Evaluation of

The SmokeScreen

MEDILOGY
Evaluation of The SmokeScreen Mediology

A report for Leicester City STOP! Smoking Service

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Section 1. Executive Summary

Introduction
1.1 The SmokeScreen Mediology intervention took place in Leicester City schools via assemblies during March and June 2012; its aim was to prevent young people from taking up smoking. Each assembly lasts for approximately 45 minutes, with an interactive format involving tasks, questions, videos, and incentives.

1.2 The main purpose of the initiative was to make young people aware of how smoking is presented in the media. This is achieved by highlighting how product placement and other tactics are used by the tobacco industry to encourage smoking. The call to action is to ask young people to support the campaign by pledging to '#UNFOLLOW' the tobacco industry. This is supported by the development of a set of comic book style 'super villains' to represent the key concepts to demonstrate that young people are being exploited.

1.3 In January 2012, Perpetuity was commissioned to undertake an evaluation of the quantitative and qualitative outcomes of the intervention.

Methodology
1.4 In order to carry out the evaluation Perpetuity undertook: a literature review of national good practice on prevention of smoking among young people; data collection and analysis of the key elements of the project including a pre and post intervention survey of young people; consultation with eight stakeholders, including four delivery staff and four teachers accommodating the intervention in their school.

Summary of the good practice review
1.5 Previous research emphasises the importance of preventing the uptake of smoking among young people as the best long-term approach in reducing the subsequent costs associated with treating individuals – both in helping them to stop smoking and for smoking related illnesses.

1.6 Based on good practice ideas from previous studies there are a number of key features that should be incorporated into the design of adult-led interventions, namely that they should: be entertaining, factual and interactive; be tailored to age and ability; be ethnically, culturally and gender-sensitive and non-judgemental; aim to develop decision-making skills through active learning techniques; include strategies for resisting the pressure to smoke from the media, family members, peers and the tobacco industry; include accurate information about smoking and be delivered by credible and competent adults trained to work with young people on tobacco issues.
Finally, the available literature increasingly supports a focus on messages which expose the tobacco industry for its manipulation of young people. Indeed, this is more likely to be an effective deterrent than previous strategies explaining the ill-health effects of smoking.

**Key consultation findings**

1.8 Stakeholders identified a clear need for preventative work such as The SmokeScreen project. The service was considered to be well designed, aligned to good practice, but was also branching out into new territory. There was felt to be appropriate resources in place to provide a good quality service potentially to all Leicester City schools.

1.9 Generally the intervention was regarded very highly – with predominantly very positive feedback from the stakeholders and teachers involved. It was suggested that the growing number of followers on Facebook and Twitter; and the numbers sending images to The SmokeScreen of celebrities or characters glamorising smoking was indicative of support. The volume of sign ups to the #UNFOLLOW campaign was indicative that young people understood the message and believed in it. The level of engagement with the presentation was felt to be positive and feedback from teachers suggested that the young people had learnt new information from the interventions that could impact on future choices in relation to smoking.

1.10 There were a number of strengths to the project reported by those consulted. The key strengths are:

- The level of innovation and the vision of staff was felt to be crucial in selecting a suitable topic and presenting it in a way that could impact on young people
- The format of delivery adopted and presentation by the project staff was felt to be a key strength in conveying the messages and getting young people to engage
- The additional opportunities produced for engagement were felt to increase the likely success of the project, including the use of the sign up card, Facebook and Twitter links, encouragement to submit images to #UNFOLLOW, and the materials produced and handed out to support the learning.

1.11 Some weaknesses were also identified, within the project. Perhaps the most significant weakness was that the intervention was not able to engage with all schools across Leicester City as intended, and therefore a potential further 3000 young people did not benefit. While considerable efforts were made to engage all schools some did not take part. Even in those schools that did take part year 10 and 11 were sometimes excluded (due to schools focusing on those likely to gain most benefit – years 7, 8 and 9); There were concerns that the presentations may be difficult to replicate in other geographical areas due to the importance of the presentation skills of the project staff and that the costs were higher than originally envisaged.
1.12 Overall, it was clear that the service was highly valued, and considered to be achieving its aims and objectives – with the limitation that the precise preventative effect is difficult to measure. There was also however some important limitations.

**Key data findings**

**Survey data**

1.13 Overall the feedback in relation to the presentation was good with the majority of young people finding it interesting and useful. Indeed, the talks given, the pictures and videos shown, being able to sign the card to #UNFOLLOW the tobacco industry, and the depiction of The SmokeScreen ‘super-villain’ characters were viewed positively.

1.14 There was some evidence of brand awareness in that some young people who had previously heard of The SmokeScreen (at pre intervention) were able to recall either the specific or general messages conveyed. Those signing the card to #UNFOLLOW the tobacco industry largely reported doing so because they believed in the message. Some also reported following The SmokeScreen on Facebook and/or Twitter and sending images depicting smoking by associating the #UNFOLLOW hash-tag. The majority of young people indicated The SmokeScreen presentation had an impact on them, including being less likely to start smoking.

1.15 It was clear that young people were increasingly aware of the link between associating cool celebrities and products with media such as films, music videos, video games and fashion to impact on people’s buying preferences and make money.

1.16 Young people did not however appear convinced of the impact of presentations of smoking in the media on their own decision making behaviour. It was however apparent that they were increasingly aware that it was the intention of corporations to use presentations of smoking to impact on the behaviour of young people.

1.17 The most notable changes in the perception of young people were in relation to their views of the tobacco industry. The SmokeScreen has raised awareness among young people of the sophisticated tactics used by the tobacco industry and the media to promote smoking.

1.18 The findings from the pre and post intervention surveys did not suggest any changes emanating from The SmokeScreen intervention in relation to general smoking behaviour and perceptions. While impacts on this area would have been beneficial to the overall aim of preventing the uptake of smoking, they do not form the key objectives of the project.

1.19 After the intervention took place young people were more likely to agree that knowing more about how companies benefit from them smoking would stop them from smoking in the future. However this
remained a less popular mode of preventing smoking than raising awareness of health impacts, cost and others’ perceptions of smoking. This may help to inform future interventions of this type, although it should be borne in mind that this perception may exist because these are the types of messages (particularly health) that young people are most familiar with.

Intervention data
1.20 In total, an estimated 8,758 young people had engaged with the 16 completed interventions, with a likely 10,205 young people engaging with all 18 interventions in Leicester City (when the two pending interventions are completed).

1.21 The project achieved 6598 #UNFOLLOW sign ups (equating to a 74.2% engagement rate for those receiving the full intervention); 400 additional ‘likes’ by young people on Facebook occurred (4.6% of those receiving the intervention to date); and 700 additional young people have become followers of The SmokeScreen on Twitter (8.0% of those receiving the intervention to date). In addition 79 images were sent to the service by young people, using the #UNFOLLOW hash-tag.

Cost effectiveness
1.22 The cost effectiveness analysis suggested that at £5.18 per participant and £2,835.05 per intervention, the costs of the project are higher than originally intended (reflecting the availability of increased investment for the project to extend the range of materials and the number of students it could be delivered to). It is however difficult to make any definite conclusions at this point in terms of the overall cost effectiveness of the project, given that the longer term impact on the prevention of smoking is not known.

Recommendations
Rec 1: To explore additional longer terms measurements that can reflect on the subsequent ability of the intervention to prevent the uptake of smoking amongst young people (such as an annual Leicester City wide survey in schools of the smoking behaviour of young people; analysis of annual tobacco sales in Leicester City; tracking the behaviour a sample of young people who have and have not received the intervention).

Rec 2: To consider adopting alternative formats for interventions with due consideration for the likely effectiveness of those interventions. For example, it was suggested that future work could include using the same creative approach but adapting messages and writing lesson plans to be delivered by teachers (or pupils) within PSHE lessons or subjects lessons (such as geography, science and marketing/business studies).

Rec 3: To consider the appropriateness of including older pupils (year 10 and 11) in future interventions designed primarily for key stage 3 pupils. If the ongoing involvement of older pupils was deemed necessary, it may be worth
considering whether the intervention could be designed for two levels to maximise engagement and the potential benefit for each set of pupils.

**Rec 4:** To consider how the intervention could be delivered in other geographical areas, with particular regard to replicating the style of delivery achieved by project staff based in Leicester City.

**Rec 5:** To consider how and whether a review of existing smoke-free policies in Leicester City schools could be undertaken to assess their suitability and identify whether they have been implemented. Some schools may require further support and advice to effectively implement the ‘whole school’ approach which would complement the work of The SmokeScreen.

**Rec 6:** To review the necessity of the merchandise accompanying the intervention in achieving the key project aim, and whether alternative formats could be used to the same effect but to reduce the costs of the resources.
Section 2. Introduction

2.1 ‘The SmokeScreen’ intervention was first launched in January 2011 with the aim of reducing the number of young people taking up smoking. The intention was to use a novel approach to engage young people in a convincing way, using creative resources, to convey messages about smoking. This novel approach was to be achieved by adopting a different perspective to the more typical health messages that have been used in the past by agencies to deter young people.

2.2 The focus of The SmokeScreen was to raise awareness of the power and control exerted by the tobacco industry on young people. The original message and call to action was for young people to pledge not to become a replacement smoker (replacing those who quit and the estimated 5 million people that die each year due to smoking). This was achieved by presenting The SmokeScreen as a sophisticated crime network using distinctive artwork reminiscent of films and games that appeal to young people. Further, The SmokeScreen provides a brand image that young people can align themselves to, with the potential to engage young people with the overall message. Ultimately the goal is to develop the brand to create the impression that it is ‘uncool’ to smoke; this involves rebranding smoking as an act of conformity with the tobacco industry’s agenda.

2.3 The aim of The SmokeScreen Mediology intervention is to deliver a further set of interventions via school assemblies. The aim here is to inform young people’s perception of how smoking is presented in the media. This is achieved by raising their awareness of concepts such as product placement and other tobacco company tactics used to encourage smoking. The call to action for Part II is to ask young people to support the campaign by pledging to ‘#UNFOLLOW’ the tobacco industry. A further set of distinctive artwork and resources was developed creating a set of comic book style ‘super villains’ to depict the approach of the tobacco industry, ‘retro’ advertising, social media/networking, product placement, mass media and marketing, to demonstrate how young people are being exploited.

Aims and objectives

2.4 The key project aim of The SmokeScreen Mediology is to:

- Prevent the uptake of smoking amongst young people

2.5 The stated objectives are to:

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1 World Health Organisation estimate. Please note that since the original work was undertaken, this figure has now increased to 6 million (July 2011).
• Present the concept of product placement and show young people how corporations use it to increase consumption

• Show the link between product placement of products and the continuing presentations of smoking in movies, music videos, video games and fashion

• Raise awareness of the sophisticated tactics deployed by the tobacco industry and the media to associate smoking with cool celebrities and characters

• Encourage young people to support the campaign messages by signing a post card pledging to ‘#UNFOLLOW’ the tobacco industry (in return for some merchandise)

• Raise awareness of the SmokeScreen brand and understanding of its aim

• Encourage young people to ‘like’ the SmokeScreen Facebook fan page and/or follow the SmokeScreen on Twitter

**The Evaluation**

2.6 The purpose of the evaluation commissioned by Leicester City STOP! Smoking Service is to measure, assess and evaluate the extent to which the project objectives are likely to be effective in achieving the project aim. The remit of the evaluation was to:

• Capture appropriate quantitative and qualitative data, in order to demonstrate outcomes

• Assess the views of key stakeholders, including service users and representatives from other organisations

• Make recommendations regarding service improvement/redesign, including any cost implications

• Be informed by evidence of current best practice

2.7 In relation to achieving those aims, the evaluation was intended to:

• Consider the likelihood of participants to sustain changes in the long term and any barriers/facilitators to this

• Quantify the resources dedicated to the project
• Make observations on whether there is any cost savings to commissioners

• Assess whether appropriate quality assurance mechanisms are in place

• Capture unintended outcomes

• Make recommendations for future research/evaluation

Summary of methodology

2.8 The following methods were used to conduct the evaluation:
• A literature review was undertaken. This informed the development of the survey tools for consulting with young people
• Pre-intervention online surveys were developed, piloted and disseminated in the schools that agreed to take part to determine young people’s views before exposure to The SmokeScreen Mediology
• Post-intervention online surveys were developed, piloted and disseminated in the schools that agreed to take part to determine what impact The SmokeScreen Mediology had on the perceptions of the young people receiving the talks
• Consultation with eight stakeholders was undertaken; four involved in delivery of the campaign, and four teachers accommodating the intervention in their school. This was followed by qualitative analysis of the information provided to inform the evaluation
• Data analysis of the pre and post surveys, invention data and costs data was undertaken to determine the outcomes of the project
• Finally the key findings were written up to produce the evaluation report

Evaluation research

2.9 There are different types of evaluation research, different methodologies can be used to determine whether an intervention or campaign has ‘worked’. One of the key ways is by adopting an experimental approach. This means, in simple terms, conducting a type of experiment, and would ideally involve a before and after test of the group affected by the intervention and the same for a similar group not receiving it. That way a comparison is possible that can facilitate what is called ‘internal validity’, which is a measure of the extent to which what was undertaken (the intervention) has caused the effect; in this case The SmokeScreen initiative on preventing the uptake on smoking of young people.

2.10 In this work, the intention of the project to engage with all secondary schools in Leicester City prevented a comparison with a school that did
not adopt The SmokeScreen initiative, and time and budget limitations precluded the possibility of selecting a comparison from another area. This limitation needs to be borne in mind. Moreover, although a comparison before and after took place, two key points need to be made in terms of how to interpret the findings.

2.11 The first is that the follow up work was undertaken fairly soon after the initiative was completed. So although we can gauge very important insights about the way it was received by young people (with important learning opportunities for future initiatives), what we cannot test is the extent to which the views expressed, led to or influenced an actual change in behaviour (i.e. prevented the uptake of smoking).

2.12 The second is that in looking at any changes that have taken place we have assumed that the only significant change that took place in schools at this time on this topic was The SmokeScreen work. There are no other key initiatives that took place to which we could obviously attribute the changes. However, it is possible that the cumulative effective of previous work by The SmokeScreen and other initiatives within the schools and community may have an influence which could contribute to the results, and it is a limitation that should be borne in mind.

**Structure of the report**

2.13 This report is structured as follows:

- Section 3 of this report presents the findings from the Good Practice Review of interventions to prevent young people smoking
- Section 4 presents the findings from the stakeholder consultation
- Section 5 presents the findings from the analysis of the survey data, along with the intervention data and review of cost effectiveness
- Section 6 concludes with a discussion of the key findings and recommendations
- A detailed methodology is provided in Appendix 1 - Methodology
Section 3. Good Practice review

3.1 The government White Paper ‘Smoking Kills’\(^2\) (1998) aimed to halt the rise in children smoking, with the specific target ‘to reduce smoking among children from 13% to 9% or less by the year 2010\(^3\). Although this was achieved in 2003\(^4\) and subsequently surpassed, reducing tobacco consumption specifically among adolescents is still a main priority for the Government as shown in the White Paper ‘Healthy lives, Healthy People’ (2010)\(^5\).

3.2 Increasing links have been identified between smoking and the onset of health conditions such as respiratory illnesses and several forms of cancer. This has forced closer scrutiny of the associated costs to the NHS; indeed, figures from 2005/06 suggest an estimated £5.2 billion a year is spent on treating illness and disease associated with smoking\(^6\).

