

# Emerging Findings from the Evaluation of Smokefree England

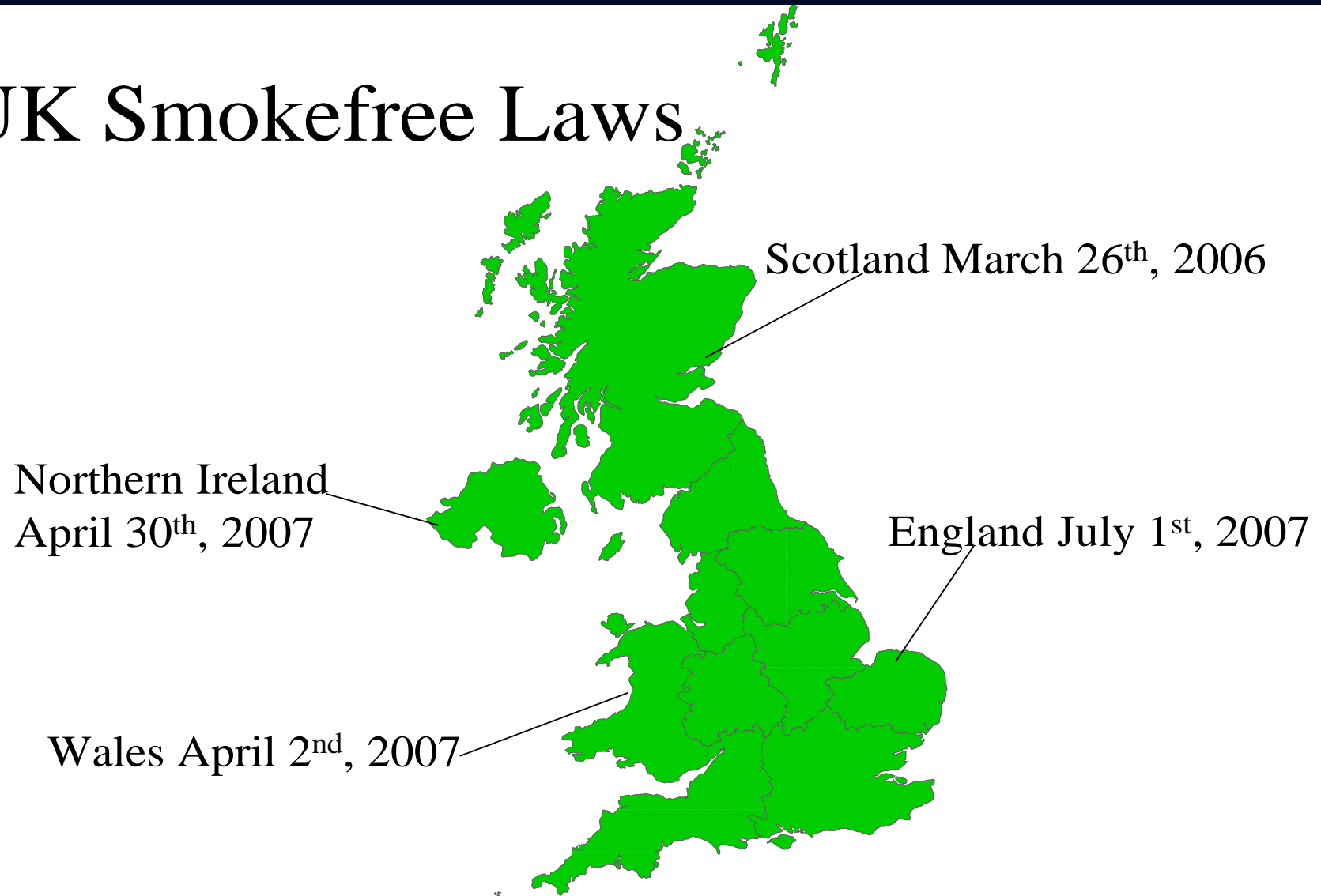
Linda Bauld



UK Centre for  
**Tobacco Control Studies**  
A UKCRC Public Health Research Centre of Excellence



# UK Smokefree Laws



# Scotland

- Scotland commissioned a comprehensive evaluation of smokefree legislation
- The evaluation was developed and coordinated by Health Scotland in conjunction with the Scottish Government and ISD Scotland.

