

Protecting our children from second-hand smoke



www.gov.je/smokefree

Results of a Public Consultation

Protecting our children from second-hand smoke

States of Jersey Health and Social Services Department
February 2014

States 
of Jersey

Protecting our children from second-hand smoke public consultation

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Forewords

Minister for Health and Social Services Department

Smoking remains the biggest cause of preventable death on our Island. I believe as an Island we should continue to work hard to prevent the harm that tobacco causes in our community. I also believe that we should have a strong focus on protecting our children as a priority.

I echo the views expressed in these findings that children in Jersey should have the right to breathe smokefree air. I believe that protecting our children from the effects of second-hand smoke, particularly in an enclosed space such as a family car, should be our over-riding concern

I am delighted with the high number of responses that this consultation has received. I am particularly grateful to the 2,966 Islanders who took the time to have their say on this important community issue and pleased at the breadth of the diverse community groups who responded.

We are now in a better and more informed position to move forward on protecting children through extending smokefree approaches. The findings of the public consultation will influence the next steps in delivering the current States of Jersey Tobacco Strategy, as well as shaping the next phase of the strategy, starting in 2015. Options for short and Medium term actions are in development and will be released in the coming weeks, following this report's release.

A handwritten signature in black ink that reads "Anne Pryke". The signature is written in a cursive style with a large, looped initial "P" for "Pryke".

Anne Pryke
Minister for Health and Social Services Department

Medical Officer for Health

Smoking is responsible for much of the premature death and ill health in Jersey, mainly from cancers and heart disease. Scientific evidence indicates that there is no risk-free level of exposure to second-hand smoke. Knowledge and understanding about this have been increasing over the years. Nevertheless, there are still too many children including babies exposed, often daily, to second-hand smoke in their homes and in cars. This places them at increased risk of a range of health harms including asthma, glue ear and even sudden infant (cot) death. Evidence also shows that children who grow up in smoking environments are more likely to become smokers themselves.

The two recent 'Cancer in Jersey' and 'Cancer in the Channel Islands' reports cement the strong evidence that our current excess of certain cancers in Jersey is largely due to preventable risk factors. Although we are beginning to see some decline in smoking related cancers, thanks to reductions in smoking rates and amount smoked, smoking is still the main culprit for some of our highest cancer rates and early deaths.

Armed with this well-established knowledge about the health harms, adults can, and do, make informed choices about reducing their odds of dying young from smoking-related conditions; whether by stopping smoking themselves, avoiding being exposed to other people's smoke, or both.

Babies and young children do not have this knowledge. Older children are likely to know about the harms of smoking and exposure to smoke. However, neither group have the power to make choices about avoiding being exposed to smoke by adults, often their own parents or others caring for them.

A caring, responsible society could, and arguably should, be doing more to protect our children from the harmful effects of smoke on their health now, as well as helping to reduce the number who will become smokers themselves in the future.

One of the key aims of the current States of Jersey Tobacco Control Strategy (to 2015) is to protect families and communities from tobacco-related harm. As Medical Officer of Health for Jersey I am committed to encourage all reasonable measures to protect our Island population, and especially our children, from preventable health harms.

Internationally, communities like our own which have legislated to extend smokefree areas to include work places and public buildings are all reaping and further evidencing the benefits, alongside strong public support.

Ultimately, further steps and measures to protect our society will require political leadership, and will be guided to a large degree in our democratic system by the appetite of Jersey's public for change. We undertook this public consultation to gauge the temperature of public opinion about taking further steps to extend smokefree spaces around the Island, with a focus on protecting our most precious resource – our children.

This report provides a summary of the views of a substantial number, 2,966, of Jersey residents who contributed to this summer and autumn 2013 consultation.

A handwritten signature in black ink that reads "Susan Turnbull .". The signature is written in a cursive, flowing style.

Dr Susan Turnbull
Medical Officer for Health

1. Introduction

The Health and Social Services Department's Public Health Directorate undertook an Island wide public consultation between the 5th August and 31st October 2013. The consultation was designed to gather information on Islanders views about protecting children from second-hand smoke in places where children are present. This comprised viewpoints about smoking in cars carrying children, in family homes where children are present and in outside spaces where children play.

The consultation utilised 'Survey Monkey' (an electronic survey) and paper questionnaires to target the general public and to gather their views. The consultation also used focus groups as a method to explore Islanders' understanding in more depth about protecting children from second-hand smoke in the future.

The Public Health Directorate made every effort to engage with views of all Islanders including those from diverse backgrounds including Portuguese and Polish communities. This report represents view points from 2,966 responders to the survey. Comments from the electronic and paper survey were received from 1,362 in total with 249 comments from smokers and 1,113 from non-smokers. Four focus groups were held with smokers, guardians, young adults and health professionals. In total, 22 people attended focus groups.

