes them want a cigarette. Others spoke about the addiction of cigarettes and after a stressful day all they want to do is relax in front of the television with a cigarette. Also those who were heavily addicted talked about needing a cigarette last thing at night and first thing in the morning when they wake up.

"You've been running around all day and all you want to do is sit down, get comfy, watch TV and have a fag". Female smoker, 2 kids over 5

"It's a habit..you wake up in the morning and you just have to light up". Female smoker 1 kid over 5, 1 kid under 5

Leaving the kids while they have a cigarette was a major issue – often because the children would follow them wherever they went or if the kids were in bed, it was deemed unsafe to leave them while they go outside to smoke.

"It's not really practical to take 4 weans downstairs every time you want a fag". Female smoker, 2 kids over 5, 2 kids under 5

A few participants felt that although they understood that smoking in one room was not the solution to the problem, it was a step in the right direction. There was recognition that when they came back inside or left the room they had been smoking in, the smell of smoke would still be on hair, clothes and breath so some participants (even smokers) felt that the only real solution was to stop smoking.

"It's not a good compromise to smoke in one room, but for me it's a step. If anyone comes into my house and wants to smoke they have to come into my room". Female smoker, 2 kids over 5

"I would love to stop smoking in my house but the only place I could go is a corridor. The smell would still be there, on your fingers, your clothes your hair and you'd just bring it back in with you". Female smoker 2 kids over 5

A few participants felt that they were pressurised into rushing their cigarette when the children were about and didn't really enjoy it the same as if they were relaxing in front of the television or over a coffee.

"I shut the door, open the window and put on the extractor fan. I won't move till I've finished it. It's a pain in the bum. You're not enjoying the cigarette. You can't be bothered having to stand there for five minutes until you've finished it". Female smoker 2 kids over 5, 1 kid under 5

The majority of smokers respected the wishes of others when they were visiting friends or family's homes and would smoke outside if they were asked to do so.

"If I go to someone's house, I would always smoke outside". Female smoker 2 kids over 5

Other smokers had strong views about smoking at home and felt resentful of anyone suggesting or telling them what they should do in their own home. They felt they should be left to make their own decisions about what they want to do.

"They can't tell someone not to smoke in their own house". Female smoker, 2 kids over 5, 1 kid under 5

"I can't stand the thought of someone telling you what to do in your home. It's my choice. I know it's bad for the kids but I can't stand the thought of anyone telling me what to do in my own house". Female smoker, 2 kids over 5

A few participants felt that it was a habit that would be very difficult to break. One suggestion was if they got into the habit of making their home smokefree when they had babies it may be easier to comply as it would become a habit. However others refuted this as when the babies became toddlers it is much harder to comply.

“It’s something you grew up with – you did it before you had kids. It’s trying to break a habit that’s being going on for a long time” Female smoker, 2 kids over 5, 1 kid under 5

Resources

The 3 sample leaflets were placed on the table and participants were asked to pick up the one that appealed to them most. These are labelled in appendix 2 as ‘teddy bear’, ‘kids’, ‘toys’.

- Group 1 – 2 people preferred ‘teddy bear’, 2 participants were attracted to the ‘toy’ image and 4 participants were initially attracted to the ‘kids’ visual but after looking at inside – 2 changed their preference to ‘teddy bear’ as it was much easier to read, friendlier and appears less text heavy.
- Group 2 – most initially went for ‘kids’ as it was clearer what it was about from the front cover, but on closer examination a few preferred the internal layout of ‘teddy bear’. Nobody was attracted to ‘toys’.
- Group 3 - All participants were attracted to ‘teddy bear’.

Preferred option: Teddy Bear

‘Teddy bear’ was the most popular version with a few caveats. On further probing those who were not attracted to ‘teddy bear’ initially found the headline confusing and unclear what it was about. Some felt it could potentially be about abuse because of the wording – ‘let’s clear the air’ and because the teddy looks unhappy. Others felt that it was only going to be relevant for people with young babies.

‘Kids’ was also popular as it was ‘clean’, was obvious what it was about and well laid out but the content inside appeared to be too ‘text heavy’, ‘unexciting’ and very ‘health service like’. People felt that the photo on the front should cover all ages within a family including babies and grand parents. For some people the poster looks like its saying ‘come and join a club.’

‘Toys’ was the least popular version, mainly because the heading on the front cover was confusing and not particularly eye catching. Inside people found the layout confusing and unclear. This version was dismissed by most participants early on in the discussion.

