2019

Youth Smoking in Europe. Strategies for Prevention and Reduction

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Recommended Citation

Youth Smoking in Europe. Strategies for Prevention and Reduction. Joan Hanafin, Luke Clancy 2019. Dublin: TFRI. ISBN 978-0-9557528-3-4. DOI: 10.21427/j397-nd68

Funder: Horizon 2020

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Strategies for Prevention & Reduction

Joan Hanafin and Luke Clancy

SILNE-R

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Green Bike Books Design + Layout

An output of SILNE-R A Comparative Realist Evaluation of Seven European Cities

This project has received funding from the European Union's Horizon 2020 research and innovation programme under the SILNE-R Grant Agreement number 635056.

To cite

Hanafin, J. and Clancy, L. (2019). *Youth Smoking in Europe: Strategies for Prevention and Reduction*. Dublin: TFRI.

ISBN 978-0-9557528-3-4

www.tri.ie

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Preface

This publication is based on the recommendations which the TobaccoFree Research Institute Ireland formulated for the Silne-R Horizon 2020 project.

Within most European populations, smoking prevalence rates differ substantially according to people's educational level, occupational class and income level. Large inequalities in smoking are now emerging in all European countries, especially in the youngest generations. Tackling inequalities in smoking is therefore vital to any strategy that is aimed at avoiding a further widening of socio-economic inequalities in health, and making the narrowing of health inequalities a realistic goal.
Several effective interventions and programmes are now available to address smoking in Europe. These include bans on smoking in public places and cessation support services for those wanting to quit. In addition, several supply-side measures are potentially effective, including bans on advertisements, increased tax on tobacco, and restrictions on sales of tobacco products to young people. Most of these measures have been implemented, to a greater or lesser extent, in different European countries, stimulated by international initiatives such as the Framework Convention on Tobacco Control (FCTC). Scientific evaluations of tobacco control policies have provided strong evidence of their effectiveness in reducing overall smoking in the general population, e.g. in case of tax policies.
A main challenge for research is to assess which of these tobacco control measures also have the potential to reduce socio-economic inequalities in smoking, beside their impact on general smoking prevalence. As a result, it is still highly uncertain which policies will be effective in reducing smoking inequalities if they are implemented in the general population.
There is therefore an urgent need for evidence on the effectiveness of policies, programmes and interventions that have already been implemented at national or local levels. Evaluations of these actions may help to estimate more directly what has been achieved, and what can further be achieved, by real-world actions in the field of tobacco control.
To meet Objective 1 of WP3, namely to map the evidence that tobacco control policy makers need, the WP leader:
To meet Objective 2, namely to map the scientific evidence needed to address the questions raised in the process of implementing Objective 3.1, the WP leader:
To meet Objective 3 of WP3, namely to develop evidence-based, tailored recommendations the WP leader:
Performed a review of the scientific literature and key policy documents, and identified the information that tobacco control policy makers need in order to facilitate the implementation of the most effective and efficient tobacco control interventions to prevent tobacco initiation by adolescents.

- Using this literature review together with interviews with a wide range of stakeholders and policymakers (consultations, focus group interviews, individual interviews), WP3 assessed the limitations of existing scientific evidence, how policy makers make decisions in the absence of sufficient scientific evidence, and the consequences of this deficiency for policy decision-making. (Available in D3.1)

- Assessed how the available evidence can be presented in such a way as to support fine-grained lessons for the prevention of youth smoking (i.e. lessons that are sensitive to the national and local policy context, and to the gender and SES of the youth). (Available in D3.1)
- Evaluated the transferability of policies already implemented in other jurisdictions that would allow policy makers to advance tobacco control through adopting policies already implemented, but with appropriate specific local modifications. (Available in D3.1; D3.2)
- We used 'models of change' (e.g., Advocacy Coalition Framework and Punctuated Equilibrium Framework theories) as developed in WP5 and WP4 to inform our recommendations. Specifically, these tools were used to illustrate the assumptions underpinning policy development and to suggest particular recommendations that were refined at national, local and school levels by reference to the evidence base resulting from data collected and analysed by WP5, WP6, WP7, WP8, WP9 and WP10. (Available in D3.2 Appendix A)
- Recommendations were developed that were tailored to specific European countries. Additionally, attention was paid to specific target groups (in terms of gender, SES, social network position, and school track. (Available in D3.2 Appendix)
- Prepared a final report on the development of evidence-based, context sensitive recommendations. This report was sensitive to the needs of policy makers but also responsive to the plans for dissemination of WP2 in terms of format, content and prevailing attitudes to presentation of the target audience and needs of policy authorities. (Available in D3.2 Appendix)

Silne-R set out to assess how Tobacco Control interventions to prevent youth smoking have been implemented in seven European countries, at national, city and school levels, and their impact on smoking behaviour of 16-year-old adolescents in those countries.
to develop and to disseminate the fine-grained evidence that is needed to support decision makers in implementing strategies to prevent youth smoking in local settings, with due attention for program costs and for inequalities in smoking.
Specifically, the aims of Silne-R were to assess the implementation of smoking prevention strategies in seven European countries, Belgium, Finland, Germany, Ireland, Italy, Netherlands, and Portugal. To assess the varying effects of the interventions and the costs involved and to inform decision makers of the opportunities to influence youth smoking based on the findings and the lessons learned and to develop and disseminate relevant fine-grained recommendations that are context-sensitive, cost-effective, and equity-oriented.
It is hoped that providing these recommendations will facilitate their adoption by policy makers in other jurisdictions, knowing that these interventions have been evaluated for transferability, and include suggested specific modifications to avail of local opportunities and overcome common barriers. In this way TFRI hopes to contribute to the common aim of creating a future Tobacco Free generation.

Evaluated the transferability of policies already implemented in other jurisdictions that would allow policy makers to advance tobacco control through adopting policies already implemented, but with appropriate specific local modifications.

1. to assess how smoking prevention strategies were implemented within seven countries, at national, municipal and schools' levels, and how the process of implementation varied between countries, cities and schools,
2. to assess how the implementation of these strategies influenced smoking-related behaviour of 16-year-old students in 60 schools, and how this impact varied according the students' gender, socioeconomic position and social network,
3. to estimate the program costs associated with the implementation of prevention strategies at national, municipal and school levels, and to estimate the cost-effectiveness of the different prevention strategies,
4. to integrate the outcomes of these evaluations into refined "models of change" that inform decision makers about how strategies can be effective in tackling smoking by taking into account the opportunities and barriers present at local levels,
5. to develop and to disseminate recommendations to support decision makers at (inter)national, municipal and schools' levels in implementing youth smoking prevention strategies that are context-sensitive, cost-effective, and equity-oriented.

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Part I

1: National-level recommendations to prevent youth smoking

Introduction

This report contains national-level recommendations for the prevention of youth smoking in 7 SILNE-R countries (Amersfoort, the Netherlands; Coimbra, Portugal; Dublin, Ireland; Hannover, Germany; Latina, Italy; Namur, Belgium; Tampere, Finland). We derived these recommendations from the synthesised evidence of SILNE-R WPs4-10. More detailed observations regarding the derivation of these recommendations are to be found in D3.2 Appendix A, which also contains cross-national observations and recommendations.

These evidence-based national-level recommendations are intended to support tobacco control policy decision-makers in implementing strategies to prevent young people from smoking in local settings. In preparing this report, we paid particular attention to the various documents of WP5 on national-level analyses[1], using the prism of WP4's policy model frameworks[2], as well as drawing on other WP findings that had implications for national-level policy recommendations.

This current report, D3.2 Appendix B, as well as our reports with policy recommendations at cross-national (D3.2 Appendix A), local (D3.2 Appendix C), school (D3.2 Appendix D), and individual city (Appendices E-L) levels were all informed by WP4 policy briefs. Having examined WP5 and other SILNE-R findings through the prism of WP4 policy models, we make here the following national-level observations and

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[1]Endnotes

WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

WP5 (UNIMAAS). Thomas Kuijpers and Marc Willemsen. Policy Recommendations from WP5 (Draft). Internal SILNE-R report from WP5 to WP3, 28 March 2018.

WP5 (UNIMAAS). Thomas Kuijpers, Marc Willemsen, Anton Kunst. Developing policy monopolies in six European Countries: an empirical comparison using the case of a tobacco display ban. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP5 (UNIMASS). Deliverable D5.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

[2] WP5 (UNIMAAS). Thomas Kuijpers, Marc Willemsen, Anton Kunst. Developing policy monopolies in six European Countries: an empirical comparison using the case of a tobacco display ban. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP4 (AMC). Anton Kunst and SILNE-R Consortium. Work package 4: development of models of change. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

recommendations to assist tobacco control policymakers to prevent youth smoking.

Policy context

Across the 7 SILNE-R countries, variation exists regarding the policymaking processes at national level. The focus of WP5 centred on explaining the differences in policy processes in order to assess what conditions or factors influence the formulation, adoption and successful implementation of tobacco control measures.

The focus groups undertaken during the initial stages of the project found inconsistencies and uncertainty surrounding policymaking within the tobacco control field. These groups highlighted how there was unequal adoption of tobacco control policies across the 7 participating countries[3]. Within the SILNE-R countries, policymaking occurs from the 'top-down', as legislative decisions are made by central government and implemented at regional and/or local level. Across the six countries where interviews with policymakers were conducted[4], the interviews found that the overall aim of the policies were focused on protecting and preventing children from tobacco industry marketing and exposure[5]. While the degrees and the nature of the various policies differed among the different countries, some similarities are evident in terms of the processes and factors needed to advance tobacco control measures.

The Advocacy Coalition Framework (ACF) was used by WP5 to understand policymaking processes and to identify the factors and actors which influence policymaking processes[6]. The main tenet of the ACF is that a policy subsystem (in this case, the tobacco control subsystem) is influenced by different (competing) coalitions, and centred around certain beliefs. These beliefs tie coalitions and actors together, and influence how policy problems are addressed. According to the ACF, one subsystem often dominates the other and legislators adopt the dominant frame and appear relatively unreceptive to information contrary to this frame. Differences exist in relation to the dominant frame (health side versus

[3] The findings and the reports from the SILNE-R countries are to be found in D3.1.
[4] WP5 interviews were not carried out in Portugal due to difficulties accessing participants.
[5] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).
[6] WP5's D5.2 and D5.3 contains detailed information relating to the application of the ACF to specific national-level tobacco control policies.

tobacco industry side) across the SILNE-R 7 countries, with a number of factors explaining this subsystem dominance. These factors include:

- Network strength
- Tobacco industry economic presence
- Ideology
- Lobbyism- corporatism
- Other factors: *e.g.*, policy transfer; public support

According to this model, the 7 SILNE-R countries can be classified into three types using the ACF framework. Finland and Ireland are *progressive* countries in which there is broad support among policymakers, stakeholders and members of the public for strong tobacco control polices. Belgium and the Netherlands are *moderately progressive* countries where there are active health non-governmental organisations (NGOs) but the political agendas of the ruling parties often obstruct the introduction of stronger tobacco control policies. Germany, Italy and Portugal are *stagnant* countries in which there is weak implementation of tobacco control policies, combined with poor or inactive health NGOs.

National-level observations and recommendations

1. Adolescent smoking remains a problem

The problem of adolescent smoking has not disappeared (see D3.2 Appendix A). Tobacco causes unique and disastrous consequences for adolescents and tobacco control must be kept at the top of the policy agenda in all countries.

Recommendations:

- There is no safe level of smoking and smoking prevalence among adolescents continues to be a problem. Tobacco control is in competition with, and in danger of being swamped by, priorities shifting to other adolescent health problems. We recommend keeping tobacco at the top of policy agendas, with constant reminders of the death and disability uniquely caused by smoking.

2. Cognisance needs to be taken of policy change processes

SILNE-R data[7] show the importance of policy change processes in shaping tobacco control policies within individual countries. For the most effective tobacco control policy enactment, cognisance must be taken of these processes by tobacco control advocates and stakeholders.

The strength of the dominant frame (health side versus tobacco industry) influences the policy environment and the receptiveness to change within the policy system R[8]. For countries where the health side of the framework is dominant (*e.g.*, Finland and Ireland), there is an intersectoral approach to population health that engages with multiple sectors and actors[9]. Specifically, within this frame, the Ministry of Health is responsible for creating and introducing new policies. There is co-ordination between government health departments and health advocacy organisations to drive and develop policies. The health frame is also dominant in Belgium and the Netherlands, and there are active health advocacy organisations working within these countries. However, the political agendas of the ruling political parties are unreceptive to interests of tobacco control advocates and such forces reduce the advancement of stricter policies.

In countries where the tobacco industry side of the framework dominates, other government ministries (outside of health ministries) often have responsibility for tobacco policy (*e.g.*, Germany - Ministry of Consumer Protection). Within this frame, the tobacco industry and the commercial interests of a region can influence policymaking processes and the policy agenda. Health advocacy organisations within these countries may not be active (Italy and Portugal) or may lack the leadership, strategy and resources (Germany) to achieve policy goals.

Recommendations:

- It is recommended that, when developing tobacco control policy and advocating, cognisance is always taken of the particularised complexity of the national policy context and that up-to-date data are maintained regarding dominant frames that shape tobacco control within each country.
- We recommend that monitoring and development of tobacco control policy and legislation in individual countries takes into account the

[7] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).
WP5 (UNIMASS). Deliverable D5.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

[8] The full findings from WP5 are to be found in D5.3.

[9] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

current tobacco control landscape in each country as well as the country-specific beliefs and values that underpin policy, legislation and practice.
- Education in the complexities of policy change processes is recommended for tobacco control advocates, NGOs and health experts whose professional substantive areas of expertise may not include policy change processes.
- Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in SILNE-R countries and to keep them up-to-date.

3. Dominant negative frames must be exposed and, where appropriate, challenged and changed

Dominant values and beliefs that underpin tobacco control policy and that negate tobacco control progress are often under-exposed, taken-for-granted, and unchallenged within individual countries. These dominant frames should be exposed and challenged, and, where appropriate, efforts directed at changing frames to ones supportive of progressive tobacco control policy environments. This latter could be done through the development of intersubjective discourses (*e.g.*, focussed on evidence bases, health, child frame), and the promotion of robust health advocacy organisations, whose role is central to progressive tobacco control environments.

Recommendations:

- In terms of a dominant governmental frame: Develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.
- In terms of civil and business institutions: Develop strong health NGO advocacy groups, particularly in countries where they are weak or non-existent (*e.g.*, Germany, Italy, Portugal). Make networks and follow example from countries where health advocacy groups are strong (*e.g.*, Finland, Ireland).
- We recommend an audit of current tobacco control-related organisations, and interventions (resources, development) in order to be able to support them individually. We further recommend that existing networks of tobacco control organisations (ENSP/ SFP/ FCA) establish sub-groups charged with advocating for national-level transferability of knowledge that is based on the complex policy monopoly environment within which each country operates.

- Encourage health advocacy groups to forge close co-operation with government while developing aligned policy stances between tobacco control and government views. This can be aided by dissemination of tobacco control research, to the public and the government, showing health benefits of highly cost-effective tobacco prevention interventions; by bringing novel practical interventions to general notice; and by showing the popularity with the general population (electorate) of good tobacco control legislation. NGOs should also be free and willing to support political champions of Tobacco Prevention public health policies. NGOs should align their demands, for protection of children from the harms of smoking and of second-hand smoke, with the public health efforts of Health Ministries. By insisting that governments are complying with FCTC Article 5.3, NGOs can help to protect tobacco control political actors from Tobacco Industry influence. They can also dampen down, reduce and help to eliminate the influence of pro-tobacco institutions such as retailers by supporting and encouraging the banning of payment for tobacco display and the banning of sponsorship by pro-tobacco institutions. These efforts can be reinforced by extending the negative images of the tobacco industry established in progressive tobacco control cultures to ones with weaker cultures. This can be facilitated by fostering strengthened links between national tobacco prevention coalitions which collaborate to identify successful, transferable, context-specific strategies.
- In terms of governmental institutions: Create clear strong guidelines regarding interpretation and implementation of FCTC Article 5.3, particularly regarding the meaning of "transparency" (note, Italy). Advocate for Ministry of Health capacity in tobacco control, ensuring adequate numbers of personnel with specific focus on tobacco control whose work is not diluted by other prevention areas.
- Overall, strengthen health monopolies and weaken tobacco industry monopolies.
- Pay attention to moments of potential change when stable policy-making processes are disrupted by moments of crisis. At these times, policy change may be more likely to occur. Note Punctuated Equilibrium Framework.

4. Tobacco control efforts showing success but more needed for health and equality

Current tobacco control policies are taking effect, evident in reduced adolescent smoking prevalence across the SILNE-R cities but gains are

not homogeneous, with tobacco-related health inequalities evident across countries and population sub-groups. Further observations and recommendations on smoking prevalence and trends, including on social inequalities, SES, gender, social networks, and migrant families are to be found in D3.2 Appendix A. This is not a time for complacency but for continued, expanded and translated and transferred tobacco control efforts.

Recommendations:

- In countries where prevalence is lower and tobacco control environments are more progressive, two broad approaches are required.
    - 1. Continue with existing policies and interventions, ensuring strict enforcement.
    - 2. Expand tobacco control efforts by adding new interventions where they are lacking (*e.g.*, improved tobacco-related health education programmes to include comprehensive, student-friendly resource materials for students and the development of initial and continuing specialist teacher education programmes in health education to include mandatory tobacco-related health education).
- In countries where prevalence is higher and tobacco control environments are less progressive and less developed, an additional two approaches are required in addition to the two approaches (1. & 2.) outlined above. These are:
    - 3. Require compliance with extant treaty and other obligations. At a minimum, these reluctant countries must be required to fulfill their obligations to children under the binding Framework Convention on Tobacco Control Treaty (FCTC) as well as EU commitments and duties integral to the full implementation of the Tobacco Products Directive (TPD), and
    - 4. Support successful transfer of good policy from countries with more progressive tobacco control environments. This would involve translating various measures, practices, and value systems into local contexts in usable ways. At a simple level, this would mean raising the National Minimum Age of Sale of cigarettes in Belgium to 18 years, bringing it into line with other countries. At a more complex level, and more difficult to achieve, it would mean translating the value and belief systems - and dominant discourses - underpinning dominant governmental frames, civil and business institutions, and Ministries for Health in countries with more progressive tobacco control environments, for use in countries with more

stagnant tobacco control environments. In practice, this would require a number of steps: the evaluation of current beliefs and values regarding health priorities vs profit priorities in the latter countries; the re-prioritisation (through, for example, advocacy, branding, and legislation) of beliefs and values to support the prioritisation of health and health advocacy organisations; and on-going excavation, monitoring and evaluation of dominant belief and value systems - and dominant discourses - to support continued emphasis on health, and the right to health environments, and consequently, as demonstrated in SILNE-R, lower youth smoking prevalence.

5. Specific measures required to increase tobacco control progressiveness

Progressive tobacco control policy environments are characterised by systematic transposition of, strong compliance with, and strict enforcement of the Framework Convention on Tobacco Control (FCTC) treaty; the "Big Six" MPOWER[10] policies; the EU Tax Directive and the EU Tobacco Products Directive (TPD). SILNE-R cities in countries that have lower youth smoking prevalence are characterised by such progressive tobacco control policies (*e.g.*, Finland, Ireland). We make a strong recommendation for firming up these policies at national level, especially in countries found to have moderately progressive tobacco control policies (Germany, Belgium, Netherlands) and those whose policies lag behind (Italy, Portugal).

Recommendations:

- We recommend a comprehensive rolling-out of demonstrated effective policy (e.g., FCTC, MPOWER) bringing countries with more stagnant and moderate tobacco control policies into line with countries with the most progressive ones.

Specifically, this means:

- More rigorous implementation, enforcement and oversight of FCTC policies recommendations;
- Better enforcement of smokefree legislation, particularly in countries with more stagnant tobacco control policies and

[10] MPOWER: Monitor tobacco use and prevention policies, • Protect people from tobacco smoke, • Offer help to quit tobacco use, • Warn about the dangers of tobacco, • Enforce bans on tobacco advertising, promotion and sponsorship, and • Raise taxes on tobacco.

legislation. In Italy, for example, high visibility of smoking on school premises by students and staff was recorded. A lack of monitoring of smoke-free policy was identified particularly in Italy and it is highly recommended that this be rectified.

- In more progressive countries with ambitious 'endgame' aspirations, further efforts are also needed. For example, in the most progressive SILNE-R country (Ireland), no improvement (70/70) in tobacco score was recorded between 2013 and 2016[11]. An improvement in smoking cessation services and more consistent mass media campaigns are recommended.

6. Access: enforcement and other measures needed

The vast majority of SILNE-R adolescents were unable to legitimately purchase cigarettes from retailers because they were under the legal age of purchase, *i.e.*, 18 years (16 years in Belgium), as specified by National Minimum Age of Sale Laws (NMASLs). NMASLs are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. Policy recommendations based on WP9[12] findings include:

Recommendations:

- Meaningful enforcement is the most important measure. Enforce national minimum age of sale laws. Raise minimum age of sale to 18 years in Belgium in line with other countries. Consider raising NMASL to 21 years.
- Remove all vending machines as they are not, and cannot be, adequately policed.
- Strengthen supply side restrictions. Consider the introduction of a licencing levy, or a penalty to discourage smaller retailers from supplying cigarettes to underage purchasers.
- Take action on proxies via awareness raising.
- Policy-makers should consider how 'holding students back' (*i.e.*,

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[11] Joossens, L., & Raw, M. (2014). The tobacco control scale 2013 in Europe http://tobaccocontrol.bmj.com/content/15/3/247.full.pdf
2016 https://www.tobaccocontrolscale.org/wp-content/uploads/2017/03/TCS-2016-in-Europe-COMPLETE-LoRes.pdf
Joossens, L., & Raw, M. (2017). The tobacco control scale 2016 in Europehttp://tobaccocontrol.bmj.com/content/15/3/247.full.pdf. Accessed 29 September 2018.

[12] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

requiring students to repeat an academic year) can change peer group configuration and dynamics – particularly with regard to accessing cigarettes - and shape their interventions accordingly.
- A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.
- Further context-specific recommendations are detailed in Appendix D.

7. Costs and cost-effectiveness

WP10's findings on costs and cost-effectiveness, summarised[13] here, provide a valuable tool for tobacco control advocacy. The implementation of non-school bans (bans on smoking in public places, bans on sales to minors, bans on advertising at point-of-sale) was mostly coordinated by an institution at the national level. School bans were implemented by the schools, as school staff was responsible for the monitoring of breaks, and educating and/or sanctioning non-compliant cases.

Findings:

- The costs of implementation of smoking prevention strategies targeting adolescents are substantially low, regardless of the type of strategy, level of implementation, or country.
- All strategies examined were highly cost-effective for a very low minimum level of prevalence reduction. For all cases, even the most conservative ones, a minimum 1% of relative prevalence reduction of smoking among adolescents is sufficient to obtain highly cost-effective results.
- Non-school smoking bans are the least costly to implement.
- Non-school bans, together with the school bans (if we assume a realistic perspective) were the most cost-effective strategies.
- Investing in these strategies, and combining them with other measures, such as comprehensiveness of the bans or taxation of tobacco products, may lead to a higher reduction of tobacco smoking prevalence at the population level, while still guaranteeing their high cost-effectiveness.

[13] WP10 (NSPH) Policy Recommendations Template for WPs 8 & 10, Feeding back findings to WP3. Internal SILNE-R report from WP10 to WP3, 3 April 2018.

Recommendations:

- Data on cost and cost-effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.
- To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring, and be available to support policy makers.
- It is important that the cost-effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.
- Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.
- Cost-effectiveness should be included in intersubjective discourses being developed by tobacco control advocates.
- Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.

8. Fine-grained observations and recommendations at the national level

Additionally, for each of the 7 SILNE-R cities, evidence-based, context-specific (fine-grained) recommendations at the national level for the prevention of youth smoking are reported as follows: Amersfoort, Coimbra, Dublin, Hannover, Latina, Namur, Tampere.

2: Local-level recommendations to prevent youth smoking

Introduction

This report contains local-level recommendations for the prevention of youth smoking in 7 SILNE-R countries (Amersfoort, the Netherlands; Coimbra, Portugal; Dublin, Ireland; Hannover, Germany; Latina, Italy; Namur, Belgium; Tampere, Finland). We derived these recommendations from the synthesised evidence of SILNE-R WPs4-10. More detailed observations regarding the derivation of these recommendations are to be found in D3.2 Appendix A, which also contains cross-national observations and recommendations.

These evidence-based local-level recommendations are intended to support tobacco control policy decision-makers in implementing strategies to prevent young people from smoking in local settings. In preparing this report, we used the prism of WP4 policy models and briefs[14], and drew on WP6's qualitative assessment of expert interviews

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[14]Endnotes

WP4 sources

WP4 (AMC). Why secondary schools choose not to make school hours a smoke-free time for all students: in-depth interviews in the Netherlands. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP4 (AMC). Anton Kunst and SILNE-R Consortium. Policy brief: ensuring the development of tobacco control at local levels. September 2018.

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WP4 (AMC). Michael Schreuders, Bas van den Putte, SILNE R partners, Anton Kunst. The association between school smoke-free policies (SSFPs) and adolescents' perceptions of anti-smoking norms: less strong for smokers and adolescents who feel no connection to school?. SILNE-R Draft paper, September 2018.

WP4 (AMC). Anton Kunst and SILNE-R Consortium. Work package 4: development of models of change. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP4. (AMC). Paulien AW Nuyts, Rebecca MF Hewer, Mirte AG Kulpers, Anton E Kunst, Vincent Lorant, Adeline Grard, SILNE-R consortium, Sarah Hill, Amanda Amos. Realist exploration of adolescents' access to cigarettes in seven European countries: a mixed-methods study. Draft paper, September 2018 and Realist exploration of

(n=56) with European decision makers and stakeholders, and a consultation group held in Berlin in April 2018, as well as on WP (draft) papers[15]. WP6 interviews with policy makers and stakeholders in EU municipalities focussed on ways to enhance the implementation of tobacco control policies at local levels and therefore reduce adolescent smoking.

This current report, D3.2 Appendix C, as well as our reports with policy recommendations at cross-national (D3.2 Appendix A), national (D3.2 Appendix B), school (D3.2 Appendix D), and individual city (Appendices E-L) levels were all informed by WP4 policy briefs. Having examined WP6 and other SILNE-R findings through the prism of WP4 policy

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adolescents' access to cigarettes in seven European countries: a qualitative study. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP4 (AMC) and WP6 (MLU), 2018."[…] the situation in the schools still remains "Achilles heel": Barriers to the implementation of school tobacco policies in seven European cities – A qualitative study from stakeholders' and decision makers' perspectives. SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

[15] WP6 Sources
WP6 (MLU). Matthias Richter, Martin Mlinarić, Laura Hoffmann Enhancing tobacco control policies at local level: Implementation and Inequalities matter! SILNE-R Policy Brief of WP6. Internal SILNE-R report from WP6 to WP3, May 2018.

WP6 (MLU). D6.3. Final report on integrated evidence. Final SILNE-R report, September 2018.

WP6 (MLU). Martin Mlinarić, Laura Hoffmann, Matthias Richter. Report on Work Progress in WP6: Tobacco Control at the local level in 7 cities of the EU. SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP6 (MLU). Appendix 3 M. Mlinarić, L. Hoffmann, SILNE-R study group, M. Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP6 (MLU). Martin Mlinarić, Emma Kohler, Laura Hoffmann, Anton E. Kunst, Daniela Anastasi, Vincent Lorant, SILNE-R study group, Matthias Richter.The association between parental migration and smoke-free family environments: How do intra-migrant groups differ? SILNE-R Draft paper, September 2018.

models, we make here the following local-level observations and recommendations to assist tobacco control policymakers to prevent youth smoking.

Local context

Separate from a national policy and legislative context, schools exist within a geographical context, i.e., the local context. Local primary prevention in schools must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level. Where they exist, local and municipal tobacco control policies such as smoke-free environments and primary prevention at school levels can play a large role in combating smoking initiation and continuation among European youth and, in particular, with regards to inequalities.

Key features of local environments that hinder reductions in smoking prevalence include accessibility to tobacco products and some aspects of disadvantaged areas. Examples of this were found in Germany, where there is less strong emphasis on tobacco control, and Portugal, where resources were considered to be inadequate. In all SILNE-R cities, the presence of vending machines for cigarette sales was considered a negative factor. Vending machines have a particular negative operational function in how they negate age-related sale bans. Purchase of cigarettes by minors is more easily facilitated and age restrictions are less effective, being more easily circumvented even where identification is required. Vending machines cannot be adequately policed anywhere and, as a result, should be banned everywhere.

We know from focus group interview data with young people that successful implementation of access barriers requires consistency and strength in enforcement. The following factors were found to influence the efficacy of NMASLs in reducing minors' ability to obtain cigarettes[16]:

- The consistency and strength of retailer commitment to the law.

[16] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

- The availability of vending machines.
- Ease of access to acquaintance proxies (e.g. the configurations and dynamics of peer groups).
- The existence of stranger proxies, willing to assist minors in circumventing the law.
- The NMASLs of bordering countries (e.g. Belgium has a lower minimum age to the Netherlands, and borders the Netherlands – allowing minors to access tobacco by moving jurisdictions).

Barriers at local level

At the local level, reduction/prevention of youth smoking is hindered by a lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation. Even where good policies exist, the lack of monitoring means that there is a lacuna regarding local-level research data to underpin and facilitate enforcement efforts. This is exacerbated in many areas by the absence of any single authority charged with tobacco control at the local level. Where responsible bodies are in existence, there is a lack of communication at local level about precise details. Effective long-term enforcement of smoke-free environments has been shown to benefit from an "implementation plan", as demonstrated by the Irish and Finnish models.

The lack of resources for tobacco control at local level was highlighted in SILNE-R data, particularly in Germany, Italy and Portugal. One suggestion to deal with this problem was the earmarking of taxes (hypothecation). This has been tried in some (non-SILNE-R) countries, but it does not generally find favour with EU country finance departments. If the problem of resources is to be addressed, it should be an aim of tobacco control advocacy.

Local authorities in Germany have a particular problem insofar as Germany is one of the last European countries in which some federal states have not yet banned tobacco advertising. This is a serious lack, and is inimical to both one of the main strategies used in reducing youth smoking, *i.e.*, denormalisation through reducing visibility, and to changing perceptions of smoking and smoking norms. Local authorities could be assisted if the tobacco ban was comprehensively enforced throughout public places, schools, train stations and bus stops, thereby decreasing the visibility and normality of tobacco products.

Designated smoking areas on the premises of public institutions, such as hospital premises, rehabilitation clinics, and especially in the hospitality

sector are found in many EU cities.

Suggested solutions

Taxation

In countries with relatively low cigarette taxes, SILNE-R data suggest that, at the local level, improved national taxation would allow for more significant allocation of resources towards tobacco control at the local level.

Where resources are scarce, some sub-groups should be prioritised, especially low SES groups, who have higher smoking prevalence than everyone else. Limited resources should be pooled for socially disadvantaged contexts. At a local level, this could be achieved by specifically targeting relevant youth centres, vocational schools, and non-gymnasiums. Professional social workers and school pilots should be financed by state funds (*e.g.*, by national prevention acts) and could assist school staff.

Office of the ombudsman/woman

A mechanism to improve functioning at local level would be to put in place an office of an ombudsman/woman for tobacco control at national level. This office would, among other duties, have a coordinating role regarding local-level structures for tobacco control, as well as a communication role to ensure a more coherent local approach. Such an office would maintain a watching brief at national and school levels, bringing systematic integrated overarching coherence to tobacco control, and guarding against the trap of creeping complacency widely reported in SILNE-R data as a consequence of shifting prevention priorities.

Important functions of an ombudsman/woman's office would include bringing to prominence a range of tobacco control issues, emphasising the urgent need for health and child facilities to become smoke-free, thus aiding denormalisation. An ombudsman/woman's office would also liaise with NGOs, in particular health advocacy organisations, to encourage liaison at local level, and also between local-level organisations and national-level policy makers and Ministries. The use of intersubjective discourses is necessary for successful policy adoption, and health advocates must employ intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other tobacco control policy) initiatives at the local level as much as at (inter-)national

and school levels. We know from the development of policy models (WP4, WP5[17]) that intersubjective discourses that focus on the "child frame" and on "evidence bases" are likely to be particularly attractive to policy makers and the public (electorate). One further way in which this office could take a worthwhile lead would be in encouraging the development of intersubjective discourses at the national and local levels. This could be done by communicating (by highlighting, educating about, and promoting) and co-ordinating a commonality of approach based on discourses known, from SILNE-R data at the national level in "progressive-hungry" countries, to be successful in effecting public buy-in and consequent policy change. Finally, an ombudsman/woman's office reinforces tobacco control on a symbolic level, confirming a central administrative priority. Further research is required about the context-specific aspects of these potentially effective common discourses and mechanisms for successful transfer.

Expansion of smoke-free spaces

In order to enhance denormalisation of (public) smoking, and ensure non-smoker protection, comprehensive smoking bans on hospital premises and in health facilities are needed urgently. Moreover, child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (*e.g.*, playgrounds, public parks), should be expanded.

Other suggestions

A number of novel suggestions emerged in small pockets of German SILNE-R data.

These would include increased involvement of arts community organisations at local level in tobacco control initiatives with young

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[17] WP5 Sources

WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

WP5 (UNIMAAS). Thomas Kuijpers and Marc Willemsen. Policy Recommendations from WP5 (Draft). Internal SILNE-R report from WP5 to WP3, 28 March 2018.

WP5 (UNIMAAS). Thomas Kuijpers, Marc Willemsen, Anton Kunst. Developing policy monopolies in six European Countries: an empirical comparison using the case of a tobacco display ban. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP5 (UNIMASS). Deliverable D5.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

people, as well as attention to issues of “feminisation”, including in the sphere of tobacco advertising.

Synthesis: local-level implementation of smoke-free environments

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers[18] showed that existing implementation processes may be categorised into a typology of “progressive-hungry” (Dublin), “moderate-rational” (Tampere), “upper-saturated”, (Hannover/Amersfoort), and “lower saturated” (Namur, Latina, Coimbra). These types differ mainly in regard to their engagement in enhancing smoke-free environments as well as along their level of perceived tobacco de-normalization and public smoking visibility. Smoke-free environments are adopted at national levels, but differently implemented at local levels due to varying contextual factors, such as the level of collaboration, enforcement strategies, and national policy environments. Different legislative and administrative conditions lead to four implementation types and binary mechanisms of “expansion” and “closure”. Major mechanisms to expand future smoke-free regulations were found to be intersubjective arguments, such as scientific evidence, public support, and the child frame. However, counter-mechanisms of closure like data on declining prevalence or “new trends in addiction” can result in low priorities. Four smoke-free trans-local types and two mechanisms of “expansion” vs. “closure” were identified. To support smoke-free expansion at the local level, a number of approaches are recommended. In order to be able to enhance existing smoke-free areas at the local level in the EU, local levels must be assisted by national levels, better use must be made of intersubjective arguments, particularly around the "child frame", and ongoing monitoring and evaluation must be ensured. Therefore, they identified the following approaches to improve the implementation of smoke-free bans at the local level: 1. Local TCPs must be framed, as in Ireland and Finland, within adequate and ambitious national policy

[18] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

environments, such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packs, point-of-sale and advertising bans. 2. Smoke-free laws need to be adapted and modernized specifically for outdoor places (*e.g.*, playgrounds) and private contexts (*e.g.*, cars) that are frequented by children. 3. Regular and active smoke-free-monitoring enhances effective long-term enforcement of smoke-free environments. An implementation plan (based on Ireland and Finland) including tobacco-focussed long-term monitoring at local levels, and reported documentation of developments is needed. Regional differences should be considered here, since financial and personnel resources are often unequally distributed across different administrative districts.