3.3 The NHS Information Centre (2011)\(^7\) estimates that in 2009/2010 the Net Ingredient Cost (NIC) of pharmacotherapies\(^8\) used to help people stop smoking was just under £65.9 million with £84.3 million spent on NHS Stop smoking services. It is also estimated that almost one in five deaths in England of people over 35 years of age were due to smoking.

3.4 The impacts of smoking on young people have also been highlighted, not least because their vulnerability to the highly addictive nature of cigarettes may leave them exposed to a multitude of health risks\(^9\).

3.5 The government has responded to these concerns. In October 2007 it became illegal to sell tobacco products to anyone under the age of 18\(^10\).

3.6 Despite this, the NHS Information Centre report (2011)\(^11\) reported that the likelihood of young people having smoked rose from 4% at 11 years old to 49% at 15 years old.

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3 Ibid.
7 The NHS Information Centre (2011), Statistics on Smoking in England 2011
8 For example nicotine patches, nicotine gum and bupropion SR,
9 Fidler JA, Wardle J, Henning Brodersen N, Jarvis MJ, West R (2006). Vulnerability to smoking after trying a single cigarette can lie dormant for three years or more. Tobacco Control
10 Children and Young Persons (Sale of Tobacco etc.) Order 2007.
11 The NHS Information Centre (2011) Smoking, Drinking and Drug Use Among Young People in England in 2010
3.7 The Government has since made further provision in its ‘Tobacco Control plan for England’\textsuperscript{12} noting:

‘The Government is particularly concerned about the early age at which people become regular smokers in England and that nicotine addiction for most people starts in adolescence.’

**Approaches to preventing the uptake of smoking**

3.8 The National Institute for Health and Clinical Excellence (NICE) issued guidance in 2010 for school-based interventions to prevent the uptake of smoking among children and young people\textsuperscript{13}. This included five recommended approaches:

- Organisations-wide or ‘whole-school’ approaches
- Adult-led interventions
- Peer-led interventions
- Training and development
- Coordinated approach

3.9 Perhaps the most relevant approach to the design of The SmokeScreen intervention, is the NICE (2010) Recommendation 2 - ‘adult-led interventions’. The guidance suggests that these should:

- integrate information about the health effects of tobacco uses as well as legal, economic and social aspects of smoking, into the curriculum
- deliver interventions aiming to prevent the uptake of smoking which should:
  - ‘be entertaining, factual and interactive
  - Be tailored to age and ability
  - Be ethnically, culturally and gender-sensitive and non-judgemental
  - Aim to develop decision-making skills through active learning techniques
  - Include strategies for enhancing self-esteem and resisting the pressure to smoke from the media, family members, peers and the tobacco industry
  - Include accurate information about smoking, including its prevalence and its consequences: tobacco use by adults and peers should be discussed and challenged


\textsuperscript{13} NICE (2010) *School-based interventions to prevent the uptake of smoking among children and young people*, NICE public health guidance 23.
➢ Be delivered by teachers and higher-level teaching assistants who are both credible and competent in the subject, or by external professionals trained to work with children and young people on tobacco issues.’

- support tobacco education in the classroom with ‘booster’ activities such as school health fairs and guest speakers.
- encourage parents and carers to become involved for example updating them about class work
- work with local partners involved in smoking prevention and cessation activities to deliver interventions – including NHS Stop Smoking Services.

3.10 The Cochrane Review of school based smoking interventions suggested that addressing social influence (aiming to change the beliefs, attitudes and norms related to tobacco use) is one of the more effective approaches in preventing smoking among young people\textsuperscript{14}, however there is also evidence to suggest that social influence models do not work\textsuperscript{15}.

Suitable messages

3.11 In terms of the specific messages forming the focus of an intervention, a number of different types of messages have been explored, and comment made on their suitability and impact. These are considered below.

Demonstrating the short term and long term effects of smoking

3.12 Some literature has investigated the effects of showing adolescents the short term and long term effects of smoking, building on the ‘health fear appeal’ toward smoking. By showing the cosmetic and long term health effects of smoking, campaigners seek to ‘scare young people straight’, showing that it is not attractive or glamorous. However there has been debate over whether this works.

3.13 For example, Smith and Stutts (2006)\textsuperscript{16} investigated both short and long term ‘fear appeals’. Both groups were found to have decreased interest in taking up smoking and also a decrease in people that did smoke therefore emphasising how fear appeals are successful to adolescents.

3.14 However equally there is evidence to suggest that ‘long term health risks are not pertinent to the short term perspective of many adolescents’\textsuperscript{17}. Showing the long term effects of smoking to adolescents was found to be ‘the least effective’ method due to the fact that most knew the health hazards and that young people think only of the present ‘believing they are invulnerable’\textsuperscript{18}.

3.15 Showing short term effects is also identified as having limits as research has shown that even though adolescents understood the message portrayed in such campaigns they found it humorous and therefore trivialised it\textsuperscript{19}. It has therefore been suggested that prevention programmes should instead focus ‘on the techniques of tobacco advertising that may be falsely appealing’\textsuperscript{20}.

**Romantic Rejection**

3.16 This method of deterrence is one of convincing young people that they will be unattractive if they smoke. Goldman and Glantz\textsuperscript{21} found that young people were willing to overlook the fact that someone smoked if he/she was otherwise desirable. They also established that adult smokers were offended by the portrayal of smokers as unattractive.

**Exposing the enemy**

3.17 One of the key findings that research has found on adolescent smoking patterns and behaviour is that a raised awareness of how the tobacco industry manipulate youths is an effective deterrent\textsuperscript{22}.

3.18 Adolescents often go through a stage of rebellion against authority figures. They want to be independent and individual which applies to their decision making in relation to smoking\textsuperscript{23}, therefore telling them not to smoke can fuel their rebellion and their commitment to smoking. However, this ‘rebellious’ attitude can be used for a positive outcome. By demonstrating to adolescents how they are being manipulated by the tobacco industry and that they are not thinking independently at all, has resulted in successful outcomes\textsuperscript{24}.

\textsuperscript{19} Ibid
\textsuperscript{22} Glantz S, Jamieson P (2000) ‘Attitudes Toward Secondhand Smoke, Smoking, and Quitting Among Young People’ Pediatrics (106)
\textsuperscript{23} McKenna J, Williams K (1993) Crafting Effective Tobacco Counter-advertisements: Lessons from a Failed Campaign Directed at Teenagers
3.19 This is confirmed in a study by Hong et al (2008) which found the most effective campaign run in a school was one which exposed the Tobacco industry’s manipulation. 

3.20 Evidently, showing the Tobacco industry as intentionally using addictive properties to sell their products produces negative feelings towards them. ‘Nicotine Sound bites’ is cited as the most effective campaign against smoking. The campaign included a clip of seven major tobacco companies denying nicotine was addictive. This not only created awareness of industry manipulation but also changed the dynamic of the rebellious adolescent instead presenting a common enemy.

3.21 An exemplary campaign which shows the effectiveness of this approach is United States based ‘Truth’ campaign. The campaign has seen enormous success, growing from a State-wide campaign (Florida) to a national campaign. The approach is to show adolescents the ‘truth’ of the ‘industry manipulation strategy’. This is achieved by producing merchandise, websites, television and print advertisement and programme sponsorship. The results of the State campaign included a 92 percent brand awareness, a 19.4 percent decline in smoking among middle school students and an eight percent decline in high schools students.

3.22 This method is particularly notable because of the evidence base around the effect of media in communicating with young people. Indeed NICE (2008) documents specific guidance on how mass-media itself can be utilised to prevent the uptake of smoking by children and young people. This guidance suggests that mass media should be used to present messages that:

- ‘elicit a strong, negative emotional reaction (for example, loss, disgust, fear) while providing sources of further information and support
- portray tobacco as a deadly product, not just as a drug that is inappropriate for children and young people to use
- use personal testimonials that children and young people can relate to
- are presented by celebrities to whom children and young people can relate (taking care to avoid credibility and other problems)

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27 Ibid.111
• empower children and young people to refuse offers of cigarettes
• include graphic images portraying smoking’s detrimental effect on health as well as appearance (for example, its effect on the appearance of skin and teeth).’

3.23 Previous research has identified the importance of testing materials with young people and receiving input from young people during the creative process to ensure that media campaigns communicate effectively with the target audience. Ultimately it has been suggested however that further research is needed to understand the motivational power and appropriate execution of messages aimed at preventing smoking among children and adolescents.30

3.24 The internet has become one of the most influential media in recent years and it is with that in mind that it is increasingly becoming the media of choice to reach target audiences, especially to younger audiences. However there has been little research into its effectiveness:

‘Little is known about the actual impact the internet is having upon encouraging or discouraging youth smoking31’

3.25 This is potentially significant for The SmokeScreen project which is seeking to engage with young people outside the core intervention delivery, through Facebook and Twitter.

Summary

3.26 The existing research and literature emphasises the important role of work to prevent the uptake of smoking among young people as the best long-term approach in reducing the subsequent costs associated with treating individuals – both in helping them to stop smoking and for smoking related illnesses.

3.27 While a number of approaches are recommended, in terms of an adult-led intervention (relevant to the design of The SmokeScreen) there are a number of key findings from the literature that provide suggestions as to what should be incorporated in to the design of interventions, namely that they should be: entertaining, factual and interactive; tailored to age and ability; ethnically, culturally and gender-sensitive and non-judgemental; aiming to develop decision-making skills through active learning techniques; including strategies for resisting the pressure to smoke from the media, family members, peers and the tobacco industry; including accurate information about smoking and be

31 Ribišl K M (2003) ‘The Potential of The Internet as a Medium to Encourage and Discourage Youth Tobacco Use’ *Tobacco Control*
delivered by credible and competent adults trained to work with young people on tobacco issues.

3.28 Finally, the available literature increasingly supports a focus on messages which expose the tobacco industry and its manipulation of young people. It seems this is more likely to be an effective deterrent than previous strategies explaining the ill-health effects of smoking.
Section 4. Findings from stakeholder interviews

4.1 This section presents the key findings from the consultation with stakeholders including project staff and teachers facilitating The SmokeScreen intervention, highlighting both the strengths and weaknesses of The SmokeScreen and where appropriate areas for improvement.

4.2 The findings are based on one to one interviews with eight local stakeholders – four project staff (two from Leicester City STOP! Smoking and two from CommonUnity Arts) and four teachers.

4.3 Where appropriate anonymised quotes from the interviews have been included to illustrate the key points raised.

4.4 It should be noted that the findings presented here are based on the perceptions of the individuals involved and therefore may not always reflect the reality. Nonetheless useful insights are provided which address the following issues:

- The rationale for a project to prevent the uptake of smoking among young people
- The appropriateness of The SmokeScreen Mediology
- Targeting needs
- The impact of The SmokeScreen
- The key strengths of the project
- The weaknesses of the project

The rationale for a project to prevent the uptake of smoking among young people

4.5 Feedback from stakeholders suggested that the overall purpose was to undertake work which could help to cut off the supply of smokers that would subsequently require treatment – both treatment to help individuals stop smoking and treatment for smoking related illnesses. Clearly, targeting young people before they start to smoke, presents the best opportunity to discourage smoking before addiction takes hold. It was identified that there was a need to change social behaviour of young people and their attitudes towards smoking.

4.6 While this addresses the rationale for preventative work generally, the specific rationale for the approach taken by The SmokeScreen was explored. Reflections from the stakeholders indicated that the overriding focus is one of using a approach with novel content and a
novel format of delivery to engage effectively with young people. There are a number of key principles to highlight:

- The information presented is fresh – it aims to present new information and perspectives that young people can relate to
- The approach is innovative – it aims to move away from the traditional messages given to young people (like health) to present something innovative and exciting
- Inform decision making - the delivery is educational and entertaining, and not instructional – rather than telling young people not to smoke, it aims to raise awareness of the influences directed at them, allowing young people to make a more informed choice
- Denormalise smoking - it provides an identifiable brand – enabling young people to associate directly with the idea that smoking is not cool or rebelling; in fact the opposite is true
- Demystify smoking – it tackles common misconceptions, such as the overestimation by young people of how many other young people smoke

4.7 These principles were reportedly based on analysis of the existing evidence of what types of work had been done before, and their relative limitations. For example, it was suggested that some existing strategies to engage young people were likely to appeal to those least likely to be smokers, while failing to prevent the ‘at risk’ group from becoming smokers. Further, it was felt that the existing messages being given through schools were predominantly health related, which as discussed does not present a powerful message.

4.8 The specific approach of The SmokeScreen Mediology – to focus on media presentations of smoking and the concepts of product placement and exploitation by the tobacco industry, was felt to be timely, given the decline in direct tobacco advertising, but the ongoing use of the image of a cigarette and the growing use of subtle forms of advertising.

‘The team had a real insight on what motivates young people to start listening and were able to capture that and turn it in to something creative.’

(Project staff)

4.9 Further it was felt that media and product placement was something that all young people could relate to – both the ‘at risk’ group and those already unlikely to start smoking. This built on the learning from The SmokeScreen Part 1, where it was found that not all of the roles presented within the ‘criminal’ type network would be familiar or identifiable to all young people. One stakeholder reported that young people engage with mass media more than their parents, and twice as much as their school work, suggesting they would find a focus on the media highly relevant.
The appropriateness of the intervention

4.10 It was noted that overall the intervention was designed in line with good practice NICE guidelines on the prevention of smoking, although some ideas were rejected due to what was considered to be a lack of relevance in engaging the most ‘at risk’ groups. The intervention was designed to be applicable to all young people of secondary school age – with a core focus on those in year 7, 8 and 9 because they were considered to be at an age where a decision on whether to smoke had not yet been made.

4.11 The key aspects of the intervention are summarised as follows:

- Presentation
  - ‘Good morning’ encouraging young people to respond
  - Explanation that young people may ‘win’ a USB wristband but only by getting involved and answering a question
  - ‘Countdown’ timer challenge between a pupil and teacher to see who can put a USB wrist band on the quickest
  - Introduction of The SmokeScreen ‘Mediology’ ‘super-villain’ characters
  - Highlighting the death toll from smoking and reminder of what a replacement smoker is
  - Selection of 10 young people to indicate how many of them smoke (nationally) – correcting misconception that the number is high
  - Select 1 young person to represent the 1 smoker per 10 young people and conduct a coin toss to illustrate the 50/50 chance of that 1 person dying prematurely
  - Examples shown of genuine retro tobacco adverts & question on how tobacco advertising has changed
  - Selection of 2 young people to see who can list the most examples of media (against the ‘countdown’ timer), and crowd split and encouraged to support the 2 young people
  - Question on what product placement is and video shown – followed by question on how many product placements were seen
  - Highlight that companies are not allowed to advertise smoking & question when the young people last saw smoking advertised
  - Video then shown on how cigarettes are advertised in mass media and through product placement
  - Highlight that the intention is to aim this specifically at young people
  - Explanation of the campaign and what it means to ‘#UNFOLLOW’

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32 It should be noted that the aspects detailed are those provided by the ‘full’ intervention. At the 4 A-level colleges visited, a brief intervention format was used – where project staff set up stalls and invited passing young people to talk to them and find out about The SmokeScreen campaign. As such they did not receive the structured presentation format.
Shown mediology magazine and goods and informed that they can sign a card to support the campaign and receive the magazine
Also explain ability to join the campaign on Facebook and Twitter and that young people can send a link to images of celebrities smoking
Cards handed out and exchanged for mediology magazine

- **Resources**
  - Mediology magazine
  - Lenticular image
  - #UNFOLLOW stickers
  - Replacement smoker stickers
  - Tobacco industry super-villain/ #UNFOLLOW skull poster
  - USB wrist band (branded The SmokeScreen) for those who win one for giving a good answer to a question

### 4.12
It was felt that overall the intervention was appropriate in that the design and content reflected the original aims and objectives, and the information presented was based on factual information and statistics, that were built upon through engaging imagery and messages. The choice of the theme, in focusing on the media was felt to be particularly appropriate in terms of the key aim of preventing the uptake of smoking:

> ‘When young people interact with media they are losing the ability to think and see what it is. Media expect people to be sheepish and docile and go and buy the products. It’s about giving young people the ability to think.’  
> (Project staff)

> ‘The idea is that young people would be sensitised to noticing things that they wouldn’t have been noticing before. It would have been part of the background, but after the intervention, they will spot it and talk about it.’  
> (Project staff)

### 4.13
Despite the somewhat ‘casual’ appearance of the delivery staff and the way they spoke, it was highlighted that the delivery itself followed key principles in terms of engaging with young people – and that it was in fact a well planned, highly structured presentation, albeit delivered in what was intended to be an accessible, flowing and interactive format. In short the team provided a professional presentation with an informal appearance.