Those who were attracted to ‘teddy bear’ found it:

- Bright, colourful, attractive, bold
 - Potentially appealing to children who are learning to read and may pick leaflet up to read to parents
- “I have an 8 year old and she would pick that up and read it..and she would say, do you know such and such...she would read it out loud to me”*. Female smoker 2 kids over 5, one kid under 5

- Had an appealing layout – especially the ‘fact boxes’
“I like the wee boxes – it draws you in and might make you read the next fact”.
 Female smoker 2 kids, one over 5, one under 5

Changes required to improve design

Participants on the whole liked ‘teddy bear’ but recommended a few changes are made to improve the materials:

- Most people preferred the heading –let’s clear the air with the strapline sitting below it. The other heading (smoke free = me) suggests it’s about stopping smoking which would discourage them from picking it up.
- Many participants liked the half teddies and all participants preferred the ‘clean air’ version as the version with smoke on it *‘looks like a dirty mark’*.
- People were confused by the heading as it is unclear what it is about – e.g. some people thought it might be about making up after an argument. Headline needs to be made much clearer and the strapline ‘protect your family from secondhand smoke’ needs to be far more prominent.
- Many people found the font in the post-its hard to read. Suggestions that the font could be bigger and less like a ‘script’ style of hand writing would improve the impact. A second version of the leaflet was shown to participants and the alternative ‘hand writing’ was preferred by everyone because of the legibility factor.
- Most participants felt that the fact along bottom about ‘85% of secondhand smoke can’t be seen’ is ‘lost’ in the current design. People recognised this was a very important fact and it should stand out more.

Target audience

The majority of participants recognised that the materials were aimed at smokers with young families. They also thought it would be relevant for non smokers so that they could justify asking smokers to smoke outside if they came into their home or car. A secondary target audience of children was mentioned by a few people as they felt that kids may pick the leaflet up and read it out loud to parents who smoked.

Key Messages

The majority of participants understood that the key message of the materials was ‘don’t smoke in the home or car because of the dangers of secondhand smoke to children’. The section on myths proved interesting for many smokers because it contradicted some of their current behaviour.

“ helps to blow out half the things I do”. Female smoker, 2 kids over 5, 1 kid under 5

The majority of participants were drawn by the facts – especially as much of it was new information – e.g. 4000 chemicals, 50 kids admitted to hospital every day, the fact that you

can't see 85% of secondhand smoke. Others were unaware of some of the dangers to children notably ear infections.

Recommendations for messaging

All the key messages were clear and engaging apart from the section on 'living in the real world'. Many participants commented on the tips saying they were impractical and unrealistic.

"That one about chap on your neighbours door...my weans would scream blue murder".
Female smoker, 2 kids over 5, 2 kids under 5

"I live in a high rise flat. My wean is in bed by 6.30p.m. ...so how are you going to get out then?" Female smoker, 2 kids over 5, 2 kids under 5

Participants felt strongly that the health service should tell people the facts about secondhand smoke and then allow them to make their own informed decisions about what to do in their own home. Discussion around whether it was acceptable to smoke in one room in the house if it didn't actually protect the family evoked strong feelings from some participants.

"I've smoked in one room and now I'm thinking what's the point – I'd have been as well sitting down and enjoying my cigarette rather than rushing it in the kitchen. I thought I was making a difference but now it looks like I've just been wasting my time. I feel a wee bit angry". Female smoker, 2 kids over 5, 2 kids under 5

"Better to have the right information to start with rather than false or misleading information". Female smoker, 2 kids over 5, 1 kid under 5

"If people think they are protecting their kids by not smoking in one room, they're not...the kids still go into that room...so they'll still get it off you". Female smoker, 2 kids over 5, 1 kid under 5

"You have to be 100% honest. There's no point side stepping the issue. Tell the truth. If the health authority is saying one thing then doing another that blows everything out of the water". Female smoker, 2 kids over 5, 1 kid under 5

Other issues with messaging

- Keep 'stop smoking message' soft as it currently appears. The majority of participants appreciated the fact the focus of the leaflet wasn't on stopping smoking but gave an option for those who wanted to go a step further.

"That's better than telling you to stop smoking. It's up to me whether or not I want to stop. They are asking you, not telling you. That's much better". Female smoker, 2 kids over 5, 1 kid under 5

- The NRT option appealed to some but others said they were allergic to NRT and it would only be attractive option if it was free of charge.
- Change wording around '*when you're with them*' – as that implies it's only during the day because they are asleep at night.

Posters

The majority of participants preferred the teddy bear version with ABC at bottom as long as the type face was changed, the headline was clear and the text in the boxes was made bigger.

Views about Logos

Participants had mixed views about the importance of branding. Some felt that it was unimportant where the message originated from and didn't even notice the logos on the poster and leaflet. Others felt that if it was coming from the health board it means the information has added credibility although this was refuted by some who said '*the health board told them it was OK to smoke in one room*'.