Recommendations at local level to prevent youth smoking in 7 European cities based on synthesis of evidence from WPs4-10

Recommendations:

- Improve national-level tobacco control policies, in particular with regards to taxation and advertising bans, to bring all countries to a uniformly high level of tobacco control progressiveness. WP3 D3.2 Appendix B provides detailed national-level recommendations.
- Ban vending machines in all jurisdictions.
- Institute a national-level office of an ombudsman/woman charged with national-, local- and school-level oversight of tobacco control, and particularly the prevention of youth smoking.
- Prioritise low SES groups as they have higher smoking prevalence than everyone else, and pool limited resources for socially disadvantaged contexts. At a local level, this could be achieved by specifically targeting relevant youth centres, vocational schools, and non-gymnasiums.
- Introduce comprehensive smoking bans on hospital premises and in health facilities. Expand child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (*e.g.*, playgrounds, public parks).
- Consider localised community-group interventions for tobacco control, e.g. in the arts arena.
- Develop and use intersubjective discourses at the local level.
- Ensure comprehensive on-going monitoring and evaluation of tobacco control at the local level.

8. Fine-grained observations and recommendations at the local level

Additionally, for each of the 7 SILNE-R cities, evidence-based, context-specific (fine-grained) recommendations at the local level for the prevention of youth smoking are reported as follows: Amersfoort, Coimbra, Dublin, Hannover, Latina, Namur, Tampere.

3: School-level recommendations to prevent youth smoking

Introduction

This report contains school-level recommendations for the prevention of youth smoking in 7 SILNE-R countries (Amersfoort, the Netherlands; Coimbra, Portugal; Dublin, Ireland; Hannover, Germany; Latina, Italy; Namur, Belgium; Tampere, Finland). We derived these recommendations from the synthesised evidence of SILNE-R WPs4-10. More detailed observations regarding the derivation of these recommendations are to be found in D3.2 Appendix A, which also contains cross-national observations and recommendations.

These evidence-based school-level recommendations are intended to support tobacco control policy decision-makers in implementing strategies to prevent young people from smoking in local settings. In preparing this report, we paid particular attention to the various documents of WP7[19],

[19]Endnotes

WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.

WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.

WP7 (UTA). Consultation Group Report. Minutes of consultation group meeting 27.3.2018. Internal report from WP7 to WP3, September 2018.

WP7 (UTA). D7.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

WP8[20], and WP9[21], using the prism of WP4 and WP6's policy model frameworks and applied settings[22], as well as drawing on other WP

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[20] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.

WP8 (UCL). D8.2. Report on cross-national differences. Final SILNE-R report, 2017.

WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.

WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

WP8 (UCL). D8.3, Appendix 9.c. paper 3, Adeline Grard, Michael Schreuders, Joana Alves, Jaana M Kinnune, Matthias Richter, Bruno Federico, Anton Kunst, Luke Clancy, Vincent Lorant. Smoking beliefs across gender and intention to smoke in adolescence, a comparative analysis of seven European countries. Final SILNE-R report, September 2018.

WP8 (UCL). D8.3, Appendix 9.d. paper 4, P-O. Robert, SILNE-R Consortium, et al. Stigmatization of smokers in seven European cities: the role of social norms. Final SILNE-R report, September 2018.

WP8 (UCL). Nora Mélard, Adeline Grard, Pierre-Oliver Robert, SILNE-R partners, and Vincent Lorant. School tobacco policies: effect on smoking inequalities. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

[21] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

WP9 (UEDIN). D9.3. Final report with general overview. Final SILNE-R report, September 2018.

[22]WP4 (AMC). Anton Kunst and SILNE-R Consortium. Work package 4: development of models of change. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP4 (AMC). Why secondary schools choose not to make school hours a smoke-free time for all students: in-depth interviews in the Netherlands. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.
WP4 (AMC),. Michael Schreuders and Dominick Nguyen. School Tobacco Policies: Implementation matters! SILNE-R Policy Brief

findings that had implications for school-level policy recommendations.

This current report, D3.2 Appendix D, as well as our reports with policy recommendations at cross-national (D3.2 Appendix A), national (D3.2 Appendix B), local (D3.2 Appendix C), and individual city (Appendices E-L) levels were all informed by WP4 policy briefs. Having examined WPs 7, 8, 9 and other SILNE-R findings through the prism of WP4 policy models, we make here the following school-level observations and recommendations to assist tobacco control policymakers to prevent youth smoking.

Context

This report first sets the context in order to focus on three broad areas for policy recommendations, *viz.*, smoke-free schools, school tobacco policies (STPs), and tobacco-related health education. Fine-grained, context specific recommendations at the school level to prevent youth smoking in each of the 7 SILNE-R cities are contained in the chapter in part II.

Overview of Smoking in schools in 7 SILNE-R cities

Tobacco consumption is related to 700,000 deaths per year in the EU. Three out of ten young people in the EU are smokers and many of them become addicted before the age of 18 years. Across the EU, smoking prevalence among young people varies greatly, and is tied closely to rates of adult smoking. Data from WP8 whose team surveyed almost 12,000 students shows considerable inter-city differences in ever-tried and weekly smoking prevalence; ever-tried e-cigarette use; and visibility and perceived acceptability of smoking in schools. These differences are

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WP4 (AMC). Michael Schreuders, Bas van den Putte, SILNE R partners, Anton Kunst. The association between school smoke-free policies (SSFPs) and adolescents' perceptions of anti-smoking norms: less strong for smokers and adolescents who feel no connection to school?. SILNE-R Draft paper, September 2018.

WP4 (AMC) and WP6 (MLU), 2018."[…] the situation in the schools still remains “Achilles heel": Barriers to the implementation of school tobacco policies in seven European cities – A qualitative study from stakeholders’ and decision makers’ perspectives. SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

WP6 (MLU). Martin Mlinarić, Emma Kohler, Laura Hoffmann, Anton E. Kunst, Daniela Anastasi, Vincent Lorant, SILNE-R study group, Matthias Richter.The association between parental migration and smoke-free family environments: How do intra-migrant groups differ? SILNE-R Draft paper, September 2018.

summarised in extracts from several tables from WP8 reports[23].

Smoking prevalence in SILNE-R cities

Weekly smoking prevalence reported by students in the 7 cities surveyed ranged from 5% in Ireland to 21% in Italy while ever-tried smoking prevalence ranged from less than 26% in Ireland to almost 53% in Italy (see WP8 Table 3 at end of this document). Ever-users of e-cigarettes prevalence was lowest in Portugal (26%) and highest in Italy (49%).

Smoking visibility in and around schools

Smoking visibility on school premises by both students and teachers, both in and outside of school premises showed comparable variation across cities (see WP8 Tables 4 and 5 at the end of this document). Visibility of teacher smoking was polarised with reports of *never seeing teachers smoking* relatively high in Ireland (81%), Finland (79%) and Belgium (70%) and relatively low at 28% in Italy, The Netherlands and Portugal. Visibility of *people smoking just outside the school* also showed considerable variation (see WP8 Table 6 at end of this document). Parallels were evident between smoking visibility and smoking prevalence. Visibility was particularly low in cities where low prevalence was reported (Ireland and Finland) and high in cities with high prevalence (Italy and Portugal).

Permissiveness regarding student on-site smoking

Considerable variation was also evident in responses to whether students were allowed to smoke on the school premises (see WP Table 7 at the end of this document), with partial bans allowing students to smoke in some areas of the school premises in Italy (21%) and the Netherlands (50%). Almost half of students in the Netherlands and a fifth of students in Italy said that teachers were allowed to smoke in some areas in schools. Compared with their knowledge of other aspects of school smoking bans, many students expressed uncertainty about whether or not teachers/ staff were allowed to smoke on school premises (see WP8 Table 8 at the end of this document). Regarding how teachers felt about student smoking, students reported relatively and very (8% in Belgium) low levels of believing *most teachers disapprove of student smoking*, except in Ireland and Finland where 59% and 40% of students reported that they believed

[23] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.

WP8 (UCL). D8.2. Report on cross-national differences. Final SILNE-R report, 2017.

WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.

most teachers disapproved (see WP8 Table 9 at the end of this document).
Recommendations:
There are large discrepancies within cities/countries. One key focus should be to reduce them. Challenges to successful implementation of future policies identified were lack of knowledge for key stakeholders and low priority for tobacco control in some countries.

Recommendations:

- Disseminate research results to different stakeholders (schools, politicians, *etc.*)
- Tobacco is not on the agenda in several countries, and is not seen as a priority. Include tobacco in a global perspective of wellbeing.

Smoke-free schools

Several WPs provided evidence and reports for generating recommendations to WP3 about smoke-free schools.

Smoke-free Schools: School smoking ban implementation

In its report to WP3[24], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. The overview was based on topics that were discussed during 84 school staff interviews in 28 schools in seven European cities.

Legislation compelling schools to enforce smoking bans in school buildings and on school premises for everyone (*i.e.*, a comprehensive school smoking ban) was in place in most of the countries. However, countries/schools were at different stages regarding normalizing the tobacco-free school. In some countries, there was variation between schools (*e.g.*, The Netherlands) whereas schools in other countries reported very uniform situations (*e.g.*, Finland). One reason for this might be the phase of overall denormalisation of smoking in the society, or different challenges faced by low SES and high SES schools.

Schools also had different ways of organizing enforcement. Some schools had clear enforcement structures (monitoring - intervening – consequences) while others did not. Monitoring during breaks was the main enforcement practice in general, but responsibilities in monitoring

24 WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.

varied between different schools/countries. In schools where supportive staff (*e.g.*, educators in Belgium) were in place, responsibility for monitoring and enforcement of the rules in general was often given to them. In some countries teaching staff also contributed to enforcement, which was considered valuable. Big schools with large outdoor areas faced most challenges and needed most resources for monitoring.

In general, schools faced similar challenges as regards enforcement: the change in the location of smoking to school borders and the problems encountered with that (*e.g.*, visibility) was the most common problem discussed. Therefore, some schools had implemented rules on prohibiting students from leaving school areas during school days. Low SES schools often faced more challenges regarding enforcement as the prevalence of smoking was higher and students' reactions against the ban were stronger. Also, the level of staff member smoking varied between countries/schools, in some countries, *e.g.*, Finland, staff smoking was not witnessed at all, but in some other schools/countries, *e.g.*, Italy, Portugal and Netherlands, it was a more common and problematic issue.

Smoke-free schools: Role of Staff in enforcing school smoking bans/ school tobacco policies

Staff capability was one of the three mechanisms identified by WP7 in their realist review that explained staff's participation in the enforcement of school smoking bans[25]. In order to explain further how different factors may influence staff's capability to enforce school smoking bans, WP7 analysed 84 school staff interviews from 28 schools in seven European cities using Program theory, and found three generative mechanisms that explained staff members' enforcement of school tobacco policies (STPs). Staff commit when they feel that: 1) health promotion (*i.e.*, smoking prevention) is part of the school's core task and staff members' role and everyday duties (readiness and responsibility); 2) their contribution is meaningful and leads to positive outcomes (motivation); and 3) they have the necessary capability for the enforcement (confidence and comfortability). Program theory further showed how national context (*e.g.*, legislation), school circumstances (*e.g.*, existing workload), individual factors (*e.g.*, smoking status) and interpersonal processes (*e.g.*, staff-student relationships) might weaken or strengthen the link between implementation component and mechanism.

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25 WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.

Explaining staff capability

Three main categories influenced staff's capability to intervene in student smoking: staff members' individual characteristics, the smoking and enforcement behavior of colleagues, and legislation and social norms in the wider environment.

1. Individual staff members' characteristics that influenced their capability in intervening in student smoking were staff member's individual personality; their work experience; and the extent to which staff members, both teaching and non-teaching staff, experience the role of an educator to be part of their personality and professional identity. When the educating duty was integrated in staff member's perception of his/her professional role, it made rule enforcement, *e.g.*, intervening in student smoking, natural. Conversely, some teachers believed their core work was teaching rather than enforcing school rules outside classrooms. Knowledge and familiarity with students played an important role in staff's confidence and authority to intervene. Familiarity was related to smaller school size. Staff members' own smoking status was found to influence their authority to intervene in student smoking.

The second set of factors relating to staff capability to enforce school smoking bans related to the smoking and enforcement behaviour of colleagues. Staff members' non-smoking behavior and compliance with school smoking ban rules were experienced to function as a "pedagogy of example" for students and provide staff authority for enforcement. Schools were increasingly moving towards comprehensive school smoking bans covering both buildings and outside premises, which often pushed staff smoking to visible smoking in out-of-school premises, which was seen as anti-educational. Legislation on smoking bans in public places helped staff members to accept school smoking bans and increased de-normalisation. The need for consistent staff action in enforcement was considered crucial to ensure students' compliance with smoking bans over time and therefore to embed a tobacco-free environment into school culture. Senior management had a specific role in school smoking ban enforcement through increasing individual staff members' capability to intervene in student smoking by acting as a backup with difficult students. Senior management was also experienced to have special authority and therefore also responsibility to intervene in enforcement defects. In some countries or schools, non-teaching staff members had responsibility for rule enforcement, *e.g.*, break monitoring. All staff members' participation in enforcement could be reinforced by indicating enforcement as everyone's duty through engaging them in break monitoring. Break monitoring may also increase awareness of smoking instances and responsibility for intervening therein. Finally, the wider national and local environments were important. This included legislation, especially laws

compelling schools to ban smoking on school premises which increased staff's confidence in intervening in student smoking. School smoking bans were also accepted more easily by students when legislation existed. Smoking bans often push smoking to the school periphery and outside of school, where staff members do not have legal authority to intervene. Legislation, e.g. banning smoking at school surroundings (3.2.1) or adolescent smoking publicly, were seen as legislative means to improve school authority to intervene in student smoking outside school premises also. Additionally, specific school rules, e.g. prohibiting students from leaving the school area, may help to tackle the problem of staff not having authority outside school premises.
WP7 provided policy recommendations based on their realist review and also on the analysis above explaining staff members' capability for school smoking ban enforcement.

Recommendations for schools to enforce school tobacco policy (STP):

- Establish a comprehensive smoking ban that includes students, staff and visitors and includes all areas inside and outside schools, including areas bordering school premises (24/7).
- Create a school culture where enforcement of STPs is institutionally anchored and promoting students' health and wellbeing is part of a school's core tasks.
    - Principal of the school and senior management have a key role.
- Communicate STPs through a written policy.
    - This ensures that the rules are unambiguous. Written policy may strengthen staff's authority.
- Ensure that the written policy presents guidelines and practices that are easy for staff to enforce.
- Use educative and supportive consequences for those who break the smoking ban instead of traditional punishments (*e.g.*, detention).
- Develop enforcement strategies that make it easy to overcome enforcement problems, *e.g.*, prohibiting students from leaving school premises when smoking takes place outside school borders.
- Engage all staff in STP enforcement, *e.g.*, through break monitoring.
- Offer cessation services for smoking staff and students.

Recommendations for policy makers to support STP enforcement

- Legislate a comprehensive smoking ban for schools, including a smoking ban in the areas surrounding schools. Legislation should ensure that school staff have authority to intervene in smoking outside of school premises.

- To support schools' comprehensive smoking ban, national tobacco control measures, especially smoking bans in public places, should be comprehensively and strictly implemented to gradually de-normalize smoking.

Smoke-free Schools: Adolescents' reports of variations in adherence to smoke-free schools policies[26]

Overview of evidence

Focus group research was carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free school policies and was analysed in WP9. All adolescents participating in their focus groups attended a school with a smoke free school policy, that is: a policy that prohibited, at the very least, school-site smoking. These policies were primarily designed to render schools smoke-free zones and, secondarily, to reduce smoking prevalence.

Young people reported varied levels of adherence to smoke-free school policies in their respective schools. Some participants reported near complete adherence, whilst others felt that there was frequent and flagrant infringement. Many participants reported variable enforcement within schools, suggesting that some teachers were stricter than others, and that rules were more consistently enforced against certain segments of the student population. With regard to the latter, age was frequently cited as grounds for variable enforcement, as was the perceived reputation of individual students.

Participants variously reported observing overt school-site smoking, covert school-site smoking, overt off-site school time smoking (*e.g.*, observable smoking just across the physical border of the school), and covert off-site school time smoking.

The relative success of smoke-free school policies appeared to depend primarily on institutional (school) context, although the broader city/country context also appeared to have some impact. For instance, in Tampere, Finland – where smoking prevalence is low and the national

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26 WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

minimum age of sales law is perceived to be effective – participants reported high levels of adherence to smoke-free school policies. Factors influencing where young people chose to smoke during school hours – and, relatedly, whether they adhered to smoke-free schools policies - included teacher attitudes, meaningful surveillance of the school site, freedom of movement (*e.g.*, whether students were allowed to leave the school site during school hours) and the consistent enforcement of meaningful sanctions for contravening smoke-free rules. Beyond this the efficacy of sanctions often depended on family context. If parents viewed their child's smoking permissively, then sanctions based on reporting adolescent smoking to parents were ineffective. Since family norms are not governed by local or institutional policy, this last finding has implications for all 17 schools/ field sites in 7 cities.

Successful implementation

The following factors appeared to influence the efficacy of smoke-free schools policies in a) preventing school site smoking and b) reducing school time smoking overall:

- Consistency of teacher enforcement (all teachers must enforce rules against all students).
- Consistency of surveillance across all parts of the school campus.
- Allowing students to exit the premises during the school day (e.g. disallowing – without consistent site surveillance - may increase illicit on site smoking; allowing may increase school-time smoking off premises).
- School attitudes towards overt off-site smoking.
- Sub-institutional factors, e.g. family attitudes towards smoking (e.g. if the punishment for smoking on site is parent notification, this is unlikely to be effective unless parents themselves disapprove of their children smoking).
- Supra-institutional factors: The broader city/context appears to impact on all of the above, e.g. local attitudes towards smoking may influence teacher commitment to enforcing smoking rules.

Recommendations:

- Enforcement of policies needs to be consistent and meaningful (e.g. surveillance of the whole school site, meaningful sanctions). Teachers should ensure, for instance, that all students are expected to adhere to their school's smoke-free school policy.
- Age-based hierarchies within schools may undermine tobacco control efforts, as they enforce the idea that those with capacity (e.g. those able to make an informed choice) should be allowed to assume the risk of smoking. Whilst this may reflect general legal principles, it does not reflect

the broader aims of public health.

- Focusing on some students, and ignoring others, can give the impression that teachers care less about some students or believe them to be a ‘lost cause’. Counterintuitively, if a student does not receive a sanction for their smoking, this can cause them to feel rejected and marginalised by their school.
  - Ban school site-periphery smoking/ restrict student movement. Allowing and facilitating site-periphery smoking, whilst increasing the likely adherence to school based smoking bans, reduces the probability that a smoke-free school policy will reduce smoking prevalence. Indeed, by creating ‘smoking islands’ and sustaining ‘considerate smoker’ rhetoric, such approaches may have the unintended effect of making school a ‘conducive context’ for smoking.
- Give consideration to how teacher and student perceptions of the school jurisdiction (e.g. the space and time over which school rules are enforceable) might impact on their willingness to enforce/observe a site-periphery smoking ban. Many participants suggested that teachers only had the ‘right’ to influence their behaviour whilst they were physically on school property and expressed resistance to teacher ‘over-reach’, e.g. reprimanding students for smoking outside of school hours.
- A number of the schools prevented students from leaving the school-site during school-hours. When meaningfully enforced, and paired with an enforced smoke-free school policy, this appeared effective in reducing school time smoking. On the other hand, the decision to restrict student movement should be taken with due consideration for the potentially valuable role student freedom may play in the lives of students and their schools.
  - Consider implementing a whole school approach. Across field sites, young people articulated quite cynical perspectives regarding smoke-free schools policies, suggesting that they were enacted and enforced primarily to protect school reputation. Only a handful of participants believed teachers and other school staff cared about their physical and emotional wellbeing. Not only do such perspectives carry the potential to reduce the efficacy of school based tobacco control efforts, they create a hostile school context overall. By adopting a whole school approach (e.g. a collaborative policy making and implementation process, involving staff and students), schools can reframe smoke-free school policies in a more positive and supportive light, whilst simultaneously inviting young people to consider the personal impact of their smoking.
  - A contextual approach should be taken to considering school based tobacco control policies. The success of smoke-free school policies

appears heavily dependent on individual school contexts, e.g. teacher-buy in, school geography. This is demonstrated by the variability of findings across schools located in the same city. However, as intimated above, broader contexts do appear to influence efficacy. It is therefore essential that policy change targets both individual schools and sub/supra-institutional contexts.

Summary: smoke-free schools (WP9)

By reflecting on data generated with 319 participants during 56 focus groups (conducted across 17 field sites located in 7 cities, each in a different European country) WP9 was able to highlight a number of key factors involved in the effective implementation of adolescent-targeted tobacco control. Chief amongst these factors is meaningful enforcement. Whether attempting to restrict access to cigarettes, or achieve a smoke-free school, variable enforcement of pre-existing policies/laws appears to lead to variable outcomes. Assessing smoke-free school site policies through WP9 analysis suggests the following approaches.

Recommendations:

- Taking a contextual approach, which considers institutional, sub-institutional and supra-institutional factors;
- Banning overt off-site smoking; and
- Ensuring a whole-school approach.

Smoke-free schools: impact of school smoke-free policies

Many schools implement school smoke-free policies (SSFPs) and these may decrease adolescent smoking by causing adolescents to perceive stronger anti-smoking norms. A draft paper from WP4[27] used survey data from 11,764 14-17 year olds in 55 schools in the 7 SILNE-R cities to assess whether School Smoke-Free Policies (SSFPs) were associated with different levels of anti-smoking norms and, if such associations exist, whether they were moderated by adolescents' smoking status and level of school connectedness. Preliminary results suggest that relatively few statistically significant associations exist. However, SSFPs were associated with more societal anti-smoking norms among adolescents who feel unconnected to the school, and also among smokers (the latter a marginally significant association). WP4 concludes that school efforts, ensuring that adolescents see no

27 WP4 (AMC). Michael Schreuders, Bas van den Putte, SILNE R partners, Anton Kunst. The association between school smoke-free policies (SSFPs) and adolescents' perceptions of anti-smoking norms: less strong for smokers and adolescents who feel no connection to school?. SILNE-R Draft paper, September 2018.

smoking and know that smoking is not allowed on the school premises, (only) increases adolescents' perceptions of teacher disapproval for smoking, suggesting that the positive influence of SSFPs on anti-smoking norms may not transcend the school level. A WP4 policy brief also addresses how to ensure effective implementation of smoke-free school policies.

Recommendations:

- Explain why the school chooses to prohibit smoking as this may be particularly important where family smoking reduces salience of SSFPs.
- Introduce comprehensive policies involving all individuals during all times and applied to all school buildings and premises.
- Establish and communicate clear rules that provide staff members with the formal authority to sanction non-compliance with the smoking ban.
- Ensure that all staff members strictly enforce and progressively sanction violations of the smoking ban.
- Support smokers to stop smoking.

School Tobacco Policies (STPs)

School tobacco policies (STPs) were a major focus of WP8. A paper[28] comparing STPs in the schools in the 7 SILNE-R cities used survey data from almost 12,000 students to give each school a STP score. The STP score comprises three dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. Some cities, such as Latina, Hanover and Namur showed better improvements regarding school tobacco policies between 2013 and 2016. However, in 2016 the policy was more highly rated in Coimbra, Hanover, Tampere and Dublin. The total score of the policy in Dublin was significantly higher than the average across the sample. Countries may be ranked as follows according to the score on school tobacco policies obtained in each representing city, in 2016: The Netherlands < Italy < Belgium < Ireland < Finland < Germany < Portugal.

Based on the first wave results (SILNE 2013) several publications were produced, from which WP8 suggested that:

- Parents should be included in smoking cessation policies, particularly in low SES families.
- Peer group intervention should be favoured in the future
- Schools inadvertently perpetuate health inequalities: they should act to reduce them.
- At risk schools and subgroups should be targeted as a matter of priority.

Recommendations:

WP8 in SILNE-R recommends focusing on two policy areas:

- School tobacco policies are a promising tool to reduce adolescent smoking. More efforts should be put into improving these policies.
- Focus should be put on the enforcement of school tobacco policies. A strict enforcement is necessary to enhance their effect on smoking

[28] WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

outcomes.

Contexts for STPs

WP8 examined school tobacco policies[29] (STPs) in the context of trends in youth smoking prevalence and national tobacco policies. Changes in smoking prevalence differed between countries, but these changes did not exactly parallel changes in the strength of national tobacco control policies. Between 2013 and 2016 Italy, Finland and Germany increased their national tobacco control policy (TCP) score by 5 points, but the decrease in smoking was much more pronounced in the latter two countries than in the former. Conversely, Portugal, which improved considerably its TCP score by 9 points, got a rather modest decrease in smoking.

Importance of friends smoking

WP8 findings suggest that the change in exposure to friends' smoking behavior was the key driver in the reduction of smoking prevalence. Among adolescents, smoking initiation and cessation is largely a social behavior. The friendship social context of smoking remained stable between 2013 and 2016. As the target of WHO FCTC conventions are unlikely to be met, WP8 suggests addressing two possible avenues. One is that interventions to weaken the social diffusion of smoking in adolescents should be investigated. The other is to make the school level more effective, for example by enhancing the role of school tobacco control policies.

STPs and stigmatization

School Tobacco policies (STPs) contribute to the development of anti-smoking beliefs, norms and attitudes towards smokers, which may lead to stigmatization of smokers[30]. Stigma exists when components of labeling, stereotyping, separation, and discrimination occur together in a power situation. This may apply to smoking, a behavior being increasingly de-normalized. WP8 found that stereotyping and discrimination of smokers were more frequent among non-smokers than among those of other

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29 WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

30 WP8 (UCL). D8.3, Appendix 9.d. paper 4, P-O. Robert, SILNE-R Consortium, et al. Stigmatization of smokers in seven European cities: the role of social norms. Final SILNE-R report, September 2018.

smoking status. Perceived stigmatization of smokers was generally higher for non-smokers than smokers. Perceived stigmatization of smokers, moreover, increased with having no smokers among friends and decreased with family smoking. Smoking disapproval expressed by family and peers also contributed to the stigmatization of smokers. STPs did not influence stigmatization within school.

Recommendations:

- Peer and familial influences are important in perceived stigmatization of smokers and may be effective in efforts to reduce youth smoking prevalence.
- Policy and interventions aimed at reducing youth smoking should include elements that take cognisance of these findings.

STPs and gender

Rates of smoking among adolescent girls have now overtaken those among adolescent boys in some European countries. Although tobacco prevention programs are rarely gender-specific, both genders may not share the same beliefs about smoking, which could explain differences between the genders regarding the prevalence of smoking. Smoking beliefs are a key component of smoking uptake. WP8, in paper n°3 (appendix 9.c.) identified gendered smoking beliefs showing that negative social beliefs were more frequent among girls, whereas boys were more concerned with the dating implications of smoking.

Recommendations:

- Gender-specific beliefs about smoking should be afforded more prominence, and gender-specific interventions should be included in tobacco control policies. STPs should also include gender-specific elements.
- More specifically, social negative beliefs should be included in smoking prevention programs addressing girls, and dating aspects of smoking (social positive beliefs) should be deconstructed in programs addressing boys.
- Tobacco-related health education programmes could be a suitable means for appropriately gendered approaches.

Influence of STPs

WP8 measured the influence of school tobacco policies (STPs) on smoking outcomes' evolution[31]. Evidence on the effectiveness of school

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tobacco policies on decreasing adolescent smoking are, according to the literature, inconsistent. The objective of this study was to analyze how the dimensions of school tobacco policies are associated with different outcomes over time in an international approach. WP8 findings showed that significantly fewer students reported smoking on school premises over time, while the same proportion reported smoking just outside school premises. Only higher comprehensiveness of the ban was associated with lower odds of smoking on school premises, but was also associated with higher odds of smoking just outside school premises. Overall, stronger policies were associated with lower chances of smoking on school premises but not with any other smoking outcome.

Recommendations:

- In order to reduce smoking on school premises, WP8s' findings underlined the need for schools to maintain strong, comprehensive, tobacco policies, meaning that these policies should apply to all members of the public (students, staff, and visitors) and all school places.
- Nonetheless, considering WP8's findings regarding the displacement of smoking from school premises to just outside the school, they recommend an extension of the ban to school surroundings.
- School staff should focus on the enforcement of STPs and provide more constructive consequences in cases of rule infringement.

Implementation of STPs

Schools in the European Union increasingly implement school tobacco policies (STPs). STPs limit tobacco use by defining whether or where adolescents and adults are allowed to smoke and by defining the penalties for those caught violating the smoking rules. STPs aim to avert or stop adolescents from smoking and protect all individuals from the harms of second hand smoke at school premises. The impact of STPs depends largely on how these are implemented by schools, local and national policy makers. In a scientific literature review[32], researchers within the SILNE-R project identified the key elements for effective implementation using an innovative research methodology that focuses on how

WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

[32] WP4 (AMC). Michael Schreuders and Dominick Nguyen. School Tobacco Policies: Implementation matters! SILNE-R Policy Brief

adolescents experience and deal with differences in the implementation of STPs.

Recommendations[33]- key elements for effective implementation of STPs:

- Involve all school buildings and premises and do not allow adolescents to leave the school area during school hours.
- A challenge that schools face when implementing STPs is that adolescents continuously look for alternative locations to smoke during school hours. These alternative locations can be designated smokers' areas, hidden places or anywhere outside the school premises.
- STPs are most effective if schools prevent adolescents from moving their smoking to such locations, as it gives them the feeling there is no way to avoid the sanctions, removes the choice to spend time with smokers and makes it easier to stick with the decision not to smoke.
- Apply STPs to all individuals during all times. School administrations may find it difficult to prohibit smoking during school hours for all visitors, staff members and older students. Adolescents are highly aware of these exceptions in the smoking rules and argue that it causes STPs to lose influence. STPs are most effective if schools prohibit smoking for all individuals during all times as it communicates an unambiguous message that smoking is undesirable and diminishes adolescents' desire and/or pressure to conform to the smoking behaviours of clearly identifiable smoker groups.
- Ensure that all staff members strictly enforce the STP. Staff members at schools do not always strictly enforce STPs. This could be because they do not agree with the policy or do not feel comfortable enforcing the rules. Adolescents precisely know who these staff members are and use these gaps in the enforcement to smoke during school hours. STPs are most effective if schools deal with staff members who do not enforce the STPs and support the staff members who do not feel comfortable addressing adolescents violating the rules. This gives adolescents the feeling there is no way to avoid the sanctions and communicates an unambiguous message that smoking is undesirable.
- Establish clear rules that provide staff members with the formal authority to sanction non-compliance with STPs. Adolescents

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WP4 (AMC). Michael Schreuders and Dominick Nguyen. School Tobacco Policies: Implementation matters! SILNE-R Policy Brief

oftentimes find staff members' enforcement of STPs unfair. Individual staff members have their own interpretations of what is and what is not a violation of the smoking rules and base their sanctioning on personal preferences (i.e., less strict towards students they like). STPs are most effective if schools formalize and communicate the rules about who are not allowed to smoke where and when, and establish clear monitoring and sanctioning procedures (including staff members' responsibilities and authorities) to consistently deal with adolescents who violate the rules. Adolescents' experience of fair and unbiased sanctioning decreases their smoking behaviour because it helps them to accept staff authority and schools' anti-smoking policies.

- Ensure that staff members progressively sanction adolescents who violate the STPs and support those who want to stop smoking. Adolescents often feel that sanctions for violating STPs are not in place to help them. Schools, indeed, struggle with sanctioning as it serves two functions at the same time: avert or stop adolescents from smoking as well as establish and reinforce schools' authority over adolescents' smoking behaviour. STPs are most effective if schools deal with this fragile balance by establishing a system that ensures progressive sanctioning (i.e., increasing severity of the sanctions) and offering support to adolescents who want to quit smoking. Adolescents' perception of supportive school interference decreases their smoking behaviour because it gives them the feeling that the school and its staff members care about them.
- Provide prevention and educational efforts to explain why the school chooses to prohibit smoking. Adolescents' dominant view that smoking is the individual's personal choice and legal right conflicts with schools' understanding of their authority to prohibit adolescents from smoking. This conflict manifests itself in adolescents' disrespect towards STPs, opposition to school authorities, and beliefs that smoking asserts personal autonomy. STPs are most effective if schools use prevention and educational efforts to explain why the school authorities choose to prohibit smoking as it creates sympathy for schools' authority and associated anti-smoking messages.
- Embed STPs in continuous monitoring and adaptation cycles. The impact of STPs on adolescent smoking behaviour is neither predictable nor static; adolescents' experiences of the school context and responses to STPs vary among individuals, places and time. STPs are most effective if schools embed them in continuous monitoring and adaptation cycles to deal with suboptimal or even adverse impacts. The monitoring process should focus on

adolescents' experiences of the school context and responses to STPs. Schools can do this monitoring on their own by periodically observing and talking with students, ideally those who smoke or are susceptible to start smoking. The adaptation process, in turn, ought to ensure that the adolescents' experiences of the school context and responses to STPs contribute to decreasing adolescent smoking behaviour.

Barriers to the implementation of school tobacco policies

Little evidence exists regarding the successful implementation of School Tobacco Policies (STPs) and little is known about (structural) barriers to the implementation of STPs from the perspective of local decision makers and stakeholders. Most existing studies examine this topic from a school-related perspective (*e.g.* related to student behaviours and beliefs and from the perspectives of school students and staff). WP6 and WP4, in a draft paper[34], examined the views of decision makers and stakeholders and, using qualitative data analysis, identified a new dimension, *viz.*, barriers to the implementation of STPs. The main barriers to (successful) implementation of STPs were found to be:

- Partial bans (indoor vs. outdoor) or inconsistencies in the current law were perceived as a major barrier to the implementation of STPs in all 7 cities.
- Exceptions being made for teachers/ non-teaching staff and older students were also described as a notable barrier.
- School staff who smoke, especially headteachers, were perceived as creating problems for successful implementation of STPs. When they smoke outside, or in some cases, even on school premises or in designated smoking areas, this leads to smoking remaining visible for students.
- Furthermore, staff and headteachers who smoke show a low level of support for the implementation of smoke-free environments in their schools.
- Staff and headteachers who smoke also affect the motivation of schools to engage in smoking prevention programmes or to make their schools smoke-free. Motivation is perceived as rather low if the headteacher is a smoker.
- Low priority given to smoking prevention in schools and STPs in

34 WP6 (MLU) and WP4 (AMC)."[…] the situation in the schools still remains "Achilles heel": Barriers to the implementation of school tobacco policies in seven European cities – A qualitative study from stakeholders' and decision makers' perspectives. Presentation to the SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

general was considered to be a major barrier to the implementation of STPs.