### 4.14
Feedback from the teachers consulted indicated that the choice of content was appropriate for pupils:

> ‘After the success of the first SmokeScreen and what they were doing, and how they promoted the second one, using the animations, it was a good way of doing it. It doesn’t fit the curriculum as such but anything that
engages the kids with the no smoking message fits our aims.’

(Teacher)

‘It was excellent – all the kids were on board. The unfollow thing was very good – the kids liked that – The SmokeScreen are very on trend, were clever to hit the right note.’

(Teacher)

4.15 It was also highlighted that there are quality assurance mechanisms in place to ensure consistency and ensure suitability. Overall concerns here are low due to the project being delivered by a small team, all of whom were involved in developing the concept and designing the presentations. Nonetheless, for each intervention two staff delivered it and the third watched and was able to feedback on any aspects that worked well or required improvement. The staff reported that they have a set script of key messages to deliver, within which there is space for ad-libbing and banter. The overall structure of the presentation, with the games, questions and videos meant that it was straightforward to cover the key messages consistently.

Targeting Needs

4.16 The SmokeScreen was intended to reach all young people of secondary school age. While the design was intended to focus foremost on those in years 7,8 and 9 (those least likely to have started smoking) it was also intended to be relevant to older pupils, and both smokers and non smokers.

‘We felt it was important to make sure there was 100% accessibility to the programme – even if you take a school in what seems to be an affluent area – catchment can capture children from more deprived areas. We had the resources so decided we would go for mass coverage.’

(Project staff)

4.17 By targeting all young people, it could capture the most ‘at risk’ groups and reinforce the intentions of those already unlikely to start smoking. It also acted as a reminder from the last campaign – discouraging young people from becoming replacement smokers for those that die every year from smoking related illnesses.

4.18 Feedback from the stakeholders suggested that should an individual highlight a particular need (such as a desire to stop smoking or show concern for a family member or friend) – that the channels for obtaining help from the schools were explained, indeed it was noted that many schools have structures in place to provide support in relation to smoking. It was however noted that it was rare for an issue such as this to arise within one of The SmokeScreen presentations – the format does not encourage individuals to share their own experiences or concerns (indeed it is not intended to work in this way).
Teachers reflected that it was a fairly easy process, from receiving the information from Leicester City STOP! Smoking that they would like to present a further intervention, to arranging the sessions. For most it was a case of seeking approval at a senior level within the school and then consulting with staff to determine logistics for the pupils to assemble. In this respect the project was able to work with the schools to meet the needs of the young people.

For one school it was noted that it was necessary to revise some of the content of the presentation – as a faith based school, there were certain types of media and certain images that it was considered inappropriate to show. In this case the content was satisfactorily revised, and still able to meet the needs of that specific school.

The impact of The SmokeScreen

Feedback from the stakeholders acknowledged that to some extent the impact of The SmokeScreen was difficult to measure in a meaningful way not least in the short term. Determining whether the desired behaviour has been achieved is one thing, attributing this to any specific initiative is the challenge of most evaluative research.

Nonetheless a number of impacts were identified. Firstly, project staff reflected that the growing numbers of young people following The SmokeScreen on Facebook and Twitter were indicative of support for the campaign and an understanding of the message – not least because young people have been sending links to images in the media that present smoking in a favourable light:

‘They didn’t just go away and forget about it – it shows they have enjoyed the interactions and engaged with it. The following wouldn’t have grown if it hadn’t met the mark.’

(Project staff)

Further, the number of sign up cards illustrated support for the campaign. Project staff reflected that some young people will sign the cards because they are in a school setting and because others are doing so, but were hopeful that for many it illustrated the impact of the message and support for the campaign. Reportedly, the feedback on the sign up cards was largely positive (although this has not yet been compiled to allow specific analysis).

It was also highlighted that young people’s answers to some of the key questions within the presentations, illustrated their lack of awareness of how cigarettes are being advertised, and the role of product placement as a subtle form of advertising. Project staff were therefore confident that the concepts were new and informative and as such had the
potential to impact on the perception of young people and the potential manipulation that takes place through media presentations of smoking:

‘I think they absolutely weren’t aware of the messages we took out to them. Everything felt as though it was something they didn’t know.’

(Project staff)

‘They have gained a greater awareness of how they can be manipulated by the tobacco industry.’

(Project staff)

‘Students realised they don’t know advertising is happening for example in a music video. Some were surprised by it – they saw it as deception or false advertisement.’

(Teacher)

4.25 Feedback from teachers confirmed that pupils had learnt something new and that the content had an impact on them:

‘The very fact that we got to the core of what the adverts are actually saying was good. We take them at face value – the pupils are encouraged to think beyond the surface.’

(Teacher)

‘They definitely know the message of don’t smoke but the way The SmokeScreen did it was new. All of the students took something away.’

(Teacher)

4.26 All four of the teachers consulted indicated that they would like to receive further SmokeScreen presentations. That they were free was very important in enabling them to receive approval from management. They all reflected that the presentations were high quality and well put together.

4.27 It was also highlighted that the intervention was able to provide a more informed knowledge base for young people from which to make decisions in relation to starting to smoke. Staff were impressed with the reaction to the intervention within the presentations themselves:

‘My belief was that it would be very difficult to go against the conditioning that smoking was cool, so the response we got was surprising – people got really excited and passionate about not smoking.’

(Project staff)

4.28 Feedback from the project staff also suggested that the approach taken was more likely to have an impact than other messages typically presented to young people. It was for example established that generic ‘smoking kills’ type messages lack impact because young people do not worry about dying. However by giving a more practical demonstration (through the coin toss exercise) and supporting this with relevant messages about the efforts the tobacco industry goes to, to
recruit new smokers, it was felt the potential impact on young people may be increased.

4.29 Project staff had seen some evidence of brand awareness, with some young people remembering them from the previous year, and still having the free pen and lanyards given out. They also reported seeing #UNFOLLOW stickers from the current intervention on vehicles and it was suggested that providing the posters and stickers created opportunities for the brand to be prevalent outside of school – in young people’s bedrooms, among their friends, and to be seen in the wider community.

4.30 It was however acknowledged that for young people living in families who smoke, they face a considerable barrier in preventing their uptake of smoking. While The SmokeScreen messages may have an impact on them it was questioned whether they could withstand ongoing influence to start smoking. Also, for older students already choosing to smoke it was felt it could be too late to have a significant impact.

4.31 Stakeholders suggested that additional measures would be useful to help to determine the impact of the intervention on young people. One would be to re-introduce the ‘tell us’ survey in the city – which gave a useful indication of issues including the prevalence of smoking city wide. Measures such as levels of tobacco sales in Leicester City would be reduced over the coming years if fewer young people started to smoke. And ultimately it would be beneficial to track cohorts of young people to measure the impact on their future behaviour in relation to smoking.

The key strengths of the project

Innovation & vision of staff

4.32 A number of stakeholders commented that the project was very innovative and that the vision of staff was unusual, not least because attempting to effect behaviour change in 15,000 young people is a significant challenge, but also comparatively both with the types of work undertaken previously in this field, and with the type of work usually associated with the NHS:

‘It’s not very common for people to want to take chances – usually they want to play it safe and tick the boxes.’

(Project staff)

‘It looks very non corporate – it’s a lot different to what people may associate with the usual NHS style.’

(Project staff)

‘What The SmokeScreen do is tackle it differently to [schools]. We tackle harms and finances and problems in
life. They take it from a different angle. It’s something new for them to realise.’

(Teacher)

4.33 Indeed, the capabilities of the team have been recognised more widely, with one member of the project staff acting on the advisory panel for NICE and being invited to speak at a conference to share knowledge on the work the team has undertaken.

4.34 It was noted that one of the core principles of The SmokeScreen - to provide a brand that associates being cool with not smoking and illustrates that smoking demonstrates conformity with the tobacco industry’s agenda (rather than rebellion) - is unique:

‘It gives young people the ability to credibly identify themselves as a non smoker – there is nothing else that does that.’

(Project staff)

‘It flips the concept that smoking is a sign of rebellion – it is an act of conformity and is giving way to exploitation.’

(Project staff)

4.35 It was suggested that the insight of project staff and their ability to understand young people and their interests has been crucial in the design and delivery of the project; something underpinned by the ability of staff to take a complex topic (manipulation by the tobacco industry through product placement to appeal to young people) and turn it in to something that young people can understand, but further something that interests them and that they can engage with:

‘The SmokeScreen taps in to the worlds of Leicester city children – it speaks to them in a language that resonates with them.’

(Project staff)

4.36 The specific angle chosen for The SmokeScreen Mediology of raising awareness of the sophisticated tactics used by the tobacco industry and the media to advertise smoking by associating it with cool brands and characters, was felt to be particularly imaginative and capable of engaging young people on a level that they could relate to, breaking away from staid messages ‘not to smoke because it is bad for you’.

Delivery style

4.37 Leading on from this a further strength was identified in the style of delivery chosen. Feedback suggested that there were some initial teething problems in the first two interventions in setting the desired atmosphere, but these were quickly resolved by tweaking the presentation to create the desired excitement and interactive quality.

4.38 Overall the delivery style was intended to be both educational and entertaining – something reflected both in the quality of the materials
and the presentation. Feedback from the teachers was very positive in relation to the style adopted:

‘The good thing was they used images and it was aimed at the children to be engaged within the process. They could relate to the images, photos – they could name companies. The presentation was done well.’

(Teacher)

‘The whole package was really good – the guys who presented it – the way they did was very engaging and got the message across really well.’

(Teacher)

‘It moved very quickly and gave chances to win prizes. The videos were very professional – I was impressed with those and the materials they handed out at the end – very slick.’

(Teacher)

4.39 It was considered crucial to really engage with young people and make the delivery participatory, and therefore a number of techniques were employed. This included involving young people in games and questions and to give visual illustrations of key messages in relation to smoking. The project staff felt very strongly that to get their messages across it would not be appropriate to stand and talk. Rather it needed to be something active that young people would want to be a part of, and to retain their attention.

‘From the highest achievers to the lowest, it takes them on a journey, the language feels to fit, the images, the delivery seems to be really finely tuned to engage young people.’

(Project staff)

4.40 This included the appearance of and language used by the project staff to deliver the presentation including the high quality videos:

‘The way we appear, talk, look, present helps to get people to buy in – it’s better than someone going up the front with a suit on.’

(Project staff)

‘By going in dressed casually you could say it is breaking down certain preconceptions.’

(Project staff)

‘They spoke on the students’ level and spoke in their language and the kids felt comfortable and engaged in the process. It wasn’t teacher like or lecture like.’

(Teacher)

‘The guys are very cool – the way they dress, the kids definitely identify with them very well. The way they talk and behave. They rate it quite highly. They seemed to really enjoy it.’
4.41 It should be noted that in one school there was a difficulty caused by the appearance of the delivery staff, as some young people associated their style of dress (and particularly wearing baseball caps) with looking like ‘gangsters’. The issue was however resolved, but it does underline the importance of ensuring that intentions are properly understood in what is after all a new approach.

4.42 Project staff felt a particular strength in the delivery of the intervention was that they had learnt from the previous SmokeScreen and built on that to deliver something more engaging:

'I feel it’s 100 times better than what we did last year. I genuinely feel we engaged the vast majority of them and that’s our intention.'

(Project staff)

Engaging young people

4.43 While the design of the content and delivery of the intervention was fundamentally focused on engaging with young people, there were felt to be a number of specific aspects that strengthened the ability of the project to engage and therefore increased its likely success:

- The opportunity for young people to complete the sign up card to support the campaign was felt to be an important part of generating engagement.

- Involvement via Facebook and Twitter was felt to be very valuable, illustrative of the desire of young people to support the campaign, and also facilitating a means of sharing news, organising petitions and running surveys. It also presents the opportunity to reinforce the messages in real time, for example, as a relevant new advert comes out, a link with the #UNFOLLOW message is displayed to keep young people interested.

- The idea that young people can send images of celebrities and characters glamorising smoking via Facebook and Twitter has the effect of strengthening the #UNFOLLOW call to action – giving young people the opportunity to notice presentations of smoking for themselves, and ‘reporting’ it.

- The materials that were distributed also helped to raise brand awareness through the logo on the products. It was noted to be very important that the materials were of a good quality such as to make young people want to obtain them and to hold on to them. This too served as a reminder of the messages:
‘The freebies are a tangible product to jog the memory – they are a conversation piece – something to act as a reminder of what is was about to keep young people engaged with the messages.’

(Project staff)

‘I think the resources – the incentives were good. We know they were used because the stickers were stuck down in places.’

(Teacher)

The weaknesses of the project

Engaging all schools

4.44 One of the reported weaknesses of the project was that it was not able to meet the aim of engaging all secondary schools in the city. Project staff reportedly worked very hard to involve all schools it proved difficult. In the end three schools in the city did not take part at all. Various methods were considered and different attempts made to engage them. The precise reason for failure to take up the offer is not known. There was reportedly nothing distinct in the type of school or area of Leicester that would explain a disinclination to engage. Indeed, two of the schools are from wards with a relatively low prevalence of smoking, while one is from a ward with a high prevalence of smoking. Project staff felt it was possible that those schools did not understand the wider value of the intervention, not just for the young person’s future health, but also for their education:

‘I think it could be that they don’t value the importance of what we are trying to do and how it’s of benefit to them in what they need to do. They can’t make the association between smoking and behaviour and education standards in the school.’

(Project staff)

4.45 While this is a weakness of the project, there remains a good coverage of areas across the spectrum of smoking prevalence in Leicester City. It was highlighted that a potential problem faced when working with schools is that they are self governing and therefore have the choice of whether to engage or not. It was observed that once project staff had engaged the schools once, there was no problem in doing so again.

Engaging all age groups

4.46 It was also observed that schools were most likely to provide access to years 7, 8 and 9 (as was the priority) which meant they were less likely to include year 10 and 11:
‘We would have done more if it weren’t for time constraints. Key stage 4 may be more set in their ways, and given time we had to focus on those most likely to get the benefit [key stage 3]’

(Teacher)

School based approach to smoking

4.47 Although beyond the control of The SmokeScreen intervention, concern was noted that a small number of schools lack a wider approach to preventing smoking. Examples were cited where school staff were seen smoking by pupils, and smoking by pupils was accepted. In addition not all schools were considered to have effective support for young people to help them stop smoking. Project staff felt that this could pose a barrier to the intervention having a significant impact on existing smokers.

