



Strategy for Smokefree Homes in Bristol

***A strategy to reduce the health damage
caused by secondhand smoke***

**Produced by the Communities Group of the Smoke-free Bristol
Steering Group**

December 2007

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Acknowledgments

The analysis of research and work in other cities (e.g. Leeds) to inform the smokefree homes strategy was undertaken by Linda Vousden (Health Visitor) with support from Katie Porter, Angela Raffle, Ardiana Gjini, Ruth Kipping and Kirsty Hulme-Jones. Linda Vousden and Katie Porter worked with health visitors and other staff to develop the action plan for the strategy.

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Glossary

Avon and Wiltshire Partnership NHS Trust	<i>Local NHS provider of care and services for people with mental health problems.</i>
Bristol City Council	<i>Local Government body responsible for a wide range of local services.</i>
Bristol Partnership	<i>A city-wide partnership of 30 organisations / networks, working together to make Bristol a better place to live in, work and visit. See www.bristolpartnership.org/</i>
Bristol Primary Care Trust	<i>Local NHS organisation responsible for commissioning health services, providing community services, overseeing payments to GPs, opticians, dentists and pharmacists, and improving the health of the population of Bristol.</i>
Bristol Smoking Advice Service	<i>A service run by the Bristol Primary Care Trust, that helps smokers who want to quit, works throughout the city to raise awareness of the harms of smoking and the benefits of clean air, and assists workplaces with implementation of clean air policies.</i>
Bronchiolitis	<i>Bronchiolitis is a respiratory condition that most commonly affects babies less than two years old. Bronchiolitis occurs when small airways in the lungs called the bronchioles become infected and inflamed, leading to a build-up of mucous.</i>
Child and Adolescent Mental Health Services (CAMHS)	<i>Provider of care and services for children and adolescents with mental health problems.</i>
Cochrane Review	<i>A Cochrane Review is a systematic, up-to-date summary of reliable evidence (usually randomised controlled trials) of the benefits and risks of healthcare interventions.</i>
Community Group	<i>A sub-group of the Smoke-free Bristol Steering Group which focuses on protecting the public from the damage caused by smoking in community settings.</i>
Cotinine	<i>A metabolite of nicotine which is used as a marker of exposure to smoke.</i>
Knowledge, Resource & Information Service (KRIS)	<i>An NHS information service in Bristol and South Gloucestershire which provides healthcare practitioners with resources to help with their work and the knowledge to help make practice evidence based.</i>
Malignant lymphoma (in cats)	<i>A tumour of a type of white blood cell (lymphocyte). The cancer can affect lymph nodes (or lymph 'glands') in the body or a wide variety of other tissues.</i>
Neighbourhood Renewal	<i>Neighbourhood Renewal is a Government initiative whereby Councils are given funding to tackle the renewal of poor communities. Neighbourhood Renewal Funding aims to change the way in which mainstream services operate so that they address the needs of deprived communities more effectively, and reduce the gap between deprived communities and the rest of the country.</i>

North Bristol NHS Trust	<i>The organisation responsible for running hospital services in North Bristol, including Southmead and Frenchay Hospitals.</i>
Prevalence	<i>A measure of the proportion of people in a population affected with a particular condition at a given time.</i>
Public Health Directorate	<i>Team of staff, including public health consultants and specialists and health promotion and community development staff, within the Bristol Primary Care Trust</i>
Secondhand smoke (SHS)	<i>The smoke inhaled by an individual not actively engaged in smoking. It contains the same harmful chemicals that smokers inhale.</i>
Seven smokiest (electoral) wards	<i>Filwood, Whitchurch Park, Lawrence Hill, Hartcliff, Windmill Hill, Bishopsworth and Easton, based on analysis in 2005 using data from a range of sources</i>
Smokefree	<i>No smoking in enclosed spaces.</i>
Smoke-free Charter	<i>The Bristol Partnership's determined action to protect the public from the health damage caused by tobacco</i>
Smoke-free Bristol	<i>A five-year plan, adopted by the Bristol Partnership, to protect the public from the harmful effects of secondhand smoke and to reduce the health and economic damage and inequalities caused by tobacco. See www.smokefreebristol.org.</i>
Sudden infant death syndrome (cot death)	<i>Sudden infant death syndrome (SIDS) is also known as cot death. It is the sudden unexpected death of an apparently well baby aged from birth to two years, although most deaths from SIDS occur during the first six months.</i>
The Royal College of Physicians	<i>The Royal College of Physicians is a registered charity that aims to ensure high quality care for patients by promoting the highest standards of medical practice.</i>
United Bristol Healthcare NHS Trust (UBHT)	<i>The organisation responsible for running hospital services in central Bristol, including the Bristol Royal Infirmary, Bristol Royal Hospital for Children, St Michael's Hospital, etc.</i>

Summary

The Bristol Partnership signed a Smoke-free Bristol Charter in January 2005, initiating a five-year plan to protect the public from the harmful effects of secondhand tobacco smoke and to reduce the health and economic damage and inequalities caused by tobacco. The Smoke-free Bristol plan aims to establish smokefree workplaces, public places, community buildings and homes.

