



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**

For consultation from 20 August – 12 November 2007

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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 Trusts, 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 Adult Mental Health Services (CAMHS)	<i>Provider of care and services for children and adults 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>
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</i>

with a particular disease at a given time.

Public Health Directorate	<i>Team of staff, including public health consultants and specialists and health promotion and community development staff, within the two Bristol Primary Care Trusts</i>
Second-hand 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 wards	<i>Filwood, Whitchurch Park, Lawrence Hill, Hartcliff, Winmill Hill, Bishopsworth and Easton</i>
Smoke-free	<i>No smoking in enclosed spaces.</i>
Smoke-free Charter	<i>The Bristol Partnership's determined action to protect the public from the damage caused by smoking</i>
Smoke-free Bristol	<i>A five-year plan, adopted by the Bristol Partnership, to protect the public from the harmful effects of second-hand smoke. See www.smokefreebristol.org.</i>
Sudden infant death syndrome (cot death)	<i>The death, with no clear cause, of an infant between 1 and 12 months old.</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 second-hand tobacco smoke. 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 group has produced the smokefree homes strategy for consultation.

The key points of the strategy are:

- Scientific evidence has unequivocally established that exposure to second-hand smoke causes death, disease and disability.
- The health effects of second-hand 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 second-hand 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 home pledges.

The strategy is open for consultation from 20 August-12 November 2007. Comments can be sent to:

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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.

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 initiative was commissioned by the community group.

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 and Ruth Kipping. Linda and Katie worked with health visitors to develop monitoring of smoking in homes and the action plan for the strategy.

2. Literature and Evidence

2.1 Policy context

Smokefree legislation was introduced in England in July 2007, which bans smoking in all enclosed workplaces and public places¹. Opponents of smokefree legislation have argued that it will lead to greater smoking in homes, thereby increasing children's exposure to SHS. However, the evidence from a systematic review of smokefree workplaces shows that it reduces the prevalence of smoking by 4%². 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 to demonstrate 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 smoke-free homes increased from 38% to 82.2%⁴.
- Two years after the smoking ban in New York City, the exposure to SHS in the home decreased by 35%⁵.
- A study in Ireland found there was an increase in the percentage of smokers who banned smoking in their homes after the law was implemented from 80% to 85%⁶.

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 need to be reflected in the Smokefree Homes Strategy for Bristol.

The smoke-free Bristol target is to reduce the percentage of households with a smoker in the seven smokiest wards 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.

2.2 Effects of secondhand smoke

Scientific evidence has unequivocally established that exposure to secondhand smoke (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. Children are particularly vulnerable due to faster breathing rates, smaller airways and immature immune systems.

Table 1 Effects of second-hand smoke

Children	Adults
Lower birth weight: babies born to mothers who come into contact with SHS have lower birth weight (28 grams less) ¹⁰ .	Lung cancer: an increased risk of 24% in non-smokers exposed to SHS compared to those not exposed ¹¹ .
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 ¹² .	Reduced lung function: an association with SHS and reduced lung function and asthma is significantly increased by recent exposure to SHS ¹³ .
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 smoke-free environments ¹⁴ .	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 ¹⁵ . The increased risk of ischaemic heart disease from SHS at home is 17% ²⁰ .
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 ^{16,17} . 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 ^{20,21,22} . Infants aged 0-2 have a 71% increase in lower respiratory tract infections and children aged 0-6 have a 57% increase in risk ¹⁸ .	Death: SHS at home may account for 2,700 deaths in those aged 20-64 and 8,000 in those aged over 65 ¹⁹ .
Middle-ear disease and recurrent ear disease are more common in children exposed to second hand smoke ^{20,21,22}	
Smoking: children who grow up with smokers are three times more likely to become smokers themselves ^{23,24}	
School absence: increased due to respiratory disease ^{20,21,22}	

2.3 Levels of exposure

Exposure to cigarette smoke from secondhand smoke is equivalent to about 1% of that associated with active smoking²⁴ and there is a dose-response relationship, so that the greater the exposure, the greater the concentration of cotinine (a metabolite of nicotine which is used as 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 smoke²⁴.

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%¹⁹; others estimate that 50% of all children in the United Kingdom are exposed to secondhand smoke in the home²⁴. It is clear that children from more deprived backgrounds have greater exposure to SHS.

Children with a parent who smokes, but does not smoke in the home, have lower levels of cotinine (0.44ng/ml compared to 2ng/ml) than children without a policy. From 1996-2003 the proportion of homes with 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 exposure²⁵.

Local surveys in Bristol suggests that 34% of adults smoke²⁶ and 31% of households are occupied by at least one person who smokes²⁷. In Neighbourhood Renewal areas the numbers are higher, with 41.7% of households occupied by at least one person who smokes and 28.9% of respondents said that someone smokes in the home²⁸.

2.4 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 babies bibs. 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 campaign²⁹. 19% of smokers claimed that they had stopped smoking around children.