Action as a result of reading leaflet

Participants were asked if they would do anything differently as a result of reading the leaflet. This question evoked mixed views. Some said they would attempt to smoke outdoors. Others acknowledge that they would feel guilty at the time but would then carry on with their existing habits. The myths surprised many participants and they would reconsider action around them.

Professional group:

A short focus group was held with health professionals that lasted 50 minutes due to time restrictions. This meant that there was only time to explore issues superficially. The group consisted of 2 community midwives, 3 practice nurses, 1 parenting co-ordinator and 4 Health Visitors.

Secondhand Smoke

Health professionals were aware of the dangers of secondhand smoke for children and spontaneously mentioned asthma, chest infections and cot death. Cot death is often the trigger for raising the issue of secondhand smoke and this is done as standard in ante natal care and post delivery which means that parents are usually aware of the dangers of smoking close to their new baby. All new mums are given the cot death leaflet which discusses the dangers of smoking around babies.

The majority of the group who go into people's homes say that they have noticed a reduction in the levels of smoke in the home since the introduction of the smoking ban and feel that quite often clients will smoke in the kitchen or lean out of the window.

Practice nurses say they tend to raise the issue opportunistically if a child is attending an asthma clinic but have very limited time. Apart from that there was a feeling that smoking is tackled in a variety of situations.

"We don't have a lot of time at appointments. We can't cover everything. Often we are coming at it blind. We don't know the situation or the family history. But if we knew the parents smoked we would talk about the impact of secondhand smoke".

Practice Nurse

Health professionals reported that they promote both stop smoking and secondhand smoke messages and much would depend on circumstances which message they promoted. There was a general feeling that people were fairly receptive to the message about smoking outside and often clients will say 'OK, I'll not smoke in the house' but health professionals admit they have very little idea to what extent they actually carry out the action of smoking outside.

Advice given to parents

Advice given to parents often depends on their circumstances and the environment within the home. Health professionals are conscious about avoiding telling people what to do as they could be asked to leave and feel their role is to give people the best information available and leave it up to the client to make their own choice.

Most of the health professionals would prefer to give out the message 'don't smoke in the home' but are concerned at being dogmatic so often would advise parents to keep the home as smokefree as possible. At the very least they would advise the family to avoid smoking near the baby.

"You have to judge the family , their circumstances. Some of these girls really do need a cigarette". Health Visitor

"I'd tell them to avoid smoking over the baby to give the babies lungs a chance to develop". Health Visitor

" We would advise to keep their home as smokefree as possible – let them stay in control and make their own decisions. By smokefree as possible, could be at a minimum, keep baby away from smoke". Health Visitor

Other advice given was about practical things people could do if they still smoked in the home. Some tips included:

"planning when they are going to have a cigarette or refer them to the stop smoking team". Health Visitor.

Some tips that a minority of professionals mentioned appear to be unrealistic for most people and wouldn't actually get rid of secondhand smoke. This suggests that there are potential implications for future training in terms of consistency of messages being given out.

"I say to them - Think about where the nicotine goes – up your nose, in your hair, your clothes. They look at you as if you're daft when you say once you've had a cigarette change your t-shirt, blow your nose and brush your hair". Health Visitor

Some health professionals expressed concern that parents are often unaware of the dangers but outside influences including parents and grandparents, who don't believe health messages and risks, can influence the new parent's decisions.

"Loads of people say, I don't know anyone who's had that (cot death) – the incidence has reduced so people aren't coming across it the same". Midwife

None of the health professionals in this group discussed avoiding smoking in cars with their clients and there was acknowledgement that this was something they hadn't considered before.

Views on mixed message – i.e. smoke free homes versus smoking in one room

There were mixed views about whether the message that should be promoted was avoiding smoking at home altogether or to promote limited smoking at home. Some felt that compromise was needed due to the circumstances some people lived in and small changes may lead them to cutting down or even stopping smoking altogether.

"Any change is better than none. That way there's less pressure on people". Health Visitor

"I think families living in high rise flats – it's not practical. If they thought it would be acceptable just to contain it in one room, they might be more inclined not to smoke over the baby". Midwife

Others felt that if the evidence said that they are only protecting their family by having a smokefree home then they should be told to smoke outside. There was discussion about the impact of smoking in one room and there was recognition of the consequences when other people went into the room or once the door was open, the smoke would blow elsewhere.

"That doesn't sit comfortably with me (restricting smoking). I think they should be told to smoke at the back door". Health Visitor

"They often smoke in the kitchen, then open the door and the smoke blows into the living room". Health Visitor

Other issues

- It appears that current advice given out about secondhand smoke may be inconsistent.