A Steering Group for Smoke-free Bristol was established with five working groups. The community working group has produced the smokefree homes strategy.

The key points of the strategy are:

- Scientific evidence has unequivocally established that exposure to secondhand smoke causes death, disease and disability.
- The health effects of secondhand smoke are well documented for children and adults. Children are particularly vulnerable due to faster breathing rates, smaller airways and immature immune systems.
- The smokefree homes strategy aims to increase the number of smokefree homes in Bristol and to reduce the impact on health of secondhand smoke, particularly on vulnerable groups.
- The smokefree homes strategy aims to foster partnership working with the many organisations that come into contact with the public, initially targeting those that have regular contact with parents of young children and other vulnerable groups.
- The smokefree homes strategy outlines work which is underway and further work to be developed to reduce smoking in homes. The work includes raising awareness through media campaigns, interventions from healthcare practitioners, data collection and specific support in neighbourhood renewal areas to promote smokefree homes.

The strategy is available to staff and the public via the following organisation's websites: Bristol PCT, Care Forum, Smoke-free Bristol, Bristol Partnership and VOSCAR. Paper copies are available from the public health directorate at Bristol PCT.

1. Introduction

The Bristol Partnership signed a Smoke-free Charter in January 2005¹, initiating a five-year plan to protect the public from the harmful effects of secondhand smoke and to reduce the inequalities caused by smoking. It involves all sectors of the wider Bristol community including private, voluntary and public sectors. The Smoke-free Bristol plan aims to establish smokefree workplaces, public places, community buildings and homes¹. The work is overseen by five working groups: public services, communications, workplace, community, and monitoring groups. Membership includes representatives from many organisations. The smokefree homes strategy has been produced by the community working group. A draft strategy was issued for consultation in August 2007, and publicised via local news media. Sixteen responses were received and have been incorporated into the November 2007 version.

2. Policy context

Smokefree legislation was introduced in England in July 2007, which requires all enclosed workplaces and public places to be smokefree¹. Opponents of smokefree legislation have argued that it could lead to greater smoking in homes, thereby increasing children's exposure to SHS. This claim is not supported by any evidence, and experience from other countries with smokefree legislation suggests the opposite effect. Evidence from a systematic review showed that overall there was a 4% reduction in smoking prevalence associated with smokefree workplaces². The impact on the prevalence of smoking in England from completely smokefree workplaces is likely to be in the region of 1.7% because some workplaces already have restrictions³. There is a growing body of international evidence showing that comprehensive smokefree legislation contributes to reduced smoking in the home:

- Seven years after the smoking ban in California the proportion of children and adolescents living in smokefree homes increased from 38% to 82.2%⁴.
- Two years after the smoking ban in New York City, the exposure to secondhand smoke (SHS) in the home decreased by 35%⁵.
- A study in Ireland found there was an increase in the percentage of smokers who made their homes smokefree - from 80% to 85% after the law was implemented⁶.

Broader national policies^{7,8} for public health and for children in England include reducing health inequalities by empowering people to make healthy choices and by focusing on early intervention. These elements have been incorporated into this strategy.

The target chosen by the Bristol Partnership's Health and Wellbeing Delivery Group, for monitoring progress, is that the percentage of households with a smoker measured by Bristol's annual Quality of Life Survey, in the seven smokiest Bristol wards, should reduce by 1% each year.

¹ The smokefree legislation allows for smoking in some residential settings. Adult residential care homes can allow smoking in bedrooms or in a smoking room. Homeless hostels can have a smoking room. Hotels and Bed and Breakfast businesses can allow smoking in bedrooms. Her Majesty's Prisons are Crown properties and are excluded from English legislation. Private prisons can have smoking in cells if only smokers are in the cell and they can have a smoking room. Prisons for young offenders (aged under 18) have to be smokefree.