Replication in other areas

4.48 Concern was raised that it might be difficult to replicate some aspects of the intervention in other schools. Notably, the need to balance informality in the presentational style to engage on what is a serious topic is a skill that can easily be underestimated. Thought will need to be given to how delivery could be replicated perhaps through training and/or guidance notes, in any proposed roll out. The following comment by a teacher illustrates the importance of the delivery:

‘You can have good ideas but if it’s not presented correctly it can be wasted. The way it was delivered was fantastic.’

(Teacher)

Cost

4.49 It was noted that the project was more expensive to provide than originally envisaged, principally because of the availability of increased investment for the project to extend the range of materials and the number of students it could be delivered to. The range of materials produced were viewed as a worthwhile investment to support the learning among the young people and to increase brand awareness:

‘It’s not been cheap to develop it and create the merchandise. It’s an investment to create alternative messages and content.’

(Project staff)

4.50 Comparing the costs of the project to other preventative work is difficult due to a lack of equivalent interventions. Per participant costs of other interventions are typically higher than for The SmokeScreen although
they typically involve longer interventions and outcome measures differ. This issue is considered further in Section 5 (Data analysis findings).

Section summary

4.51 A clear need for preventative work such as The SmokeScreen was identified by stakeholders. The service was considered to be well designed, aligned to good practice, but also branching out into new territory for preventative interventions. There was felt to be appropriate resources in place to provide a good quality service potentially for all Leicester City schools.

4.52 Generally the intervention was regarded very highly – with predominantly very positive feedback from the stakeholders and teachers involved. It was suggested that there are a number of positive impacts on the young people receiving the intervention, which may ultimately help to prevent the uptake of smoking among young people. It was suggested that the growing number of followers on Facebook and Twitter and those sending images of celebrities or characters glamorising smoking was indicative of support for the campaign and that the volume of sign ups to the #UNFOLLOW campaign was indicative that young people understood the message and believed in it. The level of engagement with the presentation was felt to be indicative of an impact on young people and feedback from teachers suggested that the young people had learnt new information from the interventions that could impact on future choices in relation to smoking.

4.53 There were a number of strengths to the project reported by those consulted. The key strengths are:

- The level of innovation and the vision of staff was felt to be crucial in selecting a suitable topic and presenting it in a way that could impact on young people
- The format of delivery adopted and presentation of the project staff was felt to be a key strength in conveying the messages and getting young people to engage
- The additional opportunities produced for engagement were felt to increase the likely success of the project, including the use of the sign up card, Facebook and Twitter links, encouragement to submit images to #UNFOLLOW, and the materials produced and handed out to support the learning

4.54 Some weaknesses were also identified, within the project. Perhaps the most significant weakness was that the intervention was not able to engage with the full complement of schools across Leicester City as intended, and therefore a potential further 3000 young people were not exposed to the intervention. While considerable efforts were made by the service to engage with all schools (and therefore all young people would have had the opportunity to engage) clearly the potential
success of the project is subject to the autonomy of the schools to determine whether to support the project. This does however suggest that not all schools were persuaded either of the relative priority of this topic or of this particular initiative and more research is needed here. Further barriers to the success of the project were noted to be the absence of year 10 and 11 being included in presentations in a number of schools (due to schools focusing on those likely to gain most benefit – years 7, 8 and 9); and a lack of a wider approach and policy to prevent smoking in some schools. Issues were also noted in that the delivery of the presentations may be difficult to replicate in other areas and that the costs were higher than originally envisaged.

4.55 Overall, it was clear that the service was highly valued, and considered to be achieving its aims and objectives – with the limitation that the precise preventative effect is difficult to measure. There was also however some important limitations.
Section 5. Data analysis findings

The Survey

5.1 Prior to The SmokeScreen presentations being delivered in schools, the schools involved were requested to support the evaluation of The SmokeScreen by facilitating a before and after survey with pupils that would be receiving the intervention. In total five schools agreed to take part with 1176 young people responding to the ‘pre’ intervention survey and 723 young people responding to the ‘post’ intervention survey. Due to the differences in sample sizes, numbers (n=) are presented as well as percentages (%).

5.2 The surveys were undertaken at a time suitable for each school, with the ‘pre’ intervention surveys undertaken between one and three weeks prior to the intervention, and the post intervention surveys undertaken one or two weeks after the intervention. As such the findings are more reflective of any immediate impact of the intervention on young people, rather than for example a longer term impact, and indeed this approach cannot confirm whether the intervention generated a meaningful change in subsequent behaviour. All of the surveys were undertaken anonymously, therefore before and after responses were not paired. Rather both the pre and post samples are made up of those young people known to be receiving The SmokeScreen intervention.

5.3 The survey instruments mostly consisted of multiple choice questions but also included a very small number of open ended questions. A large number of the questions for the pre intervention survey were repeated in the post intervention survey in order to measure change.

5.4 As well as running the frequencies for responses to each question, and cross tabulating relevant variables, statistical tests have been run on the data to identify association between variables. Where the findings are significant in statistical terms this has been highlighted.

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33 This equates to 13.4% (for the pre intervention survey) and 8.3% (for the post intervention survey) of all young people estimated to have received the intervention to date.
34 Where none of the main survey questions were answered (anything after the demographic section) these responses were removed from analysis. In total 56 responses had been removed from the pre intervention survey and 64 had been removed from the post intervention survey.
A further school agreed to take part but participated only in the post intervention survey. Those results therefore do not form part of the main analysis – in order to ensure that impact from the same pool of young people at pre intervention and post intervention is measured.
35 One school did this 1 week before; two schools 2 weeks before; and two schools 3 weeks before the intervention.
36 Four schools did this 1 week after; and one schools 2 weeks after the intervention.
Characteristics of the sample

5.5 The gender of the sample was fairly evenly split, with a slightly higher proportion of girls taking part (53.7% of the pre intervention sample of 1176 and 59.3% of the post intervention sample of 723). The results are displayed in Figure 1.

Figure 1: Gender of respondents

5.6 The majority of the pre intervention respondents were aged 12 or 13 (each with 31.3%, n=368).

5.7 Figure 2 and Figure 3 provide the full breakdown.

Figure 2: Age in years (%) - Pre intervention (n=1175)

Figure 3: Age in years (%) – Post intervention (n=724)
5.8 Perhaps more helpful is the breakdown by year group. This demonstrates that 22.1% (n=260) of the pre intervention sample and 36.3% (n=263) of the post intervention sample was made up of the youngest pupils, that would not have received The SmokeScreen intervention presented the previous year. In total the core target group for the intervention (key stage 3 pupils made up of years 7, 8 and 9) equated to 83.3% (n=981) of the pre intervention sample and 84.4% (n=612) of the post intervention sample. The sample encompasses the full range of age groups potentially receiving the intervention, and reflects the predominance of delivery which was focused on years 7, 8 and 9. The full breakdown is shown in Figure 4 and Figure 5.

Figure 4: School year (%) - pre intervention (n=1178)

Figure 5: School year (%) – post intervention (n=725)

5.9 The majority of respondents were White British or Asian or Asian British, totalling around three quarters of the pre and post intervention samples. This is roughly representative of the ethnic composition of Leicester secondary schools based on figures from 2007. Table 1 displays the full breakdown.

Table 1: Ethnicity of respondents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Pre (n=1176)</th>
<th>Post (n=724)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>469 (39.9%)</td>
<td>259 (35.8%)</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>457 (38.9%)</td>
<td>272 (37.6%)</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>72 (6.1%)</td>
<td>52 (7.2%)</td>
</tr>
<tr>
<td>Mixed Heritage</td>
<td>53 (4.5%)</td>
<td>44 (6.1%)</td>
</tr>
<tr>
<td>Other Black Background</td>
<td>41 (3.5%)</td>
<td>25 (3.5%)</td>
</tr>
</tbody>
</table>

37 Information from Leicester City Council (May 2008) The Diversity Of Leicester: A Demographic Profile, found that the ethnic composition of Leicester’s secondary school pupils in 2007 was: Asian – 40%, Black – 7%, Mixed – 5%, Other – 3% and White – 45%). Source cited as PLASC data 2007.
5.10 Respondents indicating their religion as Muslim made up two fifths of both pre and post intervention samples. This is likely to be an over representation of the Muslim faith community in Leicester city as a whole\textsuperscript{38}, resulting from the selection of schools willing to participate in the surveys. Around a quarter of respondents indicated that they are not religious and around a fifth indicated that they were Christian. The full details are provided in Table 2.

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|}
\hline
Religion & Pre (n=1160) & Post (n=725) \\
\hline
Muslim & 469 (40.4\%) & 296 (40.8\%) \\
I am not religious & 332 (28.6\%) & 176 (24.3\%) \\
Christian & 219 (18.9\%) & 169 (23.3\%) \\
Hindu & 79 (6.8\%) & 45 (6.2\%) \\
Sikh & 32 (2.8\%) & 12 (1.7\%) \\
Other Religion & 23 (2.0\%) & 20 (2.8\%) \\
Buddhism & 3 (0.3\%) & 4 (0.6\%) \\
Jewish & 3 (0.3\%) & 3 (0.4\%) \\
\hline
\end{tabular}
\caption{Religion of respondents}
\end{table}

5.11 Picture 1 and Picture 2 illustrate the pre and post intervention geographic distribution of pupil postcodes. The focus is mainly on the North West and East of the city with much lower representation of the South of the city\textsuperscript{39}.

\textsuperscript{38} Information from Leicester City Council (May 2008) The Diversity Of Leicester: A Demographic Profile, suggested that 26% of the school population is Muslim. Source cited as PLASC data 2006.

\textsuperscript{39} It should be noted that in some cases pupils provided only generic e.g. ‘LE1’ or ‘LE3’ postcodes which will pinpoint the centre of that postcode area. As a result these pictures give a rough indication of the areas covered.
Picture 1: Pre intervention respondent postcodes (n=1010)

Picture 2: Post intervention respondent postcodes (n=614)
5.12 As described, five schools participated in the pre and post intervention surveys. The breakdown of the numbers is provided in Table 3. The names of the schools have been anonymised.

Table 3: Completion of the surveys by school

<table>
<thead>
<tr>
<th>School</th>
<th>Pre (n=1178)</th>
<th>Post (n=725)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A</td>
<td>335 (28.4%)</td>
<td>208 (28.7%)</td>
</tr>
<tr>
<td>School B</td>
<td>93 (7.9%)</td>
<td>105 (14.5%)</td>
</tr>
<tr>
<td>School C</td>
<td>222 (18.8%)</td>
<td>65 (9.0%)</td>
</tr>
<tr>
<td>School D</td>
<td>336 (28.5%)</td>
<td>260 (35.9%)</td>
</tr>
<tr>
<td>School E</td>
<td>192 (16.3%)</td>
<td>87 (12.0%)</td>
</tr>
</tbody>
</table>

5.13 It is notable that the response rate for School C at post intervention dropped particularly significantly, suggesting that either the schools did not fully engage with the survey or pupils were particularly reluctant to complete a second survey. One limitation of using schools with varying sample sizes is that the data may be skewed, as smoking habits varies between schools and between areas of Leicester. While it will not accurately reflect current attitudes and perceptions towards smoking in Leicester, it will be indicative of the types of impacts that the intervention has had on young people (by measuring change among the same pool of young people at pre and post intervention).

5.14 Overall the survey sample is broadly representative of the spectrum of smoking prevalence across different areas of Leicester City. Two of the schools are located within wards with a low prevalence of smoking; one is located within wards with a medium prevalence of smoking and one is located within a ward with a high prevalence of smoking. The fifth school reportedly receives intake from across the city.

Brand awareness

5.15 Nearly half of the pre intervention respondents had heard of The SmokeScreen prior to completing the survey (47.1%, n=503). Year 7 were least likely to have heard of The SmokeScreen (6.6%, n=33). This is as expected due to the fact they would not have attended the previous talk, but encouraging to see that they had heard about it through other routes. Year 8 pupils were most likely to have heard of The SmokeScreen (53.7%, n=270), followed by Year 9 (26.2%)\(^{40}\). Figure 6 shows these findings.

\(^{40}\) These findings are statistically significant, chi square, p= .000
Figure 6: Have you heard of The SmokeScreen message before now (n=1069)

5.16 Of those who would be most likely to have been targeted by the previous intervention (current year 8, 9 and 10 – n=742) 59.7% (n=443) indicated that they had heard of The SmokeScreen. Ideally all pupils in those years would have heard of The SmokeScreen if significant brand recognition had been achieved. However, it is not possible to ascertain how many of those actually attended the previous SmokeScreen presentations and it would be unfair to assume that all should have heard of it. However these figures suggest a reasonable level of brand awareness among the core target group.

5.17 Of those that had heard of The SmokeScreen, the majority had heard about it from the talk given previously in the school/college (89.3%, n=443), but 8.5% (n=42) had heard about it from a friend and 4.8% (n=24) had heard about it from a sibling, and 7.7% (n=38) could not recall the source. This suggests that at least on a small scale young people have shared the information from The SmokeScreen with others.

5.18 Those that had heard of The SmokeScreen were asked what the message was that it was trying to tell young people. Firstly 151 respondents left the answer blank, suggesting either they could not be bothered to write an answer, could not remember or did not understand the message. Of the 352 that answered the question, 4.8% (n=17) gave what may be viewed as the optimum answer, explaining the message was that young people should not become a ‘replacement’ smoker. Further, 8.0% (n=28) of respondents provided an explanation that related to the specific messages given about how the tobacco industry works as a network involving various individuals and 84.1%  

41 Respondents were instructed to ‘tick all that apply’.
(n=296) gave a more general answer that the message was not to smoke or about the harms of smoking. The remaining 3.1% (n=11) stated that they could not remember the message.

5.19 Overall of those eligible to answer the question, this equates to two thirds (67.8%, n=341) recalling either the general message or specific content of The SmokeScreen Part 1. Given the level of responses left blank, this is inconclusive in terms of providing confirmation that the messages were understood and were memorable one year on from the presentations being delivered, although clearly some young people were able to demonstrate their awareness.

Engaging young people with The SmokeScreen

5.20 The call to action from The SmokeScreen Mediology presentations was to encourage young people to ‘#UNFOLLOW’ the tobacco industry and demonstrate their support by signing a card, for which they would receive The SmokeScreen ‘Mediology’ – a dossier style magazine profiling the ‘super-villain’ characters involved in advertising cigarettes to young people and containing stickers, a poster and a lenticular (moving) image (of the tobacco industry super villain and a skull).

5.21 The post intervention survey asked the young people for feedback on this mechanism. A large majority indicated that they had signed the card (88.4%, n=611). At face value, this suggests that the project has had success in encouraging young people to actually support the campaign message.

5.22 Most of those agreed that they had done so because they believe in The SmokeScreen message (89.4%, n=524). It is very encouraging to see that this is the main motivation, as this suggests that the message is something that young people understand, relate to and want to associate with. Just under half indicated the free gifts had been a motivator (44.6%, n=225) and less than a fifth (16.8%, n=82) had signed the card because their friends signed the card. The findings are displayed in Figure 7.
Figure 7: Reason for signing the card to ‘#UNFOLLOW’ the tobacco industry

5.23 Overall the free gifts were popular with those who signed the card, with more than half (53.1%, n=311) indicating they liked all of the free gifts and just under a third (29.0%, n=170) indicating they like some of them. Only one in 10 (9.6%, n=56) did not like the free gifts and a further 8.4% (n=49) were unsure.