The statistics used in this report are from raw data from both the public consultation and focus groups. Quantitative data were analysed using Excel, to provide charts and graphs to visually display the data. Qualitative data retrieved from the electronic and paper survey and focus group transcripts were themed using thematic analysis by officers within the Public Health Directorate.

The total number of responders completing and returning this consultation is 2,966.

2. Acknowledgements

The Public Health Directorate would like to thank all those individuals that contributed to the success of this public consultation. In particular, the general public for responding to the survey and participants including young adults, guardians, adult smokers and health professionals who agreed to give up their valuable time and attend focus groups. Also, thanks to the Polish and Portuguese Consuls for their guidance and support in accessing their communities. Businesses who agreed to place leaflets in their shops or signpost people to the electronic survey including local cafes and pharmacists, The Youth Service, YES Project, Jersey Childcare Trust, Mums in Jersey, Jersey Consumer Council, the Town Cryer, Chamber of Commerce, The Bridge; 'Brighter Futures', Jersey Library, Parish Halls, Citizen Advice Centre, and Jersey Women's Institute. Local events management, who agreed to allow officers to conduct field work during local public events and HSSD outpatient paediatric and antenatal clinics within Jersey General Hospital, States of Jersey Airport, Cineworld, local shops, cafes and the St Helier bus station who consented to field work being conducted on their premises.

We are also grateful to the local schools that supported this work and Jersey Prison Service. We would also like to thank States of Jersey Communications Unit, HSSD Interpreting Services and States of Jersey Back to Work Team, all of whom this work would not have been possible without their valuable contributions.

Finally, our thanks go to the Jersey Evening Post, Channel 103, BBC Radio Jersey and Channel TV for their role in providing the general public with media coverage of the consultation.

3. Glossary

Focus group

Small group of people gathered together for the purpose of identifying and discussing points of view about the topic; discussion led by facilitator from outside the group

Raw data

Data collected in an original form (e.g. obtained directly from instrument read-outs) which has not been subjected to calculations, statistical analysis, or classification

Quantitative

Relating to numbers and amounts

Qualitative

Emphasises words rather than quantification in the collection and analysis of data

Public consultation

A process of dialogue with citizens and stakeholders, which has a defined start and end date, and informs a decision about a new proposal, policy, or service change

Health Intelligence Unit

The Health Intelligence Unit is involved in collecting, analysing, interpreting, synthesising and communicating health intelligence. This information relates to assessing, measuring and describing health and wellbeing, as well as health risks, health needs and health outcomes of different population

Second-hand Smoke (SHS)

Tobacco smoke, either from the burning tip of the cigarette or the smoke that is exhaled by the smoker

Third-hand Smoke

Residual tobacco smoke contamination that remains after the cigarette is extinguished. Although an emerging area of research, there are studies to suggest that contact with third-hand smoke will result in absorption of toxins through the skin or ingestion from contamination of the hands. Inhalation of re-suspended dust is another potential route for entry into the body

Thematic analysis

A method for identifying, analysing and reporting patterns within data

Sudden Infant Death syndrome

Sudden infant death syndrome (SIDS), also known as cot death, is the sudden, unexpected and unexplained death of an apparently well baby

Champix

Champix, generic name *varenicline*, is a prescription pill designed to help smokers stop smoking

4. Executive Summary

The Public Health Directorate gained endorsement from the States of Jersey to deliver a tobacco strategy 2010-2015. One of the three objectives from this strategy is to 'protect families and children from tobacco related harm'. The recent introduction of the smokefree policy across Health and Social Services (HSSD 2012) also provides local evidence for the success of extending smokefree approaches using non legislative approaches. Internationally a range of smokefree extensions have been supported or are in the process of being implemented. These extensions range across a number of public spaces including parks, beaches, play areas and sports grounds, as well as in private cars and homes.

The purpose of this public consultation was to gauge public opinion and explore Islanders views about protecting children from second-hand smoke in public places, family homes and cars carrying children less than 18 years. The Public Health Directorate wanted to assess responses to the question:

What are the views of the general public for creating smokefree places in outside environments where children are present, family homes and cars carrying children under 18 years old?

The question was addressed using three types of assessments including an electronic survey, field work designed to generate mostly quantitative responses to the question and focus groups to gather qualitative information.

Results Summary

The Public Health Directorate surveyed Islanders between 5th August and 31st October 2013. The aim of this report is to provide Islanders with the findings of the public consultation. The findings of the public consultation will be used as a basis for both recommending actions for delivery of current Tobacco Strategy 2010-2015 with further future actions planned into the five-year period starting in 2015.

In total, 2,966 responses to the survey were received. The consultation also used focus groups as a method to explore Islanders' understanding in more depth about protecting children from second-hand smoke in the future.