3. Review of the evidence

3.1 Effects of secondhand smoke (SHS)

Scientific evidence has unequivocally established that exposure to SHS causes death, disease and disability⁹. The health effects of secondhand smoke are well documented and are shown in table 1 for children and adults. People exposed to secondhand tobacco smoke have increased risks of lung cancer, heart disease, asthma and cot death in babies. Just one to two hours of smoking a day in the home is enough to double the risk of cot death for a baby. Children are particularly vulnerable due to faster breathing rates, smaller airways and immature immune systems¹⁰.

Table 1 Effects of secondhand smoke

Children	Adults
Lower birth weight: babies born to mothers who come into contact with SHS have lower birth weight (28 grams less) ¹¹ .	Lung cancer: an increased risk of 24% in non-smokers exposed to SHS compared to those not exposed ¹² .
Sudden infant death syndrome (cot death): the UK Confidential Inquiry into stillbirths and death in infancy estimates that where only the father smokes, the risk of sudden infant death is increased by 2.5 times and if both parents smoke the risk is increased by four times ¹³ . The risk of sudden infant death syndrome doubles if a baby is exposed to 1-2 hours of tobacco smoke a day (compared to no smoke), and the risk of death continues to increase as the hours of exposure increases ¹⁰ .	Reduced lung function: an association with SHS and reduced lung function and asthma is significantly increased by recent exposure to SHS ¹⁴ .
Lung cancer: children who are exposed to SHS are at a higher risk of developing lung cancer in later life as adults. Children exposed on a daily basis and for many hours face three times the risk of lung cancer than those growing up in smokefree environments ¹⁵ .	Heart disease: the relative risk of ischaemic heart disease attributable to SHS is 23%. There is evidence that even low levels of exposure increase the risk ¹⁶ . The increased risk of ischaemic heart disease from SHS at home is 17% ²¹ .
Respiratory disease: SHS can cause asthma and increases the severity of the condition of those already affected. Children whose parents smoke at home are twice as likely to have asthma symptoms all year round, compared to children of non-smokers ^{17,18} . SHS is associated with reduced lung function in children and a higher incidence of respiratory tract infections, including bronchiolitis, croup, breathlessness, phlegm, coughing and wheezing ^{21,22,23} . Infants aged 0-2 have a 71% increase in lower respiratory tract infections and children aged 0-6 have a 57% increase in risk ¹⁹ .	Death: SHS at home may account for 2,700 deaths in those aged 20-64 and 8,000 in those aged over 65 ²⁰ .
Middle-ear disease and recurrent ear disease are more common in children exposed to second hand smoke ^{21,22,23}	
Smoking: children who grow up with smokers are three times more likely to become smokers themselves ^{24,27}	
School absence: increased due to respiratory disease ^{21,22,23}	

Secondhand smoke not only adversely affects humans, it also has an impact on household pets and animals. For example, exposure to SHS may double the risk of malignant

lymphoma in cats²⁵, triple the risk of lung cancer in dogs and cause eye or respiratory problems for birds²⁶.

3.2 Levels of exposure

Exposure to cigarette smoke from secondhand smoke is equivalent to about 1% of that associated with active smoking²⁷ and there is a dose-response relationship, so that the greater the exposure, the greater the concentration of cotinine (a marker of exposure to smoke) and the greater the risk of disease. Where the mother smokes, the cotinine levels in children are equivalent to the child smoking 50 cigarettes a year and this rises to 80 cigarettes a year where both parents smoke²⁷.

Estimates of the exposure to smoking in the home vary; some studies estimate that when the prevalence of smoking by age group and the number of individuals who live alone is taken into account the estimated prevalence of passive exposure at home is 13%²⁰; others estimate that 50% of all children in the United Kingdom are exposed to secondhand smoke in the home²⁷. It is clear that children from more deprived backgrounds have greater exposure to SHS.

Children with a parent who smokes, but who does not smoke in the home, have lower levels of cotinine compared to children who live in a home without a policy to keep the home smokefree (0.44ng/ml cotinine compared to 2ng/ml). From 1996-2003 the proportion of homes with a smokefree policy were as follows:

- 32% of homes where only the father smoked
- 16% of homes where only the mother smoked
- 9% of homes where both parents smoked

Cotinine concentrations in all non-smoking children almost halved between 1988 and 1998 in children aged 11-15 in England. This reduction was largely due to reductions in exposure in children from non-smoking households and to decreases in the percentage of parents who smoked. However, children living with mothers or fathers who smoked experienced little reduction in exposure²⁸.