- In most cities, smoking was considered an "issue of the past", and smoking has become less important as a result of decreasing smoking rates.
- Schools have many other issues to deal with for example (in Tampere, Finland) snus, and (in Amersfoort, The Netherlands) alcohol and mental and social problems.
- Low SES schools are often affected by higher smoking rates. STPS are attributed a rather low priority status resulting in "more important" topics being dealt with.
- Lack of resources (time and personnel) were considered a barrier.
- Experts criticised the fact that schools are left alone with the enforcement of smoke-free policy, and the fact that it remains the headteacher's responsibility.
- No additional school staff for control or monitoring were in place in any of the cities.
- Communication and collaboration problems existed with schools. Because of a lack of resources, it may not be feasible for schools to integrate a broad range of STPs and sometimes schools may even be unwilling to do so.
- Lack of resources may also result in low priority being given to smoking prevention and smoke-free school programmes.
- In Hannover, Germany, there were communication problems between institutions and departments responsible for smoking prevention in schools.
- Resistance on different levels as well as low compliance were also identified as barriers.
- Students who smoke were perceived as very challenging for schools and schools reported that it was difficult for them to strictly enforce smoking bans in relation to these students.
- It was reported that low SES and vocational school students in particular do not respect smoking rules, resulting in higher smoking rates in low SES environments.
- Italian and Portuguese experts criticised missing or inadequately positioned "no smoking" signs on school premises, implicated in low visibility of STPs.
- Experts reported the development of "pseudo-realities of no-smoking in schools" that may be a result of low priorities, lack of resources and perceived resistance. For example, a German expert (youth protection/streetwork) described "half the staff and half the student body" standing outside on the sidewalk smoking at the same time that no smoking is by decree and signs proclaim "we are

smoke-free".
- Experts believed that it was not enough to only to have the legislation in place.
- STPs need to be strictly enforced to overcome the development of "pseudo-realities of no-smoking in schools".
- Particularly in Hannover and in Dublin, interviewees reported that schools seemed to make their own policy rules.

Recommendations:

STPs should:
- Be both comprehensive (covering all areas of the school premises and all students, staff and visitors) and strictly enforced.
- Be well-communicated to students, staff and visitors using comprehensive signage, and included as part of broader school policy communication.
- Highlight at every opportunity the continuing harms caused by tobacco and resist the creeping complacency that has been noted in all cities regarding tobacco vis-à-vis other health risks and harms.
- Include awareness-raising and sanction for non-cigarette tobacco use - snus, e-cigarettes.

Tobacco-related Health Education

Evidence about Tobacco-related Health Education across 7 cities
Implementation of tobacco-related health education varied widely across the 7 cities in 7 countries, but also across schools within each city. Cross-city evidence about tobacco-related health education was provided by WP7[35]. The degree of variation indicates a need for further development of school curricula related to health education. Tobacco-related health education occurs within the dual contexts of education policy, and curriculum development and implementation of health education.

In general, student smoking was not considered a major issue in schools. Rather, the focus was more on other health issues such as drugs, alcohol,

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WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.

WP7 (UTA). D7.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

mental health problems, and bullying which were considered a greater and more acute problem than tobacco use. The need to prioritise other health areas was offered as an explanation for accepting the *status quo* in tobacco-related health education and for putting less effort into improving it. This was the case for all seven cities regardless of how well or poorly developed their tobacco-related health education was.

In terms of pedagogical approaches associated with tobacco-related health education, many criticisms, and also cynicism, were expressed about the use of traditional teaching methods that were considered inadequate and ineffective. Raising awareness of smoking-related long-term health harms and risks via integration into the curriculum of biology and science is not likely to be very effective.

Resources for tobacco-related health education were noted as inadequate in most cities. Participants expressed a need for up-to-date, easily accessible, online teaching materials in relevant languages. Additionally, in most countries, a need for updated training for health education teachers was identified.

Overall, the expertise of NGOs and local health authorities, school health services and local education authorities was recognised as valuable, and a need for long-term planning for collaboration with schools was noted.

Schools that had implemented *Healthy Schools* initiatives or whole school approaches had also succeeded in initiating changes in school culture relating to health education, having brought about collaborative and health-promoting working environments and developed comprehensive smoking related health education. The successful implementation of initiatives such as these requires supportive leadership and designated people in charge, along with sufficient resources. It is not clear if these initiatives are more successfully introduced top-down, such as occurred in the Netherlands by local authorities, or bottom-up.

New tobacco products, including e-cigarettes, were not emphasised by most participants.

Recommendations on tobacco-related health education:

The report of WP7 suggests the following broad recommendations to support the implementation of STPs to prevent adolescent smoking at the school level. WP7 notes that enshrined in the *United Nations Convention on the Rights of the Child* is the "importance of educating young people about health".

- As a statutory requirement, require tobacco-related health education (including education on new tobacco products) to be fully integrated into the national curriculum of all lower and upper secondary schools. A tobacco-related health education curriculum should take into account age and developmental stage of students. This ensures systematic, adequate and evidence-based health education for all new child cohorts in schools.
- Every school should have a comprehensive school health education curriculum adapted to local circumstances, within which tobacco-related health education is an integral part. This ensures implementation of tobacco-related health education even when smoking is not considered a priority.
- Education and health sectors at national, regional and local level should collaborate when developing school health education curricula.
- Update content and teaching methods of tobacco-related health education. Evidence suggests that social competence or combined social competence/social influences curricula are effective in keeping students never-smokers. The content should follow changes in new tobacco and tobacco-like products that the tobacco industry continuously brings to the market.
- Health education teachers should have special training for this subject and should be offered on-going possibilities for continuing education during their careers.
- Each school should have a plan for how external resources (*e.g.*, local health authorities, school health services, NGOs) are used systematically to support tobacco-related health education.
- Each country should create a web platform where schools could have easy access to up-to-date free teaching materials in local languages to support tobacco-related health education.

Tables referred to in document above

Table 3. Substance use. SILNE-R, 2016-2017, n=11493 (REF: WP8D8.2)

	Belgium	Ireland	Finland	Italy	The Netherlands	Portugal	TOTAL
Ever tried smoking	47.24	25.86	27.81	52.67	31.70	40.55	37.71
Weekly smokers	18.15	5.1	5.95	21.05	9.53	13.16	12.19
Ever users of e-cigarettes	46.57	28.37	30.35	49.14	28.52	26.21	34.99

Table 4. “How often do you see students smoking on school premises?”. SILNE-R, 2016-2017, n=11493 (REF: WP8D8.2)

	Belgium	Ireland	Finland	Italy	The Netherlands	Portugal	TOTAL
Never	26.92	38.60	28.16	1.21	10.50	15.84	20.38
Sometimes	32.13	33.36	48.07	8.12	16.95	10.31	24.63
Often	20.94	15.38	15.29	25.63	40.90	30.93	24.72
Always	18.00	11.56	7.27	63.62	29.76	42.27	28.9
Missing	2.01	1.09	1.21	1.41	1.88	0.64	1.37

Table 5. “How often do you see teachers smoking on school premises?”. SILNE-R, 2016-2017, n=11493 (REF: WP8D8.2)

	Belgium	Ireland	Finland	Italy	The Netherlands	Portugal	TOTAL
Never	69.68	80.51	79.23	28.25	27.88	27.93	52.45
Sometimes	19.03	12.79	13.68	41.83	42.68	29.11	26.46
Often	5.26	2.36	2.65	18.16	19.54	25.4	12.13

Always	3.51	1.6	0.87	9.33	6.67	16.06	6.31
Missing	2.53	2.74	3.58	2.42	3.23	1.5	2.65

Table 6. “How often do you see people smoking just outside your school?”. SILNE-R, 2016-2017, n=11493 (REF: WP8D8.2)

	Belgium	Ireland	Finland	Italy	The Netherlands	Portugal	TOTAL
Never	1.29	16.09	6.87	1.31	3.12	3.38	5.50
Sometimes	11.71	32.85	51.36	9.84	25.83	12.51	23.68
Often	24.86	28.13	32.89	31.99	48.22	23.85	31.51
Always	61.22	22.75	8.02	56.21	22.5	60.04	38.79
Missing	0.93	0.19	0.87	0.66	0.32	0.21	0.52

Table 7. “Are students allowed to smoke on the school premises?” SILNE-R, 2016-2017, n=11493 (REF: WP8D8.2)

	Belgium	Ireland	Finland	Italy	The Netherlands	Portugal	TOTAL
No, students are not allowed to smoke. This rule is strictly enforced	35.07	65.64	49.39	12.51	23.63	66.06	42.15
No, students are not allowed to smoke. But this rule is not strictly enforced	57.4	26.95	42.24	57.06	13.62	25.3	37.16
Yes, students are allowed to smoke in certain areas	1.91	1.18	1.96	21.29	50.32	3.54	13.22

Yes, students are allowed to smoke anywhere on the school premises	0.15	0.09	0.23	1.61	3.82	0.38	1.04
Don't know	4.59	5.8	5.25	6.86	8.23	4.56	5.89
Missing	0.88	0.33	0.92	0.66	0.38	0.16	0.55

Table 8. “Are teachers/staff allowed to smoke on the school premises?” SILNE-R, 2016-2017, n=11493 (REF: WP8D8.2)

	Belgium	Ireland	Finland	Italy	The Netherlands	Portugal	TOTAL
No, teachers are not allowed to smoke.	61.47	40.96	51.7	44.3	19.32	77.5	49.04
Yes, teachers are allowed to smoke in certain areas	10.21	9.34	8.25	20.08	48.98	11.01	17.85
Yes, teachers are allowed to smoke anywhere on the school premises	0.26	0.76	0.46	2.72	7.32	0.38	1.97
Don't know	27.13	48.23	38.6	32.04	23.84	10.9	30.44
Missing	0.93	0.71	0.98	0.86	0.54	0.21	0.7

Table 9. “How do you think the teachers at your school feel about teenagers smoking?” SILNE-R, 2016-2017, n=11493 (REF: WP8D8.2)

	Belgium	Ireland	Finland	Italy	The Netherlands	Portugal	TOTAL
Most of them approve	0.41	0.9	0.81	1.51	2.26	1.45	1.22

Most of them do not mind	42.14	4.48	15	22.91	27.07	29.65	23.33
Most of them disapprove a little	27.18	18.92	27.35	28.36	37.57	33.89	28.65
Most of them disapprove a lot	8.1	59.27	39.64	25.78	17.44	19.76	28.74
Don't know	19.91	16.19	16.04	20.28	14.91	14.77	17.06
Missing	2.27	0.24	1.15	1.16	0.75	0.48	1

II

1: Amersfoort, the Netherlands

Fine-grained (evidence-based, context specific) recommendations at national, local and school levels to prevent youth smoking in the Netherlands.

The Netherlands: Context

The Netherlands, the capital of which is Amsterdam, has a population of 17.1 million. Amersfoort has a population of 155,000 and a physical area of 64km$^{2.}$ The Netherlands had a national tobacco score of 47 in 2013. In Amersfoort, weekly adolescent smoking prevalence in SILNE schools in 2013 was 13.9% and in 2016, in SILNE-R schools, had decreased to 10.9%

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in the Netherlands that are contained in this report are based on findings and recommendations from many quantitative and qualitative data sources collected for the SILNE-R project (2015-2018). The fine-grained recommendations for the Netherlands in this report should be read in conjunction with the reports containing cross-national, national, local, and school-level findings and recommendations (D3.2 Appendices A, B, C and D).

Overseen by WP8, surveys of more than 13,000 school students in 7 cities were carried out (2016/17) to examine student health, social networks, smoking (prevalence, access to cigarettes, attitudes to smoking, parental smoking, location of smoking, smoking in the home, e-cigarettes, *etc.*), perceptions of school tobacco policies, *etc.*. The general participation rate for student surveys was 89.6 % (all countries). In the Netherlands, 1763 students participated (99.04% participation rate).

From late 2016-2017, overseen by WP9, 56 single-sex focus group interviews took place, 8 in each of the 7 cities, involving 319 participants. The focus groups paid particular regard to school smoke-free policies and age-of-sale laws. Participants were recruited by teachers, who identified students they believed to be smokers or at risk of becoming smokers. Half the focus groups were conducted with girls and half with boys. Overall, 168 girls and 151 boys participated, with 3-9 participants per group. Half of all groups were conducted with students attending schools that served a predominantly high socioeconomic status (SES) population, and half in

schools serving a low SES population. Adolescents were aged 14-19 (average age of participants was 15.2 years) with most focus groups having participants under the legal age limit of that country. In Amersfoort, 8 focus group interviews (4 with girls and 4 with boys) took place in 3 participating schools.

Staff questionnaires regarding school characteristics, school tobacco policies, health promotion and prevention, *etc.* were also completed for WP8 and interview data with staff was collected for WP7. Consultations and focus group interviews (initial and follow-up) were held with policymakers and stakeholders from the 7 SILNE-R countries and also from other EU and non-EU countries, overseen by WP5 at the national level and by WP6 at the local level.
Data relating to enforcement and implementation costs of certain tobacco control measures (ban on sale to minors; point-of-sale advertising; ban on smoking in public places) was overseen by WP10. In some cases, school staff were interviewed regarding the cost of school bans and educational programmes for WP10 (cost questionnaires/ interviews).

National-level findings and recommendations to prevent adolescent smoking

The Netherlands is a moderately progressive country where tobacco control policies are not particularly progressive but have advanced in recent years. Consideration is being given to a point-of-sale display ban. WP5's[36] analysis of policy monopolies of pro and anti-tobacco interest groups across six European SILNE-R countries found that one of the main factors influencing variation in tobacco control policies across European countries is the relative policy dominance of pro and anti-tobacco control interest groups. WP5 examined whether there are patterns and similarities with regard to framing of tobacco and institutional arrangements across countries that have a relative dominance by either one of the two groups. In doing so, they conducted 32 semi-structured interviews with relevant stakeholders in Belgium, Finland, Germany, Ireland, Italy, and the Netherlands. They found that, in countries where health Non-Governmental Organizations (NGOs) have a policy dominance in tobacco control, NGO communities are well developed and have tight links to government while the industry is largely economically absent. In addition, the health ministry plays a central role in the policymaking process, FCTC Article 5.3. is strictly interpreted and the framing of tobacco focuses on the

[36] WP5 (UNIMASS), D5.3, Article 3: Who calls the shots in tobacco control policy? policy monopolies of pro and anti-tobacco interest groups across six European countries. Paper submitted to 'Social Science and Medicine'. Final SILNE-R Report, September 2018.

health aspects of smoking. In contrast, in countries where the tobacco industry and associated businesses have a policy dominance, the industry is more strongly embedded in the domestic economy while NGO communities are weak or absent in the field of tobacco control. In these countries, the health ministry plays a subordinate role in the policymaking process, FCTC's article 5.3. is only interpreted in terms of transparency and tobacco is framed as a private problem. They concluded that the way tobacco is framed in a country and the way institutions are arranged correspond to the policy monopoly in place, with strong similarities across countries with the same policy monopoly. Despite an active community of health NGOs in the Netherlands, the political agenda of the current ruling party often objects to the introduction of strict tobacco control regulations. Since tobacco control has not been a priority, the response to policymaking has been stagnant and uncoordinated.

Amersfoort relevant recommendations:

- Put in place an endgame goal, building on the (moderate) gains achieved to date. SILNE-R data show that governments that have embraced endgame goals have committed themselves to ending smoking altogether and that a set endgame goal likely facilitates the adoption of measures in order to achieve this goal. The most progressive SILNE-R countries (Finland and Ireland) both have governments that have translated endgame goals to policy.
- A strict interpretation of FCTC article 5.3 among all ministries is required.
- Provide better support for the NGO community in the Netherlands to create strong networks at national and international levels so that they can actively try to influence policymakers and politicians to ensure them to use article 5.3 as much as possible.

Costs and cost effectiveness of various TC policies

As regards the current landscape of tobacco control policies and their costs in 7 European cities / countries, the findings of WP10 provided a snapshot of costs for the implementation of various policies to prevent adolescent smoking. In Amersfoort/Netherlands:

- A year of implementation of non-school bans (bans on smoking public places, bans on sales to minors, bans on advertising at point-of-sale) cost €0.35 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €21.90 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.23 per student.
- The implementation of a school smoking prevention programme cost, in mean, €4.33 per student covered (PPP).
- Long-term effectiveness estimates ranged from 124,100 to 6,207,000 healthy years gained after the implementation of a strategy with a short-term effectiveness of 1 to 50% relative reduction of smoking prevalence, respectively.
- For these cost and effectiveness estimates, the implementation of non-school bans, school bans (realistic and conservative perspectives), and school programmes was highly cost effective (according to the WHO threshold of 1 times the GDP per capita) for the reduction of at least 1% of the prevalence of smoking among adolescents.

Recommendations:

- Data on cost and cost effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.
- To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring and be available to support policy makers.
- It is important that the cost effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.
- Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.
- Cost-effectiveness should be included in intersubjective discourses

being developed by tobacco control advocates.
- Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.

Access by adolescents to cigarettes

National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. Nevertheless participants across SILNE-R cities accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: 'legitimate' retailers or vending machines; people above the legal age of purchase; friends; 'proxies' (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level.

WP9 conducted focus group interviews with 319 young people from 17 schools, with similar numbers drawn from high and low socio-economic status populations and from girls and boys. Young people's perceptions and experiences of accessing cigarettes were explored. Access was largely in contravention of national minimum age of sale laws (NMASLs).

- In the Netherlands, the national minimum age of sale is 18 years.
- Some Dutch participants indicated that a small number of retailers might sell cigarettes to minors (e.g. a particular gas station), but the general sense was that access via these means was limited.
- Participants reported frequent use of acquaintance and stranger proxies, sometimes describing quite well organised and regulated relationships with specific proxies.
- Participants described targeting particular types of stranger proxies, primarily younger individuals, who appeared to smoke themselves, or embodied the cultural signifiers of low SES, *e.g.*, fur around their hoods.
- Participants occasionally discussed accessing vending machines (with stolen/borrowed IDs) but this did not appear to be viewed as a principal source for obtaining cigarettes.

Policy recommendations based on WP9[37] and other SILNE-R findings include:

Amersfoort relevant recommendations:

- Meaningful enforcement is the most important measure. Enforce national minimum age of sale laws. At a minimum, raise National Minimum Age of Sale Laws (NMASLs) to 18 years in Belgium where it is currently 16 years.
- All SILNE-R countries should consider following the example of 6 states (California, New Jersey, Massachusetts, Oregon, Hawaii and Maine) and at least 350 localities in the U.S. that, as of 19th September 2018, have raised the minimum age of sale to 21[38]. As the vast majority of smokers start smoking before the age of 20, enforcement of such a law would likely result in further decreases in youth smoking prevalence.
- Remove all vending machines as they are not, and cannot be, adequately policed.
- Strengthen supply side restrictions. Consider the introduction of a licencing levy or penalty to discourage smaller retailers from supplying cigarettes to underage purchasers.
- Take action on proxies via awareness raising.
- Policy-makers should consider how 'holding students back' (*i.e.*, requiring students to repeat an academic year) can change peer group configuration and dynamics – particularly with regard to accessing cigarettes - and shape their interventions accordingly.
- A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.
- Specific education and media campaigns on the health harms of tobacco are required in the context of stranger proxies and older (known) persons buying cigarettes for young students in breach of the NMASLs.

[37] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

[38] Campaign for Tobacco-Free Kids (2018). States and localities that have raised the minimum legal sale age for tobacco products to 21. https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf Accessed 29 September 2018.

- Further context-specific recommendations are detailed in Appendix D.

Local-level findings and recommendations to prevent adolescent smoking

WP3 synthesised and translated evidence from SILNE-R WP4-10 in order to make local-level recommendations for the prevention of youth smoking. Using the prism of WP4 policy models and briefs, and drawing on WP6's qualitative assessment of expert interviews (n=56) with European decision makers and stakeholders, and a consultation group, we make some observations. These observations and resulting recommendations are described in detail in D3.2 Appendix C.

Local context

Separate from a national policy and legislative context, schools exist within local contexts that must be taken into account in order to reduce and prevent adolescent smoking. Local primary prevention in schools in the Netherlands must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level.

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers[39] showed that existing implementation processes at the local level in the Netherlands may be categorised as "upper-saturated" rather than "progressive-hungry", "moderate-rational", or "lower saturated". These types differ mainly in regard to their engagement in enhancing smoke-free environments as well as along their level of perceived tobacco de-normalisation and public smoking visibility. Smoke-free environments are adopted at national

[39] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

levels, but are implemented differently at local levels due to varying contextual factors, such as the level of collaboration, enforcement strategies, and national policy environments. Different legislative and administrative conditions lead to four implementation types and binary mechanisms of “expansion” and “closure”. Major mechanisms to expand future smoke-free regulations were found to be intersubjective arguments, such as scientific evidence, public support, and the child frame. However, counter-mechanisms of closure, like data on declining prevalence or “new trends in addiction”, can result in low priorities. Four smoke-free trans-local types and two mechanisms of “expansion” vs. “closure” were identified. To support smoke-free expansion at the local level, a number of approaches are recommended. In order to be able to enhance existing smoke-free areas at the local level in the EU, local levels must be assisted by national levels, better use must be made of intersubjective arguments, particularly around the "child frame", and ongoing monitoring and evaluation must be ensured. Therefore, they identified the following approaches to improve the implementation of smoke-free bans at the local level: 1. Local TCPs must be framed, as in Ireland and Finland, within adequate and ambitious national policy environments, such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packs, point-of-sale and advertising bans. 2. Smoke-free laws need to be adapted and modernized specifically for outdoor places (*e.g.*, playgrounds) and private contexts (*e.g.*, cars) that are frequented by children. 3. Regular and active smoke-free-monitoring enhances effective long-term enforcement of smoke-free environments. An implementation plan (based on Ireland and Finland) including tobacco-focussed long-term monitoring at local levels, and reported documentation of developments is needed. Regional differences should be considered here, since financial and personnel resources are often unequally distributed across different administrative districts.

Barriers at the local level

Barriers identified across the 7 cities to successful local-level implementation of tobacco control activities to prevent youth smoking are: lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation; lack of an ‘implementation plan’ or strategy or endgame vision for prevention of youth smoking; lack of resources for tobacco control at local level; uneven efforts regarding denormalisation and, specifically, advertising bans; inadequate expansion of smoke-free spaces, especially those where children may be (all indoor and outdoor areas in schools, health facilities, crèches, recreational facilities, sports stadia); and need for increased

efforts for population sub-groups suffering specific disadvantage regarding smoking prevalence (low SES groups; some school types and tracks).
We know from focus group interview data with young people in Amersfoort that successful implementation of access barriers requires consistency and strength in enforcement. One particular factor at the local level appeared to influence the efficacy of NMASLs in reducing minors' ability to obtain cigarettes in the Netherlands. This was the different NMASLs of the Netherlands and Belgium, which borders the Netherlands. Belgium has a lower minimum age to the Netherlands, allowing minors to access tobacco by moving jurisdictions.

Suggested solutions at the local level

Suggested solutions to mitigate these barriers at the local level include tobacco taxation, institutional structures, expansion of smoke-free spaces, and community involvement. The use of intersubjective discourses - especially regarding evidence bases and child frames - is necessary, and health advocates must employ intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other policy) initiatives at the local level as much as at (inter-)national and school levels. These suggestions and derived recommendations are detailed in D3.2 Appendix C.

Amersfoort relevant local-level recommendations

A summary of Amersfoort relevant local-level recommendations to support the prevention of youth smoking is listed here.

Recommendations:

- Emphasise the continuing need to improve national-level tobacco control policies to avoid the emergence of complacency and achieve the tobacco control 'endgame'.
- Institute a national-level office of an ombudsman/woman charged with national, local and school-level oversight of tobacco control and particularly the prevention of youth smoking.
- Prioritise low SES groups as they have higher smoking prevalence than everyone else and pool limited resources for socially disadvantaged contexts.
- Expand child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (e.g., playgrounds, public parks).
- Consider localised community-group interventions for tobacco

control, e.g. in the arts arena.

- Use intersubjective discourses at the local level and ensure that there is continuing health education concerning tobacco and nicotine addiction.
- The problem of minors accessing tobacco by moving jurisdictions needs to be addressed through monitoring and stricter enforcement of existing legislation. Further data are required about this. The use of National ID cards in this regard warrants consideration.

School-level findings and recommendations to prevent adolescent smoking

School-level findings and recommendations to prevent adolescent smoking focus on smoke-free schools, school tobacco policies (STPs), and tobacco-related health education.

Smoke-free schools

In the Netherlands, legislation banning smoking does not cover outdoor areas on school grounds. Student smoking in school was not reported as a problem, but problems were reported regarding the visibility of students smoking off-campus, and with monitoring of students by staff.

Implementation of school smoking ban in Amersfoort.

In its report to WP3[40], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. Its report was based on topics that were discussed in the school staff interviews and did not aim to provide a comprehensive understanding on policies in each country/school. In The Netherlands, legislation compelling schools to enforce an outdoor smoking ban within school premises will be implemented in 2020. Smoking is prohibited by law in school buildings, but implementation and enforcement of smoking bans on the outside premises is organised in different ways in different schools. In general, smoking was not considered the main problem in schools, but several issues concerning student (and also staff) smoking were discussed. Some schools provided smoking places for students within or outside school areas so that students would not cause nuisance to neighbours and could be monitored. However, smoking places inside school areas did not work, because the borders of the smoking areas widens over time, and also because non-smokers keep company with

[40] WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.

smokers, exposing them to second-hand smoke (SHS). Some schools also prohibited students from leaving school premises to avoid student smoking outside school premises. In some schools, monitoring was assigned to supportive staff members, but in some schools teachers also contributed to this work. In many schools, the contribution of all staff to enforcement was considered important. Recent legislation on tobacco sales (banned for under 18 year olds) had encouraged some schools to become stricter with their policies. Staff smoking was treated in a contradictory way in some schools, *e.g.*, one school provided a smoking space for staff visible to students.

Adolescent adherence to smoke-free school policies

Focus group research carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free schools policies was analysed by WP9 and synthesised for WP3[41]. Participants were recruited from three schools (one low SES and two high SES) in the Netherlands.

- Students from both the Low and High SES Dutch schools expressed confusion regarding whether they were permitted to smoke on-site. This appeared to arise from ambiguity regarding the position of school borders.
- Regardless, students believed they were permitted to smoke on the immediate periphery of the school, and that they would not be sanctioned for doing so.

Recommendations:

- School policies on smoke-free schools need to be clear about what is expected of students, and about the extent of smoke-free areas on school campuses (school boundaries), as well as about off-site smoking at the periphery of school campuses.
- Smoke-free policies should be comprehensively communicated using multiple modalities (written / signage / talks etc.) and communicated over time so that students are clear about actual policies rather than reported ones.
- Enforcement of smoke-free policies should be consistent and meaningful (*e.g.*, include surveillance of the whole school site).

[41] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

Policy development processes: a case study of the Netherlands

WP4 reported on findings, summarised here, from 13 in-depth interviews with staff in 4 schools in the Netherlands, and explored why secondary schools choose not to make school hours a smoke-free time for all students[42]. Adolescents smoking outside the school premises is a commonly reported side-effect of STPs and schools in some countries do not allow adolescents to leave the school premises during school hours. This practice is associated with less smoking. To understand why schools in the Netherlands do not adopt such a policy when they have the authority to do so, WP4 applied the Advocacy Coalition Framework to their analyses of data from teacher interviews. None of the schools prohibited all adolescents from leaving the school premises.

The Advocacy Coalition Framework (ACF) is a theory used to explain policymaking processes and is discussed in some detail in WP3's Report D3.1[43]. In brief, ACF posits that the likelihood of stakeholders using their power to adopt new and adapt existing policies depends largely on their belief systems. Belief systems operate at three levels. Deep core beliefs are based on fundamental values in society. Policy core beliefs are based on perceptions of the problem, solution (*e.g.*, expected impact) and the capacity, power and credibility of those responsible for advocating for the change. Secondary beliefs are based on the (context-specific) feasibility of actually implementing the policy in question.

Analyses of teacher interview data identified 2 Deep core beliefs, 3 Policy core beliefs, and 1 Secondary belief expressed by staff members.

The first Deep core belief expressed by staff members was that they believed that *schools should guide older adolescents to make responsible use of their autonomy*. Implicit in this belief was that "younger" adolescents need protection and that "older" adolescents need to learn to make independent choices. This included preparing for the "real world" in which smoking is a choice. Nevertheless, staff believed that schools should "demotivate" students regarding smoking.

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[42] WP4 (AMC). Why secondary schools choose not to make school hours a smoke-free time for all students: in-depth interviews in the Netherlands. Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

[43] WP3 (TFRI). Kate Babineau, Keisha Taylor, Sheila Keogan, Elizabeth Breslin, and Luke Clancy. Deliverable Report D3.1, Final SILNE-R report, 1 July 2016.

The second Deep core belief expressed was that *staff members believe that schools should intervene when adolescents bother others*. Implicit in this belief is that smoking is not a problem as long as it is not bothering others. However, a feature that disrupts this particular core belief is that an unintended consequence of STPs is that it may affect non-smokers and residents in areas surrounding schools. These groups may be affected by the movement of smokers from the school premises to outside the school premises. It is important that STPs do not unintentionally increase this interference with other people. For instance, if smoking was forbidden in the school and thereby driven out into the neighbourhood, this would tend to undermine the core belief that smokers are not interfering with others as long as they are not smoking on the school premises, as they would be causing interference to people in the neighbourhood. A result of this core belief was that allowing smoking in designated areas or prohibiting smoking during school hours was seen by staff members as a possible way of not interfering with non-smokers' rights but would not decrease smoking prevalence *per se*.

The first of three Policy core beliefs was that Staff members believed that schools should only deal with pressing health and social issues. Different priorities were evident between schools. Smoking was not seen as a priority because increasing societal unacceptability makes smoking unattractive and they believed that STPs were working sufficiently, indicating a degree of complacency. Reducing priority of smoking was seen to be in line with parental expectations, where smoking is seen as less of a priority than alcohol, drugs, and mental health.

The second Policy core belief was that staff members believe that schools should demarcate their jurisdiction to interfere in adolescents' lives. Specifically, they believed that the school's jurisdiction is physically and temporally limited and that, within the school area there is full jurisdiction, *i.e.*, parents have to accept what the school rules are. Otherwise, the school becomes the parents' jurisdiction leading to "complementary relationships". It was noted, however, that this was "in stark contrast" to the position regarding alcohol and drugs.

The third Policy core belief was that staff members believed that schools should establish and maintain workable relationships with smokers. They believed that strengthening the existing rules about smoking would lead to difficulties in the relationships between school and smokers. Smoking was framed as something that "some adolescents need" and that schools should take that into account. Staff believed that smoking sanctions were particularly problematic for adolescents living with pro-smoking families

and for those facing multiple problems; in those instances, staff were "happy" if students wanted to come to school.

One secondary belief was identified, namely that staff members believed that schools should only adopt rules that they are able to enforce consistently. They believed that stricter rules would require more time than was available; that the current rules were already difficult to enforce; and that such measures would be resisted by staff who smoke.

Recommendations:

- Implications from this ACF policy-informed analysis of teachers' deep core, policy core and secondary beliefs about smoke-free school policies suggested the need for government policy.
- Specifically, attention was drawn to the fact that, in the Netherlands, smoking policies are used as a means to compete for new first-year students (the "PR-picture").
- Attention should be paid to the most vulnerable members of the school population, particularly to low SES students who are smokers.
- Schools are bound to the societal perception that smoking during school hours is still seen as "normal", giving rise to a "tension in the relationship".

Recommendations:

- Government policy should necessitate the implementation of smoke-free bans in all schools. This would provide a counterpoint to prevailing societal perception that smoking in schools is still normal. It would also assist in obviating schools' concerns about the "PR-picture" and perceptions of the liberalism of their school policies, particularly in relation to the views of parents. A strong top-down legislative policy is necessary, and has been shown to have been effective in other - albeit less liberal - jurisdictions. This is important for reducing further adolescent smoking prevalence in the Netherlands, a country which is already moderately progressive and on the cusp of change.

School tobacco policies

Tobacco control policies at schools (STPs) were examined by WP8, and each school was given a STP score[44]. The STP score comprises three

[44] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.
WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September

dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. Overall, there was a significant improvement in the implementation of STPs in Amersfoort between 2013 and 2016. There was a significant decrease between 2013 and 2016 in the comprehensiveness of the STP (6.8 to 4.2, $p<.05$), but a significant increase in its enforcement (1.7 to 1.9, $p<.05$) and in its communication (4.6 to 7.6, $p<.05$). Overall the total score of the policy increased from 4.4 to 4.6 ($p<.05$).

Tobacco-related health education

From an analysis of interview data with school staff members, WP7 provided for WP3 an account of the current landscape of tobacco-related health education within the seven SILNE-R cities[45]. In each city, three schools were selected, and three staff members were interviewed in each school. In the Netherlands, four schools were chosen.

The Netherlands, like Portugal, has moderately progressive tobacco control policies and is a country on the edge of change in relation to tobacco-related health education. In each of the schools in Amersfoort, the *Healthy School* concept had been implemented. The *Healthy School* concept includes a focus on a range of health-related behaviours through specific modules on alcohol, drugs, and food, as well as tobacco, and a school can achieve the status of a health promoting school even if it implements only one of the modules. The decision to introduce the *Healthy School* concept is a matter for local school management, and was seen by staff as a way of considering school aims and activities from a perspective of prevention or health promotion. The *Healthy School* emblem was also used as a "marketing" strategy by schools.

2018.

WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

[45] WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.

Variation was noted in how the *Healthy School* concept had been implemented, how schools had valued it, the extent to which schools had been ready to invest in it, and how they had made good use of it. It was found that the initiative needed dedicated teachers and champions. This was especially the case in the beginning, because of how change in school culture happens gradually and takes time.

Recommendations:

- Support dedicated teachers who champion tobacco-related health education.

Tobacco-related health education forms part of the curriculum in a general way, being included in subjects such as Biology and Care. Variations exist between schools depending on school type and tracking. The content and pedagogical approaches of tobacco-related health education vary from basic awareness raising (*e.g.*, from textbook content) to group processes, peer pressure, and making justified decisions. The latter, more complex pedagogical approaches were found not to be systematically implemented, with much depending on individual teachers and their own pedagogical styles and educational goals.

Recommendations:

- Provide support for teachers in raising awareness of the suite of pedagogical approaches in tobacco-related health education, knowledge of the most effective approaches, and systematic implementation thereof.

In Amersfoort, mixed views and perceptions about the current state of tobacco-related health education were in evidence. On the one hand, participants reported that the status quo regarding the current situation on tobacco use was accepted, that no regular efforts were made to prevent smoking, and that no smoking prevention strategy existed. On the other hand, some participants highlighted the need to rethink and develop tobacco-related health education. Education on the long-term consequences of smoking was not considered interesting to, nor effective for, adolescents, as the consequences do "not make sense" in adolescents' everyday life and social-cultural contexts. Rather than focussing on information about long-term consequences, participants suggested that the emphasis should be on group dynamics, namely on what happens in groups, and how to deal with tobacco-related health education within those contexts.

Recommendations:

- Develop ways of combating future-denial by adolescents of the long-term consequences of smoking.
- Focus on group dynamics in providing tobacco-related health education for adolescents.

It was noted that, in Amersfoort, there was a lot of activity at the local city /municipal level, including a prevention strategy against drug use and various preventive programmes, mostly relating to drugs. A network of NGOs works very proactively, having many initiatives and providing support for schools. NGOs also contribute to continuous professional development for teachers. For example, in one school, when staff were implementing a new programme, the teachers in charge received training on how to deal with different questions students might ask.

Recommendations:

- Develop further the network of NGOs providing support for teachers and schools, increasing the focus on tobacco-related health education and drawing on lessons learned from other health education activities, for example lessons learned regarding prevention of drug use.