- No-one in the group talked spontaneously about restricting smoking to one room but on prompting some people felt that restricting smoking in the home may be better than nothing at all. However, there was acknowledgement by the majority that restricting smoking did not eradicate the impact of secondhand smoke.
- The main issue for these health professionals is to encourage clients to avoid smoking around babies. This is often because the focus of home visits for midwives and health visitors is for infants and older children usually visit clinics for assessments. Others agreed that they probably wouldn't mention secondhand smoke if they were around older children unless they had chesty problems and they were aware that the parent(s) smoked.
- Home visits can be pressurised with a lot to cover in a short space of time.

Where do they get information on SHS from?

Health professionals in this group talked about accessing information about secondhand smoke from the internet, study days, leaflets (particularly the cot death leaflet) and publications. Only midwives were obliged to attend annual update sessions on secondhand smoke.

Views on Brief Intervention training

A minority of the health professionals were unfamiliar with the term 'brief intervention' but on the whole participants were very supportive of training as long as it required very limited time out from their busy schedules (perhaps a couple of hours). Midwives get an annual update which is standard but health visitors don't. A few participants acknowledged that there were gaps in their knowledge and that it was hard to keep up to date with new evidence and this should be included in updates or any training offered.

Views on leaflets

The health professionals were invited to comment on the proposed materials from an information point of view, whether they would use the materials rather than for their personal preferences of style. Interestingly, the health professionals did prefer 'kids' because in their opinion it was clearer, better laid out and would be easy to talk through with clients if it had more visuals included.

Several people felt that leaflets were no use in isolation and most clients would need someone to talk them through it. There was discussion about the information overload new mums have to deal with when they have a baby. The health professionals were conscious about how little time they would have to read them and also the extent of literacy problems. Often they felt that some of their clients would open up a leaflet and just shut it again without reading the content.

They felt that the materials could be enhanced with more visuals.

Messages

The majority of participants in this group felt that the information was appropriate and relevant. The facts were deemed to be helpful and some reflected that clients often genuinely believe that the 'myths' do help. A few acknowledged that some of the information was new for them.

"I didn't appreciate if you open the window and door that's not going to help". Midwife

Poster

The 'teddy' poster evoked the most discussion. Some felt that the teddy looked upset and the message could be about domestic abuse. There was also considerable discussion about other campaigns that had used teddy bears such as cot death and SMA. A few people felt that because the image was a teddy the poster was aimed at families with young babies.

There was an agreed view that the 'kids' version needed to include younger children.

Conclusions

The public focus groups have given a flavour of people's knowledge, attitudes and perceptions about secondhand smoke.

However, it is impossible to draw meaningful recommendations due to the fact that there were only 6 participants in the public groups who were smokers and had children or grand children under the age of five.

We have succeeded in starting to build a picture of what it is like to be a smoker living in poorer areas of Glasgow, the pressures they face and the barriers they come up against when asked to consider making their homes smokefree.

What we have learnt so far – public groups

- Awareness of secondhand smoke as an issue is high amongst the people we spoke to, however there is considerable variation in levels of understanding of what it actually is and what the risks are for children.
- Attitudes towards smoking in the home were very different between smokers and non-smokers.
- Most smokers felt bad about smoking around the children but others did not feel guilty as they needed to smoke.
- Most smokers spoke about how hard it is to avoid smoking around children once they are running around as they are *'always hanging around'*.

- When they are babies there is more awareness and compliance about avoiding smoking near them.
- Some smokers smoked everywhere in the house, a few avoided smoking in the children's bedrooms, whilst others had a designated smoking room – often the kitchen. A minority of smokers avoided smoking in the home.
- Many participants did not own a car but the majority of those who travelled by car (even if it wasn't their own) would respect the owner's views about whether it was acceptable to smoke in the car. There was acknowledgement that it would be easier to avoid smoking in the car than at home because of the limited time spent in the car.
- Many people agreed that having a smokefree home was a good idea but many were concerned about how practical that would be because of where they lived (no veranda, no balcony, several floors up). Some questioned their willpower to do so as their favourite cigarette is often the one sitting in front of the television after the kids have gone to bed.
- Participants were in favour of the proposed materials with a few caveats, with the majority preferring the 'teddy' proposal. Some of the information was new and surprising for them and they felt the design drew them into the key facts that were presented.