Local surveys in Bristol suggests that 34% of adults smoke²⁹. Amongst respondents to the Bristol Quality of Life Survey 31% of households are reported to be occupied by at least one person who smokes³⁰. This is likely to be an underestimate of the true picture. A detailed face to face interview survey in Bristol's Neighbourhood Renewal Areas found that in 41% of the households surveyed it was reported that someone smoked regularly indoors³¹.

3.3 Effects of smoking restrictions in the home on smoking behaviour

There is evidence that smokers living in a totally smokefree home are more likely to attempt to quit smoking³², abstain from smoking for six months and have longer times to relapse³³.

Smokefree homes are associated with adolescents being less likely to try or start smoking, even when parents or friends are smokers^{34,35,36}. In addition, adolescents who live in smokefree homes are less likely to regard smoking as socially acceptable and have a lower perception of the prevalence of adult smoking in their local community³⁷.

3.4 Smoking in homes and fire

Smoking in the home also brings a risk of serious fires resulting in death and injury. Fires caused by smoking kill more people than any other kind of fire, accounting for one third of all accidental fatal fires in the home. In 2005, 110 deaths and over 1000 injuries occurred in the UK as a result of fires caused by smoking. There is a six-fold increase in the risk of death and

double the risk of injury from fires caused by smoking materials compared with other fires³⁸. In Ireland fears were raised about the potential for fire deaths to increase once pubs were smokefree. There is no evidence that this has happened. Smoking-related fire deaths tend to occur between midnight and 6am rather than during usual pub opening hours. Messages to the public about the dangers of home smoking need to include the issue of fire risk as well as the health damage from secondhand smoke.

3.5 Reducing smoking in homes

Strategies to reduce smoking in homes have included raising awareness through media campaigns, interventions from healthcare practitioners and campaigns to promote smokefree home pledges.

In July 2003 there was a hard-hitting Department of Health advertising campaign using television adverts, billboards, education materials for health professionals and messages on bibs for babies. The adverts showed babies 'exhaling' smoke and used the logo "If you smoke, I smoke". Prior to the campaign 28% of respondents spontaneously said that secondhand smoke was a risk to children's health and this rose to 50% after the campaign³⁹. 19% of smokers claimed that they had stopped smoking around children.

A Cochrane Review of family and carer smoking control programmes concluded that there is not enough evidence to show which interventions are most effective for decreasing parental smoking and preventing exposure to tobacco smoke in childhood⁴⁰. Brief counselling may help in some settings and there is limited evidence for intensive counselling with parents who smoke.

Strategies have been developed in other cities which promote gold, silver and bronze awards related to the degree of smoking restrictions in areas of the home. Incomplete smoking restrictions in homes provide only a limited protection from secondhand smoke because the smoke circulates through the home. There are also practical difficulties with keeping children away from designated 'smoking areas'.

The Royal College of Physicians' review of methods to reduce smoking in the home concluded that the most effective means of protecting children from SHS is to encourage parents to give up smoking or, if they carry on, to not smoke in the home²⁷.

3.6 Barriers and motivations to behavioural change

There are a number of barriers which can make it difficult for individuals to change their behaviour to make their home smokefree. These include:

- Lack of knowledge of health effects of a smoky home
- Lack of belief in ability to create a smokefree home
- Restricted mobility due to health problems or disability which makes it difficult to go outside
- Lack of places to go outside e.g. high-rise flats
- Low self-esteem or lack of confidence to make changes
- Lack of control over home situation

4. Aims and objectives

The smokefree homes strategy aims to reduce the health damage caused by secondhand smoke in homes in Bristol. The long-term goal is to increase the number of smokefree homes in Bristol and reduce the impact on health of secondhand smoke, particularly on vulnerable groups:

- children
- people with asthma
- people with angina
- people who have had a heart attack
- pregnant women
- people who have cystic fibrosis.

The objectives of the strategy are:

- to increase the awareness of the impact of secondhand smoke on health
- to encourage people to make their homes smokefree
- to reduce levels of smoking in homes in line with the Smoke-free Bristol targets
- to monitor rates of smoking in the home in families with babies.

The strategy requires a multi-agency approach with clear messages to the public about the damage caused by secondhand smoke. Some individuals and families will need additional support to make changes. Certain groups will require extra input to raise awareness and additional support to change, i.e. children in care, adults with mental health issues or learning difficulties. Information leaflets will be made translated for those who do not read English and a large print version will be made available for those with visual impairments. The strategy needs to consider staff training in the techniques of motivational interviewing, together with practical tips.