Key findings to date include:

- a 17 per cent reduction in heart attack admissions to nine Scottish hospitals. This compares with an annual reduction in admissions for heart attack of 3 per cent per year in the decade before the ban (Pell et al, 2008)
- a 39 per cent reduction in second hand smoke exposure in 11-year-olds and in adult non-smokers (Akhtar et al, 2007, Haw et al, 2007)

# Scotland

Key Findings to date (cont'd):

- an 86 per cent reduction in secondhand smoke in bars (Semple et al, 2007)
- no evidence of smoking shifting from public places into the home (Phillips et al, 2007, Hyland et al, 2009)
- high public support for the legislation even among smokers, whose support increased once the legislation was in place (Hyland et al, 2009).

# England

Five studies have been commissioned by the Department of Health to evaluate the impact of England's smokefree law:

- Two of these (barworkers health study and communities study) have recently been completed
- Two have more recently commenced (secondary analysis of: health trends and data relating to the hospitality industry)
- A mapping exercise, tracking other research, is ongoing.

# Communities Study

## **Evaluation of Smokefree England: longitudinal qualitative study**

Steve Platt, Amanda Amos, Deborah Richie,

Gill Hight, University of Edinburgh

Claudia Martin, Scottish Centre for Social Research

Katrina Hargreaves, University of London

Martin White, University of Newcastle

Christine Godfrey, University of York

# Communities Study

## **Aim:**

To explore the behavioural, social and cultural impact of the smoke-free legislation at the individual and community level, in socio-economically contrasting localities in each country

# Study Design

- Longitudinal- data collected before and at several points after implementation of legislation
- Localities/case studies- 6
  - Inner city, low SES, large ethnic minority population
  - Inner city, mixed SES, youthful age structure
  - Outer sub-urban/semi rural (more affluent)
- Qualitative- repeat interviews with purposive sample of smokers, ex-smokers and stakeholders from each locality; focus groups with key groups; repeat discreet observations in a range of public venues
- Analysis- thematic, inductive (Framework)



# Perceptions of impact of legislation

- Awareness of the legislation almost universal at baseline
- Perceived lack of clarity among some about the meaning of 'enclosed public space' and therefore impact
- Most understood the health rationale for Smokefree, but less understanding of the meaning of passive smoking, with rejection of risk among some
- Generally held view that children are more vulnerable to SHS than adults
- Some stakeholders concerned about possible lack of knowledge about legislation among ethnic minority communities

# Anticipation of legislation (1)

- General sense of optimism about the impact of the legislation, especially among younger and more affluent participants eg quitting, health benefits
- Older and less affluent participants less inclined to think it would have an impact generally or on them
- Some concerns about potential socially isolating effects of the legislation and economic impact on some businesses eg bingo halls and pubs which lacked suitable outdoor spaces for smokers, particularly in less affluent areas

## Anticipation of legislation (2)

- Concerns about anticipated increase in outdoor smoking and effects on litter, noise, etc.
- Concerns about the potentially stigmatising effect of legislation on smokers
- Some smokers (generally more affluent) had prepared for legislation by cutting down or setting a quit date
- Affluent locations already had more no smoking areas or complete bans in public indoor spaces

# Impact on attitudes and behaviour

- Increased acceptance of legislation
- High degree of compliance, only a few minor infringements observed or reported
- General pattern of reduced consumption among participants in all locations, including cutting down and (to a lesser extent) quitting
- 89 panel members were smokers pre-legislation: 47 had cut down and 13 had quit post-Smokefree
- South Asian men may have found it difficult to maintain quit attempts due to cultural pressures in their peer groups to smoke.