What we have learnt so far – professional group

- Health professionals were aware of the growing concern about the impact of secondhand smoke on children and had a good understanding of the risks associated with it.
- Health professionals recognised their role in promoting the dangers of secondhand smoke but the main focus tended to be around cot death. Practice nurses promoted the message opportunistically especially if the child had asthma.
- None of the professionals currently promoted messages about avoiding smoking in the car.
- Advice given to parents in their home was often dictated by circumstances and the environment within the home. They were conscious about avoiding telling people what to do but giving them information so that can make their own choices. The key message given out is often about making the home '*as smokefree as possible*' which could mean '*don't smoke near your baby*' as opposed to '*avoid smoking in the house*' or even '*only smoke in one room*'.
- There were mixed views about whether the message that should be promoted was 'avoid smoking in your home' or 'restrict smoking in your home – e.g. one room'. Some felt that compromise was needed and small step changes were helpful whilst others argued that people should be made aware of the latest evidence and the implications of it.

- There appears to be a lack of consistency in the advice given to parents and some of the tips that are currently given appear to be impractical and wouldn't actually get rid of secondhand smoke.
- There was a consensus that further training and updates would be helpful especially if evidence was being advanced and the majority acknowledged that they didn't have the most up to date information. Some were familiar with the idea of 'brief intervention', others had not heard the term before. They were receptive to training as long as it required limited time to attend.
- Professionals preferred the 'kids' version of the materials because they felt it was well laid out and it would be quick and easy to talk through with clients. Whatever version was selected they felt that the content was appropriate and useful.

Recommendations

The 'teddy' bear creative design should be developed further taking forward the recommendations from the focus groups about design, layout and content which are detailed in the content of this report.

Critical to drawing meaningful recommendations is the fundamental issue around whether the key message for Smokefree homes should be 'avoid smoking in your home' or where practical difficulties arise (such as living in a high rise flat) promote a step change such as 'restricting smoking to one room'. Whilst current evidence suggests that 'avoiding smoking in the home is the only way to keep children safe from secondhand smoke', health professionals and current training supports using a step approach if it is the only practical solution.

Consistency in the development of this core message needs to be explored further.

Early findings suggest that people would prefer honesty about the dangers of secondhand smoke – i.e. the safest option is to avoid smoking in the home but this cannot be recommended yet as the focus groups only had very few participants from the key target group. In order to verify these early findings, further focus groups with the target audience should be conducted to substantiate or negate views.

The professional group highlighted some gaps in knowledge and provided rationale for being cautious when approaching clients to discuss secondhand smoke unless the focus is on cot death. These front line staff are most likely to have the best opportunities to promote smokefree homes and it is therefore crucial that they are 'on message' and have received appropriate training.

Appendix 1

Topic Guides

Topic Guide for Smokefree Homes resources pre-testing – PUBLIC June 4th 2009

Welcome and Introduction

Thank participants for attending. Explain what the work is for and whom. Explain role of moderator (independent/ objective).

Moderator will inform participants that:

- The study is anonymous and no quotes using real names will be used when feeding back to client
- The report and any presentation will only be used to inform the development of Smokefree Homes resource materials and initiatives to promote Smokefree Homes within NHS GGC
- We are all individuals and may not share the same opinions, habits, practices, feelings as each other. There are no right and wrong answers, just honest opinions
- The session will be recorded – recording will only be heard by me - will be used as a prompt when developing feedback. Once report has been completed the tape will be deleted.
- You can refuse to answer any questions.
- Ask each participant to introduce themselves to the group with their name, and a little about themselves – e.g. family, children, work etc
- Today we are talking about health and in particular wish to gather views about reducing SHS in the home and car, the effects of second hand smoke on children and gather opinions about some new materials that are being developed.

Smoking

- Ask each member of the group who smokes or has previously smoked. For smokers, where do you tend to smoke most, when/time of day?

Second hand smoke

- Are you familiar with the term second hand smoke?
- When I mention the phrase second hand smoke, what do you understand the term to mean? What springs to mind when you hear these words. Call out anything you associate with second hand smoke (record information on a flip chart). Explore whether they think term only

refers to a lit cigarette, smoke that can be seen, how long it takes for SHS to go out of atmosphere etc.

- For those who are familiar with the term second hand smoke, where have you heard about it e.g. media, television advertising, social networks, health professionals, information materials etc
- In your opinion are there any dangers from second hand smoke for children? What in your opinion are the main dangers of second hand smoke for children?
- What do you think about smoking in your home? In your car? Why?
- What are your views about smoking in front of children? Why?
- It has been suggested that homes and cars –your own and those of others with children should be smokefree.
- What if anything might convince you to make your home and car smokefree? How practical is it to make your home and car (if you have one) smoke free? What are the barriers to do this? What would help or assist you to do this? Probe – is age of kids an issue, time – leaving kids alone, location of where they live(e.g. high rise flat) – their own private space

Resource materials

We will be pre-testing 3 creative routes – Creatives will be labeled with names to assist the discussion.