5. Current work

Work to support smokefree homes is underway in Bristol in the areas of data collection, training, communication, raising awareness, support to families and work in neighbourhood renewal areas. Two smokefree homes workers are working with communities and families to support the work (see table 2 on next page and appendix 1 for more detail). The work aims to address the barriers to change identified in section 2.5.

The Health Visiting workforce has already begun to tackle the issue of protecting children from secondhand smoke in the home by discussing the risks with all new parents and by offering practical advice and encouragement about achieving a smokefree home. A system for recording this in the infant health record relating to the 8 to 10 month check has now been introduced in Bristol (see "The Recording of Parent/Carer Interviews for Infants in Bristol. Report to the SFB community group September 2007"), and is in the process of being adopted in South Gloucestershire and North Somerset. Results from this recording process during April to September 2006 found the following:

- 22.4% of visits to parents in Bristol with a baby aged 8-10 months recorded information about smoking in the home
- 39% parents reported someone in the household smokes
- 30% parents reported that they have regular visits from someone who smokes
- 22% parents reported that someone, including visitors, smokes in the home

- 72% parents reported that they felt it is 'very' important for children not to be in a smoky atmosphere at home.

Table 2 Current work on smokefree homes

Areas of work	Detail
Health Visitor Service	Health Visiting teams are routinely giving advice about SHS and are recording this as part of the 8-12 month assessment which is entered onto the child health system. The data collection form has been revised for 2007.
Training	Training about smoking in the home and to encourage staff to raise awareness of second hand smoke has been provided to: <ul style="list-style-type: none"> • Youth workers • Play workers • Health visitors • Foster carers
Communication	<ul style="list-style-type: none"> • Department of Health media campaigns were run during 2007 on secondhand smoke • Local Information resources and publicity materials are being developed to support local work • A 'smokefree homes' section of the www.smokefreebristol.org website is being developed
Raising awareness	See the listings in the action plan Appendix A
Support to families	Support is offered by NHS and council staff from different teams using evidence-based motivational interviewing techniques
Neighbourhood Renewal areas	Two smokefree homes workers are working in neighbourhood renewal areas with families and community groups to provide support to make homes smokefree.

6. Action plan

The action plan (see appendix A) outlines current work and new areas of work. The first three objectives of this strategy (see section 3 above) are relevant to the majority of actions. The fourth objective (monitoring of smoking in homes with babies) is only relevant to the work of health visitors.

The new areas of work in the action plan include:

- monitoring the data collected by health visitors on levels of smoking in homes with babies
- monitoring data to be collected by GPs in Southmead
- a local media campaign during 2007/8 building on the secondhand smoke national campaign
- regular training for groups of staff including youth workers, housing officers, practice staff and health link workers.
- developing a toolkit for health visitors
- developing publicity materials, including posters, leaflets, display stands
- exploring possibility of publicising smokefree homes using calendars, bus tickets and car parking tickets
- developing the Smoke-free Bristol website
- targeted work with respiratory nurses, paediatricians, cardiac rehabilitation staff, smoking cessation pregnancy advisors, youth workers, play workers and health

visitors in order to reach the groups identified in section 3 who are most vulnerable to the effects of smoke

Bristol PCT funds one permanent full-time smokefree homes advisor (Kirsty Hulme-Jones) who concentrates on training workers about smokefree homes and implementing the smokefree homes strategy.

A large selection of leaflets and resources are available from the Knowledge, Resource & Information Service (KRIS). Gasp produce an 'Activity Pack on Smoking Issues for Teachers and Youth Workers' and a 'Smokefree Homes Action Pack'. Resources are also available from the Smoke-free Bristol website.

- www.avon.nhs.uk/kris/
- www.gasp.org.uk/
- www.smokefreebristol.org/

7. Monitoring

The action plan will be led by the Smokefree Homes Advisor and monitored at the quarterly meeting of the communities working group of Smoke-free Bristol.

The Smokefree Homes Advisor will work with all the different staff groups to ensure that new members of staff are trained and provide continuing support for the smokefree homes work.

The Smoke-free Bristol Steering Group will continue to monitor the effect of the strategy using responses in the boosted Neighbourhood Renewal survey of smoking in the home in the 7 smokiest wards, data from the Health Visitors monitoring and a range of other data.