# Impact on attitudes and behaviour

- Limited effect on smoking at work, most already had restrictions
- Few reported changes in social lives, but some evidence of reduced social outings among the less affluent
- Decreased tobacco consumption while out socialising in pubs, clubs etc
- This was due to the inconvenience and increased felt social stigma of smoking
- No evidence of significant displacement of smoking from public places to the home or increased smoking at home

# Differential effects of legislation

- Many findings which suggest differential effects of the legislation according to age, sex, social position, ethnicity
- Overall effect of these differences is hard to predict
  - Smokefree may have a greater impact on less affluent people overall, because of their higher prevalence of smoking and fewer restrictions pre-legislation
  - Findings from the Scottish study conducted by the same team suggest some of these may experience greater losses as well as benefits eg social isolation, increased stigma

# Barworkers Study

## Smokefree Bars 07

Sean Semple<sup>1</sup>, Audrey Naji<sup>1</sup>, Karen Galea<sup>2</sup>, Laura MacCalman<sup>2</sup>, Martie van Tongeren<sup>2</sup>, Scott Dempsey<sup>2</sup>, Brian Miller<sup>2</sup>, Ivan Gee<sup>3</sup>, Jon Ayres<sup>1,4</sup>

<sup>1</sup>University of Aberdeen, UK

<sup>2</sup>Institute of Occupational Medicine, Edinburgh, UK

<sup>3</sup>Liverpool John Moore's University, Liverpool, UK

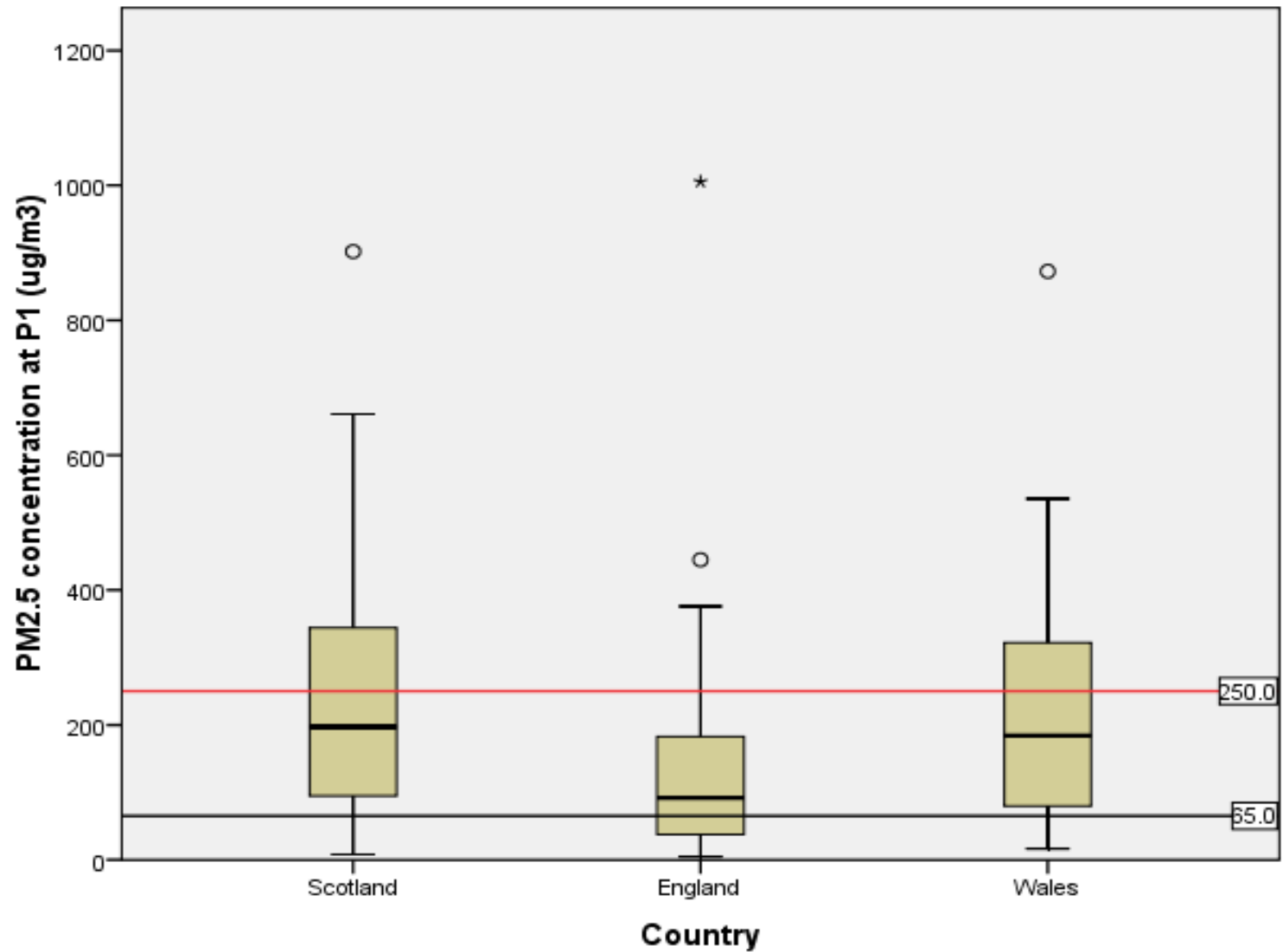
<sup>4</sup>University of Birmingham, UK