Key Survey Findings:

- Almost nine out of ten people overall (87%) including $\frac{3}{4}$ of all smokers who responded said it is important for the States of Jersey to stop children coming into contact with second-hand smoke.
- Most non-smokers think smoking should be stopped in all outside public places considered in the consultation apart from beaches where 47% were in support. Smokers agreed with this in playgrounds but only a small proportion supported it in other outside areas.
- A large majority, 82% think smoking should be stopped in playgrounds.
- 83% of non-smokers and 61% of smokers under 18 years support encouraging families to create smokefree homes. Across all age groups non-smokers are more in favour of encouraging smoke-free homes than smokers.

- A majority of 76% say they would support a law in Jersey to stop smoking in cars carrying children. Of smokers, 53% say they are in support compared to 81% of non-smokers. Two-thirds or more of Polish, Portuguese and Irish respondents would support a law in Jersey to stop smoking in cars carrying children under 18 years old. Around half of British and Jersey smokers are also in support.
- Support for smokefree approaches reduces amongst older age groups. Respondents over 45 years report less support across smokefree options particularly those that smoke.
- Female non-smokers represented the largest proportion of respondents in support of all smokefree options. They were also the largest group supporting smokefree pedestrian shopping areas (two-thirds).
- The majority of non-smokers, 65%, favour legislative over voluntary approaches to implementing smokefree approaches.
- Findings from qualitative methods indicated that there needs to be greater availability of information through media campaigns to raise awareness. Some findings from qualitative data indicated an element of concern about the practicalities of enforcement of any legislative approaches to extending smokefree approaches.

Conclusions:

High levels of support exist for the States of Jersey leading on approaches to protect children by extending smokefree spaces. This support also exists amongst smokers. A majority support extending smokefree approaches although some questions exist about the practicality of legislative approaches. However quantitative findings show most non-smokers favour legislative over voluntary approaches. There is particularly strong support for making children's playgrounds smokefree as well as protecting children from second-hand smoke in cars.

5. Public Consultation Objectives

Public Consultation Objectives

The Public Health Directorate gathered background evidence to support the design of the survey questions. In contrast to other national and international public consultations, views were sought across three distinct second-hand smoke themes. For example, some countries have conducted surveys asking the public exclusively about their views on smoking in private family homes or cars or outside public places. The Public Health Directorate wanted to harness the opportunity to ask the public about their collective viewpoints about these issues rather than conduct separate consultations in an effort to reduce respondent burden and increase responses to all themes. The following question was addressed:

What are the views of the general public for extending smokefree environments where children are present with a focus on outside spaces, family homes and cars carrying children under the age of 18 years old?

Exploration in the survey, field work and focus groups included:

- The next steps for the States of Jersey in protecting the health of children through public health policies and initiatives
- Assessing the readiness of the community to move towards extending smokefree environments in outside public places where children are present, family homes and cars carrying children under 18 years
- Barriers within the community to move towards extending smokefree environments in outside public places where children are present, family homes and cars carrying children under 18 years
- Perceived harm of second-hand smoke exposure to children
- Perceived understanding of smokefree environments
- Ways to educate Islanders on the harms of second-hand smoke

6. Survey methods

6.1 Electronic and Paper Surveys

A short mixed qualitative and quantitative survey using 'Survey monkey' electronic survey and matching paper questionnaires was disseminated to gather the views of the general public about extending smokefree environments where children are present with a focus on outside spaces, family homes and cars carrying children under the age of 18 years.

To help raise awareness about the public consultation and invite people to complete the survey, information was shared via postings on various online communities, including the Jersey Government Website, Facebook and Twitter and in local media.

6.2 Analysis of Electronic and Paper Survey Data

Quantitative data were analysed using Excel and SPSS, to provide charts and graphs to visually display the data by the Health Intelligence Unit.

Due to the method used to conduct this consultation, older members of the population or those who do not have access to the internet will be under-represented. To avoid such over- or under-representation of views of these, and other, sub-groups of the population, the consultation responses are weighted in proportion with the known whole population, a method known as post-stratification or calibration. A full explanation of the weighting process is given in Appendix 1.

Respondents were asked to provide a qualitative response on anything they wanted to add about protecting children from second-hand smoke. This was themed using thematic analysis to draw out the main issues.

6.3 Focus Groups

Four focus groups were conducted to assess attitudes and opinions of different groups regarding protecting our children from SHS. These groups included smokers recruited via the Help to Quit Service, young adults recruited via the Youth Service, guardians recruited via Brighter Futures Programme at the Bridge and health professionals recruited via Health and Social Services Department. There was a mix of smokers and non-smokers amongst participants in the young adults and guardians focus groups. Each focus group was held in a location that was suited to each group's needs where participants felt comfortable to discuss specific issues around protecting children from SHS in detail.