Kirsty Hulme-Jones
Smokefree Homes Advisor
Chair of the Smokefree Bristol Communities Group
December 2007

Appendix A: Bristol Smokefree Homes Action Plan

Developing work 2006–08 and mainstream work 2009–10

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
Bristol PCT	Smokefree Advisor (Public Health)	Contact all people committed to the strategy and deliver training where required Develop new commitments to smokefree homes with other organisations Develop publicity materials for SF Homes.		August 2007 onwards	Smokefree Advisor: Kirsty Hulme-Jones	Leaflets Exhibition material Toolkits
	Smokefree Advisors – Neighbourhood Renewal Areas (1FTE)	Work in Neighbourhood renewal areas to raise awareness of smokefree homes with individuals and community groups Train staff at Children's Centres in neighbourhood renewal areas Awareness raising on impact of SHS on animals and distributing posters to vets	All opportunities	September 2006- March 08	Neighbourhood Renewal: Wendy Parker, Senior Health Promotion Specialist	Leaflets Exhibition boards Toolkits
	Bristol PCT Communications Team and Public Health	Local media campaign	All opportunities	Launch of SF Homes strategy	Communications Manager: Julie Hendry	Press Release

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
Bristol PCT	Smoking Cessation Pregnancy Advisors	Encourage quitters to have smokefree homes	During pregnancy and post-natal period	Ongoing	Bristol Smoking Advice Service Manager	Leaflets Training at Team Meeting
	Bristol Smoking Advice Service Support to Stop Smoking Advisors	To encourage quitters to have smokefree homes	During quit attempt	Ongoing	Bristol Smoking Advice Service Manager	Leaflets Training at Network Meeting
	HV Managers	Select HV lead for each patch/locality	-	May 2007	Health Visitor Professional Lead: Susan Whitehead	-
	HV Tobacco Free Network	To produce a Toolkit on Smokefree Homes/ giving up smoking, and train 'lead HV's' to use Toolkit	-	Ongoing	Health Visitor Professional Lead: Susan Whitehead	Administrative support Support from HV professional lead
	Health Visiting teams	Encourage and support parents to have smokefree homes Data collection	Targeted anti-natal contacts Primary visit (10-15 days) Post natal contacts, and any casualty attendance/hospital admissions follow-up At 8-12 month health needs assessment - in Child Health record and on Health Centre IT Systems	Ongoing	Associate Director Children and Specialist Services: Thelma Howell (Kate Sutor) Health Visitor Professional Lead: Susan Whitehead	SF Homes Toolkit Leaflets Forms, inputting support from child health records

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
Bristol PCT	Health Visiting teams	Encourage and support parents to have smokefree homes Data collection	Targeted anti-natal contacts Primary visit (10-15 days) Post natal contacts, and any casualty attendance/hospital admissions follow-up At 8-12 month health needs assessment - in Child Health record and on Health Centre IT Systems	Ongoing	Associate Director Children and Specialist Services: Kate Sutor Health Visitor Professional Lead: Susan Whitehead	SF Homes Toolkit Leaflets Forms, inputting support from child health records
	HV Practice Education Facilitator	To put HV Toolkit in HV students' 'Smile' folder	-	July 07	HV Practice Education Facilitator: Amanda Hendry	Toolkit
	Community Nurse Teams	Encourage patients to have smokefree homes. Discuss risk minimisation if unable to go outside and not to smoke when nurse and grandchildren visit.	During home visits to patients with chronic disease.	Ongoing	Associate Director of Provider Services (Adult Services): Helen Lockett	Leaflets
	Community Nurse teams – Health Care Assistants	Encourage patients to have smokefree homes. Discuss risk minimisation if unable to go outside and not to smoke when nurse and grandchildren visit.	During home visits to patients with chronic disease.	2007/08	Locality Manager: Jan Huckle (Helen Stanford)	Leaflets Training for Health Care assistants

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
Bristol PCT	GPs	Discuss smokefree homes at appropriate consultations, ie asthma, respiratory conditions. Southmead practice to pilot recording data on IT system.	At all appropriate consultations	2007/08	PEC chair: Dr Will Warin	Leaflets Training at selected Health Centres
	Practice Nurses	Encourage smokefree homes. Raise awareness of health effects.	At appropriate consultations	Ongoing	Clinical Training Manager: Marilyn Butt	Leaflets
	Walk-in Centre staff	Encourage smokefree homes Raise awareness of health effects	At consultations for conditions exacerbated by smoking in the home	2007/08	City Centre & South Bristol: Collette Harvey	Exhibition materials Training of staff
	Disabled Adults Resource Team (DART)	To introduce question on smoking in the home in assessment process To discuss methods of risk reduction for staff as many clients are restricted to the house Promote smokefree homes during visits from Team and stress importance of smokefree homes where children live or visit.	At initial home visits By staff at time of assessment process	Ongoing	Team Manager Disabled Adults Resource Team: Julie Collison	Health promotion information adapted to meet individual client access needs.
	Intermediate Care (Including Rapid Response Team)	Discuss smokefree homes with clients Protect staff from SHS	At appropriate visits Assess risk and carry out risk minimisation	2008	Intermediate Care Manager: Karen Cole	Leaflets Training of staff