# Study design

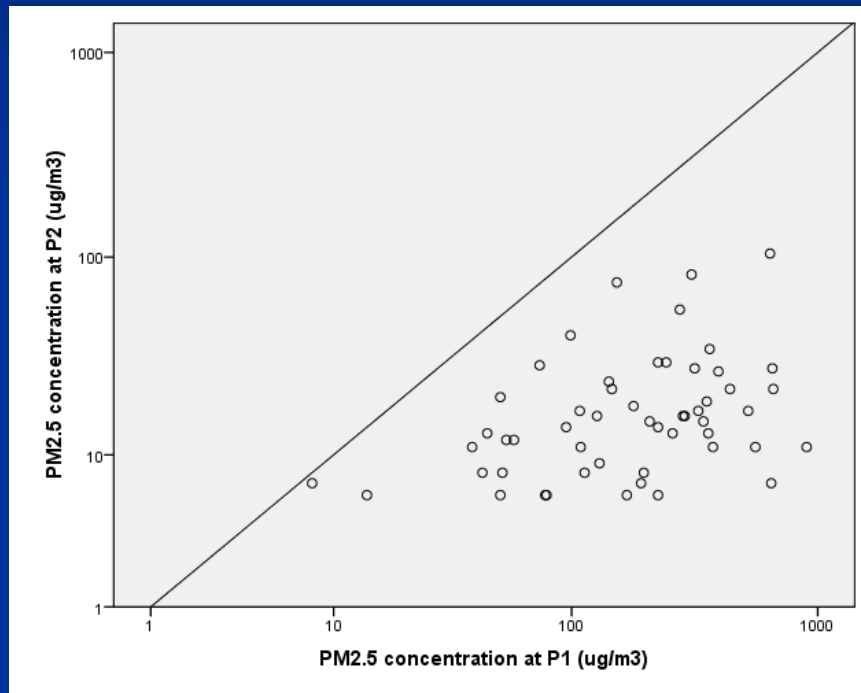
- Very similar to BHETSE in Scotland
  - Lung function testing, health questionnaire and salivary cotinine of 240 bar workers
  - Measurement of air quality in 45 bars pre and post smoke-free change
  - 4 centres
- Longitudinal study
  - Baseline (Phase I), + 2 months post-legislation (Phase II), +12 months post-baseline (Phase III)
  - Attempted at Phase I
    - Bar customers survey (health questionnaire and salivary cotinine)
    - A postal survey of an additional group of bar workers to cover wider range of geographical areas
    - Poor response- not continued beyond Phase I