A Cochrane Review of family and carer smoking control programmes concluded currently there is not enough evidence to show which interventions are most effective for decreasing parental smoking and preventing exposure to tobacco smoke in childhood³⁰. 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. The practicalities of keeping older children away from designated 'smoking areas' will be more difficult and incomplete smoking restrictions in homes provide only a limited protection for non-smokers because the smoke circulates through the home.

The Royal College of Physicians' review of methods to reduce smoking in the home conclude that the most effective means of protecting children to SHS is to encourage parents to give up smoking or, if they carry on, to not smoke in the home²⁴.

2.5 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

3. 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. Vulnerable groups will require extra input to raise awareness and additional support to change, i.e. looked after children, adults with mental health issues or learning difficulties. Information will need to be made available to those who do not read English. The strategy needs to consider staff training needs in motivational interviewing, barriers to change, cycle of change and practical tips.

4. 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 (see table 2 and appendix 1 for more detail). The work aims to address the barriers to change identified in section 2.5. Two smokefree homes workers are working with communities and families to support the work.

The results from the health visitors recording of smoking in the home during the 8 to 10 month visit between April to September 2006 found the following:

- 22.4% of 8-10 month visits recorded information about smoking in the home

- 39% reported someone in the household smokes
- 30% reported that they have regular visits from someone who smokes
- 22% reported that someone, including visitors, smokes in the home
- 72% reported that they felt it is 'very' important for children not to be in a smoky atmosphere at home.

Table 2 Current work on smoke-free homes

Areas of work	Detail
Data collection	Health Visiting teams are collecting self-reported information on smoking in the home at the 8-12 month assessment which is entered onto the child health system. The form has been revised for 2007.
Training	Training has been provided to: Youth workers Play workers Health visitors Foster carers
Communication	Department of Health media campaigns during 2007 on second-hand smoke
Raising awareness	All staff listed in the action plan
Support to families	Support is offered by NHS and council staff from different teams based on motivational interviewing
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.

5. Action plan

The action plan (see appendix A) outlines work which is underway and new areas of work.

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
- local media campaign during 2007 building on the second-hand smoke national campaign
- training for youth workers and housing officers
- developing a toolkit for teachers

We are doing targeted work with the respiratory nurses, paediatricians, cardiac rehab, pregnancy cessation advisors, youth workers, play workers, health visitors in order to reach the groups identified in section 3 who are most vulnerable to the effects of smoke.

Bristol PCT fund one permanent full-time smokefree advisor who will be concentrating on training workers on smokefree homes from September 2007 onwards, the worker will concentrate on 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/

6. Monitoring

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

The Smokefree Homes Officer 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.

Appendix A: Bristol Smoke-free Homes Action Plan

Actioned 2006-07 and to be mainstreamed 2007-08						
Setting	Persons taking action	Action	When	Timetable	Key contact	Resources needed
Bristol PCT	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 in smokefree homes	All opportunities	2006-07	Neighbourhood Renewal: Wendy Parker	Leaflets Exhibition boards Toolkits
	Community midwives	To promote and support families to have smoke-free homes	During pregnancy and post-natal period	Ongoing	North Bristol NHS Trust, community Midwifery Managers: Rachel Fielding Ann Remmers	Leaflets Time
	Smoking Cessation Pregnancy Advisors	Encourage quitters to have smokefree homes	During pregnancy and post-natal period	Ongoing	Bristol Smoking Advice Service Manager: Karen Blowers	Leaflets Time
	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: Karen Blowers	Leaflets Time
	Bristol PCT Communications Team and public health	Local media campaign	-	-	Autumn 2007	Communications Manager: Julie Hendry

	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	Ongoing	Associate Director Children and Specialist Services: Kate Sutor Health Visitor Professional Lead: Carol Bryant	- Time, forms inputting support from child health records
	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 Children and Specialist Services: Kate Sutor	Time Leaflets Training for Health Care assistants
GP Services	Practice Nurses	Encourage smokefree homes. Raise awareness of health effects.	At appropriate consultations	Ongoing	Clinical Training Manager: Marilyn Butt	Time Leaflets
UBHT	All staff to raise awareness Respiratory nurses	To have good supply of leaflets at focal points Occasional display to raise awareness To advise that	At all times 2 x a year At consultations for	Ongoing	Bristol Children's Hospital Director of Nursing Public Health Smokefree homes Officer	Time Leaflets Time Leaflets

	Cardiac Rehab nurses	<p>smokefree homes will help with the condition</p> <p>To advise that smokefree homes will help with the condition</p>	<p>conditions exacerbated by smoking in the home</p> <p>At consultations for conditions exacerbated by smoking in the home</p>		<p>Bristol Royal Infirmary Respiratory Nurse Team</p> <p>Bristol Royal Infirmary Cardiac Rehab Nurse: Ruth Lapin</p>	<p>Assertiveness guides on smokefree homes</p> <p>Assertiveness guides on smokefree homes</p>
	Disabled Adults Resource Team (DART)	<p>To introduce question on smoking in the home in assessment process</p> <p>To discuss methods of risk reduction for staff as many clients are house bound</p> <p>Promote smokefree homes during visits from Team and stressing importance of smokefree homes when grandchildren visit.</p>	<p>At all home visits</p> <p>By staff at time of assessment process</p>	Ongoing	Team Manager Disabled Adults Resource Team: Julie Collison	Braille and large print health promotion information
	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	
North Bristol NHS Trust	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	Time