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
Bristol PCT	Health Link Workers	To encourage and support clients to have smokefree homes	At appropriate visits and consultations as part of advocacy /interpreting service	2007/08	Locality Manager Children's and Specialist Services: Aileen Davies	Training of Health Link workers at monthly Health Link team meeting Leaflets
	NHS Direct	Discuss SF Homes as a first step to quitting and raise awareness of local resources	Health Information Advisors to discuss with callers	2008	NHS Direct Lead Nurse: Cecily Cook	Talk at Health Information Advisor meeting Leaflets Website information
	Emergency Ambulance services Paramedics	Paramedics to discuss smokefree homes if treating a respiratory problem at home	At call-outs for respiratory conditions	2008	Medical Director: Stephen Rawstone	Training of paramedics
Great Western Ambulance Trust	Respiratory nurses, Cardiac Rehab, Paediatricians	Discuss smokefree homes at appropriate consultations, ie asthma, respiratory conditions	At all appropriate consultations	2008	Medical Director: Dr Michael Morse	Training for staff Leaflets
North Bristol NHS Trust	Community Midwives	To promote and support families to have smokefree homes	During pregnancy and post-natal period	Ongoing	North Bristol NHS Trust, community Midwifery Managers: Rachel Fielding Ann Remmers	Leaflets Resources to be given out at initial visits
	Community Paediatric doctors	To raise awareness of smoking in the home and promote smokefree homes	At appropriate consultations	Paediatrician Grand Round in May 07		-
	Child and Adult Mental Health services (CAMHS)	To raise issue of smokefree homes, if appropriate, at consultations	At home visits	Ongoing	Specialist Director for Community Child Health: Kevin Hewitt	Leaflets

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
UBHT	All staff to raise awareness	To have good supply of leaflets and posters at focal points including cardiac and respiratory wards & out-patient areas Displays to raise awareness	At all times 2 x a year at key focal points	Ongoing	Bristol Children's Hospital Director of Nursing Public Health Smokefree Homes Advisors	Leaflets and posters Leaflets Exhibition material
	Community Midwives	To promote and support families to have smokefree homes	During pregnancy and post-natal period	Ongoing	Manager for Community Midwives: Sarah Windfeld	Leaflets Resources to be given out at initial visits
	Respiratory nurses	To advise that smokefree homes will help with the condition	At consultations for conditions exacerbated by smoking in the home	2008	Bristol Royal Infirmary Respiratory Nurse Team	Assertiveness guides on smokefree homes
	Cardiac Rehab nurses	To advise that smokefree homes will help with the condition	At consultations for conditions exacerbated by smoking in the home	2008	Bristol Royal Infirmary Cardiac Rehab Nurse: Caroline Lapin	Assertiveness guides on smokefree homes
	Paediatricians	To raise awareness of smoking in the home and promote smokefree homes	At appropriate consultations	Paediatrician Grand Round in May 07	Consultant Paediatrician: Dr Tim Chambers	-
	Physiotherapy Inspire Team (for patients with COPD)	Address issue of SHS and smokefree homes with clients	At any home visit and during rehabilitation programme	Ongoing	Respiratory Nurse Specialists: Sarah-Jane Peffers Claire Madson	-

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
Avon & Wiltshire Mental Health Partnership	Initial assessor	Assess risk of SHS to staff at initial assessment and minimise risk Advise on smokefree homes as appropriate	At first meeting and any subsequent meeting when it is of relevance	2008	Director of Nursing: Patrick McKee	Leaflets
Bristol City Council	Adult community care: Home Care Assistants	To encourage and support clients to have smokefree homes when returning from hospital (stressing importance of SF homes when grandchildren visit).	At home visits as part of Re-enablement package	2007/08	Head of Homecare Assistants: Neta Meadows	Leaflets & training for home care assistants
	Advisor for drugs education	Advise schools on curriculum requirements re smokefree and smoking	-	2007/08	Drugs Education Consultant: Julie Coulthard	Lesson plan inserts & promotion of SF resources through KRIS service and PSHE training
	Healthy Schools Team	Distribute resources on smokefree homes to teachers (Primary & Secondary) and home school workers. ASSIST Project: Incorporate SF Homes Activities into Peer Training Days	-	2007/08	Healthy School Programme Manager: Sarah Young	Leaflets & Posters Toolkit
			-	2008/09	ASSIST Co-ordinator: Victoria Norman	Development of peer activities & info for trainers on SF Homes
Play and Youth Services	Playworkers to cover smokefree homes work with children Youth workers to deliver activities designed to help young people discuss smoking and smokefree issues	-	Weeks around World No Tobacco Day & No Smoking Day Ongoing	Culture and Leisure Services Senior Training and Curriculum Worker: Maria Cassidy	Training of senior youth workers, youth workers and play workers. Toolkit for YW Leaflets KRIS details	

