



Faculty of Public Health
Committee of the Faculty of Public Health in Scotland

Public Health in Scotland Transcending Boundaries

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Developing a harm-reduction approach to protect disadvantaged children from second-hand smoke: A pilot study with parents and practitioners

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The rest of the team

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- Dr Rachel O'Donnell, RCO Consulting
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- Working with four Early Years Centres (EYCs) in disadvantaged areas of Edinburgh, and pharmacies in their locality.

*“Many households face complex practical, social, cultural and personal issues in creating and maintaining smoke free homes (SFHs), which vary within and between contexts...Programmes should consider harnessing the steps already made towards SFHs and valuing the motivation of households to introduce SFHs rules. This recognises that **the vast majority of households** have some knowledge and make some concessions towards having a SFH, for example, not smoking around a newborn, not smoking in children's bedrooms, and **are doing the best they can.**” (Passey et al, 2016)*

There are stark differences in children's second-hand smoke exposure levels by deprivation.

Our pilot study aims to address this disparity.

Children in the most deprived areas were most likely to be exposed to second hand smoke in the home



(Scottish Health Survey data, 2016)

The 2014 Harm Reduction addendum by Health Scotland recommends that “***tobacco control and smoking cessation services should consider offering and providing NRT to smokers for temporary abstinence to avoid exposing others to second-hand smoke, when smoking outside may be impractical/impossible. In cases where NRT products are not provided directly to the smoker, they should be signposted to pharmacies that sell (and provide advice on how to use) NRT products approved for this purpose.***”

Participants and study design

- Stage 1

Individual interviews with 17 mothers of children aged under 5 recruited from four Early Years Centres in three Edinburgh communities

- Stage 2

Individual and focus group interviews with health and social care practitioners e.g. GPs, pharmacists, health visitors, early years practitioners (15) and policy and practice leads with a second-hand smoke remit (5)

- **Stage 3**

Pilot provision of NRT for home and dual use for 20 parents in two disadvantaged Edinburgh communities

- Step 1: Parent & Harm reduction advisor meet in the Early Years Centre to discuss NRT options
- Step 2: Parent takes NRT recommendation letter to designated local pharmacy
- Step 3: Pharmacy assess, prescribe and dispense NRT
- Step 4: Parent attends pharmacy weekly for up to 8 weeks to obtain ongoing NRT supply
- Step 5: Researchers conduct interviews with parents, early years staff and pharmacy staff

Progress

- Study has been extended until December 2017
- 13 parents have discussed NRT options with our Harm Reduction (Smoking Cessation) advisor
- 12 have taken their recommendation letter with NRT choice to the pharmacy
- Six participants have finished their 8 week course and completed a qualitative interview about their experience
- 3 further participants are part way through their 8 week course with qualitative interviews scheduled
- Interviews scheduled with EYC workers and pharmacy staff

Preliminary findings – Parents accounts

- Positive outcomes reported:
 - Smoke-free homes
 - Reduced smoking consumption
 - More time spent with children
 - Saving money
 - A changed mindset – not feeling ‘pressured’ to quit in this study was refreshing
 - Parents exceeded their own expectations of change

Exceeding own and others expectations of behaviour change:

- SA001WH: *“I didn’t think I could dae it. As soon as I came here and you were talking to me about it I wis like aye I’ll try it but I dinnae think I’m going to succeed. See at the start I didnae have the willpower, I said I’ll just stick to the fags. And then I gave it a try and I just didnae need my fags...so I bought a packet and it’s still lasted me the whole two weeks. [...]”*

Financial benefits:

- SA002WH: *“I actually went out and bought myself about four pairs of jeans because I actually had the money to. Because I needed new jeans, they were like threading in the middle of my legs so I was like right I’m going to go to [Inaudible 22.55] and buy new jeans and I actually had the leftover money to do that.”*

Cutting down and spending more time with the children:

- D0006GR: *“Instead of having to get up and down and go outside all the time I would use the spray.”*

Interviewer: Did you find it helpful at all?

- D0006GR: *“Yeah. I didn’t feel like I was in and out of the living room constantly away from them[children] because I could just spray where I was sitting. [...]I went from 30 to 40 fags to 10 to 15.”*

Cutting down, health benefits and maintaining a smoke-free home:

- SA001WH: *“What I do is I used the wee white [inhalator] during the day in the house and then at night I’ll go out for a fag.”*
- **Interviewer:** **“So you’re not smoking in the home at all.”**
- SA001WH: *“No I’m not smoking in the house.”*
- **Interviewer:** **“That’s pretty impressive.”**
- SA001WH: *“I feel better, I feel, I dinnae feel as, like when you wake up in the morning and you feel horrible I dinnae feel that bad any more I can actually get up in the morning withoot a struggle. So the wee stick[inhalator] is quite good. I would recommend it to anyone.”*

Next Steps

- Disseminate the pilot findings to practitioners, policymakers and academic audiences
- Applying for funding for a larger study to explore these promising findings

Thank you. Any questions?