Bristol City Council	Advisor for drugs education	Advise schools on curriculum requirements re smokefree and smoking	-	Ongoing	Drugs Education Consultant: Julie Coulthard	-
	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 – May 31 st 2007 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
	Looked After Children 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	

To develop 2007–08 and mainstream 2008–09 and 2009-10

Setting	Persons taking action	Action	When		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		August 2007 onwards	Smokefree Advisor: Kirsty Hulme-Jones	Leaflets Exhibition material Toolkits
	HV Managers	Select HV lead for each patch/locality	-	May 2007	Locality Manager: Kathy Doran	-
	HV Tobacco Free Network	To produce a Toolkit on Smokefree Homes/ giving up smoking, and train 'lead HV's' to use Toolkit	-	May 2007	Health visitors: Alyson Woodford Linda Vousden	Time Administrative support Support from HV professional lead
	HV Practice Education Facilitator	To put HV Toolkit in HV students' 'Smile' folder	-	July 07	HV Practice Education Facilitator: Amanda Hendry	Time Toolkit
	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.		2007/8	Locality Manager: Jan Huckle (Helen Stanford)

	GPs	Discuss smokefree homes at appropriate consultations, ie asthma, respiratory conditions	At all appropriate consultations	2007/8	PEC chair:Dr Will Warin	Time Leaflets
	Walk-in Centre staff	Encourage smokefree homes Raise awareness of health effects	At consultations for conditions exacerbated by smoking in the home	2007/8	?	Leaflets Training of staff
	Intermediate Care	Discuss smokefree homes with clients Protect staff form SHS	At appropriate visits Assess risk and carry out risk minimisation	2007/8	Intermediate Care Manager: Pat Pearce	
	Rapid Response Team	When appropriate, give advice to client's household that smokefree homes are best for client's health	At home visits	2007/8	Sisters: Julia Holman & Karen Cole	
Great Western Ambulance Trust	Emergency ambulance services Paramedics	Paramedics to discuss smokefree homes if treating a respiratory problem at home	At call –outs for respiratory conditions	2007/8	Medical Director:Stephen Rawstone	Training of paramedics
North Bristol NHS Trust	Respiratory nurses, cardiac rehab, paediatricians	Discuss smokefree homes at appropriate consultations, ie asthma, respiratory conditions	At all appropriate consultations	2007/8	Medical Director:Dr Michael Morse	Training for staff Leaflets
UBHT	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	-

North Bristol Trust	Community Paediatric doctors	To raise awareness of smoking in the home and promote smokefree homes	At appropriate consultations	Paediatrician Grand Round in May 07		-
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	2007	Director of Nursing: Patrick McKee	
Bristol City Council	Pupil referral units	Activity about Smokefree homes with pupils Tutor cohort to be asked to provide a smoke free visit when tutor is in the home	Primary and Stage 3	2007/8	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
	Healthy Schools Team	Use website to distribute resources on smokefree homes to teachers	-	2007/8	Healthy School Programme Manager: Sarah Young	-
	Neighbourhood & Housing Services Housing Officers	Promote smokefree homes to new tenants Promote smokefree homes generally in private and council sector	In new tenant pack At housing information points With Private housing Partnership	2007/8	Housing Managers: Jonathan Mallinson & Jill Fitzgerald	Training for housing officers Leaflets
	Customer Excellence Team	Leaflets on front desk of offices to raise awareness of smokefree homes		2007/8	Housing Manager: Jonathan Mallinson	Leaflets

Avon Fire and Rescue Service	Community fire officers	To promote smokefree homes from a H&S point of view At road shows – displays on smokefree homes Talks to vulnerable people – add smokefree homes to the agenda	As appropriate at home visits	2007/8	Community Fire Officer: Steve Halstead	Training for community fire officers - SF advisor (PCT) to facilitate Leaflets Staff time
Connexions	Connexions workers	Smokefree client home visits for Connexions workers	All home visits		Community Development Manager: Jo Grant	Training for connexions workers
The Care Forum	Care Forum staff	Identify smokefree champions in each organisation and train them to deliver the smokefree message. They are then the lead for front-line staff. Coordinate training – find out how the voluntary sector manage difficult smoking situations Encourage all staff to think of harm reduction from smoke. Consider smoking	- Research period leading up to training At training sessions for workers At support planning	2007-8	Voluntary Sector Co-ordinator: Phil Morgan	Training for Care forum staff and members Leaflets

		cessation signposting as part of the support programme planning for clients.	stage			
Early Years Partnership	Private nurseries	To promote smokefree homes to parents who use the service	Articles in newsletters			
Housing Partnership	Private housing landlords	Encourage them to operate smokefree homes	Talk at meeting, provide information about health effects and housing costs of smoky homes	2007/8	Housing Managers: Jonathan Mallinson	
Care and Repair	Care and Repair workers	Encourage smokefree homes with over 60's and disabled	During visits to clients	2007/8	Lindsay Hay	

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