- Put samples of the leaflets down on the table. Ask participants to pick up the leaflet that appeals to them most.
- Observe immediate response and reactions to the leaflets and ask why they chose the leaflet they did.
- Take each leaflet in turn and ask participants what they like and don't like about each execution and why (style, font, impact)

Ask participants to read the content – give 5 minutes maximum

- Who is the leaflet for? Is it relevant to you?
- What are the key messages? How helpful is the leaflet? How realistic would it be for you to keep your home and car smokefree?
- Did you learn anything new from the leaflet? – what?
- Would you think about doing anything differently as a result of reading this leaflet? What? Why?
- What would make the leaflet better? What changes would you make to improve it?

Show posters and ask:

- Which poster attracts your attention most? Why? Likes and dislikes and each one (style, layout, ease of reading etc)
- What is the key message the posters send to you? – Why? How do you feel about that? What would make you more/less like to accept/act on the message?
- Which poster gives out the message most clearly? Why?
- What suggestions would you make to improve the poster?

Slogan/Brand/Identity

- Explore views on the slogans proposed by each agency. - Impact, understanding, style, message
- Explore values associated with campaign source – NHS, Smokefree Services , Smokefree homes e .g. awareness, credibility

General (if time)

- Where is it best to distribute these posters and leaflets? Which places do you visit? What do you read/listen to? Who is most likely to influence your activity/decisions to make your home/the home that children spend time in smoke free?
- Are there any other types of resources/information that you would find helpful? E.g. radio, Direct mail, DVD, Personal contact – provided by health professionals, newspaper articles, Web, Bus advertising? etc- explore

Allow opportunity for any further comments. Thank and close and get participants to sign for payment

Topic Guide for Smokefree Homes resources pre-testing – PROFESSIONALS
June 4th 2009

Welcome and Introduction

Thank participants for attending. Explain what the work is for and whom. Explain role of moderator (independent/ objective).

Moderator will inform participants that:

- The study is anonymous and no quotes using real names will be used when feeding back to client
- The report and any presentation will only be used to inform the development of Smokefree Homes resource materials and initiatives to promote Smokefree Homes within NHS GGC
- We are all individuals and may not share the same opinions, habits, practices, feelings as each other. There are no right and wrong answers, just honest opinions.
- The session will be recorded – only for my use. Tapes will be deleted on satisfactory completion of report.
- You are free to tell the moderator if there are any questions that you feel uncomfortable answering.
- Today we are here to explore views on SHS for children, how health professionals currently address issues regarding SHS smoke and gather opinions about materials that are being developed by Smokefree Services
- Ask each participant to introduce themselves to the group with their name, and a little about their role

Second hand smoke

- In your opinion what are the main dangers of second hand smoke for children?
- What opportunities do you have for raising the issue of children's exposure to SHS in the home? How often do you have the opportunity to discuss second hand smoke with clients. What prompts discussion about SHS? What signs are you looking out for? Who do you usually speak to?
- What are the key messages you tell clients about second hand smoke with regards their children? Why these issues? What advice do you give to parents/carers -e.g. stop smoking or smoke outside.
- If a child has a condition such as asthma would you consider that SHS might be affecting this? How do you assess if a child is exposed to SHS?
- Some of the evidence recommends that the only guarantee for protection is a completely smokefree environment. How do you feel about encouraging families/carers of children to avoid

any smoking in the home or car? What are the challenges in delivering this message? Are there any other practical steps to smoke free homes that you might suggest.

- How comfortable do you feel about discussing second hand smoke with clients? Probe
- How important is it compared to other issues you need to discuss with clients?
- What are your views about participating in brief intervention training on second hand smoke? What kind of training would be useful? How much time would be practical to allocate to attend training? The brief intervention training involves negotiating behaviour change which might involve initially smoking in one room if it is not always practical to go outside. How do you feel about promoting this option?
- Where do you currently get information about second hand smoke from? How useful is the information you have received to date? What could be done to improve it?

Resource materials

We will be pre-testing 3 creative routes – Creatives will be labeled with names to assist the discussion.

- Put samples of the leaflets down on the table. Ask participants to pick up the leaflet that appeals to them most.
- Observe immediate response and reactions to the leaflets and ask why they chose the leaflet they did.
- Take each leaflet in turn and ask participants what they like and don't like about each execution and why (style, font, impact)

Ask participants to read the content – give 5 minutes maximum

- Who is the leaflet aimed at? Is it relevant to this target audience?
- What are the key messages? How helpful is the leaflet?
- Did you learn anything new from the leaflet? – what?
- Would you use this leaflet with families/carers?. If not, why not?
- How and where would you use this leaflet with clients?
- What would make the leaflet better? What changes would you make to improve it? Are there any additional messages that need to be added? Why do you think that?
- Do you think any of the messages could cause any harm? If so, how?