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
Bristol City Council	Pupil referral units	Activity about Smokefree homes with pupils (Primary and Stage 3) Tutor cohort to be asked to provide a smokefree visit when tutor is in the home	- All home visits	2008	Head of Pupil Referral Unit: Pauline Hodges	Smoking Toolkit for lead teachers Training for teachers Flyers about smokefree homes and smokefree visits for home tutors
	Children in Care Team	Raise awareness of SHS as an issue Move towards all foster homes becoming smokefree	With foster carers at application for fostering	Ongoing	Social Services and Health Team Manager: Karen Amegashitsi	-
	Foster carers	Raise awareness of SHS as a an issue	With established foster carers at training	Ongoing	Social Services and Health Social Worker: Joyce Thorpe	-
	Residential homes for children	Go smokefree	-	1 st July 07	Social Services and Health Team Manager: Karen Amegashitsi	-
	Neighbourhood & Housing Services	Promote SF Homes generally in private sector	With private housing partnership (Housing Officer visits)	2007/08	Jonathan Mallinson	Training for Housing Officers (70) Leaflets
		Promote SF Homes with regard to SHS and fire generally in council sector	Housing Officer visits In new tenant pack	2007/08	Estate Management Service Housing Manager: Deeanne Klein	Training for Housing Officers Leaflets

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
Bristol City Council	Customer Excellence Team	Leaflets on front desk of (8) offices to raise awareness of SF Homes	At customer service information points	2007/08	Roger Jenkins (Customer Excellence Team Manager)	Leaflets
	Tenant Support Service	Promote SF Homes generally. Introduce question on Smoking in the home in Initial Assessment Form	At all consultations & Home visits.	2007/08	Tenant Support Service Manager: Michael Wyatt	Training for Tenant Support Officers Leaflets
Avon Fire and Rescue Service	Community Fire Officers	To promote smokefree homes from a H&S point of view	Home smoking question to be incorporated into Fire Safety Visit questionnaires. Leaflets and advice to be given as appropriate At community events - Leaflets and advice to be given as appropriate To have supply of leaflets at Community Safety Centres Links to Smoke-free Bristol to be added to 'Smoking Safely' webpage	2007/8	Community Fire Officer: Steve Halstead & Station Manager Brislington: Matt Hunt	Factsheet on SHS and SF Homes for Community Safety Fitters & Community Fire Officers Leaflets for general public Training available to meet needs
Connexions	Connexions workers	Smokefree client home visits for Connexions workers	All home visits	2008/09	Community Development Manager: Jo Grant	Training for connexions workers

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
The Care Forum	Care Forum staff	Train Care Forum staff and Key Link workers from member organisations to deliver SF Homes message. They are then the lead for front-line staff. Encourage all staff to think of harm reduction from smoke. Consider smoking cessation signposting as part of the support programme planning for clients.	- At training sessions for workers At support planning stage	2007-08	Voluntary Sector Co-ordinator: Phil Morgan	Training for Care forum staff and members Leaflets
Early Years Partnership	Private nurseries	To promote smokefree homes to parents who use the service	Articles in newsletters	2008		
Private Sector Landlord Forum	Private Housing Landlords	Encourage tenants to operate SF Homes	Provide information about health effects and housing costs of smoky homes through landlord forum Stall at landlord Expo to promote SF Homes	2008	Jonathan Mallinson / Richard Johnson	Leaflets Exhibition material
Care and Repair	Care and Repair workers	Encourage smokefree homes with over 60's and disabled	During visits to clients	2008	Lindsay Hay	

Organisation	Persons taking action	Action	Setting	Timetable	Key contact	Resources needed
Housing Associations	Individual Housing Association staff	Encourage tenants to operate SF Homes Promote SF Homes generally	Provide information about health effects and housing costs of smoky homes to new tenants and during home visits Talk at Registered Social Landlord Management Meeting	2007/08 Nov 2007	NR Smokefree Homes Advisors	Training of Housing Association staff Leaflets Exhibition material

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