The importance afforded tobacco-related health education in a school is influenced by characteristics of the student body in the school. For example, in one school, where students had learning difficulties and had fallen behind with their academic performance, no specific education on tobacco was included in the curriculum. Students had individual study plans and the main aim of the school was to support and guide these students through education and to make the transition to the labour force.

Recommendations:

- Address the social inequality in the provision of health education by providing tobacco-related health education for all students regardless of their education (or socio-economic) status.

The need for external resources was noted and attention was drawn to the possibilities that opened up for developing health education at the moment when a school acquired *Health Promoting School* status.

Recommendations:

- Avail of time-limited opportunities for developing tobacco-related health education at key moments, for example when a school acquires *Health Promoting School* status.

2: Coimbra, Portugal

Fine-grained (evidence-based, context specific) recommendations at national, local and school levels to prevent youth smoking in Portugal.

Portugal: Context

Portugal, the capital of which is Lisbon, has a population of 10.8 million. Coimbra has a population of 105,000 and a physical area of 319 km^2. Portugal had a national tobacco score of 41 in 2013 and 50 in 2016. In Coimbra, weekly smoking prevalence in SILNE schools in 2013 was 10.3% and in 2016, in SILNE-R schools, this had decreased to 7.4%.

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in Portugal that are contained in this report are based on findings and recommendations from many quantitative and qualitative data sources collected for the SILNE-R project (2015-2018). The fine-grained recommendations for Portugal in this report should be read in conjunction with the reports containing cross-national, national, local, and school-level findings and recommendations (D3.2 Appendices A, B, C and D).

Overseen by WP8, surveys of more than 13,000 school students in 7 cities were carried out (2016/17) to examine student health, social networks, smoking (prevalence, access to cigarettes, attitudes to smoking, parental smoking, location of smoking, smoking in the home, e-cigarettes, etc.), perceptions of school tobacco policies, etc.. The general participation rate for student surveys was 89.6 % (all countries). In Portugal, 1859 students participated (86.42% participation rate).

From late 2016-2017, overseen by WP9, 56 single-sex focus group interviews took place, 8 in each of the 7 cities, involving 319 participants. The focus groups paid particular regard to school smoke-free policies and age-of-sale laws. Participants were recruited by teachers, who identified students they believed to be smokers or at risk of becoming smokers. Half the focus groups were conducted with girls and half with boys. Overall, 168 girls and 151 boys participated, with 3-9 participants per group. Half of all groups were conducted with students attending schools that served a predominantly high socioeconomic status (SES) population, and half in schools serving a low SES population. Adolescents were aged 14-19 with most focus groups having participants under the legal age limit, with the exception of two of the Portuguese focus groups (16-18 and 16-19). In

Coimbra, 4 focus groups were held with boys and 4 with girls, in 2 participating schools. Staff questionnaires regarding school characteristics, school tobacco policies, health promotion and prevention, etc. were also completed for WP8 and interview data with staff was collected for WP7.
Consultations and focus group interviews (initial and follow-up) were held with policymakers and stakeholders from the 7 SILNE-R countries and also from other EU and non-EU countries, overseen by WP5 at the national level and by WP6 at the local level.

Data relating to enforcement and implementation costs of certain tobacco control measures (ban on sale to minors; point-of-sale advertising; ban on smoking in public places) was overseen by WP10. In some cases, school staff were interviewed regarding the cost of school bans and educational programmes for WP10 (cost questionnaires/interviews).

National-level observations and recommendations to prevent adolescent smoking

In terms of its tobacco control policy environment, Portugal is regarded as stagnant. WP5's[46] analysis of policy monopolies of pro and anti-tobacco interest groups across six European SILNE-R countries found that one of the main factors influencing variation in tobacco control policies across European countries is the relative policy dominance of pro and anti-tobacco control interest groups. WP5 examined whether there are patterns and similarities with regard to framing of tobacco and institutional arrangements across countries that have a relative dominance by either one of the two groups.

In doing so, they conducted 32 semi-structured interviews with relevant stakeholders in Belgium, Finland, Germany, Ireland, Italy, and the Netherlands. They found that, in countries where health Non-Governmental Organizations (NGOs) have a policy dominance in tobacco control, NGO communities are well developed and have tight links to government while the industry is largely economically absent. In addition, the health ministry plays a central role in the policymaking process, FCTC Article 5.3. is strictly interpreted and the framing of tobacco focuses on the

[46]Endnotes
WP5 (UNIMASS), D5.3, Article 3: Who calls the shots in tobacco control policy? policy monopolies of pro and anti-tobacco interest groups across six European countries. Paper submitted to 'Social Science and Medicine'. Final SILNE-R Report, September 2018.

health aspects of smoking. In contrast, in countries where the tobacco industry and associated businesses have a policy dominance, the industry is more strongly embedded in the domestic economy while NGO communities are weak or absent in the field of tobacco control. In these countries, the health ministry plays a subordinate role in the policymaking process, FCTC's article 5.3. is only interpreted in terms of transparency and tobacco is framed as a private problem. They concluded that the way tobacco is framed in a country and the way institutions are arranged correspond to the policy monopoly in place, with strong similarities across countries with the same policy monopoly.

In Coimbra, the interests of the indigenous tobacco industry weigh heavily on the region. For example, WP5 SILNE-R[47] data show that (by 2016), the point-of-sale display ban had not been discussed in parliament. There seems to be a tobacco industry dominance rather than a health frame dominance. The tobacco industry is firmly represented in Portugal in terms of factories and tobacco crop farms. An active NGO community is absent; existing NGOs in Portugal are weak and lack a formulated strategy to counteract the forces of the tobacco industry. Even cancer societies do not feel the need to actively influence policy on this issue and politics are described as difficult. Suspicions are voiced about tobacco industry influence but since the industry is believed to use "informal routes", in the absence of documentation, they remain at the level of suspicion. There was some evidence in Portugal of a lack of awareness about required FCTC compliance where the interviewed policymaker was not aware of article 5.3 and had accepted an invitation from the industry to visit a factory.

[47] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

Coimbra relevant national-level recommendations

1. Adolescent smoking remains a problem

The problem of adolescent smoking has not disappeared. SILNE-R WP3[48] (2016-2017) data for Coimbra shows adolescent ever-tried smoking at 40.55%, weekly smoking at 13.16%, and ever users of e-cigarettes at 26.21%. Tobacco causes unique and disastrous consequences for adolescents and tobacco control must be kept at the top of the policy agenda in all countries.

Recommendations:

- There is no safe level of smoking and smoking prevalence among adolescents continues to be a problem. Tobacco control is a low priority in Portugal. We recommend identifying ways to put tobacco at the top of health policy agendas in Portugal, including with constant reminders of the death, disease and disability uniquely caused by smoking.

2. Cognisance needs to be taken of policy change processes

SILNE-R data[49] show the importance of policy change processes in shaping tobacco control policies within individual countries. For the most effective tobacco control policy enactment, cognisance must be taken of these processes by tobacco control advocates and stakeholders. The strength of the dominant frame (health side versus tobacco industry) influences the policy environment and the receptiveness to change within the policy system[50]. For countries where the health side of the framework is dominant (e.g., Finland and Ireland), there is an intersectoral approach to population health that engages with multiple sectors and actors[51]. Specifically, within this frame, the Ministry of Health is responsible for creating and introducing new policies. There is co-ordination between government health departments and health advocacy organisations to drive and develop policies. The health frame is also dominant in Belgium

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[48] WP8 (UCL). D8.2. Report on cross-national differences. Final SILNE-R report, 2017. WP8 (UCL). D8.3, Appendix 9.b. paper 2, Vincent Lorant, Adeline Gerard, Nora Melard, Pierre-Oliver Robert, [SILNE-R- Coauthors], Anton Kunst. Trends in adolescents smoking in 6 countries. Final SILNE-R report, September 2018.

[49] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).
WP5 (UNIMASS). Deliverable D5.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

[50] The full findings from WP5 are to be found in D5.3.

[51] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

and the Netherlands, and there are active health advocacy organisations working within these countries. However, the political agendas of the ruling political parties are unreceptive to interests of tobacco control advocates and such forces reduce the advancement of stricter policies.

In countries where the tobacco industry side of the framework dominates, other government ministries (outside of health ministries) often have responsibility for tobacco policy. Within this frame, the tobacco industry and the commercial interests of a region can influence policymaking processes and the policy agenda. Health advocacy organisations within these countries may not be active as in Portugal.

Recommendations:

- It is recommended that, when developing tobacco control policy and advocating in Portugal, cognisance is always taken of the particularised complexity of the national policy context, and especially, compared with other countries, the inherent difficulties involved in these tasks. We also recommend that up-to-date data are maintained regarding dominant frames that shape tobacco control within Portugal with a view to moving them to being more supportive of progressive tobacco control.
- We recommend that monitoring and development of tobacco control policy and legislation in Portugal takes into account the current tobacco control landscape there as well as the Portugal-specific beliefs and values that underpin policy, legislation and practice.
- Encouragement and help from international networks could support health NGOs in Portugal to become stronger and more effective in tobacco control advocacy.
- Education in the complexities of policy change processes is recommended for tobacco control advocates, NGOs and health experts in Portugal whose professional substantive areas of expertise can not be expected to include policy change processes and policy paradigms. This is particularly important in Portugal where changes to the stagnant tobacco control environment are likely hindered by the implicit force of a taken for-granted tobacco control policy paradigm.
- Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in Portugal and to keep them up-to-date. Such research would develop the concept of a tobacco control policy paradigm and explicate its particularised operation across Europe countries and (regional and other - demographic etc.) contexts.

3. Dominant negative frames must be exposed and, where appropriate, challenged and changed

Dominant values and beliefs that underpin tobacco control policy and that negate tobacco control progress are often under-exposed, taken-for-granted, and unchallenged within individual countries. This is particularly the case in a country like Portugal with a tobacco industry subsystem dominance. These dominant frames should be exposed and challenged, and, where appropriate, efforts directed at changing frames to ones supportive of progressive tobacco control policy environments. This latter could be done through the development of intersubjective discourses (e.g., focussed on evidence bases, health, child frame), and the promotion of robust health advocacy organisations, whose role is central to progressive tobacco control environments. This is a difficult task in Portugal which is characterised by the absence of lobbying NGOs in the field of tobacco control which may be alleviated somewhat with the support of international networks.

In Portugal, the dominant frame is currently tobacco industry subsystem dominance.

Recommendations:

- In terms of a dominant governmental frame in Portugal: Develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.
- In terms of civil and business institutions in Portugal: Develop stronger health NGO advocacy groups. Make networks and follow example from countries where health advocacy groups are strong (e.g., Finland, Ireland).
- We recommend an audit of current tobacco control-related organisations, and interventions (resources, development) in order to be able to support them individually. We further recommend that existing networks of international tobacco control organisations (ENSP/ SFP/ FCA) establish sub-groups charged with advocating for national-level transferability of knowledge that is based on the complex policy monopoly environment within which each country operates.
- Encourage health advocacy groups in Portugal to forge close co-operation with government while developing aligned policy stances between tobacco control and government views. This can be aided by dissemination of tobacco control research, to the public and the government, showing health benefits of highly cost-effective tobacco prevention interventions; by bringing novel practical

interventions to general notice; and by showing the popularity with the general population (electorate) of good tobacco control legislation. NGOs should also be free and willing to support political champions of Tobacco Prevention public health policies. NGOs should align their demands, for protection of children from the harms of smoking and of second-hand smoke, with the public health efforts of Health Ministries. By insisting that governments are complying with FCTC Article 5.3, NGOs can help to protect tobacco control political actors from Tobacco Industry influence. They can also dampen down, reduce and help to eliminate the influence of pro-tobacco institutions such as retailers by supporting and encouraging the banning of payment for tobacco display and the banning of sponsorship by pro-tobacco institutions. These efforts can be reinforced by extending the negative images of the tobacco industry established in progressive tobacco control cultures to ones with weaker cultures. This can be facilitated by fostering strengthened links between national tobacco prevention coalitions which collaborate to identify successful, transferable, context-specific strategies.

- In terms of governmental institutions: Create clear strong guidelines regarding interpretation and implementation of FCTC Article 5.3, particularly regarding the meaning of "transparency". Advocate for Ministry of Health capacity in tobacco control, ensuring adequate numbers of personnel with specific focus on tobacco control whose work is not diluted by other prevention areas.
- Overall, in Portugal strengthen health monopolies and weaken tobacco industry monopolies.
- Pay attention to moments of potential change when stable policy-making processes are disrupted by moments of crisis. At these times, policy change may be more likely to occur. Note the work on Punctuated Equilibrium Theory Framework detailed in Appendix A.

4. Tobacco control efforts showing success but more needed for health and equality

Current tobacco control policies are taking effect, evident in reduced adolescent smoking prevalence in Coimbra between 2013 and 2016 but gains are not homogeneous, with tobacco-related health inequalities evident across population sub-groups. Further observations and recommendations on smoking prevalence and trends, including on social inequalities, SES, gender, social networks, and migrant families are to be found in D3.2 Appendix A. This is a time for continued, expanded and translated and transferred tobacco control efforts, particularly in Portugal where such tobacco control efforts have faced an uphill battle.

Recommendations:

- In Portugal, as in other countries, two broad approaches are required.
    - 1. Continue with existing good tobacco control policies and interventions, ensuring strict enforcement.
    - 2. Expand tobacco control efforts by adding new interventions where they are lacking

Because prevalence is higher and the tobacco control environments less progressive and less developed in Portugal, an additional two approaches are required in addition. These are:

- 1. Require compliance with extant treaty and other obligations. At a minimum, these reluctant countries must be required to fulfill their obligations to children under the binding Framework Convention on Tobacco Control Treaty (FCTC) as well as EU commitments and duties integral to the full implementation of the Tobacco Products Directive (TPD), and
- 2. Support successful transfer of good policy from countries with more progressive tobacco control environments. This would involve translating various measures, practices, and value systems into local contexts in usable ways. At a simple level in Portugal, this would mean introducing a point of sale display ban, bringing it into line with more progressive countries. At a more complex level, and more difficult to achieve, it would mean translating the value and belief systems - and dominant discourses - underpinning dominant governmental frames, civil and business institutions, and Ministries for Health in countries with more progressive tobacco control environments, for use in Portugal with its stagnant tobacco control environment. In practice, this would require a number of steps: the evaluation of current beliefs and

values regarding health priorities vs profit priorities in Portugal; the re-prioritisation (through, for example, advocacy, branding, and legislation) of beliefs and values to support the prioritisation of health and health advocacy organisations; and on-going excavation, monitoring and evaluation of dominant belief and value systems - and dominant discourses - to support continued emphasis on health, and the right to health environments, and consequently, as demonstrated in SILNE-R, lower youth smoking prevalence.

5. Specific measures required to increase tobacco control progressiveness

Progressive tobacco control policy environments are characterised by systematic transposition of, strong compliance with, and strict enforcement of the Framework Convention on Tobacco Control (FCTC) treaty; the "Big Six" MPOWER[52] policies; the EU Tax Directive and the EU Tobacco Products Directive (TPD). SILNE-R cities in countries that have lower youth smoking prevalence are characterised by such progressive tobacco control policies. We make a strong recommendation for firming up these policies at national level, especially in Portugal whose policies lag behind.

Recommendations:

- We recommend a comprehensive rolling-out of demonstrated effective policy (e.g., FCTC, MPOWER) bringing countries with more stagnant and moderate tobacco control policies into line with countries with the most progressive ones.

Specifically, this means:

- More rigorous implementation, enforcement and oversight of FCTC policies recommendations;
- Better enforcement of smoke-free legislation, particularly in countries with more stagnant tobacco control policies and legislation.
- Consider developing and implementing an 'endgame' plan in Portugal. Countries that have done this already (Finland and Ireland) have translated the endgame aspiration into policy. Health NGOs should be supported in beginning this process.

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[52] MPOWER: Monitor tobacco use and prevention policies, • Protect people from tobacco smoke, • Offer help to quit tobacco use, • Warn about the dangers of tobacco, • Enforce bans on tobacco advertising, promotion and sponsorship, and • Raise taxes on tobacco.

6. Access: enforcement and other measures needed

The vast majority of SILNE-R adolescents were unable to legitimately purchase cigarettes from retailers in Portugal because they were under the legal age of purchase, i.e., 18 years, as specified by National Minimum Age of Sale Laws (NMASLs). National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. Nevertheless participants across SILNE-R cities accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: 'legitimate' retailers or vending machines; people above the legal age of purchase; friends; 'proxies' (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level.

WP9 conducted focus group interviews with 319 young people from 17 schools, with similar numbers drawn from high and low socio-economic status populations and from girls and boys. Young people's perceptions and experiences of accessing cigarettes were explored. Access was largely in contravention of national minimum age of sale laws (NMASLs). WP9's focus group research exploring adolescents' perceptions and experiences of accessing cigarettes across 7 cities found that access was largely in contravention of national minimum age of sale laws (NMASLs). Portuguese participants reported buying cigarettes from legitimate retailers, particularly cafes and bars. Participants also reported using vending machines, but tended to suggest that this was facilitated by retailers who allowed access to the machine via a remote control. Participants rarely mentioned the use of stolen/borrowed ID cards. Participants also reported using acquaintance proxies, though they preferred direct access methods.

Policy recommendations are based on WP9[53] and other SILNE-R findings.

Recommendations:

- Meaningful enforcement is the most important measure. Enforce national minimum age of sale laws. Consider raising NMASL to 21 years.
- Remove all vending machines as they are not, and cannot be,

[53] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

adequately policed.

- Strengthen supply side restrictions. Consider the introduction of a licencing levy, or a penalty to discourage smaller retailers from supplying cigarettes to underage purchasers.
- Take action on proxies via awareness raising. This prolem is more acute in Portugal than in other places.
- Policy-makers should consider how 'holding students back' (i.e., requiring students to repeat an academic year) can change peer group configuration and dynamics – particularly with regard to accessing cigarettes - and shape their interventions accordingly.
- A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.
- Further context-specific recommendations are detailed in Appendix D.

7. Costs and cost effectiveness of various TC policies in Portugal

As regards the current landscape of tobacco control policies and their costs in 7 European cities / countries, the findings of WP10[54] provided a snapshot of costs for the implementation of various policies to prevent adolescent smoking. In Coimbra/Portugal:

- A year of implementation of non-school bans (bans on smoking in public places, bans on sales to minors, bans on advertising at point-of-sale) cost €0.11 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €26.97 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.15 per student.
- The implementation of a school smoking prevention programme cost, in mean, €4.10 per student covered (PPP).
- Long-term effectiveness estimates ranged from 30,650 to 1,530,700 healthy years gained after the implementation of a strategy with a short-term effectiveness of 1 to 50% relative reduction of smoking prevalence, respectively.
- For these cost and effectiveness estimates, the implementation of non-school bans, school bans (realistic and conservative perspectives), and school programmes was highly cost effective (according to the WHO threshold of 1 times the GDP per capita) for

[54] WP10 (NSPH) Policy Recommendations Template for WPs 8 & 10, Feeding back findings to WP3. Internal SILNE-R report from WP10 to WP3, 3 April 2018.

the reduction of at least 1% of the prevalence of smoking among adolescents.

Recommendations:

- Data on cost and cost effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.
- To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring and be available to support policy makers.
- It is important that the cost effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.
- Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.
- Cost-effectiveness should be included in intersubjective discourses being developed by tobacco control advocates.
- Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.

Local-level findings and recommendations to prevent adolescent smoking

WP3 synthesised and translated evidence from SILNE-R WP4-10 in order to make local-level recommendations for the prevention of youth smoking in Portugal. Using the prism of WP4 policy models and briefs, and drawing on WP6's qualitative assessment of expert interviews (n=56) with European decision makers and stakeholders, and a consultation group, we make some observations. These observations and resulting recommendations are described in detail in D3.2 Appendix C.

Local context

Separate from a national policy and legislative context, schools exist within local contexts that must be taken into account in order to reduce and prevent adolescent smoking. Local primary prevention in schools in Portugal must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of

the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level.

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers (WP6, Appendix 3, Mlinarić et al.[55]) showed that existing implementation processes at the local level in Portugal may be categorised as “lower saturated” rather than “progressive-hungry”, “moderate-rational”, or “upper-saturated”. These types differ mainly in regard to their engagement in enhancing smoke-free environments as well as along their level of perceived tobacco de-normalisation and public smoking visibility. Smoke-free environments are adopted at national levels, but differently implemented at local levels due to varying contextual factors, such as the level of collaboration, enforcement strategies, and national policy environments. Different legislative and administrative conditions lead to four implementation types and binary mechanisms of “expansion” and “closure”. Major mechanisms to expand future smoke-free regulations were found to be intersubjective arguments, such as scientific evidence, public support, and the child frame. However, counter-mechanisms of closure, like data on declining prevalence or “new trends in addiction”, can result in low priorities. Four smoke-free trans-local types and two mechanisms of “expansion” vs. “closure” were identified. To support smoke-free expansion at the local level, a number of approaches are recommended. In order to be able to enhance existing smoke-free areas at the local level in the EU, local levels must be assisted by national levels, better use must be made of intersubjective arguments, particularly around the "child frame", and ongoing monitoring and evaluation must be ensured. Therefore, they identified the following approaches to improve the implementation of smoke-free bans at the local level: 1. Local TCPs must be framed, as in Ireland and Finland, within adequate and ambitious national policy environments, such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packs, point-of-sale and

[55] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

advertising bans. 2. Smoke-free laws need to be adapted and modernized specifically for outdoor places (e.g., playgrounds) and private contexts (e.g., cars) that are frequented by children. 3. Regular and active smoke-free-monitoring enhances effective long-term enforcement of smoke-free environments. An implementation plan (based on Ireland and Finland) including tobacco-focussed long-term monitoring at local levels, and reported documentation of developments is needed. Regional differences should be considered here, since financial and personnel resources are often unequally distributed across different administrative districts.

Barriers at the local level

Barriers identified across the 7 cities to successful local-level implementation of tobacco control activities to prevent youth smoking are: lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation; lack of an 'implementation plan' or strategy or endgame vision for prevention of youth smoking; lack of resources for tobacco control at local level; uneven efforts regarding denormalisation and specifically, advertising bans; inadequate expansion of smoke-free spaces, especially those where children may be (all indoor and outdoor areas in schools, health facilities, crèches, recreational facilities, sports stadia); and need for increased efforts for population sub-groups suffering specific disadvantage regarding smoking prevalence (low SES groups; some school types and tracks).

A key feature of the local environment in Portugal that hinders reductions in smoking prevalence is accessibility to tobacco products, as well as some aspects of disadvantaged areas. Examples of this were found in Coimbra where resources at the local level were considered to be inadequate.

Suggested solutions at the local level

Suggested solutions to mitigate these barriers at the local level include tobacco taxation, institutional structures, expansion of smoke-free spaces, and community involvement. The use of intersubjective discourses - especially regarding evidence bases and child frames - is necessary, and health advocates must employ intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other policy) initiatives at the local level as much as at (inter-)national and school levels. These suggestions and derived recommendations are detailed in D3.2 Appendix C.

Coimbra relevant local-level recommendations

A summary of Coimbra relevant local-level recommendations to support

the prevention of youth smoking is listed here.
Recommendations:

- Emphasise the continuing need to improve national-level tobacco control policies to avoid the emergence of complacency and achieve the tobacco control ‘endgame’. National-level tobacco control policies affect what happens at local level and Portugal's less progressive tobacco control environment needs further development.
- Institute a national-level office of an ombudsman/woman charged with national, local and school-level oversight of tobacco control and particularly the prevention of youth smoking.
- Prioritise low SES groups as they have higher smoking prevalence than everyone else and pool limited resources for socially disadvantaged contexts.
- Ensure allocation of adequate resources at the local level for the prevention of youth smoking. The lack of resources for tobacco control at local level was highlighted in SILNE-R data, particularly in Portugal. One suggestion to deal with this problem was the earmarking of taxes (hypothecation). This has been tried in some (non-SILNE-R) countries, but it does not generally find favour with EU country finance departments. If the problem of resources is to be addressed, it should be an aim of tobacco control advocacy.
- Expand child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (e.g., playgrounds, public parks).
- Consider localised community-group interventions for tobacco control, e.g. in the arts arena.
- Use intersubjective discourses at the local level and ensure that there is continuing health education concerning tobacco and nicotine addiction.

School-level findings and recommendations to prevent adolescent smoking

School-level findings and recommendations to prevent adolescent smoking focus on smoke-free schools, school tobacco policies (STPs), and tobacco-related health education.

Smoke-free schools

A comprehensive smoking ban exists in schools in Portugal. Within schools, problems exist with students smoking on the periphery of the school campus. Enforcement and monitoring practices are weak. Staff smoking on campuses has also been identified as a problem.

Implementation of school smoking ban in Coimbra

In its report to WP3[56], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. Its report was based on topics that were discussed in the school staff interviews, and did not aim to provide a comprehensive understanding on policies in each country/school. In Portugal, a comprehensive school smoking ban had been in place since 2007. Smoking had decreased, but the main challenge was that there were still a lot of students smoking outside school borders. All together, enforcement structures were not very clear, and monitoring practices were not very strict. Most schools prohibited younger students leaving the school area during school days, but schools had different practices on how to organize older students leaving (e.g. exit-card, permission from parents). Additionally, in some schools, staff members smoking was considered a challenge, especially in two schools where staff members were smoking with students outside school premises. To prevent the visibility of staff smoking, two schools had appointed smoking places for staff inside school buildings. Supportive staff members are doing most of the enforcement.

Adolescent adherence to smoke-free school policies

Focus group research carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free schools policies was analysed by WP9 and synthesised for WP3[57]. Participants were recruited from two schools (one low SES and one high SES) in Coimbra.

- Participants in both the High and Low SES Schools reported limited on-site smoking and high overt off-site smoking.
- A handful of participants suggested that the smoke-free school policy was successful because students were easily able to smoke elsewhere – and were therefore disinclined to risk censure in the school context.

Recommendations:

- School policies on smoke-free schools need to be clear about what is expected of students, and about the extent of smoke-free areas on school campuses (school boundaries) as well as about off-site

[56] WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.
[57] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

smoking at the periphery of school campuses.
- Increase efforts to denormalise smoking.

School tobacco policies

Tobacco control policies at schools (STPs) were examined by WP8 and each school given a STP score[58]. The STP score comprises three dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. Overall, there was a significant improvement in the implementation of STPs in Coimbra between 2013 and 2016. There was a significant decrease between 2013 and 2016 in the comprehensiveness of the STP (9.3 to 9.1, $p<.05$), but a significant increase in its enforcement (3.3 to 4.1, $p<.05$) and in its communication (7.3 to 8.0, $p<.05$). Overall the total score of the policy increased from 6.6 to 7.1 ($p<.05$).

Tobacco-related health education

From an analysis of interview data with school staff members, WP7 provided for WP3 an account of the current landscape of tobacco-related health education within the seven SILNE-R cities[59]. In Portugal, approaches to tobacco-related health education in schools vary greatly regarding tobacco-related health education practices, organisational structures, and curriculum integration. In some instances, it is outsourced to local health services or NGOs. In others, it is organised by school staff and delivered as part of the curriculum, mainly integrated in Biology and Science lessons. The amount of smoking-related content and mode of delivery depends on individual teachers. However, school leadership and school culture also has an impact on how much negotiation and co-operation occurs when planning curricular and extra-curricular activities.

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[58] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.
WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.
WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

[59] WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.

Recommendations:

- A national survey of school practices regarding tobacco-related health education, including organisation, timetabling, personnel, materials, degree of curricular integration or stand-alone modules.
- Continuing professional development modules for school leaders to encourage awareness of tobacco, and support for tobacco-related health education.

Each of the three participating schools celebrates Non-Smokers Day, albeit with differences in how and by whom it is organised, and in the amount of hours allocated to it. A Health Promotion and Sex Education Programme (PESES) is also implemented in each of the three schools. It is not clear, however, whether all schools have a coordinator for organising this programme, nor how much time in general is allocated for the programme, nor the hours allocated for smoking prevention. In secondary schools, education on tobacco is ad hoc. Health education occurs within a context of an overloaded and inflexible curriculum. The health education curriculum itself is seen to be overly content-heavy with many competing demands for coverage of various health-related topics. No specific teaching hours are allocated to tobacco-related health education, and the allocation of extra time and curricular space to raising awareness about smoking harms is not considered a priority.

Recommendations:

- Support all schools to participate in Non-Smokers Day, if they do not already do so, and develop a database of speakers (national and local) and resources that may be used annually for this event in schools.
- Put in place enforceable guidelines in all schools to ensure recommended minimum time is allocated to tobacco-related health education in all schools.
- Institute the position of National PESES Co-ordinator for schools in Portugal. This office could provide guidance on curriculum content, teaching methodology, time allocation, use of materials, and evaluation of PESES implementation and, specifically, tobacco-related health education. This office could also have responsibility for research and evaluation of health education programmes.
- Provide continuing professional development for staff about tobacco-related health harms and the importance of curricular provision of tobacco-related health education.

Occasional ad hoc programmes/external expertise/local partnerships

One participating school that has been a health promoting school for many years has in place a person charged with organising health promoting activities. The school co-operates intensively with the local health centre, nursing school, and various NGOs. Local partners offer various health education programmes that schools can either accept or reject. Organisations implementing these programmes take on all responsibility for them. Topics include a variety of health issues and are not focussed on smoking prevention per se. These occasional programmes, which are not necessarily integrated in the curriculum nor evaluated, gave rise to both positive and negative accounts. On the one hand, the pedagogical and subject expertise of the external experts is valued. On the other hand, the absence of a strategic long-term plan for regular collaboration on, or development of, health education is seen as a negative aspect of these programmes.

Recommendations:

- Develop more systematic approaches for achieving optimum use of local partnerships involved in offering health education.

Parental involvement

Two schools with good co-operation with parents and parents' associations organised sessions for parents on "acute" or other topics such as addictive substances. Parents' associations also organised activities. However, one school (low SES) described collaborating with parents as "mission impossible".

Recommendations:

- Parents want healthy children. Develop strategies to keep parents informed, keep tobacco-related harms and health education on the agenda, provide co-operative pathways for involving parents in preventing adolescent smoking.

Community involvement

Schools may open in the evening, providing possibilities for co-operation with the local community. One school that stayed open in the evenings also invested a great deal in extra-curricular activities, mainly sports clubs. It was considered that these optional activities promote health in a comprehensive way, and effectively work as anti-smoking activities.

Recommendations:

- Community involvement in promoting health and smoking reduction/prevention is exemplified in how one Portuguese school facilitates use of school premises for indirect health promotion and communication. Opportunities should be used at community level to communicate Tobacco Control advice and to support smoking cessation and prevention among adolescents.

Tobacco-Related Health Education Resources & Materials

It was noted that there is a shortage of financial resources and staffing capacity to support educational activities in tobacco control.

Recommendation:

- Tobacco control education is important. Increased resources - specifically allocated - are required. Shortages of staff to support educational activities may be alleviated by accessing relevant personnel in health NGOs with an interest in tobacco control.

Tensions between teaching approaches and educational values

Participants in the three schools in Coimbra reported some scepticism regarding the effectiveness of teaching methodologies used for tobacco-related health education, specifically in relation to the usual practice of raising awareness about, and delivering information on, smoking-related harms and consequences. Staff members questioned whether it made any difference to students' actual behaviour. Staff believed that a mix of educational strategies is required but that research-based knowledge about what works is lacking.

In varying contexts of more traditional and more progressive school cultures, tensions were also noted about teachers' roles and responsibilities; they were understood on the one hand as autonomous subject experts or, on the other, as individuals who occupy less well-defined and more open roles where shared understandings, more open communication, and less didactic pedagogical styles prevail. Additionally, some teachers feel obligated to teach topics regarding which they have neither motivation nor expertise.

Recommendations:

- Provide explicit continuing professional development for teachers and schools to develop shared valued systems in their schools and to base tobacco-related health education programmes on agreed commitments to adolescents' health using negotiated teacher involvement and pedagogical approaches.

Some overall recommendations for tobacco-related health education in Portugal

Finally, in relation to the findings from Coimbra, the report of WP7 makes a number of specific suggestions:

Overall school-level Recommendations for Portugal (WP7):

- There is a need for a national health education strategy, guidelines and effective planning for tobacco-related health education. The work of the National Health Office is acknowledged. However, a long-term health education plan needs to be developed and implemented.
- The Ministry for Health and the Ministry for Education should co-operate on themes such as health, civic values, and citizenship.

3: Dublin, Ireland

Fine-grained (evidence-based, context specific) recommendations at national, local and school levels to prevent youth smoking in Ireland.

Ireland: Context

Ireland, the capital of which is Dublin, has a population of 5.0 million. Dublin has a population of 1.3 million and a physical area of 115 km^2. Ireland had a national tobacco policy score of 70 in 2013 and in 2016, the only SILNE-R country not to record an increase in national tobacco score in that time period. Smoking prevalence for 2013 is not noted as Ireland did not participate in SILNE. In 2016, for students participating in SILNE-R, weekly smoking prevalence was 5.1%, ever-tried smoking was 25.86%, and ever-tried e-cigarettes was 28.37%.

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in Ireland that are contained in this report are based on findings and recommendations from many quantitative and qualitative data sources collected for the SILNE-R project (2015-2018). The fine-grained recommendations for Ireland in this report should be read in conjunction with the reports containing cross-national, national, local, and school-level findings and recommendations (D3.2 Appendices A, B, C and D).

Overseen by WP8, surveys of more than 13,000 school students in 7 cities were carried out (2016/17) to examine student health, social networks, smoking (prevalence, access to cigarettes, attitudes to smoking, parental smoking, location of smoking, smoking in the home, e-cigarettes, *etc.*), perceptions of school tobacco policies, *etc.*. The general participation rate for student surveys was 89.6 % (all countries). In Ireland, 2117 students participated (99.72% participation rate).

From late 2016-2017, overseen by WP9, 56 single-sex focus group interviews took place, 8 in each of the 7 cities, involving 319 participants. The focus groups paid particular regard to school smoke-free policies and age-of-sale laws. Participants were recruited by teachers, who identified students they believed to be smokers or at risk of becoming smokers. Half the focus groups were conducted with girls and half with boys. Overall, 168 girls and 151 boys participated, with 3-9 participants per group. Half of all groups were conducted with students attending schools that served a predominantly high socioeconomic status (SES) population, and half in schools serving a low SES population. Adolescents were aged 14-19 (average age of participants was 15.2 years) with most focus groups

having participants under the legal age limit. In Dublin, 4 focus group interviews were held with girls and 4 with boys, in 2 participating schools.

Staff questionnaires regarding school characteristics, school tobacco policies, health promotion and prevention, *etc.* were also completed for WP8 and interview data with staff was collected for WP7. Consultations and focus group interviews (initial and follow-up) were held with policymakers and stakeholders from the 7 SILNE-R countries and also from other EU and non-EU countries, overseen by WP5 at the national level and by WP6 at the local level.

Data relating to enforcement and implementation costs of certain tobacco control measures (ban on sale to minors; point-of-sale advertising; ban on smoking in public places) was overseen by WP10. In some cases, school staff were interviewed regarding the cost of school bans and educational programmes for WP10 (cost questionnaires/interviews).