5.24 For those that did not sign the card (6.5%, n=45) or indicated they were not sure (5.1%, n=35), they were asked why they had not signed it. No single reason stood out as deterring young people from signing the card. Most commonly cited was not wanting to write their personal details down (36.7%, n=22) and that they could not be bothered to sign the card (32.8%, n=20). There were 14 people (equating to 2.0% of the total post intervention sample) that indicated they did not understand The SmokeScreen. The full findings are detailed in Table 4.

Table 4: Reason for NOT signing the card to ‘#UNFOLLOW’ the tobacco industry

<table>
<thead>
<tr>
<th>Response</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t want to write details about myself (n=60)</td>
<td>22 (36.7%)</td>
<td>18 (30.0%)</td>
<td>20 (33.3%)</td>
</tr>
<tr>
<td>I couldn’t be bothered (n=61)</td>
<td>20 (32.8%)</td>
<td>24 (39.3%)</td>
<td>17 (27.9%)</td>
</tr>
<tr>
<td>I didn’t want the free gifts (n=56)</td>
<td>16 (28.6%)</td>
<td>24 (42.9%)</td>
<td>16 (28.6%)</td>
</tr>
<tr>
<td>I don’t believe in The SmokeScreen message (n=58)</td>
<td>16 (27.6%)</td>
<td>20 (34.5%)</td>
<td>22 (37.9%)</td>
</tr>
</tbody>
</table>
### Impact of The SmokeScreen

5.25 In order to measure the impact of the SmokeScreen firstly the post intervention respondents were asked to describe what the message of The SmokeScreen was.

5.26 In total 336 respondents did not answer the question, suggesting either they could not be bothered to write an answer, could not remember, or did not understand the message. Of the 391 respondents that gave an answer, 4.6% (n=18) specifically mentioned that the message was to ‘unfollow’ the tobacco industry. A quarter (24.8%, n=97) provided an explanation that related to the specific messages given about how the tobacco industry advertise smoking to young people through the media and 61.1% (n=239) gave a more general answer that the message was not to smoke or about the harms of smoking. Interestingly 6.7% (n=26) picked up on the reinforcement of the previous SmokeScreen message indicating that the message was not to become a ‘replacement’ smoker. The remaining 2.8% (n=11) stated they did not know or could not remember.

5.27 This equates to just over half (52.3%, n=380) demonstrating their understanding of either the general message or specific content of The SmokeScreen Mediology. Again, these findings are inconclusive in terms of how meaningful the message from the presentation was to young people, due to the large number of respondents that left the question blank.

5.28 Secondly, the young people receiving The SmokeScreen intervention were also asked to reflect on the impact that the presentation had on them via their agreement with a range of statements presented. Just over a fifth of respondents (22.2%, n=139) agreed that ‘The SmokeScreen didn’t really have an impact on me’. While three fifths disagreed (61.4%, n=385) and 16.4% (n=103) were unsure of the overall impact. This suggests that for the majority there was an impact. It was notable that across all key messages of the intervention (which are analysed subsequently) those that felt that The SmokeScreen impacted on them exhibited a higher level of understanding of the messages (in their survey responses), than those that did not feel The SmokeScreen had impacted on them\(^\text{42}\), suggesting confirmation of this impact.

5.29 Over two thirds (70.5%, n=335) of the post intervention respondents agreed that ‘I am less likely to start smoking because of The

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\(^{42}\text{And in all cases this was statistically significant, p < .05}\)
SmokeScreen\textsuperscript{43}, and of the current smokers 40.0\% (n=16) agreed that ‘I would like to quit smoking because of The SmokeScreen\textsuperscript{44}.

5.30 These findings are displayed in Figure 8.

\textbf{Figure 8: The impact of The SmokeScreen}

5.31 A number of young people indicated they had learnt specific messages from The SmokeScreen presentation. Over three quarters of the post intervention respondents (78.6\%, n=491) agreed that ‘I now know that the tobacco industry has found a new way to advertise cigarettes’. Just under three quarters (73.8\%, n=463) agreed ‘I now know what product placement is’ and two thirds (68.4\%, n=431) agreed ‘I now know that the tobacco industry try to make smoking acceptable/ok’. The full details are provided in Table 5.

\textbf{Table 5: The impact of specific messages from The SmokeScreen}

<table>
<thead>
<tr>
<th>Response</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I now know that the tobacco industry has found a new way to advertise cigarettes (n=625)</td>
<td>491 (78.6%)</td>
<td>36 (5.8%)</td>
<td>98 (15.7%)</td>
</tr>
<tr>
<td>I now know what product placement is (n=627)</td>
<td>463 (73.8%)</td>
<td>62 (9.9%)</td>
<td>102 (16.3%)</td>
</tr>
</tbody>
</table>

\textsuperscript{43} 14.5\% (n=69) disagreed and 15.0\% (n=71) were not sure.
\textsuperscript{44} 25.0\% (n=10) disagreed and 35.0\% (n=14) were not sure.
I now know that the tobacco industry try to make smoking acceptable/ok (n=630)  431 (68.4%)  69 (11.0%)  130 (20.6%)

5.32 It was also apparent that some young people had engaged with The SmokeScreen since the presentation, with 36.3% (n=226) agreeing that ‘I follow The SmokeScreen on Facebook and/or Twitter’, and 21.6% (n=132) indicating that ‘I have sent The SmokeScreen a link with the hash-tag #UNFOLLOW for something with smoking in it’\(^45\). This is displayed in Table 6.

<table>
<thead>
<tr>
<th>Response</th>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I follow The SmokeScreen on Facebook and/or Twitter (n=623)</td>
<td>226 (36.3%)</td>
<td>280 (44.9%)</td>
<td>117 (18.8%)</td>
</tr>
<tr>
<td>I have sent The SmokeScreen a link with the hash-tag #UNFOLLOW for something with smoking in it (n=612)</td>
<td>132 (21.6%)</td>
<td>323 (52.8%)</td>
<td>157 (25.7%)</td>
</tr>
</tbody>
</table>

Table 6: Engagement with The SmokeScreen since the presentation

5.33 More general feedback was also obtained about The SmokeScreen to gauge opinion of the presentations. The vast majority of the post intervention respondents agreed that The SmokeScreen talk was interesting (82.8%, n=495) and only 7.7% (n=46) disagreed\(^46\). A fifth of respondents (20.2%, n=117) agreed with the statement that The SmokeScreen talk wasn’t very useful\(^47\). Overall this would suggest that the majority of young people valued the presentation.

5.34 A majority of young people (62.1%, n=353) thought that The SmokeScreen talk lasted for the right amount of time (neither too long nor too short), but nearly a quarter (23.2%, n=132) thought it could have been made longer, suggesting that some would have liked to hear more. The full breakdown is shown in Table 7.

<table>
<thead>
<tr>
<th>Response</th>
<th>Post only (n=568)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The right amount of time</td>
<td>353 (62.1%)</td>
</tr>
<tr>
<td>Too short</td>
<td>132 (23.2%)</td>
</tr>
<tr>
<td>Too long</td>
<td>44 (7.7%)</td>
</tr>
<tr>
<td>Not Sure</td>
<td>39 (6.9%)</td>
</tr>
</tbody>
</table>

Table 7: The timing of The SmokeScreen talk was:

\(^45\) The actual number of images received recorded by the service is 79 images – lower than that reported by pupils. This would suggest either they have mis-read or misunderstood the question (for example as viewing #unfollow images via Facebook or Twitter or intention to send to images) or that the information recorded by the service is incorrect.

\(^46\) The remaining 9.5% (n=57) were unsure.

\(^47\) 66.7% (n=386) disagreed and 13.1% (n=76) were not sure
5.35 The young people were positive about each of the main aspects of the presentation. Most popular was the talks given by The SmokeScreen staff, with 81.2% (n=488) indicating that these were good. This was closely followed by the pictures and videos shown (79.6%, n=480). Over three quarters of the respondents (76.7%, n=458) indicated that having the choice to sign that card to ‘#UNFOLLOW’ the tobacco industry was good and 72.4% (n=437) indicated that The SmokeScreen ‘super-villain’ characters were good. Figure 9 displays these results.

**Figure 9: Perception of different aspects of the presentation**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Percentage</th>
<th>Good</th>
<th>Bad</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talks given by the staff</td>
<td>81.2%</td>
<td>13.5</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>Pictures and videos shown</td>
<td>79.6%</td>
<td>12.4</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Having the choice to sign that card to ‘#UNFOLLOW’ the tobacco industry</td>
<td>76.7%</td>
<td>16.6</td>
<td>6.7</td>
<td></td>
</tr>
<tr>
<td>SmokeScreen ‘super-villain’ characters</td>
<td>72.4%</td>
<td>15.7</td>
<td>11.9</td>
<td></td>
</tr>
</tbody>
</table>

**Product Placement**

5.36 One of the objectives of The SmokeScreen was to present the concept of product placement and show young people how corporations use it to increase consumption of tobacco. In order to measure the impact in this area young people were presented with the statement that ‘Sometimes new products such as iphones, watches, trainers and jewellery are shown in the media (by the media we mean movies, music videos, video games and fashion)’.

5.37 They were then asked to indicate whether they agreed or disagreed with a number of statements designed to test their understanding of the relationship between products and the media.

5.38 It was evident that even at the pre intervention stage the young people already had a relatively high level of understanding of the use of...
products in the media – most notably with 81.5% (n=949) agreeing that new products are shown in the media to encourage people to buy them – evidencing an awareness that this is a form of advertising. Over two thirds (70.6%, n=816) agreed that new products are shown in the media to make money, and 61.6% (n=710) identified an impact on people’s buying preferences when celebrities were shown using or advertising a product. Just over half (54.8%, n=638) agreed with the idea that new products are shown in the media in order to associate films and games as cutting edge. There were however also notable proportions of young people who were ‘unsure’ and in every case these outweighed the proportions disagreeing with the statements.

While there was no impact at the post intervention stage on the level of young people believing that new products are shown in the media to encourage people to buy them (this remained equally high at 81.6%, n=723), there were increases in awareness for each of the other statements. The greatest change was for the impact of celebrities on buying preferences which rose by 10.4 percentage points\(^{48}\), closely followed by the idea of using products in the media to demonstrate the film or game is cutting edge (9.4 percentage points)\(^{49}\), and the idea that new products are shown to make money (7.8 percentage points)\(^{50}\).

Figure 10 illustrates these findings.

**Figure 10: Agreement with suggested reasons why new products may be shown in the media**

<table>
<thead>
<tr>
<th></th>
<th>Pre (n=1164)</th>
<th>Post (n=723)</th>
<th>Pre (n=1156)</th>
<th>Post (n=722)</th>
<th>Pre (n=1152)</th>
<th>Post (n=719)</th>
<th>Pre (n=1164)</th>
<th>Post (n=718)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage purchases</td>
<td>81.5</td>
<td>81.6</td>
<td>70.6</td>
<td>78.4</td>
<td>61.6</td>
<td>72</td>
<td>54.8</td>
<td>64.2</td>
</tr>
<tr>
<td>Make money</td>
<td>15.7</td>
<td>8.4</td>
<td>14.6</td>
<td>9.7</td>
<td>18.2</td>
<td>12</td>
<td>33.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Celebrities impact</td>
<td>23.8</td>
<td>6</td>
<td>12</td>
<td>9.6</td>
<td>12</td>
<td>12</td>
<td>33.2</td>
<td>26.2</td>
</tr>
<tr>
<td>Appear cutting edge</td>
<td>11.3</td>
<td>11.2</td>
<td>21</td>
<td>6</td>
<td>18.2</td>
<td>9.7</td>
<td>33.2</td>
<td>26.2</td>
</tr>
</tbody>
</table>

\(^{48}\) This change was statistically significant, chi square, p = .000
\(^{49}\) This change was statistically significant, chi square, p = .000
\(^{50}\) This change was statistically significant, chi square, p = .001
Presentations of smoking in the media

5.41 Generally speaking, young people were much less convinced of the impact of presentations of smoking in the media on purchasing decisions, than they were with the associations of products shown in the media. Young people were first presented with the statement, ‘Celebrities or characters may be shown smoking a cigarette in movies, music videos, video games and fashion. They may also be shown in adverts for clothes, shoes and other goods’.

5.42 Most (55.9%, n=632) disagreed with the idea that a movie/video/game or advert would be less popular if it did not show a person smoking, suggesting that they do not associate smoking with being central to increasing the desirability of goods. This figure remained constant at the post intervention stage (54.3%, n=389).

Table 8: The movie/video/game or advert would be less popular if it did not show a person smoking

<table>
<thead>
<tr>
<th>Response</th>
<th>Pre (n=1131)</th>
<th>Post (n=716)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>249 (22.0%)</td>
<td>155 (21.6%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>632 (55.9%)</td>
<td>389 (54.3%)</td>
</tr>
<tr>
<td>Not Sure</td>
<td>250 (22.1%)</td>
<td>172 (24.0%)</td>
</tr>
</tbody>
</table>

5.43 Young people most often agreed that they would be put off buying a product if an advert showed someone smoking, because they don’t like smoking (62.2%, n=698) and this remained constant at the post intervention stage (61.0%, n=434).

5.44 Nearly two fifths (38.7%, n=434) also suggested that seeing someone smoking in an advert or film puts them off smoking because it makes smoking seem normal or boring. Again this remained fairly constant at the post intervention stage (41.4%, n=292).

5.45 Figure 11 displays these findings.
5.46 However some change was effected in relation to the idea that the overall impact of presenting smoking to make someone look cool thereby associating a product with ‘being cool’ could impact on behaviour.

5.47 At the pre intervention stage only 10.6% (n=119) indicated that showing someone smoking in an advert made them want to buy the product advertised, because the person looks cool. However this had increased to 16.6% (n=119) at the post intervention stage\textsuperscript{51}. Overall however, these numbers remain low, with the majority believing that presenting smoking in this way would not impact on their desire to buy the product.

5.48 Similarly at the pre intervention stage only 7.2% (n=81) of respondents indicated that showing someone smoking in an advert or film made them want to smoke because the person looks cool. But this had increased to 13.6% (n=97) at the post intervention stage\textsuperscript{52}. But again, with the majority believing that presentation of smoking would not encourage them to smoke.

5.49 Figure 12 displays these findings.

\textsuperscript{51} This change was statistically significant, chi square, $p = .000$

\textsuperscript{52} This change was statistically significant, chi square, $p = .000$
These findings are surprising, as it would be hoped that if anything the intervention had the opposite effect, of encouraging young people to disassociate the idea of smoking being cool and raising their awareness that this has been a tactic used as a subtle way of increasing the desirability both of certain products and of smoking itself. It is also notable that the numbers of young people that were uncertain on these issues increased a small amount (via ‘not sure’ responses). The issue here may be one of interpretation – it is possible that some young people are acknowledging the influence presentations of smoking can have (i.e. they are now more aware that they can be influenced), rather than reflecting that they are now actually more inclined to be influenced by the presentation of smoking in advertising.

Overall, it would seem that young people are rejecting the idea that they are influenced to buy products or take up smoking by presentations of smoking in the media, and this remains largely unaffected by the ideas presented within The SmokeScreen. Perhaps they are not willing to admit/ or able themselves to see that they succumb to this pressure.

On the assumption both that pupils paid attention to the campaign and that they understood/ were convinced by the information presented.
The role of the media

5.52 Specific questions were posed to measure awareness among young people of the role the media plays in influencing young people. At the pre intervention stage half (50.9%, n=564) agreed that the media helps young people to make their own choices on what they buy. At post intervention this number had reduced by 6.5 percentage points to 44.4% (n=318) believing this to be the case, suggesting that the intervention had some impact on raising awareness among young people that media seeks to influence rather than encourage choice.