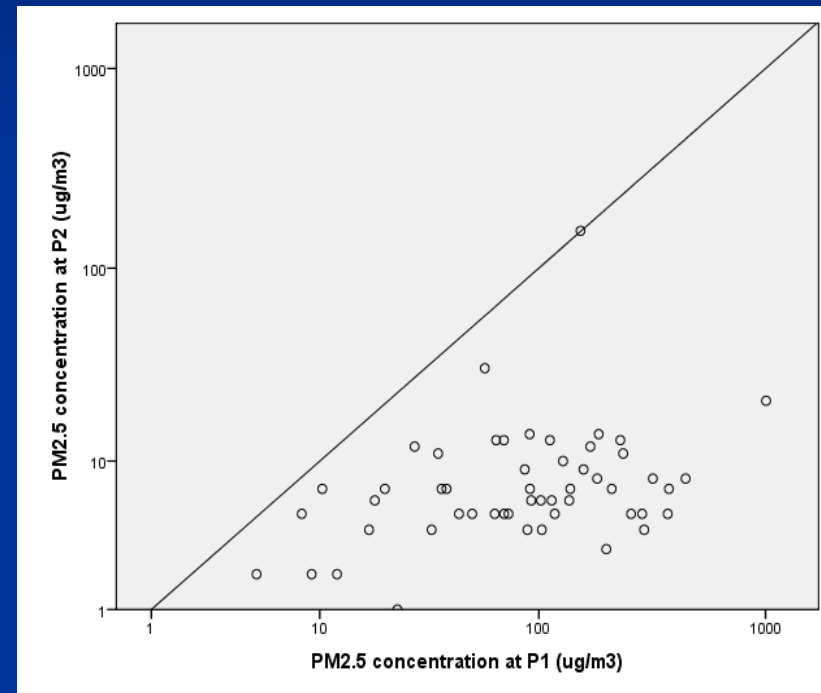
# Pre-legislation ETS levels in bars



# PM<sub>2.5</sub> reductions in bars in Scotland & England at 2-months post-ban

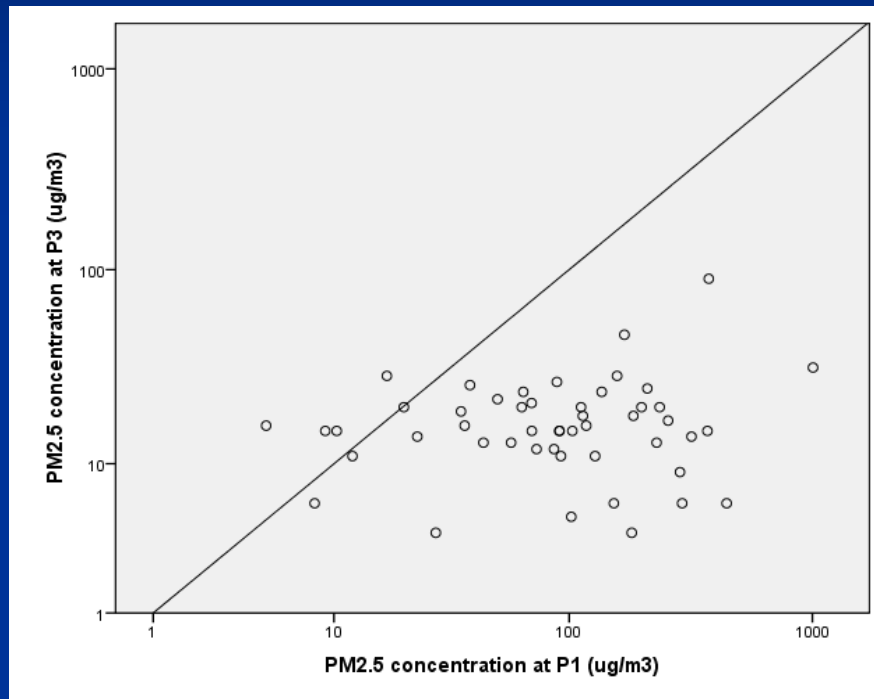


Scotland

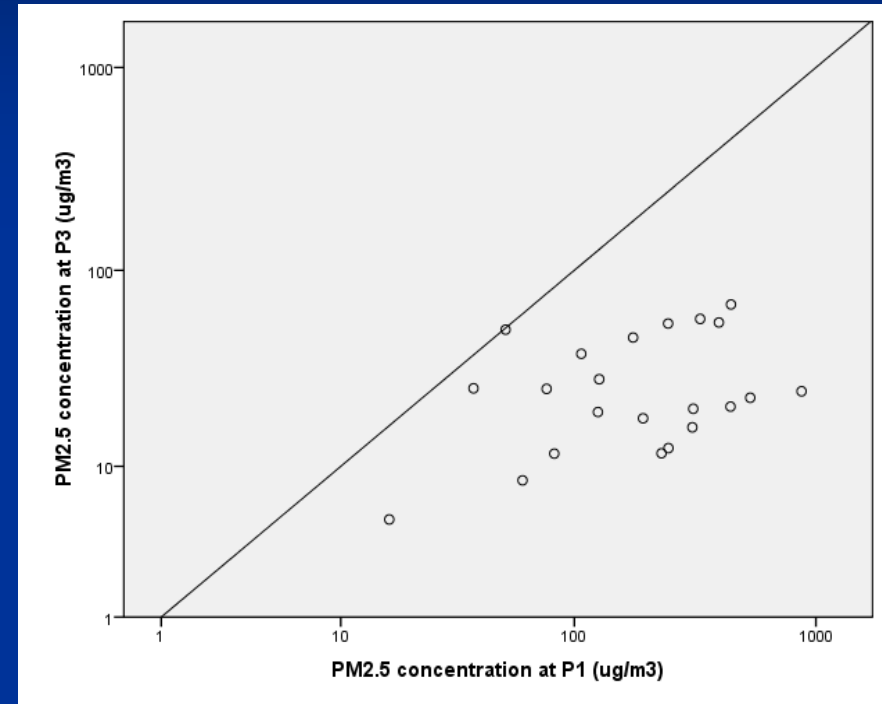


England

# PM<sub>2.5</sub> reductions in bars in England & Wales at 1-year post-ban



England



Wales\*

\* Data collected by Odette Parry at NUWI

# Smokefree Bars 07 Summary

- ETS exposure reductions are large and similar to those seen in Scotland and Wales- 85-90%
  - consistent across the various metrics
  - some indication of exposure increases from P2 to P3.
  - need for continued enforcement?
- Attitudes strongly in favour of legislation at P1 and strengthened at P2 and P3
  - Economic concerns reduced at P2 but increased again at P3 (start of 'credit crunch'? or real legislation effect on sector?)
- Self-reported symptoms show statistically significant improvements between P1 and P3
  - Workers reporting any respiratory symptom down from 67 to 40%
  - Workers reporting any sensory symptom down from 62 to 38%
- Results very similar to those found in other countries
- Some challenges: Follow-up of young, mobile population was extremely difficult: particularly in London (19% follow-up by P3) and serial lung function testing of volunteers in the field is problematic

# Secondary Analysis of Health Trends

Anna Gilmore, Michelle Sims, Linda Bauld, Ken Judge, Gordon Taylor – University of Bath (with London Health Observatory)

- Examining changes in smoking behaviour and prevalence through time
- Exploring impact on SHS exposure in adults and children
- Current focus is on reduction in hospital admissions for heart disease.

# Economic Impact

Anne Ludbrook and colleagues, University of Aberdeen

Scoping study:

- Analysis of employment effects in Scotland and England using the Labour Force Survey (up to Dec 2008)
- Investigation of other official and commercial data sources to explore turnover and profitability in the hospitality industry.

# Other research: Quit attempts (1)

*Emerging findings from the analysis of Smoking Toolkit survey data suggest that:*