National-level findings and recommendations to prevent adolescent smoking

Ireland is a progressive country in relation to tobacco control and there is strong support for tobacco control policies in Ireland among policy makers and the general public. Ireland was an early adopter of progressive policies to reduce smoking prevalence and to denormalise tobacco use. It continues to be at the forefront of tobacco control initiatives, with a stated government policy of a smoke-free (< 5% smoking prevalence) Ireland by 2025[60]. Ireland has good laws and policies regarding high taxation on tobacco products, smoke-free legislation, standardised packaging, and bans on point-of-sale displays.

WP5's[61] analysis of policy monopolies of pro and anti-tobacco interest groups across six European SILNE-R countries found that one of the main factors influencing variation in tobacco control policies across European countries is the relative policy dominance of pro and anti-tobacco control interest groups. WP5 examined whether there are patterns and similarities with regard to framing of tobacco and institutional arrangements across countries that have a relative dominance by either one of the two groups. In doing so, they conducted 32 semi-structured interviews with relevant

[60] Department of Health, 2013. Tobacco-Free Ireland. Dublin: Department of Health. Available at https://health.gov.ie/wp-content/uploads/2014/03/TobaccoFreeIreland.pdf. Accessed 1 October 2018

[61] WP5 (UNIMASS), D5.3, Article 3: Who calls the shots in tobacco control policy? policy monopolies of pro and anti-tobacco interest groups across six European countries. Paper submitted to 'Social Science and Medicine'. Final SILNE-R Report, September 2018.

stakeholders in Belgium, Finland, Germany, Ireland, Italy, and the Netherlands.

They found that, in countries like Ireland where health non-governmental organizations (NGOs) have a policy dominance in tobacco control, NGO communities are well developed and have tight links to government while the industry is largely economically absent. In addition, the health ministry plays a central role in the policymaking process, FCTC Article 5.3. is strictly interpreted and the framing of tobacco focuses on the health aspects of smoking. In contrast, in countries where the tobacco industry and associated businesses have a policy dominance, the industry is more strongly embedded in the domestic economy while NGO communities are weak or absent in the field of tobacco control. They concluded that the way tobacco is framed in a country and the way institutions are arranged correspond to the policy monopoly in place, with strong similarities across countries with the same policy monopoly.

Certain structural and institutional conditions at national level in Ireland assist in advancing progressive tobacco control initiatives. The Department of Health takes an active role in the creation, adoption, and implementation of policies. The department has close ties to health and community NGO organisations to formulate and to deliver policies. Structural factors such as the small size of Ireland may also facilitate policymaking processes. Recently, the focus has developed to refine the current policies in order to target specific populations and certain settings (*e.g.*, tackling socio-economic inequalities around smoking; expanding smoke-free spaces, especially where children are present, such as playgrounds *etc*.).

Smoke-free legislation was introduced in Ireland in 2004 banning smoking in all indoor work areas. Since then, there have been efforts to extend and refine this policy to outdoor settings (*e.g.*, playgrounds; health campuses; higher education campuses, *etc*.), with mixed results. Many of the more recent smoke-free initiatives have been introduced from the ‘bottom-up’ from sub-national authorities (*e.g.*, bye-laws from city and county councils for smoke-free playgrounds) and have been focused on continuing denornmalisation efforts and minimising young people's exposure to second-hand smoke. Ireland relevant national-level observations and recommendations follow.

1. Adolescent smoking remains a problem

The problem of adolescent smoking has not disappeared in Ireland, and

must be kept high on policy agendas. SILNE-R WP8[62] (2016-2017) data from Dublin showed weekly smoking among students to be 5.1%, ever-tried smoking 25.86%, and ever users of e-cigarettes 28.37%. Health initiatives in Ireland are beginning to focus elsewhere and, in the context of decreasing smoking prevalence, there is a sense from stakeholders that the "tobacco problem" has been dealt with.

Recommendations:

- There is no safe level of smoking and smoking prevalence among adolescents continues to be a problem. tobacco control is in competition with, and in danger of being swamped by, priorities on other adolescent health problems. We recommend keeping tobacco at the top of policy agendas, with constant reminders of the death and disability uniquely caused by smoking.

2. Cognisance needs to be taken of dominant frames influencing policy

SILNE-R data[63] show the importance of policy change processes in shaping tobacco control policies within individual countries. In order to enact effective tobacco control policy, cognisance must be taken of these processes by tobacco control advocates and stakeholders. The strength of the dominant frame (health side versus tobacco industry) influences the policy environment and the receptiveness to change within the policy system[64]. In Ireland the health-side of the framework is dominant, and there is an intersectoral approach to population health that engages with multiple sectors and actors[65]. Specifically, within this frame, the Department of Health is responsible for creating and introducing new policies. There is cross-party almost unanimous political support for tobacco control measures. There is co-ordination between government health departments and health advocacy organisations to drive and develop policies. Ireland's progressive tobacco control environment is further assisted by having a broader framework in place that focuses on

[62] WP8 (UCL). D8.2. Report on cross-national differences. Final SILNE-R report, 2017. WP8 (UCL). D8.3, Appendix 9.b. paper 2, Vincent Lorant, Adeline Gerard, Nora Melard, Pierre-Oliver Robert, [SILNE-R- Coauthors], Anton Kunst. Trends in adolescents smoking in 6 countries. Final SILNE-R report, September 2018.

[63] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016). WP5 (UNIMASS). Deliverable D5.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

[64] The full findings from WP5 are to be found in D5.3.

[65] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

health, *viz.*, the *Healthy Ireland* strategy[66]. Ireland also has a specified end-game goal, to be smoke-free by 2025.

Recommendations:

- It is recommended that, when developing tobacco control policy and advocating in Ireland, cognisance is always taken of the particularised complexity of the national policy context, and that uptodate data are maintained regarding dominant frames that shape tobacco control within each country.
- Education in the complexities of policy change processes is recommended for tobacco control advocates, NGOs and health experts in Ireland whose professional substantive areas of expertise cannot be expected to include policy change processes. This is particularly important in Ireland where strides made by active and effective health NGOs could be further amplified by knowledge of the elements of a taken-for-granted *tobacco control policy paradigm*.
- Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in SILNE-R countries and to keep them up-to-date. Such research would develop the concept of a *tobacco control policy paradigm* and explicate its particularised operation across Europe countries and (regional and other - demographic *etc.*) contexts.

3. Gather data on dominant frames in Ireland to support continued progressiveness in tobacco control and use this in tobacco control advocacy

As described above, dominant values and beliefs that underpin tobacco control policy in Ireland are supportive of a progress tobacco control environment. Positive tobacco control dominant frames notwithstanding, such frames may be under-exposed, taken-for-granted, and unchallenged. Regular data collection about values and beliefs that are known to have an impact on tobacco control policies in Ireland, extending the work of WP4 and WP5, would be a valuable tool for tobacco control advocates, supporting them in maintaining and expanding tobacco progressive control efforts.

In Ireland, the role of robust and effective health advocacy organisations exist is central to its progressive tobacco control environment. In exposing these dominant frames, tobacco control experts and advocates can direct

[66] Department of Health (2014). Healthy Ireland. A Framework for Improved Health and Well-Being 2013-2025. Dublin: Department of Health. Available at https://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf. Accessed 2 October 2018.

their efforts to ensure that dominant policy frames in Ireland continue to be supportive of progressive tobacco control policy environments. This latter could be done through the further development of intersubjective discourses (*e.g.*, focussed on evidence bases, health, child frame).

Recommendations:

- We recommend regular data collection about values and beliefs that are known to have an impact on tobacco control policies in Ireland so that those supportive of Ireland's progressive tobacco control environment may be protected and negative changes noted and challenged.
- In terms of a dominant governmental frame in Ireland: Further develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.
- In terms of civil and business institutions in Ireland: Make even stronger networks of health NGOs and provide example to countries where health advocacy groups are weak and/or non-existent.
- We recommend an audit of current TC-related organisations, and interventions (resources, development) in order to be able to support them individually and draw on their good practices in countries with less progressive tobacco control environments. We further recommend that existing international networks of tobacco control organisations (ENSP/ SFP/ FCA) establish sub-groups charged with advocating for national-level transferability of knowledge that is based on the complex policy monopoly environment within which each country operates.
- Support the NGO community in Ireland to create even stronger networks at national and international levels so that they can actively try to influence policymakers and politicians to progress the endgame goal.
- Overall, strengthen further health monopolies and weaken further tobacco industry monopolies.
- Pay attention to moments of potential change when stable policy-making processes are disrupted by moments of crisis. At these times, policy change may be more likely to occur. Note Punctuated Equilibrium Theory Framework (D3.2 Appendix A).

4. Tobacco control efforts showing success but must be continued, expanded and translated

Current tobacco control policies are taking effect, evident in reduced adolescent smoking prevalence in Ireland but gains are not homogeneous, with tobacco-related health inequalities evident in some population sub-groups. This is the time for continued, expanded and

translated/ transferred tobacco control efforts.

Recommendations:

- In Ireland where prevalence is relatively lower, and tobacco control environments more progressive, two broad approaches are required.
    - 1. Continue with existing policies and interventions, ensuring strict enforcement.
    - 2. Expand tobacco control efforts by adding new interventions where they are lacking to support the endgame vision.

5. Specific measures to increase TCP progressiveness

Progressive tobacco control policy environments are characterised by systematic transposition of, strong compliance with, and strict enforcement of the Framework Convention on Tobacco Control (FCTC) treaty; the "Big Six" MPOWER[67] policies; the EU Tax Directive and the EU Tobacco Products Directive (TPD). SILNE-R cities like Dublin that have lower youth smoking prevalence are characterised by such progressive tobacco control policies. We recommend continued strong enforcement of tobacco control policies at national level in Ireland.

Recommendations:

- Continue Ireland's progressive tobacco control approach with strict implementation, enforcement and oversight of FCTC policies recommendations.
- Meaningful enforcement is the most important measure for smoke-free legislation is required. Continue strict enforcement of existing smoke-free areas, and expand smoke-free areas especially in areas where "child health" discourses more easily justify it.
- As a more progressive tobacco control country, Ireland has ambitious 'endgame' aspirations. Further efforts are recommended to support this vision, such as improvements in smoking cessation services and more consistent mass media campaigns.

6. Access: enforcement and other measures needed

The vast majority of SILNE-R adolescents were unable to legitimately purchase cigarettes from retailers in Ireland because they were under the legal age of purchase, *i.e.*, 18 years, as specified by National Minimum Age of Sale Laws (NMASLs). National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. WP9's analysis[68] of focus group research exploring adolescents' perceptions and experiences of accessing cigarettes across 7 cities found that access was largely in contravention of national minimum age of sale laws (NMASL). Participants across SILNE-R cities including Dublin accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: 'legitimate' retailers or vending machines; people above

[67] MPOWER: Monitor tobacco use and prevention policies, • Protect people from tobacco smoke, • Offer help to quit tobacco use, • Warn about the dangers of tobacco, • Enforce bans on tobacco advertising, promotion and sponsorship, and • Raise taxes on tobacco.

[68] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

the legal age of purchase; friends; 'proxies' (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level. Adolescents in Ireland generally reported being able to obtain cigarettes with ease, by utilising a variety of methods. Participants in Ireland reported being able to access cigarettes via certain legitimate retailers – particularly small, local shops located in socio-economically deprived areas. A small number of participants suggested that community shops would sell cigarettes to minors, if they believed those cigarettes were for an of-age family member. Participants reported using both acquaintance and stranger proxies. Stranger proxies were targeted primarily by reference to age (young adults) and by cultural markers. Most Irish participants had never seen a cigarette vending machine. Policy recommendations are based on WP9[69] and other SILNE-R findings.

Dublin relevant recommendations:

- Meaningful enforcement is the most important measure. Enforce national minimum age of sale laws. Despite Ireland's progressive tobacco control policy environment, access to cigarettes is not adequately restricted for under-age adolescents.
- Ireland should consider following the example of 6 states (California, New Jersey, Massachusetts, Oregon, Hawaii and Maine) and at least 350 localities in the U.S. that, as of 19th September 2018, have raised the minimum age of sale to 21 years[70]. As the vast majority of smokers start smoking before the age of 20, enforcement of such a law would likely result in further decreases in youth smoking prevalence.
- Strengthen supply side-restrictions. Consider the introduction of a licencing levy or penalty to discourage smaller retailers from supplying cigarettes to underage purchasers. This may be particularly effective in Ireland because of adolescent patterns of accessing cigarettes.
- Take action on proxies via awareness raising. This is an area where Ireland could make headway. We recommend, among others, an

[69] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

[70] Campaign for Tobacco-Free Kids (2018). States and localities that have raised the minimum legal sale age for tobacco products to 21. https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf Accessed 29 September 2018.

intervention to be included in tobacco-related health education. This could include making smokers aware of their responsibilities in promoting smoking, especially as older students generally do not want younger students to start smoking

- A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.
- Specific education and media campaigns on the health harms of tobacco are required in the context of stranger proxies and older (known) persons buying cigarettes for young students in breach of the NMASLs.
- Further context-specific recommendations are detailed in Appendix D.

7. Costs and cost effectiveness of various tobacco control policies

As regards the current landscape of tobacco control policies and their costs in 7 European cities / countries, the findings of WP10[71] provided a snapshot of costs for the implementation of various policies to prevent adolescent smoking. In Dublin/Ireland:

- A year of implementation of non-school bans (bans on smoking in public places, bans on sales to minors, bans on advertising at point-of-sale) cost €0.20 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €34.76 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.10 per student.
- The implementation of a school smoking prevention programme cost, in mean, €0.65 per student covered (PPP).
- Long-term effectiveness estimates ranged from 31,700 to 1,587,000 healthy years gained after the implementation of a strategy with a short-term effectiveness of 1 to 50% relative reduction of smoking prevalence, respectively.
- For these cost and effectiveness estimates, the implementation of non-school bans, school bans (realistic and conservative perspectives), and school programmes was highly cost effective (according to the WHO threshold of 1 times the GDP per capita) for the reduction of at least 1% of the prevalence of smoking among adolescents.

[71] WP10 (NSPH) Policy Recommendations Template for WPs 8 & 10, Feeding back findings to WP3. Internal SILNE-R report from WP10 to WP3, 3 April 2018.

Recommendations:

- Data on cost and cost effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.
- To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring and be available to support policy makers.
- It is important that the cost effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.
- Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.
- Cost-effectiveness should be included in intersubjective discourses being developed by tobacco control advocates.
- Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.

Local-level findings and recommendations to prevent adolescent smoking

WP3 synthesised and translated evidence from SILNE-R WP4-10 in order to make local-level recommendations for the prevention of youth smoking in Ireland. Using the prism of WP4 policy models and briefs, and drawing on WP6's qualitative assessment of expert interviews (n=56) with European decision makers and stakeholders, and a consultation group, we make some observations. These observations and resulting recommendations are described in detail in D3.2 Appendix C.

Local context

Separate from a national policy and legislative context, schools exist within local contexts that must be taken into account in order to reduce and prevent adolescent smoking. Local primary prevention in schools in Ireland must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to

facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level.

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers[72] showed that existing implementation processes at the local level in Dublin may be categorised as “progressive-hungry” (rather than "upper-saturated", “moderate-rational”, or “lower saturated”), particularly with regard to engagement in enhancing smoke-free environments as well as the level of perceived de-normalisation and public smoking visibility. In Ireland, local tobacco control policies are framed within ambitious national policy environments such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packaging, point-of-sale and advertising bans. Smoke-free laws have been adapted and modernised specifically for outdoor places (such as playgrounds) and private contexts (*e.g.,* cars) that are frequented by children. Regular and active smoke-free monitoring enhances effective long-term enforcement of smoke-free environments.

Barriers at the local level

Barriers identified across the 7 cities to successful local-level implementation of tobacco control activities to prevent youth smoking are: lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation; lack of an ‘implementation plan’ or strategy or endgame vision for prevention of youth smoking; lack of resources for tobacco control at local level; uneven efforts regarding denormalisation and specifically, advertising bans; inadequate expansion of smoke-free spaces, especially those where children may be (all indoor and outdoor areas in schools, health facilities, crèches, recreational facilities, sports stadia); and need for increased efforts for population sub-groups suffering specific disadvantage regarding smoking prevalence (low SES groups; some school types and tracks).

Suggested solutions at the local level

Suggested solutions to mitigate these barriers at the local level include

[72] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

tobacco taxation, institutional structures, expansion of smoke-free spaces, and community involvement. The use of intersubjective discourses - especially regarding evidence bases and child frames - is necessary and health advocates must employ intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other policy) initiatives at the local level as much as at (inter-)national and school levels. These suggestions and derived recommendations are detailed in D3.2 Appendix C.

Dublin relevant local-level recommendations

A summary of Dublin relevant local-level recommendations to support the prevention of youth smoking is listed here.

Recommendations:

- Emphasise the continuing need to improve national-level tobacco control policies to avoid the emergence of complacency and achieve the tobacco control 'endgame'.
- Institute a national-level office of an ombudsman/woman charged with national, local and school level oversight of tobacco control and particularly the prevention of youth smoking.
- Prioritise low SES groups as they have higher smoking prevalence than everyone else and pool limited resources for socially disadvantaged contexts.
- Expand further child-related smoke-free contexts, such as all playgrounds and public parks. Continue the expansion of smoke-free local legislation by encouraging more city and county councils to enact bye-laws banning smoking in areas such as playgrounds under their control, as many have already done.
- Consider localised community-group interventions for tobacco control, e.g. in the arts arena.
- Use intersubjective discourses at the local level and ensure that there is continuing health education concerning tobacco and nicotine addiction.

School-level findings and recommendations to prevent adolescent smoking

School-level findings and recommendations to prevent adolescent smoking focus on smoke-free schools, school tobacco policies (STPs), and tobacco-related health education.

Smoke-free schools

Smoking is banned in all indoor areas, but no legislation currently exists banning smoking in the outdoor areas of school grounds in Ireland. However, all schools impose their own bans, which apply to both indoor and outdoor settings, prohibiting students from smoking in school buildings or on school grounds. Smoking prevalence is low in the Dublin schools reflecting the overall level of denormalisation in Ireland. Challenges within Irish schools relate to the 'small number of students' who continue to smoke and who are addicted to the habit.

Recommendations:

For a number of years prior to 2004, Ireland had in place a complete ban on smoking in schools. At a minimum, extend the current ban on smoking in indoor areas to include a ban also on smoking in outdoor areas in schools.

Implementation of school smoking ban in Dublin

In its report to WP3[73], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. Its report was based on topics that were discussed in the school staff interviews and did not aim to provide a comprehensive understanding on policies in each country/schools. In Ireland, legislation on smoke-free workplaces had significant impact on smoking bans and smoking in schools. However, in Ireland there is no legislation prohibiting smoking outdoors on school premises. Regardless, some schools had banned smoking outdoors on the premises. Smoking was rather de-normalised in the society and also in schools (low prevalence), so most often the lack of smoking ban on the school premises did not cause problems. Smoking addiction was considered to cause challenges in the enforcement of tobacco-free school policy. Staff smoking was not considered a problem in general, even though some staff members smoked in some schools and at least one school provided a smoking place for staff outdoors on the premises and out of sight.

Adolescent adherence to smoke-free school policies

Focus group research carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free schools policies was analysed by WP9 and synthesised for

[73] WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.

WP3[74]. Participants were recruited from two schools (one low SES and one high SES) in Dublin.

- Participants from the Low SES School reported no on-site smoking but reported overt off-site smoking, which was not challenged by teachers.
- Participants from the High SES School reported limited on-site smoking, conducted in secret. This breach of the smoke-free school policy apparently followed the strict policing of off-site smoking, as well as restrictions on movement during school hours, *e.g.*, students were prevented from leaving the school site.

Recommendations:

- School policies on smoke-free schools need to be clear about what is expected of students, and about the extent of smoke-free areas on school campuses (school boundaries) as well as about off-site smoking at the periphery of school campuses.
- Consideration should be given to teacher and student perceptions of the school jurisdiction (*i.e.*, the space and time over which school rules are enforceable) and how they have an impact on willingness to enforce/ observe a school-site peripheral smoking ban; and on teachers' "right" to influence student behaviours both on and off the school site. Teacher and student "buy-in" is essential to successful implementation of smoke-free school policies. Such consideration could occur in the context of whole-school policy development that seeks to include all stakeholders in committing to policy.
- Students from low SES groups are more likely to smoke, and also report being more likely to smoke outside the school premises without school or teacher sanction. Care should be taken not to increase further socio-economic inequalities arising from management of smoke-free school policies.

School tobacco policies

Tobacco control policies at schools (STPs) were examined by WP8 and each school given a STP score[75]. The STP score comprises three

[74] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

[75] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.
WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018. WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann,

dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. As no data were available for Dublin in 2013, no improvement (or otherwise) in STP score could be recorded. Overall the total score of the policy for Dublin is significantly higher than the average across the sample (respectively, 6.2, and 6.0). The comprehensiveness of the policy in 2016 is significantly higher than the average across the sample (respectively, 8.2, and 7.97). The enforcement of the policy in 2016 is significantly higher than the average across the sample (respectively, 4.2, and 3.0). However, the communication of the policy in 2016 is significantly lower than the average across the sample (respectively, 6.2, and 7.1).

Tobacco-related health education

From an analysis of interview data with school staff members, WP7 provided for WP3 an account of the current landscape of tobacco-related health education within the seven SILNE-R cities[76]. Ireland, like Finland, is a forerunner in tobacco-related health education, having comprehensive and curriculum based health education. In Ireland, the Social, Personal and Health Education (SPHE) programme is almost universally implemented and was in place in all three schools examined by WP7. SPHE is integrated in the curriculum, delivered at both the Junior and Senior cycles of post-primary schooling, and consists of modules on a variety of health and wellbeing matters, among them tobacco. Within the contents of the SPHE curriculum, time allocated to tobacco or smoking related issues is minimal.

Teachers were not aware of any evidence evaluating the effectiveness of SPHE in relation to tobacco control or smoking prevalence. Variation was noted in schools' pedagogical approaches to tobacco-related health education, ranging from information giving to positive health approaches. For example, in one of the schools selected by WP7, tobacco-related health education covered basic information and awareness raising about

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Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

[76] WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.

the health harms of tobacco and addiction. This traditional mode of delivery of health education was considered questionable as simple information delivery on long-term consequences of smoking was seen to be ineffective. In the other two schools, the focus was more on emphasising positive aspects of health as the guiding principle in (health) education. Staff suggested that the overall pedagogical approach should be supportive (for example based on counselling) rather than punitive. Preaching was to be avoided. Staff suggested that anti-smoking education strategies should emphasise health and fitness, rather than "preaching" tobacco avoidance or risk avoidance.

Recommendations:

- School staff involved in the delivery of tobacco-related health education should be supported in understanding the efficacy of various approaches to tobacco-related health education and, in particular, the importance of supportive rather than punitive measures for students addicted to nicotine in order to help them to stop smoking.

Smoking prevalence among Irish adolescents has fallen steeply and there was some evidence of a creeping complacency regarding the need for tobacco-related health education. For example, staff reported that because smoking was no longer considered a problem among staff and students, extra resources or efforts were not invested in smoking prevention.

Recommendations:

- Despite decreasing prevalence of smoking among Irish adolescents, attention should be focused on those adolescents who smoke, and on ways of supporting them to stop smoking. Creeping complacency is a real threat in countries with progressive tobacco control policies and education policy and decision makers should avoid contributing to this by highlighting current prevalence and the government's goal of a tobacco free Ireland by 2025 (less than 5% of population smoking).

A lack of external experts - for example, from local NGOs - who could come to the school and give lessons on smoking related themes was noted, especially for the junior cycle programme of post-primary schooling. Better resources were available for other topics, such as alcohol. Overall, these external partners were considered very useful.

Recommendations:

- Compile a panel of experts on tobacco harms, tobacco-related health education, and smoking cessation for adolescents, these personnel to be available to schools for junior and senior cycle tobacco-related health education.

Continuous professional development courses are available for SPHE teachers who do participate in them, giving some continuity in schools. However, not all teachers feel comfortable teaching health-related issues even when they have good relationships with their students. This leads to challenges in finding the right teacher to teach SPHE.

Recommendations:

- Consideration could be given to the development of a more advanced qualification than currently exists for SPHE teachers in Ireland. For example, in Finland, health education teachers have a M.Sc. degree level qualification that includes specialisation in health education and pedagogical competence in this area. A similar

initiative in Ireland would serve to increase the status of a marginal subject and improve the confidence and interest of teachers in teaching this subject. Given the falling prevalence of smoking among adolescents in Ireland and the threat of creeping complacency identified elsewhere, it would be important that such a qualification would contain sufficient focus on tobacco-related health education.

- Waterford Institute of Technology offers a part-time Higher Diploma in SPHE and a MA in Advanced Facilitation Skills for Promoting Health and Wellbeing. Evaluate extent of tobacco-related health education and consider negotiating inclusion of same if it does not exist.
- Provide substantive support for teachers to attend these programmes, for example using the model for Guidance Counselling teacher education.

Schools in Ireland are characterised by a collaborative working culture, with teachers conferring when planning topics they should cover in health education in the following year. When new health promotion programmes are adopted, all staff members are involved in discussions about it, even though they may not have practical involvement in the initiative. This type of involvement is seen as a way to build a common value system and to bring about change in the school culture. The school principal was identified as having a key role in building the school culture. School culture, values and practices were identified as key factors in strengthening staff members' readiness for tobacco education/health promotion. However, the responsibility for what was termed "pushing" new initiatives and informing colleagues was seen to rest with SPHE and life-skills teachers.

Recommendations:

- School principals are key in tobacco-related health education and should receive regular updates about smoking prevalence in adolescents and information about ways of supporting SPHE and other teachers involved in delivering tobacco-related health education.

Staff identified a lack of resources in terms of relevant materials for tobacco-related health education. They noted that having good materials available is one way to support teachers' confidence in teaching these topics. No mention was made of available websites, or e-learning teaching and learning materials. Staff also identified a need for continuing education to update teachers on understanding the addictive nature of nicotine, and the social aspects of smoking initiation.

Recommendations:

- Compile a list of available resources for tobacco-related health education and develop new resources to meet emerging need, *e.g.*, e cigarettes/ ENDS/ *etc.*.

A major challenge identified for schools was how to deal with addicted students. Staff mentioned the desirability of counselling and support for students who are caught smoking and suggested that this might be offered by local health services.

Recommendations:

- Develop a suite of smoking cessation supports for adolescents addicted to nicotine.

Parental involvement in new health related initiatives was perceived as essential and two schools mentioned that they had active collaboration with the Parent Teacher Association (PTA).

Recommendations:

- Consider ways to involve parents using Parent Teacher Associations, as well as parent representatives on Boards of Management.
- Provide school-organised talks for parents on tobacco harms and supports for children to stop smoking.
- Develop materials for parents to recognise warning signs of tobacco addiction and to suggest ways of supporting their children in stopping smoking.

4: Hannover, Germany

Fine-grained (evidence-based, context specific) recommendations at national, local and school levels to prevent youth smoking in Germany.

Germany: Context

Germany, the capital of which is Berlin, has a population of 80.6 million. Hannover has a population of 523,000 and a physical area of 204 km^2. Germany had a national tobacco score of 32 in 2013, and 37 in 2016, the lowest of all SILNE and SILNE-R countries. In Hannover, weekly smoking prevalence in SILNE schools in 2013 was 14.3% and in 2016 in SILNE-R schools, it had decreased significantly to 6.7%.

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in Germany that are contained in this report are based on findings and recommendations from many quantitative and qualitative data sources collected for the SILNE-R project (2015-2018). The fine-grained recommendations for Germany in this report should be read in conjunction with the reports containing cross-national, national local, and school-level findings and recommendations (D3.2 Appendices A, B, C and D).

Overseen by WP8, surveys of more than 13,000 school students in 7 cities were carried out (2016/17) to examine student health, social networks, smoking (prevalence, access to cigarettes, attitudes to smoking, parental smoking, location of smoking, smoking in the home, e-cigarettes, *etc.*), perceptions of school tobacco policies, *etc.*. The general participation rate for student surveys was 89.6% (all countries). In Germany, 1503 students participated (61.95% participation rate).

From late 2016-2017, overseen by WP9, 56 single-sex focus group interviews took place, 8 in each of the 7 cities, involving 319 participants. The focus groups paid particular regard to school smoke-free policies and age-of-sale laws. Participants were recruited by teachers, who identified students they believed to be smokers or at risk of becoming smokers. Half the focus groups were conducted with girls and half with boys. Overall, 168 girls and 151 boys participated, with 3-9 participants per group. Half of all groups were conducted with students attending schools that served a predominantly high socioeconomic status (SES) population, and half in schools serving a low SES population. Adolescents were aged 14-19 (average age of participants was 15.2 years) with most focus groups having participants under the legal age limit of that country, with the

exception of one German focus group (14-18).

In Hannover, 4 focus groups were held with boys and 4 with girls in 4 participating schools.

Staff questionnaires regarding school characteristics, school tobacco policies, health promotion and prevention, *etc.* were also completed for WP8 and interview data with staff was collected for WP7. Consultations and focus group interviews (initial and follow-up) were held with policymakers and stakeholders from the 7 SILNE-R countries and also from other EU and non-EU countries, overseen by WP5 at the national level and by WP6 at the local level.

Data relating to enforcement and implementation costs of certain tobacco control measures (ban on sale to minors; point-of-sale advertising; ban on smoking in public places) was overseen by WP10. In some cases, school staff were interviewed regarding the cost of school bans and educational programmes for WP10 (cost questionnaires/interviews).

National-level findings and recommendations to prevent adolescent smoking

In terms of its tobacco control policy environment, Germany is considered stagnant. A federal system of government in Germany means that power is de-centralised into a number of regions. Hannover, the capital and largest city of the German state of Lower Saxony, has an indigenous tobacco industry.

WP5's[77] analysis of policy monopolies of pro and anti-tobacco interest groups across six European SILNE-R countries found that one of the main factors influencing variation in tobacco control policies across European countries is the relative policy dominance of pro and anti-tobacco control interest groups. WP5 examined whether there are patterns and similarities with regard to framing of tobacco and institutional arrangements across countries that have a relative dominance by either one of the two groups. In doing so, they conducted 32 semi-structured interviews with relevant stakeholders in Belgium, Finland, Germany, Ireland, Italy, and the

[77] WP5 (UNIMASS), D5.3, Article 3: Who calls the shots in tobacco control policy? policy monopolies of pro and anti-tobacco interest groups across six European countries. Paper submitted to 'Social Science and Medicine'. Final SILNE-R Report, September 2018.

Netherlands. They found that, in countries where health Non-Governmental Organizations (NGOs) have a policy dominance in tobacco control, NGO communities are well developed and have tight links to government while the industry is largely economically absent. In addition, the health ministry plays a central role in the policymaking process, FCTC Article 5.3. is strictly interpreted and the framing of tobacco focuses on the health aspects of smoking. In contrast, in countries such as Germany where the tobacco industry and associated businesses have a policy dominance, the industry is more strongly embedded in the domestic economy while NGO communities are weak or absent in the field of tobacco control. In these countries, the health ministry plays a subordinate role in the policymaking process, FCTC's article 5.3. is only interpreted in terms of transparency and tobacco is framed as a private problem. They concluded that the way tobacco is framed in a country and the way institutions are arranged correspond to the policy monopoly in place, with strong similarities across countries with the same policy monopoly.

Germany indigenous tobacco industry is strong, with almost every German district growing tobacco and about 65% of the European Union's supply of tobacco is produced in Germany[78]. Tobacco control policy is managed by the Ministry of Consumer Protection rather than by the Ministry for Health. There is evidence that the tobacco industry funds political parties. When asked about FCTC article 5.3, German interviewees stated that parliamentarians did not apply these rules and the FCTC does not impose any sanctions. To date, Germany has a history of weak implementation of tobacco control policies. Within Hannover, the economic and commercial interests of the region have been more dominant priorities than the reduction of the long-term health and social harms associated with tobacco use. The health NGO community in Germany is not fully crystallised and is unable to influence policymaking. NGOs share no consensus about the means to reduce smoking (education vs. legislation) and about the target groups (smokers/ non-smokers/ children).

[78] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

Hannover relevant national-level recommendations

1. Adolescent smoking remains a problem

SILNE-R WP8[79] (2016-2017) data are not available for adolescents in schools in Hannover but he problem of adolescent smoking has not disappeared in Germany. Tobacco causes unique and disastrous consequences for adolescents and tobacco control must be kept at the top of the policy agenda in all countries.

Recommendations:

- There is no safe level of smoking and smoking prevalence among adolescents continues to be a problem. Tobacco control is a low priority in Germany. We recommend identifying ways to put tobacco at the top of health policy agendas in Germany, including with constant reminders of the death, disease and disability uniquely caused by smoking.

2. Cognisance needs to be taken of policy change processes

SILNE-R data[80] show the importance of policy change processes in shaping tobacco control policies within individual countries. For the most effective tobacco control policy enactment, cognisance must be taken of these processes by tobacco control advocates and stakeholders.

The strength of the dominant frame (health side versus tobacco industry) influences the policy environment and the receptiveness to change within the policy system[81]. For countries where the health side of the framework is dominant (*e.g.*, Finland and Ireland), there is an intersectoral approach to population health that engages with multiple sectors and actors[82]. Specifically, within this frame, the Ministry of Health is responsible for creating and introducing new policies. There is co-ordination between government health departments and health advocacy organisations to

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[79] WP8 (UCL). D8.2. Report on cross-national differences. Final SILNE-R report, 2017. WP8 (UCL). D8.3, Appendix 9.b. paper 2, Vincent Lorant, Adeline Gerard, Nora Melard, Pierre-Oliver Robert, [SILNE-R- Coauthors], Anton Kunst. Trends in adolescents smoking in 6 countries. Final SILNE-R report, September 2018.

[80] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).
WP5 (UNIMASS). Deliverable D5.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

[81] The full findings from WP5 are to be found in D5.3.

[82] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

drive and develop policies. The health frame is also dominant in Belgium and the Netherlands, and there are active health advocacy organisations working within these countries. However, the political agendas of the ruling political parties are unreceptive to interests of tobacco control advocates and such forces reduce the advancement of stricter policies.

In countries where the tobacco industry side of the framework dominates such as Italy and Germany, other government ministries (outside of health ministries) often have responsibility for tobacco policy. Within this frame, the tobacco industry and the commercial interests of a region can influence policymaking processes and the policy agenda. Health advocacy organisations within these countries may not be effective, as in Germany.

Recommendations:

- It is recommended that, when developing tobacco control policy and advocating in Germany, cognisance is always taken of the particularised complexity of the national policy context, and especially, compared with other countries, the inherent difficulties involved in these tasks. We also recommend that up-to-date data are maintained regarding dominant frames that shape tobacco control within Germany with a view to moving them to being more supportive of progressive tobacco control measures.
- We recommend that monitoring and development of tobacco control policy and legislation in Germany takes into account the current tobacco control landscape there as well as beliefs and values specific to Germany that underpin policy, legislation and practice.
- Encouragement and help from international networks could support health NGOs in Germany to become stronger and more effective in tobacco control advocacy.
- Education in the complexities of policy change processes is recommended for tobacco control advocates, NGOs and health experts in Germany, whose professional substantive areas of expertise can not be expected to include policy change processes and policy paradigms.
- Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in Germany and to keep them up-to-date.