Table 9: The media helps young people to make their own choices on what they buy

<table>
<thead>
<tr>
<th>Response</th>
<th>Pre (n=1107)</th>
<th>Post (n=716)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>564 (50.9%)</td>
<td>318 (44.4%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>259 (23.4%)</td>
<td>217 (30.3%)</td>
</tr>
<tr>
<td>Not Sure</td>
<td>284 (25.7%)</td>
<td>181 (25.3%)</td>
</tr>
</tbody>
</table>

5.53 There was little change however in the perception that the media helps young people to express their own personality. Under a third believed this to be the case at both the pre (30.2%, n=333) and post (32.8%, n=235) stages. This would suggest that young people were no more inclined to believe that the media encourages conformity after receiving The SmokeScreen intervention.

Table 10: The media helps young people to express their own personality (for example by smoking)

<table>
<thead>
<tr>
<th>Response</th>
<th>Pre (n=1103)</th>
<th>Post (n=716)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>333 (30.2%)</td>
<td>235 (32.8%)</td>
</tr>
<tr>
<td>Disagree</td>
<td>451 (40.9%)</td>
<td>285 (39.8%)</td>
</tr>
<tr>
<td>Not Sure</td>
<td>319 (28.9%)</td>
<td>196 (27.4%)</td>
</tr>
</tbody>
</table>

5.54 Changes were apparent however in terms of perception of how the media is used in relation to selling products. Most notable was the increase in the proportion of those agreeing with the idea that the media sell more products by finding ways to show their branding is cool (such as smoking). This increased from 42.9% (n=469) to 60.8% (n=428) – an increase of 17.9 percentage points. There was a more modest increase in the proportion of young people agreeing that the media tries to appeal to young people to sell more products; increasing from 56.9% (n=626) to 65.6% (n=467) – an increase of 8.7 percentage points. This change was statistically significant, chi square, p = .001.
5.55 The majority of young people felt, before the SmokeScreen intervention, that both the media and celebrities should be careful not to make young people start smoking (with 83.7%, n=931 and 78.7%, n=866 agreeing respectively). This remained constant at the post intervention stage (84.2%, n=600 and 81.0%, n=575 agreeing respectively). This is displayed in Figure 14.
Figure 14: Whether the media and celebrities should be careful not to make young people start smoking

<table>
<thead>
<tr>
<th></th>
<th>Pre (n=1112)</th>
<th>Post (n=713)</th>
<th>Pre (n=1101)</th>
<th>Post (n=710)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The media</td>
<td>83.7%</td>
<td>84.2%</td>
<td>78.7%</td>
<td>81%</td>
</tr>
<tr>
<td>Celebrities</td>
<td>10.5%</td>
<td>10.2%</td>
<td>11.8%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Role of the tobacco industry

5.56 Perhaps the most notable changes in the perception of young people are in relation to their perception of the tobacco industry. This is reflected in the finding that the proportion of young people agreeing that the tobacco industry wants young people to smoke nearly doubled, rising from 35.5% (n=386) to 63.0% (n=447) at post intervention\(^{57}\). Similarly a much greater proportion of young people agreed that the tobacco industry uses the media to show smoking as cool and rebellious, rising from 37.5% (n=407) to 61.8% (n=436)\(^{58}\).

5.57 Figure 15 displays these results.

\(^{57}\) This was statistically significant, chi square, p=.000
\(^{58}\) This was statistically significant, chi square, p=.000
5.58 Further, while a third of respondents (33.2%, n=361) agreed at the pre intervention stage with the idea that the tobacco industry does not do anything to encourage young people to smoke, this fell to just 17.4% (n=123) at post intervention\textsuperscript{59}. Interestingly the largest proportion of young people were unsure (40.9%, n=448) whether the tobacco industry ‘does not advertise cigarettes in the media’, with 35.4% (n=388) agreeing with this statement at pre intervention. But at post intervention these numbers fell, with 25.5% (n=181) believing at post intervention that cigarettes were not advertised in the media\textsuperscript{60}. It appears therefore that the intervention has raised awareness among young people of the sophisticated tactics used by the tobacco industry and the media to publicise smoking.

5.59 These findings are shown in Figure 16

\textsuperscript{59} This was statistically significant, chi square, p=.000
\textsuperscript{60} This was statistically significant, chi square, p=.000
Figure 16: Perception of whether the tobacco industry encourages and advertises smoking

![Bar chart showing perception of tobacco industry's encouragement and advertising of smoking.

Smoking behaviour

5.60 At both pre and post intervention a minority of young people reported that they had tried a cigarette (19.1%, n=212 and 19.2%, n=137 respectively). Figure 17 displays the results.

Figure 17: Ever tried a cigarette

![Bar chart showing percentage of young people who have tried a cigarette.

57
5.61 Of those who had tried a cigarette, at post intervention (33.8%, n=46) a higher proportion of these were current smokers than at pre intervention (22%, n=47). The full breakdown is displayed in Table 11.

Table 11: Do you smoke now

<table>
<thead>
<tr>
<th>Response</th>
<th>Pre (n=213)</th>
<th>Post (n=136)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – every now and then</td>
<td>28 (13.1%)</td>
<td>24 (17.6%)</td>
</tr>
<tr>
<td>Yes – every day</td>
<td>19 (8.9%)</td>
<td>22 (16.2%)</td>
</tr>
<tr>
<td>No</td>
<td>156 (73.2%)</td>
<td>83 (61.0%)</td>
</tr>
<tr>
<td>Not Sure</td>
<td>10 (4.7%)</td>
<td>7 (5.1%)</td>
</tr>
</tbody>
</table>

5.62 The vast majority of young people indicated that they did not intend to smoke in the future (77.2%, n=855) and this remained constant at post intervention (78.6%, n=558). The breakdown is displayed in Table 12.

Table 12: Do you intend to smoke in the future

<table>
<thead>
<tr>
<th>Response</th>
<th>Pre (n=1108)</th>
<th>Post (n=710)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – I may try a cigarette</td>
<td>75 (6.8%)</td>
<td>43 (6.1%)</td>
</tr>
<tr>
<td>Yes – I will smoke regularly</td>
<td>30 (2.7%)</td>
<td>26 (3.7%)</td>
</tr>
<tr>
<td>No</td>
<td>855 (77.2%)</td>
<td>558 (78.6%)</td>
</tr>
<tr>
<td>Not Sure</td>
<td>148 (13.4%)</td>
<td>83 (11.7%)</td>
</tr>
</tbody>
</table>

5.63 Crucially, just under two fifths of respondents indicated that they live with someone that smokes (39.5%, n=436 at pre intervention and 37.2%, n=264 at post intervention), illustrating a potentially high level of influence for them to become smokers in the future, because smoking among young people is strongly associated with living with one or more people who smoke\(^\text{62}\). This finding is displayed in Figure 18.

\(^{61}\) This number is larger than those that indicated ‘Yes’ to having tried a cigarette, due to one respondent missing the previous question, but electing to answer this question.

5.64 For those living with a smoker, most commonly this was a parent (around 80%) and for around a third it was a brother or sister. Table 13 displays the relationship the young person had to the smoker.

**Table 13: What is their relationship to you**

<table>
<thead>
<tr>
<th>Response</th>
<th>Pre (n=431)</th>
<th>Post (n=262)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A parent or guardian</td>
<td>352 (81.7%)</td>
<td>210 (80.2%)</td>
</tr>
<tr>
<td>A brother or sister</td>
<td>129 (29.9%)</td>
<td>92 (35.1%)</td>
</tr>
<tr>
<td>A grandparent</td>
<td>71 (16.5%)</td>
<td>38 (14.5%)</td>
</tr>
<tr>
<td>Another relative</td>
<td>82 (19.0%)</td>
<td>52 (19.8%)</td>
</tr>
</tbody>
</table>

**Perceptions of smoking**

5.65 Respondents were asked to indicate their agreement with a number of statements designed to understand their perceptions of smoking. The majority of respondents felt that young people smoke because their friends do, and that young people don’t realise that smoking is addictive. They also viewed smoking as a ‘naughty/rebellious’ thing to do. Very few agreed with the sentiment that there is no real harm in smoking cigarettes, suggesting that most young people are aware of the potential dangers. Few young people associated smoking with making young people appear cool or attractive. This is displayed in Table 14.

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63 Respondents could ‘tick all that apply’
Across all of these suggestions, there was little change between the pre and post intervention stages, suggesting that The SmokeScreen has not had an impact on general perceptions of smoking.

Table 14: Agree with the statement in relation to perception of smoking

<table>
<thead>
<tr>
<th>Statement</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people smoke because their friends do</td>
<td>763 (72.7%)</td>
<td>468 (68.4%)</td>
</tr>
<tr>
<td>Young people don’t realise smoking is addictive</td>
<td>690 (65.7%)</td>
<td>445 (64.9%)</td>
</tr>
<tr>
<td>Smoking is a naughty/rebellious thing to do</td>
<td>681 (64.5%)</td>
<td>427 (62.4%)</td>
</tr>
<tr>
<td>Young people don’t know what harm smoking can cause to their health</td>
<td>628 (59.3%)</td>
<td>390 (56.7%)</td>
</tr>
<tr>
<td>Young people enjoy smoking</td>
<td>380 (35.8%)</td>
<td>244 (35.6%)</td>
</tr>
<tr>
<td>Smoking makes young people look cool</td>
<td>123 (11.6%)</td>
<td>99 (14.4%)</td>
</tr>
<tr>
<td>Smoking makes young people look attractive</td>
<td>96 (9.0%)</td>
<td>82 (11.9%)</td>
</tr>
<tr>
<td>There is no real harm in smoking cigarettes</td>
<td>79 (7.5%)</td>
<td>62 (9.1%)</td>
</tr>
</tbody>
</table>

What could stop young people smoking in the future

Interestingly the highest proportion of pupils felt that knowing more about what smoking does to their health would stop them from smoking (78.8%, n=831 at pre intervention and 78.4%, n=534 at post intervention). A majority also indicated that knowing more about what it costs and what others think of smoking would influence their behaviour.

The only significant change in perception however, was in relation to the suggestion that ‘knowing more about whether companies may benefit from me smoking’ may stop young people from smoking in the future. At pre intervention less than half viewed knowing about the benefits to companies as influential (48.6%, n=505) but at post intervention this had increased by 6 percentage points (to 54.6%, n=365). This would suggest that The SmokeScreen was able to raise awareness among some of the potential for businesses to benefit from them choosing to smoke. However, this remained the least influential.

There are some small increases of agreement for some of the statements at post intervention, however these were not statistically significant and therefore are not indicative of resulting from the intervention.

Pre n=1050, Post n=684
Pre n=1050, Post n=686
Pre n=1056, Post n=684
Pre n=1059, Post n=688
Pre n=1061, Post n=686
Pre n=1064, Post n=688
Pre n=1066, Post n=688
Pre n=1049, Post n=679
This was statistically significant, chi square, p= .050
reason that would stop them from smoking in the future. The findings are displayed in Table 15.

Table 15: Agreed with the statement about what will stop them smoking in the future

<table>
<thead>
<tr>
<th>Statement</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing more about what it does to my health(^{74})</td>
<td>831 (78.8%)</td>
<td>534 (78.4%)</td>
</tr>
<tr>
<td>Knowing more about what it costs(^{75})</td>
<td>658 (62.9%)</td>
<td>448 (66.7%)</td>
</tr>
<tr>
<td>Knowing more about what others think of smoking(^{76})</td>
<td>584 (55.9%)</td>
<td>387 (57.6%)</td>
</tr>
<tr>
<td>Knowing more about whether companies may benefit from me smoking(^{77})</td>
<td>505 (48.6%)</td>
<td>365 (54.6%)</td>
</tr>
</tbody>
</table>

Summary

5.69 Overall the feedback in relation to the presentation given was good with the majority of young people finding it interesting and useful, and responding positively to the talks given, the pictures and videos shown, being able to sign the card to #UNFOLLOW the tobacco industry, and the depiction of The SmokeScreen ‘super-villain’ characters.

5.70 There was some evidence of brand awareness in the level of young people that had previously heard of The SmokeScreen (at pre intervention) and that were able to recall either the specific or general messages conveyed. There was also evidence of engagement with the The SmokeScreen, given the levels of young people indicating their support for the current campaign by signing the card to #UNFOLLOW the tobacco industry, and the feedback that the main motivation for this was that they believed in the message. Some also reported following The SmokeScreen on Facebook and/or Twitter and sending images depicting smoking by associating the #UNFOLLOW hash-tag. The majority of young people indicated The SmokeScreen presentation had an impact on them, including being less likely to start smoking because of The SmokeScreen, suggesting that the work has contributed to the overall aim of preventing the uptake of smoking amongst young people.

5.71 Despite evidence of a relatively high level of understanding of the use of new products in the media, at post intervention it was clear that young people were increasingly aware of the link between associating cool celebrities and products with media such as films, music videos, video games and fashion to impact on people’s buying preferences and make money.

\(^{74}\) Pre n=1055, Post n=681
\(^{75}\) Pre n=1046, Post n=672
\(^{76}\) Pre n=1045, Post n=672
\(^{77}\) Pre n=1039, Post n=668
5.72 Young people did not however appear convinced of the impact of presentations of smoking in the media on their own decision making in relation both to purchasing products and to smoking and this appeared largely unaffected by the ideas presented within The SmokeScreen. It is possible that if asked whether this may impact on the decision making of other young people, they may answer differently giving a more objective view. Indeed, it was apparent that young people were increasingly aware that it was the intention of corporations to use presentations of smoking to impact on the behaviour of young people.

5.73 The most notable changes in the perception of young people were in relation to their views of the tobacco industry. The findings from the survey suggest that The SmokeScreen has raised awareness among young people of the sophisticated tactics used by the tobacco industry and the media to promote smoking.

5.74 The findings from the pre and post intervention surveys did not suggest any changes emanating from The SmokeScreen intervention in relation to general smoking behaviour and perceptions. While impacts on this area would have been beneficial to the overall aim of preventing the uptake of smoking, they do not form the key objectives of the project.

5.75 After the intervention took place young people were more likely to agree that knowing more about whether companies may benefit from them smoking would stop them from smoking in the future, suggesting the focus on exploitation via the media has shown young people another angle that may deter them from smoking. However knowing about the benefits to companies of young people smoking remained a less popular mode of preventing smoking than raising awareness of health impacts, cost and others’ perceptions of smoking. This may help to inform future interventions of this type, although it should be borne in mind that this perception may exist because of these form the types of messages (particularly health) that young people are most familiar with.
**Intervention data**

5.76 The original intentions of the Leicester City STOP! Smoking Service was to reach 15,000 Leicester City young people with The SmokeScreen intervention.

5.77 It should however be noted that three schools did not engage with The SmokeScreen). Therefore revising this figure, provides an estimated pool of 12,020 young people in Leicester City for the service to potentially engage with. Further a number of schools focused on the core target group (key stage 3) meaning that not all young people in the school received the intervention. In fact eight schools involved years 7, 8 and 9; four schools involved all five year groups – years 7,8,9,10 and 11; and four colleges involved sixth formers – years 12 and 13.

5.78 To date 16 interventions have been completed, with a further two scheduled to take place in June. Table 16 displays details of the pending school visits, which will focus on the key stage 3 year groups and be received by an estimated 1,447 young people.