Show posters and ask:

- Which poster attracts your attention most? Why? Likes and dislikes and each one (style, layout, ease of reading etc)

- What is the key message the posters send to you? – Why? How do you feel about that?
- Do you think that these could cause any harm? If so, how?
- Which poster gives out the message most clearly? Why?
- What suggestions would you make to improve the poster?

Slogan/Brand/Identity

- Explore views on the slogans proposed by each agency. - Impact, understanding, style, message

General (if time allows)

- Where is it best to distribute these posters and leaflets?
- Are there any other types of resources/information that would be helpful? E.g. radio, Direct mail, DVD, newspaper articles, Web, Bus advertising? etc- explore
- Finally, can I ask who smokes within this group? Are there any non smokers who used to smoke?
- What do you think (personal views) about smoking in the home? Smoking in front of children? In the car? Why?

Allow opportunity for any further comments. Thank and close.

Appendix 2

Teddy Poster (final version)



Keep your family safe from

secondhand smoke



- a** - Keep your children away from all cigarettes and smoky places
- b** - Make your home and car smoke free at all times
- c** - If you choose to smoke go outside

That way, you'll cut down **nasty coughs, asthma, ear infections** and if you have a baby reduce the risk of cot death.

Teddy Leaflet (final version)

Setting the record straight about secondhand smoke



Living in the real world

The only way you can fully protect your family from secondhand smoke is if you smoke outside. Lots of people we talk to would like to smoke outside but say that it can be difficult for lots of reasons.

So what can you do?

- Think about different things you can do to reduce the risk of exposing your family to secondhand smoke
- Perhaps a first step might be to stop smoking in the car
- If you smoke and want to cut down, try using nicotine replacement therapy, especially when you are with your children

Get in touch

Maybe in time, you will also decide to stop smoking altogether. There's lots of help available and we are happy to help. Call the number below when you are ready.

You can get a copy of this document in different formats on request.

NHS Greater Glasgow and Clyde has a Complaints Handling Policy. If you wish to formally complain about any of our services, please contact 0141 201 4477.

For more information about secondhand smoke and to receive a free DVD call:
Smokeline on 0800 84 84 84
visit our website:
nhsggc.org.uk/smokefreeservices

Keep your family safe from

secondhand smoke



what? is secondhand smoke?

Most of us have heard people talking about **secondhand smoke** but few of us really understand what it is.

Secondhand smoke is smoke that is breathed in from other people's tobacco smoke. It is caused by smoke that is blown out when someone is smoking or it comes from the tip of a cigarette that has been left to burn.

fact
There are more than **4000 chemicals** in every cigarette. Many **poisonous substances** can stay in a room or car for **months** after the cigarette has been stubbed out.



Secondhand smoke will:

- Quickly spread to other rooms in your house even if a window is open
- Stick to clothes, walls, furniture, carpets and toys
- Increase the risk of health problems for your family, friends and pets

why? should I worry about dangers to children?

We all want the best for our children so make sure you protect them from the effects of **secondhand smoke**. Children and babies who live in homes or travel in cars where people smoke have a greater chance of:

- Becoming ill with coughs and ear infections
- Suffering from on-going chest problems such as wheezing, asthma and bronchitis
- Dying from cot death (Sudden Infant Death Syndrome – SIDS)

fact
Children are more at risk because:

- Their lungs are still growing
- Their immune system is still developing

fact

Children can actually breathe in around **150 cigarettes a year** when adults smoke around them.

fact

Each day in Britain, **50 children** under the age of five are admitted to hospital because of the effects of **secondhand smoke**.

what? can I do to keep my family safe from secondhand smoke?

- Make your home a smoke free home and ask friends and family to smoke outside
- Avoid smoking or allowing other people to smoke in your car at all times

fact

Children learn habits from the people closest to them. If they live with someone who smokes they are **3 times more likely** to smoke themselves when they grow up.



Kids Poster



NOT INSIDE

keep your family
safe from second
hand smoke

- > Make your home and car smoke free at all times
- > Keep your children away from all cigarettes and smoky places
- > If you choose to smoke go outside

That way, you'll cut down nasty coughs, asthma and ear infections and if you have a baby reduce the risk of cot death



Kids Leaflet

What is second hand smoke?

Most of us have heard people talking about second hand smoke but few of us really understand what it is.