3. Dominant negative frames must be exposed and, where appropriate, challenged and changed

Dominant values and beliefs that underpin tobacco control policy and that

negate tobacco control progress are often under-exposed, taken-for-granted, and unchallenged within individual countries. This is particularly the case in a country like Germany with a tobacco industry subsystem dominance. These dominant frames should be exposed and challenged, and, where appropriate, efforts directed at changing frames to ones supportive of progressive tobacco control policy environments. This latter could be done through the development of intersubjective discourses (*e.g.*, focussed on evidence bases, health, child frame), and the promotion of robust health advocacy organisations, whose role is central to progressive tobacco control environments. This is a difficult task in Germany which is characterised by an under-realised NGO community in the field of tobacco control, and may be alleviated somewhat with the support of international networks. The presence of an indigenous tobacco industry in Germany has led to the dominance of economic and commercial interests over a health agenda. This is a time for expanded, translated and transferred tobacco control efforts in all SILNE-R countries, but particularly in Germany, where tobacco control efforts face an uphill battle in the context of tobacco industry subsystem dominance.

Recommendations:

- In terms of a dominant governmental frame in Germany: Develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.
- In terms of civil and business institutions in Germany: Develop stronger health NGO advocacy groups. Make networks and follow example from countries where health advocacy groups are strong (*e.g.*, Finland, Ireland).
- We recommend an audit of current tobacco control-related organisations, and interventions (resources, development) in order to be able to support them individually. We further recommend that existing networks of international tobacco control organisations (ENSP/ SFP/ FCA) establish sub-groups charged with advocating for national-level transferability of knowledge that is based on the complex policy monopoly environment within which each country operates.
- Provide better support for the NGO community in Germany to create strong networks at national and international levels so that they can actively try to influence policymakers and politicians to ensure that they use article 5.3 as much as possible.
- Encourage health advocacy groups in Germany to forge close co-operation with government while developing aligned policy stances between tobacco control and government views. This can be aided by dissemination of tobacco control research, to the public and the

government, showing health benefits of highly cost-effective tobacco prevention interventions; by bringing novel practical interventions to general notice; and by showing the popularity with the general population (electorate) of good tobacco control legislation. NGOs should also be free and willing to support political champions of Tobacco Prevention public health policies. NGOs should align their demands, for protection of children from the harms of smoking and of second-hand smoke, with the public health efforts of Health Ministries. By insisting that governments are complying with FCTC Article 5.3, NGOs can help to protect tobacco control political actors from Tobacco Industry influence. They can also dampen down, reduce and help to eliminate the influence of pro-tobacco institutions such as retailers by supporting and encouraging the banning of payment for tobacco display and the banning of sponsorship by pro-tobacco institutions. These efforts can be reinforced by extending the negative images of the tobacco industry established in progressive tobacco control cultures to ones with weaker cultures. This can be facilitated by fostering strengthened links between national tobacco prevention coalitions which collaborate to identify successful, transferable, context-specific strategies.

- In terms of governmental institutions: Create clear strong guidelines regarding interpretation and implementation of FCTC Article 5.3, particularly regarding the meaning of "transparency". This is particularly necessary in Germany. Advocate for Ministry of Health capacity in tobacco control, ensuring adequate numbers of personnel with specific focus on tobacco control whose work is not diluted by other prevention areas.
- Overall, in Germany strengthen health monopolies and weaken tobacco industry monopolies.
- Pay attention to moments of potential change when stable policy-making processes are disrupted by moments of crisis. At these times, policy change may be more likely to occur. Note the work on Punctuated Equilibrium Theory Framework detailed in Appendix A.

4. Increased tobacco control efforts required

Current tobacco control policies in Germany urgently need to be stepped up to reduce health inequalities from smoking. Further observations and recommendations on smoking prevalence and trends, including on social inequalities, SES, gender, social networks, and migrant families are to be found in D3.2 Appendix A.

Recommendations:

- In Germany, as in other countries, two broad approaches are required.
  - 1. Continue with good tobacco control policies and interventions that currently exist, ensuring strict enforcement.
  - 2. Expand tobacco control efforts by adding new interventions where they are lacking.
- Because the tobacco control environment is stagnant in Germany, an additional two approaches are required. These are:
  - 3. Require compliance with extant treaty and other obligations. At a minimum, all reluctant countries including Germany must be required to fulfill their obligations to children under the binding Framework Convention on Tobacco Control Treaty (FCTC) as well as EU commitments and duties integral to the full implementation of the Tobacco Products Directive (TPD), and
  - 4. Support successful transfer of good policy from countries with more progressive tobacco control environments. This would involve translating various measures, practices, and value systems into local contexts in usable ways. At a simple level in Germany, this would mean introducing a point of sale display ban, bringing it into line with more progressive countries. At a more complex level, and more difficult to achieve, it would mean translating the value and belief systems - and dominant discourses - underpinning dominant governmental frames, civil and business institutions, and Ministries for Health in countries with more progressive tobacco control environments, for use in Germany with its stagnant tobacco control environment. In practice, this would require a number of steps: the evaluation of current beliefs and values regarding health priorities vs profit priorities in Germany; the re-prioritisation (through, for example, advocacy, branding, and legislation) of beliefs and values to support the prioritisation of health and health advocacy organisations; and on-going excavation, monitoring and evaluation of dominant belief and value systems - and dominant discourses - to support continued emphasis on health, and the right to health environments, and consequently, as demonstrated in SILNE-R, lower youth smoking prevalence.

5. Specific measures required to increase tobacco control progressiveness

Progressive tobacco control policy environments are characterised by systematic transposition of, strong compliance with, and strict enforcement of the Framework Convention on Tobacco Control (FCTC) treaty; the "Big Six" MPOWER[83] policies; the EU Tax Directive and the EU Tobacco Products Directive (TPD). SILNE-R cities in countries that have lower youth smoking prevalence are characterised by such progressive tobacco control policies. We make a strong recommendation for firming up these policies at national level, especially in Germany whose policies lag behind.

Recommendations:

- We recommend a comprehensive rolling-out of demonstrated effective policy (e.g., FCTC, MPOWER) bringing countries with more stagnant and moderate tobacco control policies into line with countries with the most progressive ones.

Specifically, this means:

- More rigorous implementation, enforcement and oversight of FCTC policies recommendations;
- Better enforcement of smoke-free legislation, particularly in countries with more stagnant tobacco control policies and legislation.
- Advocate to put in place an endgame goal. SILNE-R data show that governments that have embraced endgame goals have committed themselves to ending smoking altogether and that a set endgame goal likely facilitates the adoption of measures in order to achieve this goal. The most progressive SILNE-R countries have governments that have translated endgame goals to policy.

6. Access: enforcement and other measures needed

The vast majority of SILNE-R adolescents were unable to legitimately purchase cigarettes from retailers in Germany because they were under the legal age of purchase, *i.e.*, 18 years, as specified by National Minimum Age of Sale Laws (NMASLs). National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing

[83] MPOWER: Monitor tobacco use and prevention policies, • Protect people from tobacco smoke, • Offer help to quit tobacco use, • Warn about the dangers of tobacco, • Enforce bans on tobacco advertising, promotion and sponsorship, and • Raise taxes on tobacco.

cigarettes, with the aim of reducing youth smoking uptake and prevalence. WP9's analysis of focus group research exploring adolescents' perceptions and experiences of accessing cigarettes across 7 cities found that access was largely in contravention of national minimum age of sale laws (NMASL). Participants across SILNE-R cities including Hannover accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: 'legitimate' retailers or vending machines; people above the legal age of purchase; friends; 'proxies' (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level.

National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. Nevertheless participants across SILNE-R cities accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: 'legitimate' retailers or vending machines; people above the legal age of purchase; friends; 'proxies' (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level. German participants reported accessing tobacco via legitimate retailers, particularly kiosks. Participants also discussed use of acquaintance proxies. Again, access appeared to be facilitated by schools 'holding students back'. Participants also reported using vending machines with the assistance of borrowed or stolen identification cards. Policy recommendations are based on WP9[84] and other SILNE-R findings.

Recommendations:

- Meaningful enforcement is the most important measure. Enforce national minimum age of sale laws. Consider raising NMASL to 21 years.
- Remove all vending machines as they are not, and cannot be, adequately policed.
- Strengthen supply side restrictions. Consider the introduction of a licencing levy, or a penalty to discourage smaller retailers from

[84] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

supplying cigarettes to underage purchasers.

- Policy-makers should consider how 'holding students back' (*i.e.*, requiring students to repeat an academic year) can change peer group configuration and dynamics – particularly with regard to accessing cigarettes - and shape their interventions accordingly.
- A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.
- Further context-specific recommendations are detailed in Appendix D.

7. Costs and cost effectiveness of various TC policies

As regards the current landscape of tobacco control policies and their costs in 7 European cities / countries, the findings of WP10[85] provided a snapshot of costs for the implementation of various policies to prevent adolescent smoking. In Hannover/Germany:

- A year of implementation of non-school bans (bans on smoking in public places, bans on sales to minors) cost €0.02 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €17.71 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.08 per student.
- The implementation of a school smoking prevention programme cost, in mean, €2.00 per student covered (PPP).
- Long-term effectiveness estimates ranged from 408,300 to 20,414,000 healthy years gained after the implementation of a strategy with a short-term effectiveness of 1 to 50% relative reduction of smoking prevalence, respectively.
- For these cost and effectiveness estimates, the implementation of non-school bans, school bans (realistic and conservative perspectives), and school programmes was highly cost effective (according to the WHO threshold of 1 times the GDP per capita) for the reduction of at least 1% of the prevalence of smoking among adolescents.

[85] WP10 (NSPH) Policy Recommendations Template for WPs 8 & 10, Feeding back findings to WP3. Internal SILNE-R report from WP10 to WP3, 3 April 2018.

Recommendations:

- Data on cost and cost effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.
- To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring and be available to support policy makers.
- It is important that the cost effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.
- Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.
- Cost-effectiveness should be included in intersubjective discourses being developed by tobacco control advocates.
- Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.

Local-level findings and recommendations to prevent adolescent smoking

WP3 synthesised and translated evidence from SILNE-R WP4-10 in order to make local-level recommendations for the prevention of youth smoking in Germany. Using the prism of WP4 policy models and briefs, and drawing on WP6's qualitative assessment of expert interviews (n=56) with European decision makers and stakeholders, and a consultation group, we make some observations. These observations and resulting recommendations are described in detail in D3.2 Appendix C.

Local context

Separate from a national policy and legislative context, schools exist within local contexts that must be taken into account in order to reduce and prevent adolescent smoking. Local primary prevention in schools in Germany must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level.

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers[86] showed that existing implementation processes at the local level in Italy may be categorised as "upper-saturated" rather than "lower saturated", "progressive-hungry" or "moderate-rational". These types differ mainly in regard to their engagement in enhancing smoke-free environments as well as along their level of perceived tobacco de-normalisation and public smoking visibility. Smoke-free environments are adopted at national levels, but differently implemented at local levels due to varying contextual factors, such as the level of collaboration, enforcement strategies, and national policy environments. Different legislative and administrative conditions lead to four implementation types and binary mechanisms of "expansion" and

[86] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

“closure”. Major mechanisms to expand future smoke-free regulations were found to be intersubjective arguments, such as scientific evidence, public support, and the child frame. However, counter-mechanisms of closure, like data on declining prevalence or “new trends in addiction”, can result in low priorities. Four smoke-free trans-local types and two mechanisms of “expansion” vs. “closure” were identified. To support smoke-free expansion at the local level, a number of approaches are recommended. In order to be able to enhance existing smoke-free areas at the local level in the EU, local levels must be assisted by national levels, better use must be made of intersubjective arguments, particularly around the "child frame", and ongoing monitoring and evaluation must be ensured. Therefore, they identified the following approaches to improve the implementation of smoke-free bans at the local level: 1. Local TCPs must be framed, as in Ireland and Finland, within adequate and ambitious national policy environments, such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packs, point-of-sale and advertising bans. 2. Smoke-free laws need to be adapted and modernized specifically for outdoor places (*e.g.*, playgrounds) and private contexts (*e.g.*, cars) that are frequented by children. 3. Regular and active smoke-free-monitoring enhances effective long-term enforcement of smoke-free environments. An implementation plan (based on Ireland and Finland) including tobacco-focussed long-term monitoring at local levels, and reported documentation of developments is needed. Regional differences should be considered here, since financial and personnel resources are often unequally distributed across different administrative districts.

Less strong emphasis on tobacco control was noted in Germany at the local level. The lack of resources for tobacco control at local level in Germany was also particularly highlighted in SILNE-R data. One suggestion to deal with this problem was the earmarking of taxes (hypothecation). This has been tried in some (non-SILNE-R) countries, but it does not generally find favour with EU country finance departments. If the problem of resources is to be addressed, it should be an aim of tobacco control advocacy.

Local authorities in Germany have a particular problem insofar as Germany is one of the last European countries in which some federal states have not yet banned tobacco advertising. This is a serious lack, and is inimical to both one of the main strategies used in reducing youth smoking, *i.e.*, denormalisation through reducing visibility, and to changing perceptions of smoking and smoking norms. Local authorities could be assisted if the tobacco ban was comprehensively enforced throughout

public places, schools, train stations and bus stops, thereby decreasing the visibility and normality of tobacco products.

Barriers at the local level

Barriers identified across the 7 cities to successful local-level implementation of tobacco control activities to prevent youth smoking are: lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation; lack of an 'implementation plan' or strategy or endgame vision for prevention of youth smoking; lack of resources for tobacco control at local level; uneven efforts regarding denormalisation and specifically, advertising bans; inadequate expansion of smoke-free spaces, especially those where children may be (all indoor and outdoor areas in schools, health facilities, crèches, recreational facilities, sports stadia); and need for increased efforts for population sub-groups suffering specific disadvantage regarding smoking prevalence (low SES groups; some school types and tracks).

Suggested solutions at the local level

Suggested solutions to mitigate these barriers at the local level include tobacco taxation, institutional structures, expansion of smoke-free spaces, and community involvement. The use of intersubjective discourses - especially regarding evidence bases and child frames - is necessary and health advocates must employ intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other policy) initiatives at the local level as much as at (inter-)national and school levels. A number of novel suggestions emerged in small pockets of German SILNE-R data. These would include increased involvement of arts community organisations at local level in tobacco control initiatives with young people, as well as attention to issues of "feminisation", including in the sphere of tobacco advertising. Suggestions and derived recommendations are detailed in D3.2 Appendix C.

Hannover relevant local-level recommendations

A summary of Hannover relevant local-level recommendations to support the prevention of youth smoking is listed here.

Recommendations:

- Emphasise the continuing need to improve national-level tobacco control policies to avoid the emergence of complacency and achieve the tobacco control 'endgame'. National-level tobacco control policies affect what happens at local level and Germany's less progressive tobacco control environment needs further

development.

- Tobacco advertising should be banned in all federal states.
- Institute a national-level office of an ombudsman/woman charged with national, local and school-level oversight of tobacco control and particularly the prevention of youth smoking.
- Prioritise low SES groups as they have higher smoking prevalence than everyone else and pool limited resources for socially disadvantaged contexts.
- The tobacco ban should be comprehensively enforced throughout public places, schools, train stations and bus stops, thereby decreasing the visibility and normality of tobacco products.
- Ensure allocation of adequate resources at the local level for the prevention of youth smoking. The lack of resources for tobacco control at local level was highlighted in SILNE-R data particularly in Portugal. One suggestion to deal with this problem was the earmarking of taxes (hypothecation). This has been tried in some (non-SILNE-R) countries, but it does not generally find favour with EU country finance departments. If the problem of resources is to be addressed, it should be an aim of tobacco control advocacy.
- Expand child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (e.g., playgrounds, public parks).
- Consider localised community-group interventions for tobacco control, e.g. in the arts arena.
- Use intersubjective discourses at the local level and ensure that there is continuing health education concerning tobacco and nicotine addiction.

School-level findings and recommendations to prevent adolescent smoking

School-level findings and recommendations to prevent adolescent smoking focus on smoke-free schools, school tobacco policies (STPs), and tobacco-related health education.

Smoke-free schools

In schools in Hannover, a comprehensive smoking ban exists. Smoking occurs on school premises, however, and there are ongoing issues with enforcement of the school smoking ban.

Implementation of school smoking ban in Hannover

In its report to WP3[87], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. Its report was based on topics that were discussed in the school staff interviews and did not aim to provide a comprehensive understanding on policies in each country/schools. In Germany, comprehensive school smoking ban seemed to be a clear/normal thing and smoking was not considered a problematic issue. However, smoking had not entirely vanished, yet in some schools staff rather turned a blind eye on student smoking at unofficial smoking places outside school premises. Staff members smoked in some schools, which was not, by and large, considered a big deal.

Adolescent adherence to smoke-free school policies

Focus group research carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free schools policies was analysed by WP9 and synthesised for WP3[88]. Participants were recruited from four schools in Hannover. Two were high SES schools and two were low SES schools.

- Participants from the High SES Schools reported no on-site smoking but reported overt off-site smoking.
- Participants from the Low SES Schools reported high levels of covert on-site smoking, not ostensibly facilitated by teachers. Such smoking was said to be conducted in hidden (if somewhat obvious) corners of the campus, *e.g.*, behind the gym. That teachers did not consistently police the whole campus could be seen as a facilitating factor.

[87] WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.
[88] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

Recommendations:

- School policies on smoke-free schools need to be clear about what is expected of students, and about the extent of smoke-free areas on school campuses (school boundaries), as well as about off-site smoking at the periphery of school campuses.
- Smoke-free policies should be comprehensively communicated using multiple modalities (written / signage / talks etc.) and communicated over time so that students are clear about actual policies rather than reported ones.
- Enforcement of smoke-free policies should be consistent and meaningful (*e.g.*, include surveillance of the whole school site).
- Consideration should be given to teacher and student perceptions of the school jurisdiction (*i.e.*, the space and time over which school rules are enforceable) and how they have an impact on willingness to enforce/ observe a school-site peripheral smoking ban; and on teachers' "right" to influence student behaviours both on and off the school site. Teacher and student "buy-in" is essential to successful implementation of smoke-free school policies. Such consideration could occur in the context of whole-school policy development that seeks to include all stakeholders in committing to policy.

School tobacco policies

Tobacco control policies at schools (STPs) were examined by WP8 and each school given a STP score[89]. The STP score comprises three dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. Overall, there was a significant improvement in the implementation of STPs in Hannover between 2013 and 2016. In that time, there was a significant increase in the comprehensiveness of the STP (7.7 to 8.7, $p<.05$), as well as in its communication (3.6 to 6.4, $p<.05$).

[89] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018. WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

There was no significant change in the enforcement of the policy (4.1 to 4.0). Overall the total score of the policy increased from 5.2 to 6.4 ($p<.05$).

Tobacco-related health education

From an analysis of interview data with school staff members, WP7 provided for WP3 an account of the current landscape of tobacco-related health education within the seven SILNE-R cities[90]. In Hannover, differences emerged between the three schools selected for interview regarding how the work of smoking prevention is organised and managed. Schools in the federal state of Lower Saxony are required since 2005 to have a (general) prevention strategy. However, it is not clear that this occurs as only one school mentioned explicitly stated that they had implemented and systematically developed this prevention strategy. That school had a Prevention Officer responsible for the content of the prevention (violence, addiction) strategy and its implementation. Over time, the role expanded, leading to regular co-operation with local NGOs regarding addiction.

Recommendations:

- Smoking should be made a mandatory element of the work of Prevention Officers.

Content of tobacco-related health education

Tobacco and smoking topics are generally included in Biology and/or Science lessons, and when issues of values and norms are handled. Content also covers addictive substances and addiction from different perspectives.

Recommendations:

- Develop targeted health education programmes with strong tobacco control content.

Teaching methods for tobacco-related health education

The common teaching method for tobacco-related health education is information delivery of risks and harms. Emphasis is also placed on building students' self-esteem and self-confidence. One school has a social worker with responsibility for delivering, in small groups, education

[90] WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.

on self-esteem. This education is considered part of education for smoking prevention, albeit not explicitly framed in that way. The school promotes an interdisciplinary and collaborative culture. A programme organised in another school - *Lust for Life* - was also considered a "hidden" education for smoking prevention programme. Teamwork and collaboration were seen by teachers as key in implementing preventive activities and for getting all teachers involved and committed but it was agreed that, in reality, this did not happen. Whether teachers had the expertise and competence to deliver health education in general and tobacco-related health education in particular was questioned. For example, it was pointed out that a teacher of Natural Sciences and Maths has no education or expertise on how to educate or advise their students in smoking-related issues or prevention more generally.

Teachers also identified the need for updating knowledge and skills. They noted the need for evidence-based education for teachers that would start from rethinking inflexible, traditional ways of organising education and timetabling, and that would provide best evidence-based teaching practices and pedagogical approaches for different age groups. Teachers need concrete support for developing tobacco-related health education. For example, they considered NGOs or other external institutions sending brochures to be a waste of resources.

Recommendations:

- Consider opportunities to use "hidden curriculum" approaches to education for smoking prevention and tobacco-related health education.
- The status of Health Education programmes and the concomitant status of teachers of Health Education should be given consideration, especially in relation to teacher education programmes. Two points merit attention. 1. Teachers are aware that, as teachers of “academic” subjects, they have gained subject competence during their teacher education programmes. That subject competence - for example in Science - may give them subject competence about, for example, the lungs or damage to the lungs from smoking, but does not give them subject knowledge regarding smoking prevention. In other words, they are teachers of Science not teachers of Health education. 2. Health education, and specifically tobacco-related health education, requires a suite of pedagogical skills (teaching methodologies and skills that embrace pair work/group work/group dynamics/reflective work/collaboration/etc. and also, for example, skills and dispositions necessary for successful facilitation of the kind often required in

health education) that are specific to the subject, and that teachers of other subjects may not necessarily acquire in their teacher education programmes as they may not be necessary for their subject areas (this may be particularly the case for teachers in schools or countries where the teacher role is strongly identified as one of subject expert with a great deal of autonomy). This makes a strong case for well-developed teacher education programmes in health education and also for teachers of health education to have qualifications equivalent to those of teachers of other subjects as regards both their subject competence and the methodological expertise required to deliver a successful health education programme. A further point about teacher education Health Education programmes/qualifications concerns the need to include specific tobacco-related health education modules in such programmes.

- There is a need for ongoing continuous professional development programmes for Health Education teachers which focus on tobacco-related health education and include updating knowledge and skills for these teachers in an area where there is rapid change (*e.g.*, new tobacco products/availability of new resources and modalities such as online videos/new understandings of treating addiction in adolescents).
- Teachers require "concrete" (applied practice) support that is ongoing and specific to tobacco-related health education.

Planning

There was an explicitly mentioned need for long-term (at least one-academic-year-long) planning of the curriculum or year calendar regarding a preventive strategy, specifically on how, and what kind of, tobacco-related health education would be implemented the following year. Decision-making in this regard would involve collaboration between staff members.

Recommendations:

- Build in planning time for short, medium and long-term scheduling of tobacco-related health education.

5: Latina, Italy

Fine-grained (evidence-based, context specific) recommendations at national, local and school levels to prevent youth smoking in Italy.

Italy: Context

Italy, the capital of which is Rome, has a population of 62.1 million. Latina has a population of 125,000 and a physical area of 277 km^2. Italy had a national tobacco score of 46 in 2013, and 51 in 2016. In Latina, weekly smoking prevalence in SILNE schools in 2013 was 23.4% and in SILNE-R schools in 2016, it had increased slightly to 23.9%. Latina was unique among SILNE-R cities in recording an increase (not statistically significant).

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in Italy that are contained in this report are based on findings and recommendations from many quantitative and qualitative data sources collected for the SILNE-R project (2015-2018). The fine-grained recommendations for Italy in this report should be read in conjunction with the reports containing cross-national, national, local, and school-level findings and recommendations (D3.2 Appendices A, B, C and D).

Overseen by WP8, surveys of more than 13,000 school students in 7 cities were carried out (2016/17) to examine student health, social networks, smoking (prevalence, access to cigarettes, attitudes to smoking, parental smoking, location of smoking, smoking in the home, e-cigarettes, *etc.*), perceptions of school tobacco policies, *etc.*. The general participation rate for student surveys was 89.6 % (all countries). In Italy, 2384 students participated (92.73% participation rate).

From late 2016-2017, overseen by WP9, 56 single-sex focus group interviews took place, 8 in each of the 7 cities, involving 319 participants. The focus groups paid particular regard to school smoke-free policies and age-of-sale laws. Participants were recruited by teachers, who identified students they believed to be smokers or at risk of becoming smokers. Half the focus groups were conducted with girls and half with boys. Overall, 168 girls and 151 boys participated, with 3-9 participants per group.

Half of all groups were conducted with students attending schools that served a predominantly high socioeconomic status (SES) population, and half in schools serving a low SES population. Adolescents were aged 14-

19 (average age of participants was 15.2 years) with most focus groups having participants under the legal age limit of that country. In Latina, 4 focus groups were held with girls and 4 with boys in 2 participating schools.

Staff questionnaires regarding school characteristics, school tobacco policies, health promotion and prevention, *etc.* were also completed for WP8 and interview data with staff was collected for WP7. Consultations and focus group interviews (initial and follow-up) were held with policymakers and stakeholders from the 7 SILNE-R countries and also from other EU and non-EU countries, overseen by WP5 at the national level and by WP6 at the local level.

Data relating to enforcement and implementation costs of certain tobacco control measures (ban on sale to minors; point-of-sale advertising; ban on smoking in public places) was overseen by WP10. In some cases, school staff were interviewed regarding the cost of school bans and educational programmes for WP10 (cost questionnaires/interviews).

National-level findings and recommendations to prevent adolescent smoking

In terms of tobacco control policies, Italy is regarded as stagnant or a laggard country, *i.e.*, one that has fallen behind the others. WP5's[91] analysis of policy monopolies of pro and anti-tobacco interest groups across six European SILNE-R countries found that one of the main factors influencing variation in tobacco control policies across European countries is the relative policy dominance of pro and anti-tobacco control interest groups. WP5 examined whether there are patterns and similarities with regard to framing of tobacco and institutional arrangements across countries that have a relative dominance by either one of the two groups. In doing so, they conducted 32 semi-structured interviews with relevant stakeholders in Belgium, Finland, Germany, Ireland, Italy, and the Netherlands. They found that, in countries where health Non-Governmental Organizations (NGOs) have a policy dominance in tobacco control, NGO communities are well developed and have tight links to government while the industry is largely economically absent. In addition,

[91] WP5 (UNIMASS), D5.3, Article 3: Who calls the shots in tobacco control policy? policy monopolies of pro and anti-tobacco interest groups across six European countries. Paper submitted to 'Social Science and Medicine'. Final SILNE-R Report, September 2018.

the health ministry plays a central role in the policymaking process, FCTC Article 5.3. is strictly interpreted and the framing of tobacco focuses on the health aspects of smoking. In contrast, in countries where the tobacco industry and associated businesses have a policy dominance, the industry is more strongly embedded in the domestic economy while NGO communities are weak or absent in the field of tobacco control. In these countries, the health ministry plays a subordinate role in the policymaking process, FCTC's article 5.3. is only interpreted in terms of transparency and tobacco is framed as a private problem. They concluded that the way tobacco is framed in a country and the way institutions are arranged correspond to the policy monopoly in place, with strong similarities across countries with the same policy monopoly.

In Latina, the interests of the indigenous tobacco industry weigh heavily on the region. For example, WP5 SILNE-R[92] data show that (by 2016), the point-of-sale display ban had not been discussed in parliament. There seems to be a tobacco industry subsystem dominance rather than a health frame dominance. The tobacco industry is firmly represented in Italy in terms of factories and tobacco crop farms. An active NGO community is absent; existing NGOs in Italy are weak and lack a formulated strategy to counteract the forces of the tobacco industry. Even cancer societies do not feel the need to actively influence policy on this issue and politics are described as difficult. In Italy, the civil servants voiced a frustration because of this lack of NGO commitment to advocate for tobacco control measures. Italian civil servants felt the need to prompt tobacco control advocates to send in submissions to European consultation rounds surrounding the TPD.

Many suspicions are voiced about tobacco industry influence but since the industry is believed to use "informal routes", in the absence of documentation, they remain at the level of suspicion. Evident media events showing a pro-tobacco governmental stance are the opening of a new IQOS (heat-not-burn) factory in Bologna. The factory was visited by the prime minister at the time, and Philip Morris International promised 600 jobs when the factory would be fully operational. It seemed that the Italian government was especially receptive to this message since they were facing an economic recession. In Italy, the health ministry appears to have a marginal influence when it comes to the formulation of tobacco policy. For example, the transposition of the TPD was firstly revised by the ministry of finance and agriculture before being handed to the ministry for

[92] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

health for revision. A further feature of the Italian environment is that it is a big country, resulting in regional tobacco control efforts that can differ considerably.

Latina relevant national-level recommendations

1. Adolescent smoking remains a problem

The problem of adolescent smoking has not disappeared. On the contrary, SILNE-R WP8[93] (2016-2017) data for Latina shows adolescent ever-tried smoking at 52.67%, weekly smoking at 21.05%, and ever users of e-cigarettes at 49.14%, the highest of all SILNE-R cities on all measures. Tobacco causes unique and disastrous consequences for adolescents and tobacco control must be kept at the top of the policy agenda in all countries.

Recommendations:

- There is no safe level of smoking and smoking prevalence among adolescents continues to be a problem. Tobacco control is a low priority in Italy. We recommend identifying ways to put tobacco at the top of health policy agendas in Italy, including with constant reminders of the death, disease and disability uniquely caused by smoking.
- Uniquely in the 7 SILNE-R cities, no decrease in adolescent smoking was recorded in Latina, suggesting the need for specific interventions in Italy. Existing smoke-free legislation in Italy is good but implementation at school level is poor. Despite the ban, young people are both smoking in school and observing others smoking in schools, indicating an urgent need for strict implementation, and ongoing monitoring of existing smoke-free legislation. We further recommend urgent development of tobacco-related health education for teachers as well as for students, with the goal of raising awareness of tobacco health harms and reducing smoking prevalence. Finally, we recommend specific time allocated in schools in Italy to tobacco-related health education.

[93] WP8 (UCL). D8.2. Report on cross-national differences. Final SILNE-R report, 2017. WP8 (UCL). D8.3, Appendix 9.b. paper 2, Vincent Lorant, Adeline Gerard, Nora Melard, Pierre-Oliver Robert, [SILNE-R- Coauthors], Anton Kunst. Trends in adolescents smoking in 6 countries. Final SILNE-R report, September 2018.

2. Cognisance needs to be taken of policy change processes

SILNE-R data[94] show the importance of policy change processes in shaping tobacco control policies within individual countries. For the most effective tobacco control policy enactment, cognisance must be taken of these processes by tobacco control advocates and stakeholders.

The strength of the dominant frame (health side versus tobacco industry) influences the policy environment and the receptiveness to change within the policy system[95]. For countries where the health side of the framework is dominant (*e.g.*, Finland and Ireland), there is an intersectoral approach to population health that engages with multiple sectors and actors[96]. Specifically, within this frame, the Ministry of Health is responsible for creating and introducing new policies. There is co-ordination between government health departments and health advocacy organisations to drive and develop policies. The health frame is also dominant in Belgium and the Netherlands, and there are active health advocacy organisations working within these countries. However, the political agendas of the ruling political parties are unreceptive to interests of tobacco control advocates and such forces reduce the advancement of stricter policies.

In countries where the tobacco industry side of the framework dominates such as Italy, other government ministries (outside of health ministries) often have responsibility for tobacco policy. Within this frame, the tobacco industry and the commercial interests of a region can influence policymaking processes and the policy agenda. Health advocacy organisations within these countries may not be active as in Italy.

Recommendations:

- It is recommended that, when developing tobacco control policy and advocating in Italy, cognisance is always taken of the particularised complexity of the national policy context, and especially, compared with other countries, the inherent difficulties involved in these tasks. We also recommend that up-to-date data are maintained regarding dominant frames that shape tobacco control within Italy with a view to moving them to being more supportive of progressive tobacco control measures.

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[94] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).
WP5 (UNIMASS). Deliverable D5.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

[95] The full findings from WP5 are to be found in D5.3.

[96] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

- We recommend that monitoring and development of tobacco control policy and legislation in Italy takes into account the current tobacco control landscape there as well as beliefs and values specific to Italy that underpin policy, legislation and practice.
- Encouragement and help from international networks could support health NGOs in Italy to become stronger and more effective in tobacco control advocacy.
- Education in the complexities of policy change processes is recommended for tobacco control advocates, NGOs and health experts in Italy whose professional substantive areas of expertise can not be expected to include policy change processes and policy paradigms.
- Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in Italy and to keep them up-to-date.

3. Dominant negative frames must be exposed and, where appropriate, challenged and changed

Dominant values and beliefs that underpin tobacco control policy and that negate tobacco control progress are often under-exposed, taken-for-granted, and unchallenged within individual countries. This is particularly the case in a country like Italy with a tobacco industry subsystem dominance. These dominant frames should be exposed and challenged, and, where appropriate, efforts directed at changing frames to ones supportive of progressive tobacco control policy environments. This latter could be done through the development of intersubjective discourses (*e.g.*, focussed on evidence bases, health, child frame), and the promotion of robust health advocacy organisations, whose role is central to progressive tobacco control environments. This is a difficult task in Italy which is characterised by the absence of lobbying NGOs in the field of tobacco control which may be alleviated somewhat with the support of international networks. The presence of an indigenous tobacco industry in Italy has led to the dominance of economic and commercial interests over a health agenda. Health NGOs operate in Italy but are weak and lack a well-formulated strategy to counteract tobacco industry arguments. The Ministry for Health occupies a relatively less powerful position than other government departments and institutional barriers, therefore, often stand in the way of tobacco control efforts. This is a time for expanded, translated and transferred tobacco control efforts, particularly in Italy where tobacco control efforts face an uphill battle in the context of tobacco industry subsystem dominance.

Recommendations:

- In terms of a dominant governmental frame in Italy: Develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.
- In terms of civil and business institutions in Italy: Develop stronger health NGO advocacy groups. Make networks and follow example from countries where health advocacy groups are strong (*e.g.*, Finland, Ireland).
- We recommend an audit of current tobacco control-related organisations, and interventions (resources, development) in order to be able to support them individually. We further recommend that existing networks of international tobacco control organisations (ENSP/ SFP/ FCA) establish sub-groups charged with advocating for national-level transferability of knowledge that is based on the complex policy monopoly environment within which each country operates.
- Provide better support for the NGO community in Italy to create strong networks at national and international levels so that they can actively try to influence policymakers and politicians to ensure that they use article 5.3 as much as possible.
- Encourage health advocacy groups in Italy to forge close co-operation with government while developing aligned policy stances between tobacco control and government views. This can be aided by dissemination of tobacco control research, to the public and the government, showing health benefits of highly cost-effective tobacco prevention interventions; by bringing novel practical interventions to general notice; and by showing the popularity with the general population (electorate) of good tobacco control legislation. NGOs should also be free and willing to support political champions of Tobacco Prevention public health policies. NGOs should align their demands, for protection of children from the harms of smoking and of second-hand smoke, with the public health efforts of Health Ministries. By insisting that governments are complying with FCTC Article 5.3, NGOs can help to protect tobacco control political actors from Tobacco Industry influence. They can also dampen down, reduce and help to eliminate the influence of pro-tobacco institutions such as retailers by supporting and encouraging the banning of payment for tobacco display and the banning of sponsorship by pro-tobacco institutions. These efforts can be reinforced by extending the negative images of the tobacco industry established in progressive tobacco control cultures to ones with weaker cultures. This can be facilitated by fostering strengthened

links between national tobacco prevention coalitions which collaborate to identify successful, transferable, context-specific strategies.