**Table 16: Full interventions pending (June 2012)**

<table>
<thead>
<tr>
<th>School</th>
<th>Number of talks</th>
<th>Year groups</th>
<th>Estimated number receiving talk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moat Community College</td>
<td>3</td>
<td>7,8,9</td>
<td>636</td>
</tr>
<tr>
<td>Rushey Mead School</td>
<td>3</td>
<td>7,8,9</td>
<td>811</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>N/A</strong></td>
<td><strong>1447</strong></td>
</tr>
</tbody>
</table>

5.79 As some schools did not engage, there are plans to use resources to run an additional two interventions with schools outside of Leicester City - in the County (Leicestershire), bringing the total up to 20 interventions.

5.80 It is worth noting that of the 16 completed interventions, the 12 run with schools (with pupils in years 7 to 11) were ‘full’ interventions using the assembly format to provide the full planned presentation. However in the four sixth form colleges this format was replaced with a ‘brief’ intervention. Instead of assemblies, stands were set up staffed by the delivery staff, that young people could choose to engage with between lessons, at break and lunch times (from 10am to 2pm).

5.81 Table 17 displays the sixth form colleges visited, and the number of #UNFOLLOW sign ups from young people engaging with staff. The precise number of individuals engaging with the service was not

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78 Samworth Enterprise Academy, Soar Valley College and Crown Hills Community College
recorded, however project staff suggested that most of those who spoke to staff also signed up to the campaign, so the number of #UNFOLLOW sign ups – 373 – is roughly representative of all those spoken to.

**Table 17: Brief interventions completed with colleges (April 2012)**

<table>
<thead>
<tr>
<th>School</th>
<th>#UNFOLLOW sign ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gateway College</td>
<td>116</td>
</tr>
<tr>
<td>QE College</td>
<td>123</td>
</tr>
<tr>
<td>Regent College</td>
<td>91</td>
</tr>
<tr>
<td>Leicester College</td>
<td>43</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>373</strong></td>
</tr>
</tbody>
</table>

5.82 For the 12 schools receiving the full intervention, an estimated 8,385 young people heard the talks. Again precise numbers of attendees were not recorded and so estimates have been used.⁷⁹

5.83 Based on these findings the total number of young people from Leicester City reached by The SmokeScreen is estimated to be:

- 8,758 young people engaging with the 16 completed interventions
- A likely 10,205 young people engaging with the 18 interventions in Leicester City (when the further two interventions are completed)

5.84 When all 18 interventions in the city are complete this equates to 68.0% of the intended population (based on the 15,000 secondary school pupils estimated by the service) and 84.9% of the revised figure (discounting the three schools that did not engage).

5.85 In terms of the core target group (key stage 3) it will equate to an estimated 82.7% of all young people in years 7,8 and 9 reached by the intervention (when all 18 interventions in the city are complete).

5.86 Table 18 provides a full breakdown of the 12 schools visited, the number of talks given at each school, the year groups engaged, the estimated number receiving the talk, the number of #UNFOLLOW sign ups and the estimated proportion of sign ups (based on the estimated number receiving the talk).

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⁷⁹ This estimate is calculated by dividing the number of students within the whole school by the number of year groups receiving the talks. Where 3 year groups received the talk the estimated number is three fifths of the total number of students in the school.
Table 18: Full interventions completed (March to April 2012)

<table>
<thead>
<tr>
<th>School</th>
<th>Number of Talks</th>
<th>Year groups</th>
<th>Estimated number receiving talk</th>
<th>#UNFOLLOW sign ups</th>
<th>Estimated proportion of sign ups&lt;sup&gt;80&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babington Community Technology College</td>
<td>5</td>
<td>7,8,9,10,11</td>
<td>700</td>
<td>530</td>
<td>75.7%</td>
</tr>
<tr>
<td>Beaumont Leys School</td>
<td>3</td>
<td>7,8,9 (+10,11)</td>
<td>630 (+420)&lt;sup&gt;81&lt;/sup&gt;</td>
<td>825</td>
<td>78.6%</td>
</tr>
<tr>
<td>English Martyrs Catholic School</td>
<td>3</td>
<td>7,8,9</td>
<td>628</td>
<td>500</td>
<td>79.6%</td>
</tr>
<tr>
<td>Fullhurst Community College</td>
<td>3</td>
<td>7,8,9</td>
<td>490</td>
<td>403</td>
<td>82.2%</td>
</tr>
<tr>
<td>Hamilton Community College</td>
<td>3</td>
<td>7,8,9</td>
<td>570</td>
<td>289</td>
<td>50.7%</td>
</tr>
<tr>
<td>Judgemoadow Community College</td>
<td>3</td>
<td>7,8,9</td>
<td>729</td>
<td>627</td>
<td>86.0%</td>
</tr>
<tr>
<td>Madani High School &amp; Community College</td>
<td>4</td>
<td>7,8,9,10,11</td>
<td>600</td>
<td>541</td>
<td>90.2%</td>
</tr>
<tr>
<td>New College</td>
<td>5</td>
<td>7,8,9,10,11</td>
<td>900</td>
<td>586</td>
<td>65.1%</td>
</tr>
<tr>
<td>Sir Jonathan North Community College</td>
<td>3</td>
<td>7,8,9</td>
<td>720</td>
<td>635</td>
<td>88.2%</td>
</tr>
<tr>
<td>St Paul’s Catholic School</td>
<td>3</td>
<td>7,8,9</td>
<td>521</td>
<td>469</td>
<td>90.0%</td>
</tr>
<tr>
<td>The City of Leicester College</td>
<td>3</td>
<td>7,8,9</td>
<td>822</td>
<td>461</td>
<td>56.1%</td>
</tr>
<tr>
<td>The Lancaster School</td>
<td>3</td>
<td>7,8,9</td>
<td>655</td>
<td>359</td>
<td>54.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
<td><strong>N/A</strong></td>
<td><strong>8385</strong></td>
<td><strong>6225</strong></td>
<td><strong>74.2%</strong></td>
</tr>
</tbody>
</table>

<sup>80</sup> This estimate relates to the proportion of sign ups among those estimated to have received the talk.

<sup>81</sup> Beaumont Leys school was an exception in that it was the only school receiving the full intervention that also provided the opportunity of a brief intervention for year 10 and 11 pupils.
One objective of the intervention was to encourage young people to support The SmokeScreen message by signing a card to show their intention to ‘#UNFOLLOW’ the tobacco industry. From the 16 completed interventions there were 6,598 sign ups. In addition Facebook ‘likes’ increased from 300 to 700 over the intervention period, Twitter followers increased from approximately 600 to 1300 over the intervention period, and 79 images have been sent to the service using the #UNFOLLOW hash-tag (69 via Twitter and 10 via Facebook).

From the 16 interventions completed:

- 6,598 #UNFOLLOW sign ups were collected (equating to a 74.2% engagement rate for those receiving the full intervention)
- 400 additional ‘likes’ by young people on Facebook occurred (4.6% of those receiving the intervention to date)
- 700 additional young people have become followers of The SmokeScreen on Twitter (8.0% of those receiving the intervention to date)
- 79 images were sent to the service by young people, using the #UNFOLLOW hash-tag

Costs effectiveness of The SmokeScreen

The original budget set for the evaluation was £23,000 on the basis that the intervention would reach 15,000 Leicester City young people with the cost per young person at £1.53.

Early on the budget was increased, both to enable a detailed evaluation of the service, and when it became apparent that the budget set for materials/resources was not sufficient to achieve the desired quality.

The final cost equated to £56,701. The largest cost for the project was designing and producing the various materials82 (£34,250), accounting for 60.4% of the total costs. Staff costs83 were lower (£10,866). Other costs included equipment costs and the costs of the evaluation.

82 This included an artist to illustrate designs; production of 12,000 booklets each containing 1 lenticular postcard, 1 double sided poster and 4 stickers; 750 usb wristbands; 12,000 sign up cards; and 2 videos for presentation (each 3 minutes).
83 This included a Leicester City STOP! Smoking project manager (12 hours per week for 5 months); and two CommonUnity Arts staff (20 interventions at £350 per intervention).
5.91 On the assumption that the 20 interventions will be carried out (the 16 already completed, the 2 pending and the 2 to be arranged in the Leicestershire County), in total the average per intervention cost will equate to £2,835.05.

5.92 The estimated cost per young person (based on the estimated number of young people receiving the 16 interventions completed) is £5.18. Clearly this is a lot higher than the original per person cost and is largely attributable to the availability of increased investment for the project to extend the range of materials and the number of students it could be delivered to.

5.93 There is a lack of suitable comparisons to benchmark these costs against other similar interventions. The evidence from other types of preventative interventions suggests that per participant costs are typically higher than the cost reported for The SmokeScreen, however this must be qualified by the fact that other interventions typically have longer periods of intervention and greater numbers of sessions. Also outcomes measures differ from those used in The SmokeScreen. A number of other interventions are summarised below (it should however be noted that due to the time gap since the interventions were undertaken, the current monetary value of the costs would be greater):

- School-based tobacco-use prevention programme. A school-based smoking prevention programme (1989-91) consisted of 10 lessons delivered to 770 year 7 pupils in the United States followed by a 2 lesson booster at year 8, with each lesson lasting 40-50 minutes in length. The intervention cost was estimated at £9 per participant. It was estimated to prevent 4.5% of the cohort from becoming smokers.

- Smoke-free Class Competition. A trial in Germany among 2142 students in 131 classes in three German cities (1998-99) awarded prizes to classes which agreed to become smoke-free for at least six months. Costs were for the agency managing the programme, region and local government officers and schools and students participating in the programme. The cost equated to £31 per participant. It was estimated that 2.04% of participants would be prevented from becoming established smokers.

- The ASSIST programme. This is a smoking prevention programme which trains Year 8 students to work as ‘peer educators’

85 Information on the types of costs associated with the intervention was not provided.
undertaking informal conversations with other year 8 students about the risks of smoking and the benefits of being smoke-free. The peer educators were trained by health promotion specialists and youth workers via 6, 1 hour sessions plus 2 days training away from the school site. The associated costs were predominantly that of staff time (trainers, teachers and administrators) as well as travel expenses and training materials. A trial was undertaken in Wales in the mid 90s of 10,730 year 8 students in 30 intervention schools and 29 control schools over a 2 year period. The costs were calculated as **£32 per participant** and **£5662 per school.** A 2.1% reduction in smoking prevalence was achieved.

- **Smoking prevention & cessation among Dutch Students**\(^\text{88}\). A programme was introduced (1990-92) with 5 weekly 45 minute lessons among year 8 students in small groups of 4-5, led by a peer leader. It included 574 students in 16 schools in the social influence group and 526 students in 16 schools in groups using the social influence model but with the addition of special magazines as boosters (and a further 1992 students in 20 schools were in the control group). The intervention cost was calculated as **£60 per participant**\(^\text{89}\). It resulted in 7% fewer experimental smokers in the intervention group, assumed to translate to 3.2% fewer daily smokers.

### Cost benefit

5.94 To determine the cost benefits of the service, the outcomes are reviewed against the estimated costs of the project.

5.95 Against an estimated cost of £5.18 per young person/ £2,835.05 per intervention the service achieved:

- An estimated 8,758 young people taking part in 16 interventions
- 6,598 sign ups to the campaign to #UNFOLLOW the tobacco industry (across 16 interventions) and a 74.2% sign up rate among those receiving the full intervention (across 12 interventions)
- 400 additional ‘likes’ by young people on Facebook (4.6% of those receiving the intervention to date)
- 700 additional young people becoming followers on Twitter (8.0% of those receiving the intervention to date)
- 79 images received from young people, using the #UNFOLLOW hash-tag

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\(^\text{89}\) Information on the types of costs associated with the intervention was not provided.
Further, indicative data based on the sample responding to the survey at post intervention suggested the following opinions among young people in relation to the service:

- 82.8% found the presentation interesting
- 81.2% believed the talks given by The SmokeScreen staff were good
- 79.6% believed the pictures and videos used in The SmokeScreen were good
- 76.7% believed having the choice to sign up to #UNFOLLOW the tobacco industry was good
- 72.4% believed the super-villain characters presented were good
- 70.5% believed they were less likely to smoke because of The SmokeScreen
- Between 68.4% and 78.6% agreed they had learnt specific things about the tobacco industry and product placement
- 66.7% found the presentation useful
- The number of young people agreeing that the tobacco industry wants young people to smoke increased from 35.5% to 63.0%.
- 61.4% believed The SmokeScreen had an impact on them
- 52.3% demonstrating they had an understanding of the presentation (by answering what the message of The SmokeScreen presentation was)

Overall, it appears that the project is being successful in achieving its aims and objectives. It is evident that the intervention has not had an impact on all young people in Leicester City, however the numbers reached and the indications of impacts on them is sufficient to suggest that a majority of young people in Leicester City have had the opportunity to receive the intervention, and been affected by it in some way.

In terms of offsetting future costs to the NHS by preventative work, it has been estimated that the NHS (nationally) spends as much as £5.2 billion a year on the treatment of smoking-related diseases. These are considerable costs, previous research has suggested that school based prevention work is likely to be cost effective:

‘On the basis of the economic modelling, PHIAC concluded that school-based smoking prevention programmes – whether they prevent or delay the uptake of smoking – are likely to be cost effective.’

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91 NICE (2010) op cit.
5.99 This would suggest that despite the rise in costs, there is potential for the project to be cost effective if it is able to translate the changes in perception, in the longer term in to changes in behaviour and effect a reduction of young people taking up smoking. It is however difficult to make any definite conclusions at this point in terms of the cost effectiveness of the project, given than the longer term impact on the prevention of smoking is not known.

Resources spent inappropriately

5.100 Due to the nature of the project to target all secondary schools in Leicester City it is unlikely that resources have been spent inappropriately, because of the inherent suitability of all secondary school children. In this case funding was sufficient to be able to target all secondary schools, but future work of this kind could be focused in on the most at risk groups (in terms of prevalence of smoking across the wards in Leicester City). Also given the acknowledgement that the core target group for the intervention is Key Stage 3, it may be worthwhile targeting only Key Stage 3 pupils.
Section 6. Discussion and recommendations

6.1 The final section of the report discusses the key findings of the evaluation, against the intended aims and objectives of the project. Where relevant, recommendations are outlined for future action.

Project Aim

Preventing the uptake of smoking amongst young people

6.2 The findings of the evaluation, both in terms of the data analysis and feedback from stakeholders are positive. The intervention generated a positive change of attitudes. Clearly, there is another step in suggesting that because of this behaviour will change, that will only be known in the longer term. On the evidence available, and with this caveat in mind, the indications are positive. The design of the programme met good practice guidance although it is notably different to many types of interventions previously adopted (nationally and internationally).

Rec 1: To explore additional longer terms measurements that can reflect on the subsequent ability of the intervention to prevent the uptake of smoking amongst young people (such as an annual Leicester City wide survey in schools of the smoking behaviour of young people; analysis of annual tobacco sales in Leicester City; tracking the behaviour a sample of young people who have and have not received the intervention).

6.3 Despite this limitation in measuring the impact of the project, it was estimated that 8758 young people in Leicester City had received the intervention to date (likely to be an estimated 10205 when all 18 interventions in the city are complete). This falls short of the original target to reach 15,000 young people in Leicester City – mainly due to three schools failing to engage. The intervention is dependent on the willingness of secondary schools to adopt it. Research is needed on why some schools did not participate and to develop appropriate responses. This may include awareness raising about the scale of the problem and the potential benefits of the initiative.

6.4 It is possible that alternative formats may appeal to schools that have not previously engaged. For example, it was suggested that future work could include using the same creative approach but adapting messages and writing lesson plans to be delivered by teachers (or pupils) within PSHE lessons or subjects lessons (such as geography, science and marketing/business studies). This could also potentially reduce the costs of delivery. It should be remembered that one school required changes to the materials prior to engaging; there are clearly lessons that can be learned here.
Rec 2: To consider adopting alternative formats for interventions with due consideration for the likely effectiveness of those interventions.