Second hand smoke is smoke that is breathed in from other people's cigarette smoking. It is caused by smoke that is blown out when someone is smoking or it comes from the tip of a cigarette that has been left to burn.

Fact

There are more than 4000 chemicals in every cigarette. Many poisonous substances can stay in a room or car for several hours and even overnight after the last cigarette has been stubbed out.

Second hand smoke will:

- > Quickly spread to other rooms in your house even if a window is open
- > Stick to clothes, walls, furniture, carpets and toys
- > Increase the risk of health problems for your family, friends and pets



Get in touch

Maybe in time, you will also decide to stop smoking altogether. There's lots of help available and we'd be happy to help.

For more information about second hand smoke or stopping smoking call:
Smokeline on 0800 84 84 84

Website

www.nhs.gov.uk/smokefreeservices



Toys leaflet

No More Indoors.

Second hand smoke increases the risk of health problems for your family, friends and pets. Here is a simple guide to help you understand the facts.

WHAT IS SECOND HAND SMOKE?

Most of us have heard people talking about second hand smoke but few of us really understand what it is.

Second hand smoke that is breathed in from other people's cigarette smoking. It is caused by smoke that is blown out when someone is smoking or it comes from the tip of a cigarette that has been left to burn

- Second hand smoke will: Quickly spread to other rooms in your house even with a window open.
- Stick to clothes, walls furniture carpets and toys
- Increase the risk of health problems for your family.

WHY SHOULD I WORRY ABOUT THE DANGERS TO CHILDREN?

We all want the best for our children so make sure you protect them from the effects of second hand smoke. Children and babies who live in homes or travel in car where people smoke have a greater chance of:

- Becoming ill with coughs and ear infections suffering from on going chest problems such as wheezing, asthma and bronchitis
- Dying from cot death (Sudden Infant Death Syndrome -SIDS)

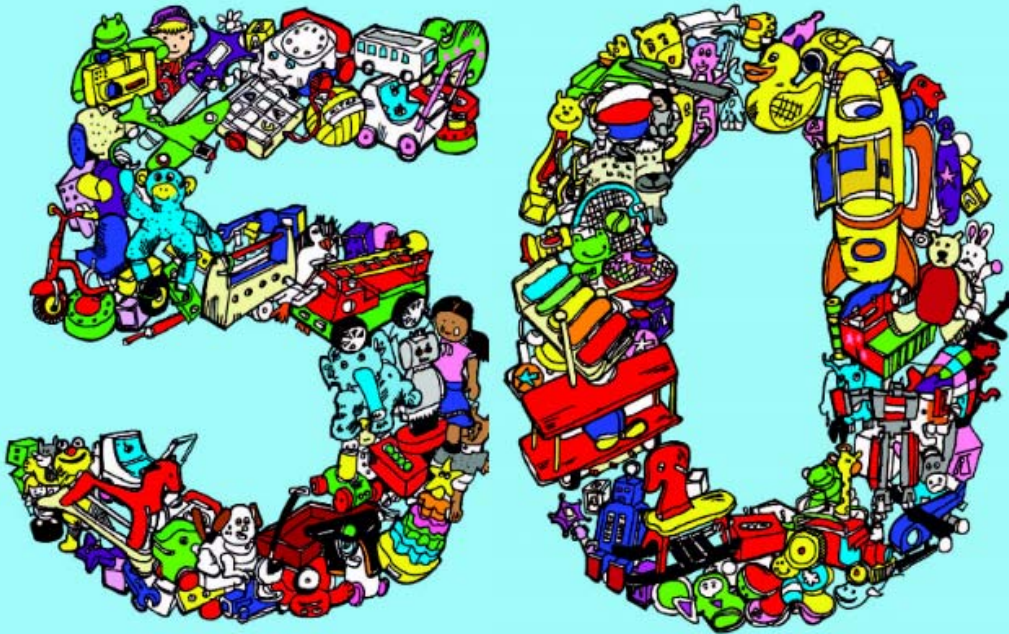
FACT: Children's lungs are still developing and less able to fight infections

FACT: Children can actually breath in around 150 cigarettes a year when adults smoke around them

FACT : Each day in Britain fifty children under the age of five are admitted to hospital because of the effects of second hand smoke

There are more than 4000 chemicals in a cigarette. Many poisonous substances can stay in a room or car for several hours even overnight after the last cigarette has been smoked.

Toys poster



Each day in Britain **fifty** children under the age of five are admitted to hospital because of the effects of second hand smoke.

Make your home and car smoke free

Keep your children away from cigarettes and smoky places

If you choose to smoke go outside

That way, you'll cut down nasty coughs, asthma and ear infections and if you have a baby reduce the risk of cot death.

No More Indoors.