- In terms of governmental institutions: Create clear strong guidelines regarding interpretation and implementation of FCTC Article 5.3, particularly regarding the meaning of "transparency". This is particularly necessary in Italy where interpretations of even the "transparency" aspect of Article 5.3 were found wanting. Advocate for Ministry of Health capacity in tobacco control, ensuring adequate numbers of personnel with specific focus on tobacco control whose work is not diluted by other prevention areas.
- Overall, in Italy strengthen health monopolies and weaken tobacco industry monopolies.
- Pay attention to moments of potential change when stable policy-making processes are disrupted by moments of crisis. At these times, policy change may be more likely to occur. Note the work on Punctuated Equilibrium Theory Framework detailed in Appendix A.

4. Increased tobacco control efforts required

Current tobacco control policies in Italy urgently need to be stepped up as, of all the SILNE-R cities, Latina was the only one between 2013 and 2016 that recorded a (non-statistically significant) increase in smoking prevalence. All other cities recorded decreases. Furthermore, tobacco-related health inequalities are evident across population sub-groups in Italy. Further observations and recommendations on smoking prevalence and trends, including on social inequalities, SES, gender, social networks, and migrant families are to be found in D3.2 Appendix A.

Recommendations:

- In Italy, as in other countries, two broad approaches are required.
  - 1. Continue with good tobacco control policies and interventions that currently exist, ensuring strict enforcement.
  - 2. Expand tobacco control efforts by adding new interventions where they are lacking.
- Because prevalence is higher and the tobacco control environments stagnant in Italy, an additional two approaches are required. These are:
  - 3. Require compliance with extant treaty and other obligations. At a minimum, all reluctant countries including Italy must be required to fulfill their obligations to children under the binding Framework Convention on Tobacco Control Treaty (FCTC) as well as EU commitments and duties integral to the full

implementation of the Tobacco Products Directive (TPD), and

- 4. Support successful transfer of good policy from countries with more progressive tobacco control environments. This would involve translating various measures, practices, and value systems into local contexts in usable ways. At a simple level in Italy, this would mean introducing a point of sale display ban, bringing it into line with more progressive countries. At a more complex level, and more difficult to achieve, it would mean translating the value and belief systems - and dominant discourses - underpinning dominant governmental frames, civil and business institutions, and Ministries for Health in countries with more progressive tobacco control environments, for use in Italy with its stagnant tobacco control environment. In practice, this would require a number of steps: the evaluation of current beliefs and values regarding health priorities vs profit priorities in Italy; the re-prioritisation (through, for example, advocacy, branding, and legislation) of beliefs and values to support the prioritisation of health and health advocacy organisations; and on-going excavation, monitoring and evaluation of dominant belief and value systems - and dominant discourses - to support continued emphasis on health, and the right to health environments, and consequently, as demonstrated in SILNE-R, lower youth smoking prevalence.

5. Specific measures required to increase tobacco control progressiveness

Progressive tobacco control policy environments are characterised by systematic transposition of, strong compliance with, and strict enforcement of the Framework Convention on Tobacco Control (FCTC) treaty; the "Big Six" MPOWER[97] policies; the EU Tax Directive and the EU Tobacco Products Directive (TPD). SILNE-R cities in countries that have lower youth smoking prevalence are characterised by such progressive tobacco control policies. We make a strong recommendation for firming up these policies at national level, especially in Italy whose policies lag behind.

Recommendations:

- We recommend a comprehensive rolling-out of demonstrated

[97] MPOWER: Monitor tobacco use and prevention policies, • Protect people from tobacco smoke, • Offer help to quit tobacco use, • Warn about the dangers of tobacco, • Enforce bans on tobacco advertising, promotion and sponsorship, and • Raise taxes on tobacco.

effective policy (e.g., FCTC, MPOWER) bringing countries with more stagnant and moderate tobacco control policies into line with countries with the most progressive ones.

Specifically, this means:

- More rigorous implementation, enforcement and oversight of FCTC policies recommendations;
- Better enforcement of smoke-free legislation, particularly in countries with more stagnant tobacco control policies and legislation.
- Advocate to put in place an endgame goal. SILNE-R data show that governments that have embraced endgame goals have committed themselves to ending smoking altogether and that a set endgame goal likely facilitates the adoption of measures in order to achieve this goal. The most progressive SILNE-R countries (Finland and Ireland) both have governments that have translated endgame goals to policy.

6. Access: enforcement and other measures needed

The vast majority of SILNE-R adolescents were unable to legitimately purchase cigarettes from retailers in Italy because they were under the legal age of purchase, *i.e.*, 18 years, as specified by National Minimum Age of Sale Laws (NMASLs). National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. WP9's analysis of focus group research exploring adolescents' perceptions and experiences of accessing cigarettes across 7 cities found that access was largely in contravention of national minimum age of sale laws (NMASL). Participants across SILNE-R cities including Latina accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: ‘legitimate’ retailers or vending machines; people above the legal age of purchase; friends; ‘proxies’ (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level. Some issues with the Italian data make it difficult to provide a comprehensive picture of access/smoke-free schools. Focus groups were generally very brief and the data generated did not allow the same depth of analysis as for other sites. Italian participants reported accessing cigarettes via legitimate retailers and, sometimes, vending machines (though it is unclear how they accessed the machines). Italian participants

almost never discussed the use of proxies. Policy recommendations are based on WP9[98] and other SILNE-R findings.

Recommendations:

- Meaningful enforcement is the most important measure. Enforce national minimum age of sale laws. Consider raising NMASL to 21 years.
- Remove all vending machines as they are not, and cannot be, adequately policed.
- Strengthen supply side restrictions. Consider the introduction of a licencing levy, or a penalty to discourage smaller retailers from supplying cigarettes to underage purchasers.
- Policy-makers should consider how 'holding students back' (*i.e.*, requiring students to repeat an academic year) can change peer group configuration and dynamics – particularly with regard to accessing cigarettes - and shape their interventions accordingly.
- A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.
- Further context-specific recommendations are detailed in Appendix D.

7. Costs and cost effectiveness of various TC policies

As regards the current landscape of tobacco control policies and their costs in 7 European cities / countries, the findings of WP10[99] provided a snapshot of costs for the implementation of various policies to prevent adolescent smoking. In Latina/Italy:

- A year of implementation of non-school bans (bans on smoking in public places, bans on sales to minors) cost €0.10 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €3.31 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.48 per student.
- The implementation of a school smoking prevention programme

[98] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

[99] WP10 (NSPH) Policy Recommendations Template for WPs 8 & 10, Feeding back findings to WP3. Internal SILNE-R report from WP10 to WP3, 3 April 2018.

cost, in mean, €5.12 per student covered (PPP).

- Long-term effectiveness estimates ranged from 232,700 to 11,650,000 healthy years gained after the implementation of a strategy with a short-term effectiveness of 1 to 50% relative reduction of smoking prevalence, respectively.
- For these cost and effectiveness estimates, the implementation of non-school bans, school bans (realistic and conservative perspectives), and school programmes was highly cost effective (according to the WHO threshold of 1 times the GDP per capita) for the reduction of at least 1% of the prevalence of smoking among adolescents.

Recommendations:

- Data on cost and cost effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.
- To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring and be available to support policy makers.
- It is important that the cost effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.
- Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.
- Cost-effectiveness should be included in intersubjective discourses being developed by tobacco control advocates.
- Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.

Local-level findings and recommendations to prevent adolescent smoking

WP3 synthesised and translated evidence from SILNE-R WP4-10 in order to make local-level recommendations for the prevention of youth smoking in Italy. Using the prism of WP4 policy models and briefs, and drawing on WP6's qualitative assessment of expert interviews (n=56) with European decision makers and stakeholders, and a consultation group, we make

some observations. These observations and resulting recommendations are described in detail in D3.2 Appendix C.

Local context

Separate from a national policy and legislative context, schools exist within local contexts that must be taken into account in order to reduce and prevent adolescent smoking. Local primary prevention in schools in Italy must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level.

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers[100] showed that existing implementation processes at the local level in Italy may be categorised as "lower saturated" rather than "progressive-hungry", "moderate-rational", or "upper-saturated". These types differ mainly in regard to their engagement in enhancing smoke-free environments as well as along their level of perceived tobacco de-normalisation and public smoking visibility. Smoke-free environments are adopted at national levels, but are implemented differently at local levels due to varying contextual factors, such as the level of collaboration, enforcement strategies, and national policy environments. Different legislative and administrative conditions lead to four implementation types and binary mechanisms of "expansion" and "closure". Major mechanisms to expand future smoke-free regulations were found to be intersubjective arguments, such as scientific evidence, public support, and the child frame. However, counter-mechanisms of closure, like data on declining prevalence or "new trends in addiction", can result in low priorities. Four smoke-free trans-local types and two mechanisms of "expansion" vs. "closure" were identified. To support smoke-free expansion at the local level, a number of approaches are recommended. In order to be able to enhance existing smoke-free areas at the local level in the EU, local levels must be assisted by national levels,

[100] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

better use must be made of intersubjective arguments, particularly around the "child frame", and ongoing monitoring and evaluation must be ensured. Therefore, they identified the following approaches to improve the implementation of smoke-free bans at the local level: 1. Local TCPs must be framed, as in Ireland and Finland, within adequate and ambitious national policy environments, such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packs, point-of-sale and advertising bans. 2. Smoke-free laws need to be adapted and modernized specifically for outdoor places (*e.g.*, playgrounds) and private contexts (*e.g.*, cars) that are frequented by children. 3. Regular and active smoke-free-monitoring enhances effective long-term enforcement of smoke-free environments. An implementation plan (based on Ireland and Finland) including tobacco-focussed long-term monitoring at local levels, and reported documentation of developments is needed. Regional differences should be considered here, since financial and personnel resources are often unequally distributed across different administrative districts.

The lack of resources for tobacco control at local level in Italy was highlighted particularly in SILNE-R data. One suggestion to deal with this problem was the earmarking of taxes (hypothecation). This has been tried in some (non-SILNE-R) countries, but it does not generally find favour with EU country finance departments. If the problem of resources is to be addressed, it should be an aim of tobacco control advocacy.

Barriers at the local level

Barriers identified across the 7 cities to successful local-level implementation of tobacco control activities to prevent youth smoking are: lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation; lack of an 'implementation plan' or strategy or endgame vision for prevention of youth smoking; lack of resources for tobacco control at local level; uneven efforts regarding denormalisation and specifically, advertising bans; inadequate expansion of smoke-free spaces, especially those where children may be (all indoor and outdoor areas in schools, health facilities, crèches, recreational facilities, sports stadia); and need for increased efforts for population sub-groups suffering specific disadvantage regarding smoking prevalence (low SES groups; some school types and tracks).

Suggested solutions at the local level

Suggested solutions to mitigate these barriers at the local level include tobacco taxation, institutional structures, expansion of smoke-free spaces, and community involvement. The use of intersubjective

discourses - especially regarding evidence bases and child frames - is necessary, and health advocates must employ intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other policy) initiatives at the local level as much as at (inter-)national and school levels. These suggestions and derived recommendations are detailed in D3.2 Appendix C.

Latina relevant local-level recommendations

A summary of Latina relevant local-level recommendations to support the prevention of youth smoking is listed here.

Recommendations:

- Emphasise the continuing need to improve national-level tobacco control policies to avoid the emergence of complacency and achieve the tobacco control 'endgame'.
- Institute a national-level office of an ombudsman/woman charged with national, local and school-level oversight of tobacco control and particularly the prevention of youth smoking.
- Prioritise low SES groups as they have higher smoking prevalence than everyone else and pool limited resources for socially disadvantaged contexts.
- Expand child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (e.g., playgrounds, public parks).
- Consider localised community-group interventions for tobacco control, e.g. in the arts arena.
- Use intersubjective discourses at the local level and ensure that there is continuing health education concerning tobacco and nicotine addiction.

School-level findings and recommendations to prevent adolescent smoking

School-level findings and recommendations to prevent adolescent smoking focus on smoke-free schools, school tobacco policies (STPs), and tobacco-related health education.

Smoke-free schools

In schools in Italy, there is a comprehensive smoking ban in place.

Smoking prevalence among both students and staff is high and creates problems in terms of enforcement and monitoring.

Implementation of school smoking ban in Latina

In its report to WP3[101], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. Its report was based on topics that were discussed in the school staff interviews and did not aim to provide a comprehensive understanding on policies in each country/schools. In Italy, legislation compelling schools to enforce comprehensive smoking ban in schools was in place, however, the law was rather fresh and not well respected. There was still a lot of smoking on school premises among adolescents and also among staff. In general, smoking was considered a problem. The ever-lowering age of smoking initiation was also stated as a concern. The high prevalence of smoking was causing challenges for the enforcement of the ban: students were not complying with the ban or were smoking right outside school borders. Also staff members' smoking was considered problematic. Only a few staff members were appointed to monitoring, and all together monitoring and enforcement of the ban was not strict or effective. The lack of resources for enforcement was discussed.

Adolescent adherence to smoke-free school policies

Focus group research carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free schools policies was analysed by WP9 and synthesised for WP3[102]. Participants were recruited from two schools (one low SES and one high SES) in Latina.

- Participants in both the High and Low SES schools appeared to smoke on-site, sometimes indoors, with little or no consequences in terms of teacher sanctions.

Recommendations:

- School policies on smoke-free schools need to be clear about what is expected of students, and about the extent of smoke-free areas on school campuses (school boundaries) as well as about off-site smoking at the periphery of school campuses.

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[101] WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.

[102] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

- Smoke-free policies should be comprehensively communicated using multiple modalities (written / signage / talks etc.) and communicated over time so that students are clear about actual policies rather than reported ones.
- Enforcement of smoke-free policies should be consistent and meaningful (*e.g.*, include surveillance of the whole school site; buy-in regarding enforcement from all teachers).
- Increased efforts to denormalise smoking are needed.

School tobacco policies

Tobacco control policies at schools (STPs) were examined by WP8, and each school was given a STP score[103]. The STP score comprises three dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. Overall, there was a significant improvement in the implementation of STPs in Latina between 2013 and 2016. In that time, there was a significant increase in the comprehensiveness of the STP (5.6 to 7.9, $p<.05$), as well as in its enforcement (0.6 to 1.1, $p<.05$) and in its communication (5.2 to 7.8, $p<.05$). Overall the total score of the policy increased from 3.8 to 5.6 ($p<.05$).

Tobacco-related health education

From an analysis of interview data with school staff members, WP7 provided for WP3 an account of the current landscape of tobacco-related health education within the seven SILNE-R cities[104]. In Italy, it is thought that tobacco-related health education is integrated into the curriculum of Biology, Science, and Sports lessons. However, the interviewees were

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[103] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.
WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.
WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.
[104] WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.

not sure about this. It is likely that the content centres on the health risks and harms from smoking. Raising awareness about smoking harms constitutes the core content of tobacco-related health education.

Teachers and tobacco-related health education

There are variations between schools and staff members in terms of how they see their own roles and the school's role in investing in Health Education and/or smoking prevention. As in other countries, features of school culture - particularly the school leadership structure and the place of Health Education in the aims and mission statement of a school - plays a role in the extent to which schools reproduce the *status quo* or usual practice, or develop new programmes for smoking prevention.

Collaboration with local partners

All schools organised health education programmes or one-day seminars in collaboration with local health authorities and/or NGOs. No strategy existed, however, for long-term collaboration; programmes were organised on an *ad hoc* basis, and smoking prevention was not necessarily a topic. The initiatives for these programmes come mainly from individual teachers and the programmes are not included in the school agenda. Staff considered the contribution of local health authorities vital as they are seen to have the expertise and competence that the school personnel lack.

Recommendations:

- Develop structures for systematic supported collaboration with local health authorities and NGOs.

Extra resource

One school was proactive in prevention. It received an extra teacher to organise an anti-smoking programmes for students who had been caught violating the smoking ban for the first time. In this targeted programme, the Ministry of Education delivered the materials. A No-Smoking Committee - a group of teachers sharing common aims to work strategically against smoking - was created. The principal's commitment and proactive work was considered fundamental in the anti-smoking work and the dedicated teachers were identified as the prime champions in organising and developing health education activities. Smoking prevention in this school was based on communication and sharing. An emphasis was also placed on delivering a comprehensive understanding of tobacco from environmental and societal (costs to society) perspectives.

Recommendations:

- Introduce support programmes to assist students who are caught violating the smoking ban, particularly those who are caught for the first time.

6: Namur, Belgium

Fine-grained (evidence-based, context specific) recommendations at national, local and school levels to prevent youth smoking in Belgium.

Belgium: Context

Belgium, the capital of which is Brussels, has a population of 11.5 million. Namur has a population of 110,000 and a physical area of 176 km^2. Belgium had a national tobacco score of 47 in 2013, and 49 in 2016. In Namur, weekly smoking prevalence in SILNE schools in 2013 was 18% and in SILNE-R schools in 2016, it had decreased to 15.6%.

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in Belgium that are contained in this report are based on findings and recommendations from many quantitative and qualitative data sources collected for the SILNE-R project (2015-2018). The fine-grained recommendations for Belgium in this report should be read in conjunction with the reports containing cross-national, national, local, and school-level findings and recommendations (D3.2 Appendices A, B, C and D).

Overseen by WP8, surveys of more than 13,000 school students in 7 cities were carried out (2016/17) to examine student health, social networks, smoking (prevalence, access to cigarettes, attitudes to smoking, parental smoking, location of smoking, smoking in the home, e-cigarettes, *etc.*), perceptions of school tobacco policies, *etc.*. The general participation rate for student surveys was 89.6 % (all countries). In Belgium, 1949 students participated (96.53% participation rate).

From late 2016-2017, overseen by WP9, 56 single-sex focus group interviews took place, 8 in each of the 7 cities, involving 319 participants. The focus groups paid particular regard to school smoke-free policies and age-of-sale laws. Participants were recruited by teachers, who identified students they believed to be smokers or at risk of becoming smokers. Half the focus groups were conducted with girls and half with boys. Overall, 168 girls and 151 boys participated, with 3-9 participants per group. Half of all groups were conducted with students attending schools that served a predominantly high socioeconomic status (SES) population, and half in schools serving a low SES population. Adolescents were aged 14-19 (average age of participants was 15.2 years) with most focus groups having participants under the legal age limit of that country, with the exception of seven focus groups in Belgium (age range of 14-18). In

Namur, 4 focus groups were held with boys and 4 with girls in 2 participating schools.

Staff questionnaires regarding school characteristics, school tobacco policies, health promotion and prevention, *etc.* were also completed for WP8 and interview data with staff was collected for WP7. Consultations and focus group interviews (initial and follow-up) were held with policymakers and stakeholders from the 7 SILNE-R countries and also from other EU and non-EU countries, overseen by WP5 at the national level, and by WP6 at the local level.

Data relating to enforcement and implementation costs of certain tobacco control measures (ban on sale to minors; point-of-sale advertising; ban on smoking in public places) was overseen by WP10. In some cases, school staff were interviewed regarding the cost of school bans and educational programmes for WP10 (cost questionnaires/interviews).

National-level findings and recommendations to prevent adolescent smoking

Belgium, like the Netherlands, is a moderately progressive country, having tobacco control policies that are not particularly strong but that have advanced in recent years. WP5's[105] analysis of policy monopolies of pro and anti-tobacco interest groups across six European SILNE-R countries found that one of the main factors influencing variation in tobacco control policies across European countries is the relative policy dominance of pro and anti-tobacco control interest groups. WP5 examined whether there are patterns and similarities with regard to framing of tobacco and institutional arrangements across countries that have a relative dominance by either one of the two groups. In doing so, they conducted 32 semi-structured interviews with relevant stakeholders in Belgium, Finland, Germany, Ireland, Italy, and the Netherlands. They found that, in countries where health Non-Governmental Organizations (NGOs) have a policy dominance in tobacco control, NGO communities are well developed and have tight links to government while the industry is largely economically absent. In addition, the health ministry plays a central role

[105]Endnotes
WP5 (UNIMASS), D5.3, Article 3: Who calls the shots in tobacco control policy? policy monopolies of pro and anti-tobacco interest groups across six European countries. Paper submitted to 'Social Science and Medicine'. Final SILNE-R Report, September 2018.

in the policymaking process, FCTC Article 5.3. is strictly interpreted and the framing of tobacco focuses on the health aspects of smoking. In contrast, in countries where the tobacco industry and associated businesses have a policy dominance, the industry is more strongly embedded in the domestic economy while NGO communities are weak or absent in the field of tobacco control. In these countries, the health ministry plays a subordinate role in the policymaking process, FCTC's article 5.3. is only interpreted in terms of transparency and tobacco is framed as a private problem. They concluded that the way tobacco is framed in a country and the way institutions are arranged correspond to the policy monopoly in place, with strong similarities across countries with the same policy monopoly.

Despite an active community of health NGOs in Belgium, the political agenda of the current ruling party often objects to the introduction of strict tobacco control regulations. Since tobacco control has not been a priority, the response to policymaking has been stagnant and uncoordinated. Consideration is being given to plain packaging and legislation banning smoking in vehicles with children.

Namur relevant national-level recommendations

1. Adolescent smoking remains a problem

The problem of adolescent smoking has not disappeared. SILNE-R WP8[106] (2016-2017) data for Namur shows adolescent ever-tried smoking at 47.24%, weekly smoking at 18.15%, and ever users of e-cigarettes at 46.57%. Tobacco causes unique and disastrous consequences for adolescents and tobacco control must be kept at the top of the policy agenda in all countries.

Recommendations:

- There is no safe level of smoking and smoking prevalence among adolescents continues to be a problem. Tobacco control is in competition with, and in danger of being swamped by, priorities

[106] WP8 (UCL). D8.2. Report on cross-national differences. Final SILNE-R report, 2017.
WP8 (UCL). D8.3, Appendix 9.b. paper 2, Vincent Lorant, Adeline Gerard, Nora Melard, Pierre-Oliver Robert, [SILNE-R- Coauthors], Anton Kunst. Trends in adolescents smoking in 6 countries. Final SILNE-R report, September 2018.

shifting to other adolescent health problems. We recommend keeping tobacco at the top of policy agendas, with constant reminders of the death and disability uniquely caused by smoking.

2. Cognisance needs to be taken of policy change processes

SILNE-R data[107] show the importance of policy change processes in shaping tobacco control policies within individual countries. For the most effective tobacco control policy enactment, cognisance must be taken of these processes by tobacco control advocates and stakeholders.

The strength of the dominant frame (health side versus tobacco industry) influences the policy environment and the receptiveness to change within the policy system[108]. For countries where the health side of the framework is dominant, there is an intersectoral approach to population health that engages with multiple sectors and actors[109]. Specifically, within this frame, the Ministry of Health is responsible for creating and introducing new policies. There is co-ordination between government health departments and health advocacy organisations to drive and develop policies. The health frame is dominant in Belgium, and there are active health advocacy organisations working within the country. However, the political agendas of the ruling political parties are unreceptive to interests of tobacco control advocates and such forces reduce the advancement of stricter policies. This may be explained by liberal right-wing parties being in power. For example, in Belgium the Minister for Health did not consult the ministry for health when constructing the previous tobacco act.

In countries where the tobacco industry side of the framework dominates, other government ministries (outside of health ministries) often have responsibility for tobacco policy and health advocacy organisations within these countries may not be active or may lack the leadership, strategy and resources to achieve policy goals. While Belgium does suffer from these problems, it still has some work do to in tobacco control to reach the standard of the most progressive countries. For example, the point-of-sale display ban has been put on the political agenda but needs to be progressed. There are discussions about plain packaging and smoking cars with children but it remains uncertain whether these proposals will translate into policy during the current legislative period (2018).

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[107] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).
WP5 (UNIMASS). Deliverable D5.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

[108] The full findings from WP5 are to be found in D5.3.

[109] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

Recommendations:

- It is recommended that, when developing tobacco control policy and advocating in Belgium, cognisance is always taken of the particularised complexity of the national policy context and that up-to-date data are maintained regarding dominant frames that shape tobacco control within each country.
- We recommend that monitoring and development of tobacco control policy and legislation in individual countries takes into account the current tobacco control landscape in Belgium as well as the country-specific beliefs and values that underpin policy, legislation and practice. Politically, for example, a liberal-conservative ruling party ideology hampers progressive tobacco control efforts in Belgium and this forms part of Belgium's national dominant governmental political frame. However, other dominant frames (civil/ institutional/ social) also contribute to the particularised complexity that is the policy context in Belgium, and further data are required in order to understand these, and how they intersect, better.
- Education in the complexities of policy change processes is recommended for tobacco control advocates, NGOs and health experts in Belgium whose professional substantive areas of expertise can not be expected to include policy change processes and policy paradigms. This is particularly important in Belgium where health NGOs are active but likely hindered by the implicit force of a taken for-granted *tobacco control policy paradigm*.
- Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in SILNE-R countries and to keep them up-to-date. Such research would develop the concept of a *tobacco control policy paradigm* and explicate its particularised operation across Europe countries and (regional and other - demographic *etc.*) contexts.

3. Dominant negative frames must be exposed and, where appropriate, challenged and changed

Dominant values and beliefs that underpin tobacco control policy and that negate tobacco control progress are often under-exposed, taken-for-granted, and unchallenged within individual countries. These dominant frames should be exposed and challenged, and, where appropriate, efforts directed at changing frames to ones supportive of progressive tobacco control policy environments. This latter could be done through the development of intersubjective discourses (*e.g.*, focussed on evidence bases, health, child frame), and the promotion of robust health advocacy

organisations, whose role is central to progressive tobacco control environments.
In Belgium, there is subsystem dominance of the health network but receptiveness of the government seems limited.

Recommendations:

- In terms of a dominant governmental frame in Belgium: Further develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.
- In terms of civil and business institutions: Further develop strong health NGO advocacy groups. Make networks and follow example from countries where health advocacy groups are strong (*e.g.*, Finland, Ireland). This latter may be particularly useful in Belgium where, with support and intervention, strong health advocacy groups may be able to increase their impact on tobacco control efforts,
- We recommend an audit of current tobacco control-related organisations, and interventions (resources, development) in order to be able to support them individually. We further recommend that international tobacco control organisations (ENSP/ SFP/ FCA) establish sub-groups charged with advocating for national-level transferability of knowledge that is based on the complex policy monopoly environment within which each country operates.
- Encourage health advocacy groups in Belgium to forge close co-operation with government while developing aligned policy stances between tobacco control and government views. This can be aided by dissemination of tobacco control research, to the public and the government, showing health benefits of highly cost-effective tobacco prevention interventions; by bringing novel practical interventions to general notice; and by showing the popularity with the general population (electorate) of good tobacco control legislation. NGOs should also be free and willing to support political champions of Tobacco Prevention public health policies. NGOs should align their demands, for protection of children from the harms of smoking and of second-hand smoke, with the public health efforts of Health Ministries. By insisting that governments are complying with FCTC Article 5.3, NGOs can help to protect tobacco control political actors from Tobacco Industry influence. They can also dampen down, reduce and help to eliminate the influence of pro-tobacco institutions such as retailers by supporting and encouraging the banning of payment for tobacco display and the banning of sponsorship by pro-tobacco institutions. These efforts can be reinforced by extending the negative images of the tobacco industry

established in progressive tobacco control cultures to ones with weaker cultures. This can be facilitated by fostering strengthened links between national tobacco prevention coalitions which collaborate to identify successful, transferable, context-specific strategies.

- In terms of governmental institutions: Create clear strong guidelines regarding interpretation and implementation of FCTC Article 5.3. Advocate for Ministry of Health capacity in tobacco control, ensuring adequate numbers of personnel with specific focus on tobacco control whose work is not diluted by other prevention areas.
- Overall, in Belgium strengthen health monopolies and weaken tobacco industry monopolies.
- Pay attention to moments of potential change when stable policy-making processes are disrupted by moments of crisis. At these times, policy change may be more likely to occur. Note the work on Punctuated Equilibrium Theory Framework detailed in Appendix A.

4. Tobacco control efforts showing success but more needed for health and equality

Current tobacco control policies are taking effect, evident in reduced adolescent smoking prevalence in Belgium but gains are not homogeneous, with tobacco-related health inequalities evident across population sub-groups. Further observations and recommendations on smoking prevalence and trends, including on social inequalities, SES, gender, social networks, and migrant families are to be found in D3.2 Appendix A. This is not a time for complacency but for continued, expanded and translated and transferred tobacco control efforts.

Recommendations:

- In Belgium, a moderately progressive tobacco control environment, two broad approaches are required.
    - 1. Continue with existing policies and interventions that are good, ensuring strict enforcement.
    - 2. Expand tobacco control efforts by adding new interventions where they are lacking (see D3.2 Appendixes A, B, C, D for further suggestions and recommendations).
- Belgium has work to do in tobacco control and we recommend an additional two approaches in addition to the two foregoing approaches. These are:
    - 1. Require compliance with extant treaty and other obligations.

At a minimum, all reluctant countries must be required to fulfill their obligations to children under the binding Framework Convention on Tobacco Control Treaty (FCTC) as well as EU commitments and duties integral to the full implementation of the Tobacco Products Directive (TPD), and

- 2. Support successful transfer of good policy from countries with more progressive tobacco control environments. This would involve translating various measures, practices, and value systems into local contexts in usable ways. At a simple level, this would mean raising the National Minimum Age of Sale of cigarettes in Belgium to 18 years, bringing it into line with other countries. At a more complex level, and more difficult to achieve, it would mean translating the value and belief systems - and dominant discourses - underpinning dominant governmental frames, civil and business institutions, and Ministries for Health in countries with more progressive tobacco control environments, for use in Belgium with its less progressive tobacco control environment. In practice, this would require a number of steps: the evaluation of current beliefs and values regarding health priorities vs profit priorities in the latter countries; the re-prioritisation (through, for example, advocacy, branding, and legislation) of beliefs and values to support the prioritisation of health and health advocacy organisations; and on-going excavation, monitoring and evaluation of dominant belief and value systems - and dominant discourses - to support continued emphasis on health, and the right to health environments, and consequently, as demonstrated in SILNE-R, lower youth smoking prevalence.

5. Specific measures required to increase tobacco control progressiveness

Progressive tobacco control policy environments are characterised by systematic transposition of, strong compliance with, and strict enforcement of the Framework Convention on Tobacco Control (FCTC) treaty; the "Big Six" MPOWER[110] policies; the EU Tax Directive and the EU Tobacco Products Directive (TPD). SILNE-R cities in countries that

[110] MPOWER: Monitor tobacco use and prevention policies, • Protect people from tobacco smoke, • Offer help to quit tobacco use, • Warn about the dangers of tobacco, • Enforce bans on tobacco advertising, promotion and sponsorship, and • Raise taxes on tobacco.

have lower youth smoking prevalence are characterised by such progressive tobacco control policies. We make a strong recommendation for firming up these policies at national level, especially in countries found to have moderately progressive tobacco control policies such as Belgium.

Recommendations:

- We recommend a comprehensive rolling-out of demonstrated effective policy (e.g., FCTC, MPOWER) bringing Belgium with its more moderate tobacco control policies into line with countries with the most progressive ones.

Specifically, this means:

- More rigorous implementation, enforcement and oversight of FCTC policies recommendations.
- Better enforcement of smoke-free legislation.
- Consider developing and implementing an 'endgame' plan in the Netherlands. Countries that have done this already have translated the endgame aspiration into policy.

6. Access: enforcement and other measures needed

National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. Nevertheless participants across SILNE-R cities including Namur, accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: 'legitimate' retailers or vending machines; people above the legal age of purchase; friends; 'proxies' (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level.

WP9 conducted focus group interviews with 319 young people from 17 schools, with similar numbers drawn from high and low socio-economic status populations and from girls and boys. Young people's perceptions and experiences of accessing cigarettes were explored. Access across the 7 cities was largely in contravention of national minimum age of sale laws (NMASLs). In Belgium, the national minimum age of sale is 16 years. Belgium is legally unusual insofar as its NMASL prohibits the sale of cigarettes to young people under the age of 16 (rather than 18, as in most other EU member states).

- Participants reported that minors could buy cigarettes from legitimate retailers, particularly from 'night shops' (largely staffed/owned by members of ethnic minority communities e.g. Belgian Pakistanis).
- Participants widely report being able to buy individual cigarettes from the above retailers.
- Belgian participants did not discuss vending machines.
- Some participants reported using acquaintance proxies, who were easily accessed within the school (the Belgian approach of 'holding students back' to repeat an academic year routinely put younger students in direct contact with older students (*i.e.*, 16 +)).
- No Belgian participant made mention of vending machines.

Policy recommendations are based on WP9[111] and other SILNE-R findings.

Recommendations:

- Meaningful enforcement is the most important measure. Enforce national minimum age of sale laws. Raise minimum age of sale to 18 years in Belgium in line with all other SILNE-R countries. This would also have the indirect positive effect of improving the tobacco control environment in the Netherlands, where the NMAS is 18 years, resulting in some 16 and 17 year old adolescents to cross the border to purchase cigarettes in Belgium where it is legal for them to do so. Consider raising NMASL to 21 years.
- Remove all vending machines as they are not, and cannot be, adequately policed.
- Strengthen supply side restrictions. Consider the introduction of a licencing levy, or a penalty to discourage smaller retailers from supplying cigarettes to underage purchasers.
- Take action on proxies via awareness raising.
- Policy-makers should consider how 'holding students back' (*i.e.*, requiring students to repeat an academic year) can change peer group configuration and dynamics – particularly with regard to accessing cigarettes - and shape their interventions accordingly.
- A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.
- Further context-specific recommendations are detailed in Appendix D.

[111] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

7. Costs and cost effectiveness of various TC policies in Belgium

As regards the current landscape of tobacco control policies and their costs in 7 European cities / countries, the findings of WP10[112] provided a snapshot of costs for the implementation of various policies to prevent adolescent smoking. In Namur/Belgium:

- A year of implementation of non-school bans (bans on smoking in public places, bans on sales to minors, bans on advertising at point-of-sale) cost €0.17 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €16.15 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.21 per student.
- The implementation of a school smoking prevention programme cost, in mean, €2.38 per student covered (PPP).
- Long-term effectiveness estimates ranged from 57,700 to 2,887,000 healthy years gained after the implementation of a strategy with a short-term effectiveness of 1 to 50% relative reduction of smoking prevalence, respectively.
- For these cost and effectiveness estimates, the implementation of non-school bans, school bans (realistic and conservative perspectives), and school programmes was highly cost effective (according to the WHO threshold of 1 times the GDP per capita) for the reduction of at least 1% of the prevalence of smoking among adolescents.

Recommendations:

- Data on cost and cost effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.
- To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring and be available to support policy makers.
- It is important that the cost effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.

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[112] WP10 (NSPH) Policy Recommendations Template for WPs 8 & 10, Feeding back findings to WP3. Internal SILNE-R report from WP10 to WP3, 3 April 2018.

- Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.
- Cost-effectiveness should be included in intersubjective discourses being developed by tobacco control advocates.
- Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.

Local-level findings and recommendations to prevent adolescent smoking

WP3 synthesised and translated evidence from SILNE-R WP4-10 in order to make local-level recommendations for the prevention of youth smoking in Belgium. Using the prism of WP4 policy models and briefs, and drawing on WP6's qualitative assessment of expert interviews (n=56) with European decision makers and stakeholders, and a consultation group, we make some observations. These observations and resulting recommendations are described in detail in D3.2 Appendix C.