6.5 A further factor that led to the number of young people receiving the intervention falling short of the target, was the lack of year 10 and 11 pupils included by schools, as schools predominantly chose to focus on arranging the presentations for years 7, 8 and 9. It is questionable whether it is effective to continue to also target the older years given that the schools are less inclined to include those years.

Rec 3: To consider the appropriateness of including older pupils (year 10 and 11) in future interventions designed primarily for key stage 3 pupils. If the ongoing involvement of older pupils was deemed necessary, it may be worth considering whether the intervention could be designed for two levels to maximise engagement and the potential benefit for each set of pupils.

6.6 Among the sample of young people surveyed from schools receiving the intervention over two thirds believed that they were less likely to smoke because of The SmokeScreen and three fifths believed more generally that The SmokeScreen had had an impact on them.

6.7 Feedback from teachers suggested they would like to receive further interventions of this type, believing them to be beneficial in deterring young people from smoking. Stakeholders reflected that the innovative content and delivery format of the intervention were key strengths in engaging with young people and conveying the type of messages that would be most likely to be effective.

6.8 In line with the perceived success of the project, it was suggested that the intervention would be beneficial to young people in other areas, however due consideration would need to be given to replicating the same standard of delivery effected by the project staff in Leicester City, and putting in place quality assurance mechanisms to ensure consistency.

Rec 4: To consider how the intervention could be delivered in other geographical areas, with particular regard to replicating the style of delivery achieved by project staff.

6.9 A potential barrier identified to the aim of the project to prevent smoking among young people, was the experience of project staff that a small number of schools lack a wider approach to preventing smoking and lack effective support for young people to help them stop smoking. It was suggested that this could affect the ability of the intervention to have a significant impact on existing smokers.

Rec 5: To consider how and whether a review of existing smoke-free policies in Leicester City schools could be undertaken to assess their suitability and identify whether they have been implemented. Some schools may require support and advice to effectively implement the ‘whole
school’ approach recommended by NICE\textsuperscript{92} which would complement the work of The SmokeScreen.

**Project Objectives**

Present the concept of product placement and show young people how corporations use it to increase consumption

6.10 Feedback from the stakeholders suggested that young people understood both the concept of product placement and its implications.

6.11 Nearly three quarters of post intervention survey respondents indicated that they know what product placement is. However there was no change in the percentage of young people believing that new products are shown in the media to encourage people to buy them, but there was an increase in those believing new products were shown to make money.

6.12 When conveying future messages of this type, it may be useful to revert to some factual information about consumption levels to provide ‘evidence’ of how corporations use product placement to increase consumption.

Show the link between product placement and the continuing presentations of smoking in movies, music videos, video games and fashion

6.13 Undoubtedly the content of the intervention was such as to demonstrate the link between product placement and presentations of smoking. However the sample of young people surveyed were sceptical of the impact that presentations of smoking in the media could have on their own purchasing decisions. They were however inclined to believe that the media seeks to influence rather than encourage individual choice. Overall this would suggest that young people do understand that a link is intended between the two to influence purchasing and smoking behaviour, but they remain unlikely to believe this will work on them personally.

Raise awareness of the sophisticated tactics deployed by the tobacco industry and the media to associate smoking with cool celebrities and characters

6.14 A number of stakeholders believed young people receiving the intervention will be more likely to notice presentations of smoking and associate them with manipulation by the tobacco industry.

6.15 This appears to be borne out by the survey respondents. The proportion of young people believing that the tobacco industry wants young people to smoke nearly doubled between pre and post intervention, and there was also a significant increase in the proportion

\textsuperscript{92} NICE (2010) op cit
believing that the tobacco industry use the media to show smoking as cool and rebellious. There was a more modest increase in the proportion believing that the tobacco industry advertises cigarettes and in the number of young people believing that people prefer to buy new products which celebrities use or advertise.

6.16 It appears that the area where the intervention has been most effective in terms of the specific messages it wished to convey is in relation to raising awareness of the intentions of, and methods adopted by the tobacco industry to encourage young people to smoke.

**Encourage young people to support the campaign messages by signing a post card pledging to ‘#UNFOLLOW’ the tobacco industry (in return for some merchandise)**

6.17 The service reported receiving 6,598 sign ups to the campaign to #UNFOLLOW the tobacco industry (across 16 interventions). This equated to a 74.2% sign up rate among for the 12 schools receiving the ‘full’ intervention suggesting that a majority of young people receiving the intervention were encouraged to support the campaign. Feedback from the survey respondents suggests that the primary reason that young people had done so was because they believed in the message, with some motivated by the free merchandise and a small proportion doing so because their friends had. Conversely, for those that did not choose to sign the card, a minority indicated that this was because they did not believe in The SmokeScreen message. On the whole it seems the service has been largely successful in meeting this objective.

6.18 One question that does arise here, is whether the merchandise is needed. The significant costs of producing the magazine, stickers, posters and lenticular images (accounting for the majority of the costs of the project), and the finding that only half of the survey respondents that signed up to support the campaign were motivated to do so due to the promise of the merchandise evidences the point. Proportionately it is the lower cost of staff time for delivery in schools which potentially holds the greatest impact on young people in achieving the overall aim of the project. It is acknowledged that the merchandise serves other objectives than just encouraging sign up\(^93\) but it is not clear what the impact of the merchandise has been in achieving the project aim.

6.19 It should be noted however that it was not within the remit of the evaluation to measure the specific value of the merchandise provided, useful though that would be. The SmokeScreen project may consider surveying the contacts obtained through the sign up cards to ask for feedback on this issue, for example, whether the young people retained and used the merchandise and whether they were influenced by it. It may be worth considering alternative formats which could be more cost

\(^93\) Such as raising brand awareness, presenting a strong and professional image and confirming the messages and learning from the intervention.
effective, perhaps an online toolkit, and/or producing a narrower range of goods.

Rec 6: To review the necessity of the merchandise accompanying the intervention in achieving the key project aim, and whether alternative formats could be used to the same effect but to reduce the costs of the resources.

Raise awareness of the SmokeScreen brand and understanding of its aim

6.20 In terms of measuring the level of brand awareness and understanding of the aim of The SmokeScreen, evidence in this area was inconclusive. Certainly the reach of the project, albeit somewhat short of its original aim, generated awareness that otherwise would be unlikely to have occurred.

6.21 The survey of young people measured whether they had heard of The SmokeScreen (prior to The SmokeScreen Mediology being delivered) and what the message was. Just under three fifths of those likely to have received the previous intervention said that they had heard of The SmokeScreen, and of all those who had heard of the intervention, two thirds demonstrated their understanding by providing a credible explanation of the message. Stakeholder feedback also suggested that some young people in schools retained merchandise (such as pens) from the previous intervention.

6.22 Further, 52.3% of the post intervention survey respondents demonstrated an understanding of the second intervention by providing an explanation of the message. However in both cases, there were fairly notable levels of missing answers. It is therefore difficult to comment meaningfully on the extent of awareness, except to say that some young people had been able to demonstrate their awareness and understanding.

Encourage young people to ‘like’ the SmokeScreen Facebook fan page and/or follow the SmokeScreen on Twitter

6.23 It was clear that The SmokeScreen had been able to encourage young people to ‘like’ the SmokeScreen Facebook page – through the achievement of 400 additional ‘likes’ (4.6% of those receiving the intervention to date); and further that they had encouraged them to follow the campaign on twitter – with 700 additional young people becoming followers on Twitter (8.0% of those receiving the intervention to date).

6.24 This will allow the service to reinforce the messages delivered in the intervention and continue to engage with those young people who are most interested in being involved in the campaign. Indeed, 79 images were reportedly received from young people using the #UNFOLLOW hash-tag to identify presentations of smoking in the media.
6.25 Clearly there has been some progress in respect to achieving this objective, although it should be noted that this group forms a relatively small proportion of all young people receiving the intervention.
Appendix 1 - Methodology

This section provides information on the research methods used to carry out the evaluation of The SmokeScreen Mediology intervention.

Initially, a set up meeting was convened between Leicester City STOP! Smoking Service and Perpetuity to clarify the aims and objectives of the evaluation. This meeting was used to update Perpetuity on the progress of the work so far, to provide additional background on the origins of The SmokeScreen intervention and work conducted to date, to outline support requirements for undertaking the consultation and to agree a plan for engaging schools to facilitate the completion of the online surveys by young people receiving the intervention. This was to ensure that the project ran smoothly and within the agreed timescales.

Literature review & tool development
Perpetuity conducted a national good practice review for interventions to prevent the uptake of smoking amongst young people, to assist with tool design and recommendations regarding service improvement.

Pre and Post intervention surveys
Structured questionnaires were developed featuring predominantly multiple choice answers – to capture the key information required for the evaluation. The questionnaires were shared with Leicester City STOP! Smoking Service for comment in advance of distribution.

The survey was structured around the following key themes:

- Anonymous personal demographics (age, gender, ethnicity, geographical location)
- Level of agreement with a number of statements designed to probe understanding of product placement and use to increase consumption
- Level of agreement with a number of statements designed to probe understanding of the link between product placement and presentations of smoking in movies, music videos, video games and fashion
- Level of agreement with a number of statements designed to probe awareness of tactics deployed by tobacco industry and the media to associate smoking with cool celebrities and characters
- Perceived level of knowledge of promotional techniques used to encourage smoking
- Impressions of the intervention (content, presentation style, length, relevance) (*post-survey only*)
- Awareness of the SmokeScreen brand
- Understanding of the aim of SmokeScreen (*post-survey only*)
- Whether the young person currently smokes
• Whether the young person intends to smoke in the future (try a cigarette/ habitual smoker)
• Perception of factors that will prevent them from smoking/ cause them to smoke
• Perception of factors that will prevent other young people from smoking/ cause them to smoke

Access to schools was obtained through Leicester City STOP! Smoking Service staff. As contacts agreed a date for the intervention to take place, they were also asked if they would be happy to support the project by facilitating a pre and post intervention survey. Perpetuity then liaised with the appropriate staff to ensure the surveys were administered before and after the intervention.

Data analysis
Survey data
The survey responses were coded and input into a database to allow for subsequent analysis. SPSS (a piece of statistical software) was used to perform analysis identifying frequencies and performing cross tabs to determine whether there were any significant differences in the pre and post responses. One limitation in the analysis was that a smaller number of responses were received for the post intervention survey than the pre intervention survey. However the schools will to take part appeared to be generally representative of the spectrum of schools that received the intervention. While the findings cannot be stated to represent all young people receiving the intervention, they are indicative of the types of impacts the intervention has had on young people.

Intervention & costs data
Perpetuity provided Leicester City STOP! Smoking Service staff with a ‘wish list’ of data to be collected throughout the life of the project. Towards the end of the evaluation period the available information was submitted to Perpetuity for analysis. One limitation of the data was that precise numbers of young people attending the interventions were not recorded, resulting in estimates being used. This limits the precision that can be applied in terms of applying numbers and percentages to the achievements of the project. Further, this means that analysis of the cost benefits is based on estimates, rather than more precise figures.

Interviews with local stakeholders
An important part of the evaluation was consultation with local stakeholders including project staff and teachers facilitating the intervention in the school. This stage involved a combination of face to face and telephone interviews with key stakeholders. Perpetuity worked with Leicester City STOP! Smoking Service agree the list of stakeholders and access to teachers was facilitated by Leicester City STOP! Smoking Service.

The sample comprised of eight professionals – four project staff and four teachers. It should be noted that the findings are based on the perceptions of the individuals involved and therefore may not always be accurate.
The interviews with project staff were framed around the following themes:

- The initial problem/context that existed locally and prompted the set up of the SmokeScreen in 2011.
- The evidence/circumstance that led to the introduction of further interventions through the SmokeScreen Mediology.
- Whether and how the SmokeScreen intervention has been designed in line with national good practice on social marketing campaigns to prevent the uptake of smoking amongst young people.
- Overview of the intervention
  - The key content of the presentation, how presentations are arranged and delivered (including length of presentation, style of delivery etc)
  - What merchandise and materials have been developed and are available; how these are intended to work; and how these will be shared with young people
  - How the SmokeScreen Facebook page and Twitter account will be used and developed
  - How the programme ties in to other services within the Leicester City STOP! Smoking Service
- The intended aims and objectives (outcomes) of the intervention.
- Whether the intervention is appropriate and relevant to the target audience.
- How schools are selected for the intervention.
- Whether stakeholders have observed any impact on the level of awareness and understanding of young people in relation to the marketing and presentation of smoking.
- Whether stakeholders have observed any evidence of an impact on the level of awareness of young people of the SmokeScreen brand and its aims.
- Strengths and weaknesses of the intervention including an assessment of value for money.
- Performance management and quality assurance mechanisms in place to ensure that the messages are being delivered consistently and to a high standard to promote the SmokeScreen initiative.
- The impact of the project including any unintended outcomes/activities (and any implications on resources and costs).
- The likelihood of any impacts, particularly in relation to preventing young people from taking up smoking, being sustained in the long term and any barrier or facilitators to this.
- Whether appropriate mechanisms are in place to measure the outcomes of the programme.
- The strengths and weaknesses of partnership working.
- Recommendations regarding service improvement.

The interviews with teachers were framed around the following themes:

- Process for engaging with The SmokeScreen project
• Reason for engaging with The SmokeScreen project
• Overview of delivery of the presentations
• Feedback on the quality and relevance of the presentation
• Strengths and weaknesses of the presentation
• The impact of the presentation on the young people attending
• Whether the school would welcome further SmokeScreen presentations
• What aspects of smoking & smoking prevention it would be beneficial for The SmokeScreen to cover in the future

Qualitative analysis
All interview transcripts were subject to thematic analysis to identify the key findings. Non-attributable quotations have been used where appropriate to identify the salient points.
Appendix 2 – Example Feedback Comments

Below are some examples of positive feedback provided by the young people who signed up to #UNFOLLOW the tobacco industry:

- Was so interesting! I loved it! Can’t wait next year.
- Better than last year.
- Do you like or dislike the way The SmokeScreen was delivered? Like: ☑ Dislike: ☐ Not Sure: ☐
  Comments: I love it, I don’t just like it.
- Hold it down for this movement.
- I really enjoyed this assembly. I am more than happy if you come again!
- I think SmokeScreen is the number 1 anti-smoking company.
- Do this again for next year.
- It’s sick (good way).
- (Will tweet about you, haha!)
Comments: It was entertaining and kept me hooked.

Comments: It was cool and explained things I didn't know!

Comments: I will never smoke now I heard this.

Comments: it was entertaining and meaningful too.

Comments: EPIC!!

Comments: Thank you for coming 😊

Comments: This opened my eyes.

Comments: I was really inspired by your presentation. Thank you 😊

Comments: You Rock!
They should go worldwide.

I am so happy to watch this amazing assembly.

I love it!

Very inspiring and important messages came across.

It was fun and well presented 😚 SmokeScreen 😚

It was live!

It was really good and exciting. Enjoyed it all 😊

It was fab.

Thanks, it made a difference 😊
A different and effective way of getting a positive message across.

Presentation was effective with useful info allowing us to take an insight of the outside adult world of smoking.

They were awesome and they taught us a good lesson.

It was a good and engaging show.

It was awesome!

It was the best presentation I've watched so far.

It was much better than other presentations. I didn't fall asleep!!

I think it was the best non-smoking assembly ever!

There should be more people like you