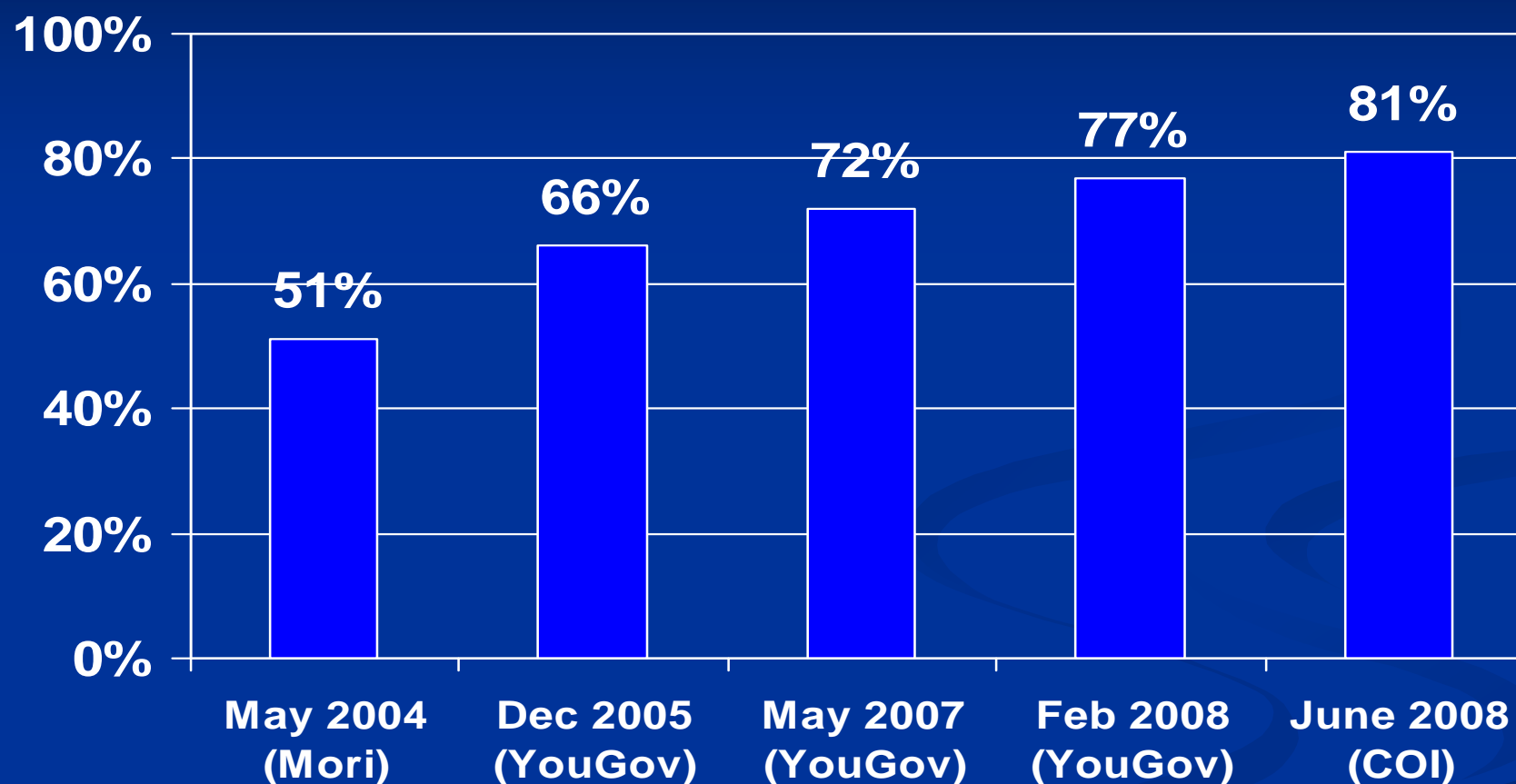
- A significant proportion of smokers (20%) reported an intention to quit prompted by smokefree in each monthly survey between February and June 2007
- The % of respondents planning to quit before the ban came into force decreased over time, from over 18% in March 2007 to 7% in June.

## Other research: Quit attempts (2)

- However, some did make a genuine quit attempt as a result of smokefree
- A greater percentage of smokers reported making a quit attempt in July and August 2007 (8.6%) compared with in July and August 2008 (5.7%)
- This equates to a significant increase in the percentage of smokers attempting to stop, equivalent to over 300,000 additional smokers trying to quit in England.



# Other information: Public Opinion



Proportion of surveyed adults in England in favour of smokefree legislation

# Thank You

[L.Bauld@bath.ac.uk](mailto:L.Bauld@bath.ac.uk)

[www.ukctcs.org](http://www.ukctcs.org)