Local context

Separate from a national policy and legislative context, schools exist within local contexts that must be taken into account in order to reduce and prevent adolescent smoking. Local primary prevention in schools in Belgium must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level.

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers[113] showed that existing

[113] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to

implementation processes at the local level in Belgium may be categorised as “lower saturated” rather than “progressive-hungry”, “moderate-rational”, or “upper-saturated”. These types differ mainly in regard to their engagement in enhancing smoke-free environments as well as along their level of perceived tobacco de-normalisation and public smoking visibility. Smoke-free environments are adopted at national levels, but differently implemented at local levels due to varying contextual factors, such as the level of collaboration, enforcement strategies, and national policy environments. Different legislative and administrative conditions lead to four implementation types and binary mechanisms of “expansion” and “closure”. Major mechanisms to expand future smoke-free regulations were found to be intersubjective arguments, such as scientific evidence, public support, and the child frame. However, counter-mechanisms of closure, like data on declining prevalence or “new trends in addiction”, can result in low priorities. Four smoke-free trans-local types and two mechanisms of “expansion” vs. “closure” were identified. To support smoke-free expansion at the local level, a number of approaches are recommended. In order to be able to enhance existing smoke-free areas at the local level in the EU, local levels must be assisted by national levels, better use must be made of intersubjective arguments, particularly around the "child frame", and ongoing monitoring and evaluation must be ensured. Therefore, they identified the following approaches to improve the implementation of smoke-free bans at the local level: 1. Local TCPs must be framed, as in Ireland and Finland, within adequate and ambitious national policy environments, such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packs, point-of-sale and advertising bans. 2. Smoke-free laws need to be adapted and modernized specifically for outdoor places (*e.g.*, playgrounds) and private contexts (*e.g.*, cars) that are frequented by children. 3. Regular and active smoke-free-monitoring enhances effective long-term enforcement of smoke-free environments. An implementation plan (based on Ireland and Finland) including tobacco-focussed long-term monitoring at local levels, and reported documentation of developments is needed. Regional differences should be considered here, since financial and personnel resources are often unequally distributed across different administrative districts.

Barriers at the local level

Barriers identified across the 7 cities to successful local-level implementation of tobacco control activities to prevent youth smoking are:

SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation; lack of an 'implementation plan' or strategy or endgame vision for prevention of youth smoking; lack of resources for tobacco control at local level; uneven efforts regarding denormalisation and specifically, advertising bans; inadequate expansion of smoke-free spaces, especially those where children may be (all indoor and outdoor areas in schools, health facilities, crèches, recreational facilities, sports stadia); and need for increased efforts for population sub-groups suffering specific disadvantage regarding smoking prevalence (low SES groups; some school types and tracks).

Suggested solutions at the local level

Suggested solutions to mitigate these barriers at the local level include tobacco taxation, institutional structures, expansion of smoke-free spaces, and community involvement. The use of intersubjective discourses - especially regarding evidence bases and child frames - is necessary and health advocates must employ intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other policy) initiatives at the local level as much as at (inter-)national and school levels. These suggestions and derived recommendations are detailed in D3.2 Appendix C.

Namur relevant local-level recommendations

A summary of Namur relevant local-level recommendations to support the prevention of youth smoking is listed here.

Recommendations:

- Emphasise the continuing need to improve national-level tobacco control policies to avoid the emergence of complacency and achieve the tobacco control 'endgame'.
- Institute a national-level office of an ombudsman/woman charged with national, local and school-level oversight of tobacco control and particularly the prevention of youth smoking.
- Prioritise low SES groups as they have higher smoking prevalence than everyone else and pool limited resources for socially disadvantaged contexts.
- Expand child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (e.g., playgrounds, public parks).
- Consider localised community-group interventions for tobacco control, e.g. in the arts arena.

- Use intersubjective discourses at the local level and ensure that there is continuing health education concerning tobacco and nicotine addiction.

School-level findings and recommendations to prevent adolescent smoking

School-level findings and recommendations to prevent adolescent smoking focus on smoke-free schools, school tobacco policies (STPs), and tobacco-related health education.

Smoke-free schools

In Namur, a comprehensive school smoking ban exists, but problems continue with students smoking within school buildings and on the school premises. Educators play a significant role in enforcing school rules prohibiting students smoking in schools. In Namur, the effects of smoking visibility were observed to promote smoking through several mechanisms: peer effect; social pressure; and "wrong" tobacco norms internalisation.

Recommendations:

Strong efforts to make schools smoke-free, both inside and outside the school premises, should have a positive effect on prevalence. Comprehensive bans, strictly enforced, are recommended.

Implementation of school smoking ban in Namur

In its report to WP3[114], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. Its report was based on topics that were discussed in the school staff interviews and did not aim to provide a comprehensive understanding on policies in each country/schools. In Belgium, the public places smoking ban was implemented in early 2000, which also had impact on smoking bans at schools. All together, even though smoking was not considered as the main problem in schools, problems, e.g. students smoking outside school premises (and in toilets), were discussed. Also, in many schools, there was an official/unofficial smoking place appointed for staff. One school provided a smoking room for staff inside a school building in order to prevent students from seeing staff smoking. Educators had a significant role in enforcing school rules in general, and collaborating with students. Educators also had the main responsibility in smoking ban enforcement

[114] WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.

(e.g., monitoring). However, all staff members' commitment to enforcement was considered necessary.

Adolescent adherence to smoke-free school policies

Focus group research carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free schools policies was analysed by WP9 and synthesised for WP3[115]. Participants were recruited from two schools (one low SES and one high SES) in Namur. Students in the High SES school reported low on-site smoking, but suggested that overt off-site smoking was relatively common. Students in the Low SES School reported fairly high levels of on-site smoking, which may have been facilitated by a failure on the part of teachers to enforce smoke-free school policies.

Recommendations:

- School policies on smoke-free schools need to be clear about what is expected of students, and about the extent of smoke-free areas on school campuses (school boundaries) as well as about off-site smoking at the periphery of school campuses.
- Smoke-free policies should be comprehensively communicated using multiple modalities (written / signage / talks etc.) and communicated over time so that students are clear about actual policies rather than reported ones.
- Enforcement of smoke-free policies should be consistent and meaningful (*e.g.*, include surveillance of the whole school site' "buy-in" by all teachers regarding enforcement of smoke-free school policy).
- Consideration should be given to teacher and student perceptions of the school jurisdiction (*i.e.*, the space and time over which school rules are enforceable) and how they have an impact on willingness to enforce/ observe a school-site peripheral smoking ban; and on teachers' "right" to influence student behaviours both on and off the school site. Teacher and student "buy-in" is essential to successful implementation of smoke-free school policies. Such consideration could occur in the context of whole-school policy development that seeks to include all stakeholders in committing to policy.

[115] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

School tobacco policies

Tobacco control policies at schools (STPs) were examined by WP8 and each school given a STP score[116]. The STP score comprises three dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. Overall, there was a significant improvement in the implementation of STPs in Namur between 2013 and 2016. In that time, there was a significant increase between 2013 and 2016 in the comprehensiveness of the STP (7.5 to 8.6, $p<.05$) and in its communication (4.8 to 6.6, $p<.05$). There was no significant change in the enforcement of the policy (2.5 to 2.6). Overall the total score of the policy increased from 4.9 to 5.9 ($p<.05$).

Tobacco-related health education

From an analysis of interview data with school staff members, WP7 provided for WP3 an account of the current landscape of tobacco-related health education within the seven SILNE-R cities[117]. In Belgium, education on tobacco and smoking prevention is integrated within the curriculum of Science, Biology, and Religion. Provision is not systematically included, however, but depends on factors such as school type, curriculum content, student age, and student track. Core elements of tobacco-related health education include awareness raising of long-term consequences of smoking, passive smoking, and addiction. Teaching methods were reported to vary, depending on individual teachers' interest in the topic. Time allocation also affected methodology.

As in most countries, decreases in smoking prevalence have led to

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[116] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.
WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.
WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

[117] WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.

tobacco-related health education receiving lower priority. Staff reported that motivation, initiatives for developing programmes, investment of effort and resources were all lacking as a result of the low priority being placed on the need for smoking prevention. Furthermore, a *status quo* was identified whereby schools were doing the prescribed minimum in education about tobacco, with no need for additional efforts. The effectiveness of dominant teaching styles and modes of delivery of tobacco-related health education is not assessed but staff considered them minimally effective.

Recommendations:

- A decrease in smoking prevalence among adolescents everywhere has led to Tobacco Control being a victim of its own success in schools, and at risk of being overshadowed by other health issues which are seen as more acute and "growing" problems. Everywhere, educators report that the focus has shifted from tobacco and onto other areas of health concern. It is very important that those students who do smoke or who are at risk of smoking are not left behind at this time, by being ignored by the shifting emphasis to other health harms. This is particularly the case as students at risk from smoking are more likely to be in low SES groups and, therefore, at greater risk of multiple disadvantage.
- A re-invigorated approach for staff teaching tobacco-related health education is required, suggesting the need for revised tobacco-related health education curricula to reflect decreasing prevalence among adolescent smokers with an emphasis on resistant adolescent quitters and adolescents at risk of starting to smoke; changing trends in tobacco use and new tobacco products; and more up-to-date teaching methodologies and pedagogical strategies.

Teaching methods, school culture and support for quitters

One school in Namur, reported as an exception, that had developed a tobacco-related health education programme was described as a "human school". This school adopted a more collaborative approach, involving communication and partnership with parents and local stakeholders. The school culture had an impact on practices in the school. For example, it offered targeted education during detention for students who had broken the smoking ban, and emphasised group dynamics, peer pressure, decision-making, and building self-confidence.

Recommendations:

- Develop a detailed profile of "good practice" schools, providing guidance on and exemplars of how to support students in quitting smoking or in not starting.

Collaborations with local partners

In terms of collaboration with local partners, no ongoing extra activities, theme days or campaigns on smoking prevention were reported to be organised or planned. Individual teachers can, however, invite experts from local NGOs to give stand-alone lessons for students. Again, however, these tend to be *ad hoc* activities and lack a long-term strategy.

Recommendations:

- Compile a database of local partners, NGOs, etc. and encourage systematic collaborations between schools and local partners.

Materials and resources

Schools reported that they do not have resources for developing prevention programmes of tobacco-related health education. Interviewees believed that a comprehensive health promotion strategy is required and that development of resources should be carried out by educational authorities.

Recommendations:

- Develop a set of lesson plans, materials and resources suitable for use in tobacco-related health education lessons, modules and programmes. These could be made available in a centralised online database or website, freely available to teachers.

Support for addicted students

Smoking cessation support for addicted students was not seen as the responsibility of the school. Advice regarding seeking help from local NGOs is offered.

7: Tampere, Finland

Fine-grained (evidence-based, context specific) recommendations at national, local and school levels to prevent youth smoking in Finland.

Finland: Context

Finland, the capital of which is Helsinki, has a population of 5.5 million. Tampere has a population of 220,000 and a physical area of 523 km^2. Finland had a national tobacco score of 55 in 2013 and 60 in 2016. In Tampere, weekly smoking prevalence in SILNE schools in 2013 was 15.2% and in 2016, in SILNE-R schools, it had decreased to 7.7%.

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in Finland that are contained in this report are based on findings and recommendations from many quantitative and qualitative data sources collected for the SILNE-R project (2015-2018). The fine-grained recommendations for Finland in this report should be read in conjunction with the reports containing cross-national, national, local, and school-level findings and recommendations (D3.2 Appendices A, B, C and D).

Overseen by WP8, surveys of more than 13,000 school students in 7 cities were carried out (2016/17) to examine student health, social networks, smoking (prevalence, access to cigarettes, attitudes to smoking, parental smoking, location of smoking, smoking in the home, e-cigarettes, *etc.*), perceptions of school tobacco policies, *etc.*. The general participation rate for student surveys was 89.6 % (all countries). In Finland, 1543 students participated (98.72% participation rate).

From late 2016-2017, overseen by WP9, 56 single-sex focus group interviews took place, 8 in each of the 7 cities, involving 319 participants. The focus groups paid particular regard to school smoke-free policies and age-of-sale laws. Participants were recruited by teachers, who identified students they believed to be smokers or at risk of becoming smokers. Half the focus groups were conducted with girls and half with boys. Overall, 168 girls and 151 boys participated, with 3-9 participants per group. Half of all groups were conducted with students attending schools that served a predominantly high socioeconomic status (SES) population, and half in schools serving a low SES population. Adolescents were aged 14-19 (average age of participants was 15.2 years) with most focus groups having participants under the legal age limit. In Tampere, 4 focus groups were held with girls and four with boys in 2 participating schools.

Staff questionnaires regarding school characteristics, school tobacco policies, health promotion and prevention, *etc.* were also completed for WP8 and interview data with staff was collected for WP7. Consultations and focus group interviews (initial and follow-up) were held with policymakers and stakeholders from the 7 SILNE-R countries and also from other EU and non-EU countries, overseen by WP5 at the national level and by WP6 at the local level.

Data relating to enforcement and implementation costs of certain tobacco control measures (ban on sale to minors; point-of-sale advertising; ban on smoking in public places) was overseen by WP10. In some cases, school staff were interviewed regarding the cost of school bans and educational programmes for WP10 (cost questionnaires/interviews).

National-level findings and recommendations to prevent adolescent smoking

Finland is a progressive country regarding tobacco control and there is strong support for tobacco control policies. Within Tampere, outdoor smoke-free areas are being expanded. WP5's[118] analysis of policy monopolies of pro and anti-tobacco interest groups across six European SILNE-R countries found that one of the main factors influencing variation in tobacco control policies across European countries is the relative policy dominance of pro and anti-tobacco control interest groups. WP5 examined whether there are patterns and similarities with regard to framing of tobacco and institutional arrangements across countries that have a relative dominance by either one of the two groups. In doing so, they conducted 32 semi-structured interviews with relevant stakeholders in Belgium, Finland, Germany, Ireland, Italy, and the Netherlands.

They found that, in countries like Finland where health Non-Governmental Organizations (NGOs) have a policy dominance in tobacco control, NGO communities are well developed and have tight links to government while the industry is largely economically absent. In addition, the health ministry

[118]Endnotes
WP5 (UNIMASS), D5.3, Article 3: Who calls the shots in tobacco control policy? policy monopolies of pro and anti-tobacco interest groups across six European countries. Paper submitted to 'Social Science and Medicine'. Final SILNE-R Report, September 2018.

plays a central role in the policymaking process, FCTC Article 5.3. is strictly interpreted and the framing of tobacco focuses on the health aspects of smoking. In contrast, in countries where the tobacco industry and associated businesses have a policy dominance, the industry is more strongly embedded in the domestic economy while NGO communities are weak or absent in the field of tobacco control. In these countries, the health ministry plays a subordinate role in the policymaking process, FCTC's article 5.3. is only interpreted in terms of transparency and tobacco is framed as a private problem. They concluded that the way tobacco is framed in a country and the way institutions are arranged correspond to the policy monopoly in place, with strong similarities across countries with the same policy monopoly.

The Department of Health in Finland takes an active role in the creation, adoption and implementation of policies. Health and advocacy organisations work closely with government departments to formulate, deliver and implement initiatives.

Finland relevant national-level recommendations

1. Adolescent smoking remains a problem

The problem of adolescent smoking has not disappeared in Finland, and must be kept high on policy agendas. SILNE-R data[119] showed weekly smoking among students in schools in Tampere to be 6%, ever-tried smoking 28%, and ever users of e-cigarettes 30%. Health initiatives are beginning to focus elsewhere, such as efforts to pass anti-alcohol legislation.

Recommendations:

- There is no safe level of smoking and smoking prevalence among adolescents continues to be a problem. TC is in competition with, and in danger of being swamped by, priorities on other adolescent health problems. We recommend keeping tobacco at the top of policy agendas, with constant reminders of the death and disability uniquely caused by smoking.

[119] WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.

2. Cognisance needs to be taken of dominant frames influencing policy

SILNE-R data (WP8 D5.2) show the importance of policy change processes in shaping TC policies within individual countries. For the most effective TC control policy enactment, cognisance must be taken of these processes by TC advocates and stakeholders.

The strength of the dominant frame (health side versus tobacco industry) influences the policy environment and the receptiveness to change within the policy system. In Finland the health-side of the framework is dominant, and there is an intersectoral approach to population health that engages with multiple sectors and actors[120]. Specifically, within this frame, the Ministry of Health is responsible for creating and introducing new policies. There is cross-party almost unanimous political support for TC measures. There is co-ordination between government health departments and health advocacy organisations to drive and develop policies. Finland's progressive TC environment is further assisted by having a broader framework in place that focuses on health, *viz.*, the Health in all Policies (HiaP) principle. Finland also has a specified end-game goal, to be smoke-free by 2040.

Recommendations:

- It is recommended that, when developing TC policy and advocating in Finland, cognisance is always taken of the particularised complexity of the national policy context, and that uptodate data are maintained regarding dominant frames that shape TC within each country. Education in the complexities of policy change processes is recommended for tobacco control advocates, NGOs and health experts in Finland whose professional substantive areas of expertise cannot be expected to include policy change processes. This is particularly important in Finland where strides made by active and effective health NGOs could be further amplified by knowledge of the elements of a taken for-granted *tobacco control policy paradigm*.
- Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in SILNE-R countries and to keep them up-to-date. Such research would develop the concept of a *tobacco control policy paradigm* and explicate its particularised operation across Europe countries and (regional and other - demographic *etc.*) contexts.

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[120] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

3. Gather data on dominant frames in Finland to support continued progressiveness in TC and use this in TC advocacy

As described above, dominant values and beliefs that underpin TC policy in Finland are supportive of a progress TC environment. Positive TC dominant frames notwithstanding, such frames may may be under-exposed, taken-for-granted, and unchallenged. Regular data collection about values and beliefs that are known to have an impact on TC policies in Finland, extending the work of WP4 and WP5, would be a valuable tool for TC advocates. This could be done by Finland's civil service[121] institute that is dedicated to science in relation to health behaviours.

In Finland, robust health advocacy organisations exist, and their role is central to progressive TC environments. In exposing these dominant frames, TC experts and advocates can direct their efforts to ensure that dominant policy frames in Finland continue to be supportive of progressive tobacco control policy environments. This latter could be done through the further development of intersubjective discourses (*e.g.*, focussed on evidence bases, health, child frame).

Recommendations:

- We recommend regular data collection about values and beliefs that are known to have an impact on TC policies in Finland so that those supportive of Finland's progressive TC environment may be protected and negative changes noted and challenged.
- In terms of a dominant governmental frame in Finland: Further develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.
- In terms of civil and business institutions in Finland: Make even stronger networks of health NGOs and provide example to countries where health advocacy groups are weak and/or non-existent.
- We recommend an audit of current TC-related organisations, and interventions (resources, development) in order to be able to support them individually and draw on their good practices in countries with less progressive TC environments. We further recommend that existing networks of international tobacco control organisations (ENSP/ SFP/ FCA) establish sub-groups charged with advocating for national-level transferability of knowledge that is based on the complex policy monopoly environment within which each country operates.

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[121] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

- Provide encouragement for health advocacy groups in Finland to continue to forge close co-operation with government while supporting continued aligned policy stances between tobacco control and government views. This can be aided by dissemination of tobacco control research, to the public and the government, showing health benefits of highly cost-effective tobacco prevention interventions; by bringing novel practical interventions to general notice; and by showing the popularity with the general population (electorate) of good tobacco control legislation.
- Overall, strengthen further health monopolies and weaken further tobacco industry monopolies.
- Pay attention to moments of potential change when stable policy-making processes are disrupted by moments of crisis. At these times, policy change may be more likely to occur. Note Punctuated Equilibrium Theory Framework (D3.2 Appendix A).

4. TC efforts showing success but must be continued, expanded and translated

Current TC policies are taking effect, evident in reduced adolescent smoking prevalence in Finland but gains are not homogeneous, with tobacco-related health inequalities evident in some population sub-groups. This is the time for continued, expanded and translated/ transferred TC efforts.

Recommendations:

- In Finland where prevalence is lower and TC environments more progressive, two broad approaches are required.
    - 1. Continue with existing policies and interventions, ensuring strict enforcement.
    - 2. Expand tobacco control efforts by adding new interventions where they are lacking to support the endgame vision.

5. Specific measures to increase TCP progressiveness

Progressive tobacco control policy environments are characterised by systematic transposition of, strong compliance with, and strict enforcement of the Framework Convention on Tobacco Control (FCTC) treaty; the "Big Six" MPOWER[122] policies; the EU Tax Directive and the

[122] MPOWER: Monitor tobacco use and prevention policies, • Protect people from tobacco smoke, • Offer help to quit tobacco use, • Warn about the dangers of tobacco,

EU Tobacco Products Directive (TPD). SILNE-R cities like Tampere that have lower youth smoking prevalence are characterised by such progressive tobacco control policies. We recommend continued strong encorcement of TC policies at national level in Finland.

Recommendations:

- Continue Finland's progressive TC approach with strict implementation, enforcement and oversight of FCTC policies recommendations.
- Meaningful enforcement is the most important measure for smoke-free legislation is required. Continue strict enforcement of existing smoke-free areas, and expand smoke-free areas especially in areas where "child health" discourses more easily justify it.
- As a more progressive TC country, Finland has ambitious 'endgame' aspirations. Further efforts are recommended to support this vision, such as improvements in smoking cessation services and more consistent mass media campaigns.

6. Access: enforcement and other measures needed

The vast majority of SILNE-R adolescents were unable to legitimately purchase cigarettes from retailers in Finland because they were under the legal age of purchase, *i.e.*, 18 years, as specified by National Minimum Age of Sale Laws (NMASLs). National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. WP9's analysis of focus group research exploring adolescents' perceptions and experiences of accessing cigarettes across 7 cities found that access was largely in contravention of national minimum age of sale laws (NMASL). Participants across SILNE-R cities including Tampere accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: 'legitimate' retailers or vending machines; people above the legal age of purchase; friends; 'proxies' (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level. Adolescents in Finland generally reported being able to obtain cigarettes

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• Enforce bans on tobacco advertising, promotion and sponsorship, and • Raise taxes on tobacco.

with ease, by utilising a variety of methods. Smoking prevalence appeared to be relatively low amongst participants although use of Snus was reported to be significantly more desirable or "trendy". In contrast with findings from every other study site, a handful of Finnish participants suggested that obtaining cigarettes was difficult. Most, however, felt that cigarettes could be obtained with relative ease. Participants very rarely discussed trying to buy cigarettes from legitimate retailers, suggesting that attempts to do so would be unsuccessful. Participants reported routine use of 'buyers' (strangers or acquaintance proxies). Anomalously, some participants suggested buyers would occasionally approach them to offer assistance. The routine use of the term 'buyer' seemed to suggest this was a recognised 'symbolic' position. No Finnish participant mentioned vending machines. Policy recommendations are based on WP9[123] and other SILNE-R findings.

Tampere relevant recommendations:

- Meaningful enforcement is the most important measure. Enforce national minimum age of sale laws. Finland's progressive tobacco control policy environment is reflected in good enforcement regarding access.
- Finland should consider following the example of 6 states (California, New Jersey, Massachusetts, Oregon, Hawaii and Maine) and at least 350 localities in the U.S. that, as of 19th September 2018, have raised the minimum age of sale to 21 years[124]. As the vast majority of smokers start smoking before the age of 20, enforcement of such a law would likely result in further decreases in youth smoking prevalence.
- Strengthen supply side restrictions. Consider the introduction of a licencing levy or penalty to discourage smaller retailers from supplying cigarettes to underage purchasers.
- Take action on proxies via awareness raising. This is an area where Finland could make headway. We recommend, among others, an intervention to be included in tobacco-related health education. This could include making smokers aware of their responsibilities in promoting smoking, especially as older students generally do not want younger students to start smoking

[123] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

[124] Campaign for Tobacco-Free Kids (2018). States and localities that have raised the minimum legal sale age for tobacco products to 21. https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/sales_21/states_localities_MLSA_21.pdf Accessed 29 September 2018.

- Policy-makers should consider how 'holding students back' (*i.e.*, requiring students to repeat an academic year) can change peer group configuration and dynamics – particularly with regard to accessing cigarettes - and shape their interventions accordingly.
- A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.
- Specific education and media campaigns on the health harms of tobacco are required in the context of stranger proxies and older (known) persons buying cigarettes for young students in breach of the NMASLs.
- Further context-specific recommendations are detailed in Appendix D.

7. Costs and cost effectiveness of various TC policies

As regards the current landscape of tobacco control policies and their costs in 7 European cities / countries, the findings of WP10[125] provided a snapshot of costs for the implementation of various policies to prevent adolescent smoking. In Tampere/Finland:

- A year of implementation of non-school bans (bans on smoking in public places, bans on sales to minors, bans on advertising at point-of-sale) cost €0.74 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €23.40 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.
- The implementation of a school smoking prevention programme cost, in mean, €1.88 per student covered (PPP).
- Long-term effectiveness estimates ranged from 34,500 to 1,724,000 healthy years gained after the implementation of a strategy with a short-term effectiveness of 1 to 50% relative reduction of smoking prevalence, respectively
- For these cost and effectiveness estimates, the implementation of non-school bans, school bans (realistic and conservative perspectives), and school programmes was highly cost effective (according to the WHO threshold of 1 times the GDP per capita) for the reduction of at least 1% of the prevalence of smoking among adolescents.

[125] WP10 (NSPH) Policy Recommendations Template for WPs 8 & 10, Feeding back findings to WP3. Internal SILNE-R report from WP10 to WP3, 3 April 2018.

Recommendations:

- Data on cost and cost effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.
- To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring and be available to support policy makers.
- It is important that the cost effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.
- Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.
- Cost-effectiveness should be included in intersubjective discourses being developed by tobacco control advocates.
- Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.

Local-level findings and recommendations to prevent adolescent smoking

WP3 synthesised and translated evidence from SILNE-R WP4-10 in order to make local-level recommendations for the prevention of youth smoking in Finland. Using the prism of WP4 policy models and briefs, and drawing on WP6's qualitative assessment of expert interviews (n=56) with European decision makers and stakeholders, and a consultation group, we make some observations. These observations and resulting recommendations are described in detail in D3.2 Appendix C.

Local context

Separate from a national policy and legislative context, schools exist within local contexts that must be taken into account in order to reduce and prevent adolescent smoking. Local primary prevention in schools in Finland must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level.

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers[126] showed that existing implementation processes in Finland may be categorised as "moderate-rational" rather than "progressive-hungry", "upper-saturated", or "lower saturated". These types differ mainly in regard to their engagement in enhancing smoke-free environments as well as along their level of perceived tobacco de-normalisation and public smoking visibility. Smoke-free environments are adopted at national levels, but differently implemented at local levels due to varying contextual factors, such as the level of collaboration, enforcement strategies, and national policy environments. Different legislative and administrative conditions lead to four implementation types and binary mechanisms of "expansion" and

[126] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

“closure”. Major mechanisms to expand future smoke-free regulations were found to be intersubjective arguments, such as scientific evidence, public support, and the child frame. However, counter-mechanisms of closure, like data on declining prevalence or “new trends in addiction”, can result in low priorities. Four smoke-free trans-local types and two mechanisms of “expansion” vs. “closure” were identified. To support smoke-free expansion at the local level, a number of approaches are recommended. In order to be able to enhance existing smoke-free areas at the local level in the EU, local levels must be assisted by national levels, better use must be made of intersubjective arguments, particularly around the "child frame", and ongoing monitoring and evaluation must be ensured. Therefore, they identified the following approaches to improve the implementation of smoke-free bans at the local level: 1. Local TCPs must be framed, as in Ireland and Finland, within adequate and ambitious national policy environments, such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packs, point-of-sale and advertising bans. 2. Smoke-free laws need to be adapted and modernized specifically for outdoor places (*e.g.*, playgrounds) and private contexts (*e.g.*, cars) that are frequented by children. 3. Regular and active smoke-free-monitoring enhances effective long-term enforcement of smoke-free environments. An implementation plan (based on Ireland and Finland) including tobacco-focussed long-term monitoring at local levels, and reported documentation of developments is needed. Regional differences should be considered here, since financial and personnel resources are often unequally distributed across different administrative districts.

Barriers at the local level

Barriers identified across the 7 cities to successful local-level implementation of tobacco control activities to prevent youth smoking are: lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation; lack of an ‘implementation plan’ or strategy or endgame vision for prevention of youth smoking; lack of resources for tobacco control at local level; uneven efforts regarding denormalisation and specifically, advertising bans; inadequate expansion of smoke-free spaces, especially those where children may be (all indoor and outdoor areas in schools, health facilities, crèches, recreational facilities, sports stadia); and need for increased efforts for population sub-groups suffering specific disadvantage regarding smoking prevalence (low SES groups; some school types and tracks).

Suggested solutions at the local level

Suggested solutions to mitigate these barriers at the local level include tobacco taxation, institutional structures, expansion of smoke-free spaces, and community involvement. The use of intersubjective discourses - especially regarding evidence bases and child frames - is necessary and health advocates must employ intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other policy) initiatives at the local level as much as at (inter-)national and school levels. These suggestions and derived recommendations are detailed in D3.2 Appendix C.

Tampere relevant local-level recommendations

A summary of Tampere relevant local-level recommendations to support the prevention of youth smoking is listed here.

Recommendations:

- Emphasise the continuing need to improve national-level tobacco control policies to avoid the emergence of complacency and achieve the tobacco control 'endgame'.
- Institute a national-level office of an ombudsman/woman charged with national, local and school-level oversight of tobacco control and particularly the prevention of youth smoking.
- Prioritise low SES groups as they have higher smoking prevalence than everyone else and pool limited resources for socially disadvantaged contexts.
- Expand child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (e.g., playgrounds, public parks).
- Consider localised community-group interventions for tobacco control, e.g. in the arts arena.
- Use intersubjective discourses at the local level and ensure that there is continuing health education concerning tobacco and nicotine addiction.

School-level findings and recommendations to prevent adolescent smoking

School-level findings and recommendations to prevent adolescent smoking focus on smoke-free schools, school tobacco policies (STPs), and tobacco-related health education.

Smoke-free schools

Smoking and tobacco use is denormalised within schools in Tampere and smoking is not considered a problem within schools. The use of snus within schools, however, poses specific challenges.

Implementation of school smoking ban in Tampere

In its report to WP3[127], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. Its report was based on topics that were discussed in the school staff interviews and did not aim to provide a comprehensive understanding on policies in each country/schools. In Finland, legislation on comprehensive smoking ban had been in place for a long time. In general, smoking was considered de-normalised both among staff and students, and it was not considered a problem in any of the schools. A clear enforcement structure was generally in place. Sometimes, the smoking of staff other than teaching staff members was mentioned as an issue. Snus was considered quite common among students in two schools. Snus use is hard to detect and this caused some problems as regards enforcement.

Adolescent adherence to smoke-free school policies

Focus group research carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free schools policies was analysed by WP9 and synthesised for WP3[128]. Participants were recruited from two schools (one low SES and one high SES) in Tampere. In both schools, Finnish participants reported very limited (if any) on-site smoking and limited covert off-site smoking. Many students reported not being allowed to leave the school premises during the school day. This policy limited opportunities to smoke –

[127] WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.
[128] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

requiring students to break other rules in order to do so. However, the use of school-site snus use will need some interventions in Finland.

Recommendations:

- School policies on smoke-free schools need to be clear about what is expected of students, and about the extent of smoke-free areas on school campuses (school boundaries) as well as about off-site smoking at the periphery of school campuses.
- Smoke-free policies should continue to be comprehensively communicated using multiple modalities (written / signage / talks etc.) and communicated over time so that students are clear about actual policies rather than reported ones.
- Smoke-free school policies should include tobacco products other than cigarettes, including e-cigarettes, and specifically in the Finnish context, snus.

School tobacco policies

Tobacco control policies at schools (STPs) were examined by WP8 and each school given a STP score[129]. The STP score comprises three dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. Overall, there was a significant improvement in the implementation of STPs in Tampere between 2013 and 2016. In that time, there was a significant decrease between 2013 and 2016 in the comprehensiveness of the STP (8.9 to 8.8, $p<.05$), but a significant increase in its enforcement (3.1 to 3.4, $p<.05$) and in its communication (5.8 to 6.7, $p<.05$). Overall the total score of the policy increased from 5.9 to 6.3 ($p<.05$).

[129] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.
WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.
WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

Tobacco-related health education

From an analysis of interview data with school staff members, WP7 provided for WP3 an account of the current landscape of tobacco-related health education within the seven SILNE-R cities[130]. In Finland, Health Education (HE) has been a compulsory part of the national school curriculum since 2004. All 12-15 year olds take three courses, each 38 hours long, of HE. The aim of the instruction is to promote students' competence regarding health, well-being, and safety, and to develop students' cognitive, social, functional, and ethical capabilities, along with their ability to regulate emotions.

Recommendations:

- The Finnish model and materials could form part of a template to remedy deficits noted in other countries and cities.

Teacher education in tobacco-related health education

In Finland, HE teachers are required to have the same university level teaching qualifications as teachers in other subjects. Since 2014, the curricular emphasis is on phenomena-based learning, meaning that selected phenomena - such as addiction - are examined from the perspectives of various subjects, and using co-operative and student-centred teaching methods.

Recommendations:

- Excellent progress has been made in Finland in the area of tobacco-related health education, especially regarding initial teacher education programmes and pedagogical approaches. This progress should be protected and further developed.
- Finland teacher education should be used as an exemplar for other EU countries for tobacco-related health education teacher formation and application of suitable and successful content and pedagogies.

Content of tobacco-related health education

Basic and necessary information is delivered to 12-13 year olds (7th grade). The information is deepened from an addiction perspective for 13-14 year olds (8th grade). In addition to HE, smoking harms are also

[130] WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.

discussed in Biology, included in both the curriculum and textbooks on lung anatomy, and physiology and cancer. Students are evaluated and given grades on health education at the end of each school period, as in other subjects.
Recommendations:
The effectiveness of tobacco control education discussed in the frame of general health education using general texts has been questioned by students and by some experts in SILNE-R. It would therefore be very beneficial to formally assess and publish the results of this model for consideration by the tobacco control community.

Teaching methods for tobacco-related health education

Teaching methods in health education lessons are mostly based on student involvement, using students' questions as a starting point (constructivist approach). Teachers try to use new scientific findings if possible, *e.g.*, concerning the health risks of e-cigarettes.

Recommendations:

- Continue with and expand further existing good practices in health education pedagogical approaches.

Materials and resources

A variety of tobacco-related teaching materials is available, targeted at secondary school students online, offered by the Finnish National Agency for Education (EDUFI) and various NGOs. Websites and YouTube videos made by adolescents are also available. Although many resource materials are available, teachers identify a lack of time as a challenge in getting the most out of these resources.

Recommendations:

- Translate Finnish materials where appropriate and make available as resource materials in other countries. Materials developed by adolescents such as websites and YouTube videos may be particularly attractive to young people in other countries, and should be given particular attention.

Extra module

In the city of Tampere, in addition to the curriculum-based HE, a module on sexual health, drugs, alcohol, tobacco and addiction is delivered for all 8th grade students (13-14 year olds) that lasts one day (6-7 hours). The module was developed and is organised by experts from the health care services, educational authorities, University of Applied Sciences, and health education teachers in schools.

Recommendations:

- Learning from the Tampere experience, give consideration to developing extra modules for health education in other countries, focussing on tobacco and addiction.
- Publish evaluations for consideration by TC policy makers considering formalising tobacco related education.

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