6.4 Analysis of Focus Group Transcripts

Each focus group was facilitated by the same officer in order to provide consistency across all four groups. Two additional officers attended each focus group in the capacity of observer and transcribers. Initial findings within the focus groups were used to revise and make slight adjustments with research questions as part of the iterative process to improve discussion amongst different groups who had different perspectives. Each focus group provided consent to record the session for purposes of data analysis. Data was protected in accordance with HSSD Data Protection Policy¹. Focus group qualitative data was transcribed by an external agency and

¹ Health and Social Services. Data Protection and Caldicott Policy. States of Jersey. September 2007.

ratified by officers. Each transcript was themed using thematic analysis by three officers and each transcript ratified by officers. Data was compared within the data set and between the data set and grouped into themes to draw out the main issues.

6.5 Websites

A report was available to the public at www.gov.je to provide background context about the work behind the Public Consultation alongside the questionnaire.

6.6 Media Strategy

A media strategy was created with the purpose of undertaking two separate media releases. The first media release was used to inform the general public about the consultation in preparation for its live launch date. In addition, it was designed to inform the public about the consultation and how to access the survey in both electronic and paper formats. Communities who do not usually respond were encouraged to have their voice heard by completing the questionnaire. Paper copies of the questionnaire were translated into Portuguese and Polish to reflect the demographic profile of Jersey community. There is an acknowledgement that not all nationalities were represented with translated copies of the survey as this was not possible due to small numbers and budgetary constraints. The electronic survey was hosted on the consultation pages of gov.je found at www.gov.je/smokefree. In addition local media channels reported on the survey encouraging islanders to have their say.

The second media release focused on encouraging all Islanders to respond to the survey. It also provided the public with accurate information about the survey ensuring that the public were aware that the question about smokefree homes was asking the public their views on whether people with families should be 'encouraged' to create smokefree homes rather than 'ban' smoking in family homes.

6.7 Young People

As well as the survey being available for all Islanders to access, Secondary schools in Jersey were provided the opportunity to become involved in the public consultation by encouraging young people from year seven to year ten (ages 11, 12, 13, 14 and 15) to respond to the questionnaire as part of the Personal Social and Health Education curriculum.

A pilot study was conducted with a small number of young people in year seven to ensure that the questions would be understood by a younger audience. Following successful completion of the pilot study five schools agreed to participate in disseminating paper copies of the consultation with demographic details removed to ensure individual confidentiality.

A successful return rate of completed questionnaires accounted for 1,093 for all young people less than 18 years. Of those, 71 were smokers, 993 were non-smokers and 29 responders smoking status was unknown.

6.8 Prison

Paper questionnaires were distributed at the prison and prisoners were encouraged to complete and return them.

6.9 Field Work

Consent was obtained from relevant organisations to conduct field work in a range of different venues where there was likely to be local people and their families. It was important that the Islanders of Jersey were representative of different nationalities similar to those identified in the Jersey Census (States of Jersey Statistics Unit 2011)².

Outside fieldwork included conducting surveys in local parks and playgrounds, food festivals, Portuguese cafes, Polish shops and St Helier bus station. Fieldwork was also carried out in close proximity to the beach at the Waterfront. Inside areas included attending the outpatient paediatric and antenatal clinics within Jersey General Hospital, and States of Jersey Airport.

6.10 Leaflets

Leaflets were provided in English, Polish and Portuguese and distributed in various locations including Parish Halls, Citizens Advice, local pharmacies, Polish and Portuguese shops, cafes and restaurants.

6.11 Other Comments and Suggestions

The electronic and paper survey included a section for other comments and suggestions. The majority were from individuals and varied in length and complexity from one word, complete sentences to several hundred words.

Responders also emailed their viewpoints related to the survey. In total, there were 15 responses received by email. Responses were made by the general public and some were made on behalf of organisations such as the British Heart Foundation, Channel Island Tobacco Importers and Manufactures Association (*CITIMA*) and Japan Tobacco International (*JTI*).

Local media Facebook pages included 99 responses to the Jersey Evening Post, 28 responses to Channel 103, 80 responses to BBC Radio Jersey, 4 responses to Mums in Jersey and 4 responses to The States of Jersey public consultation Facebook site. There were no responses to comments made on the States of Jersey Twitter account regarding Smokefree.

Viewpoints from organisations, email, Facebook, Jersey Evening Post, Chanel 103 and BBC Radio Jersey comments, are not captured in this report however, will be taken into consideration and used to inform planning and recommendations for the next steps of the Tobacco Strategy (2010-2015).

² States of Jersey Statistics Unit Census (2011)

7. Findings

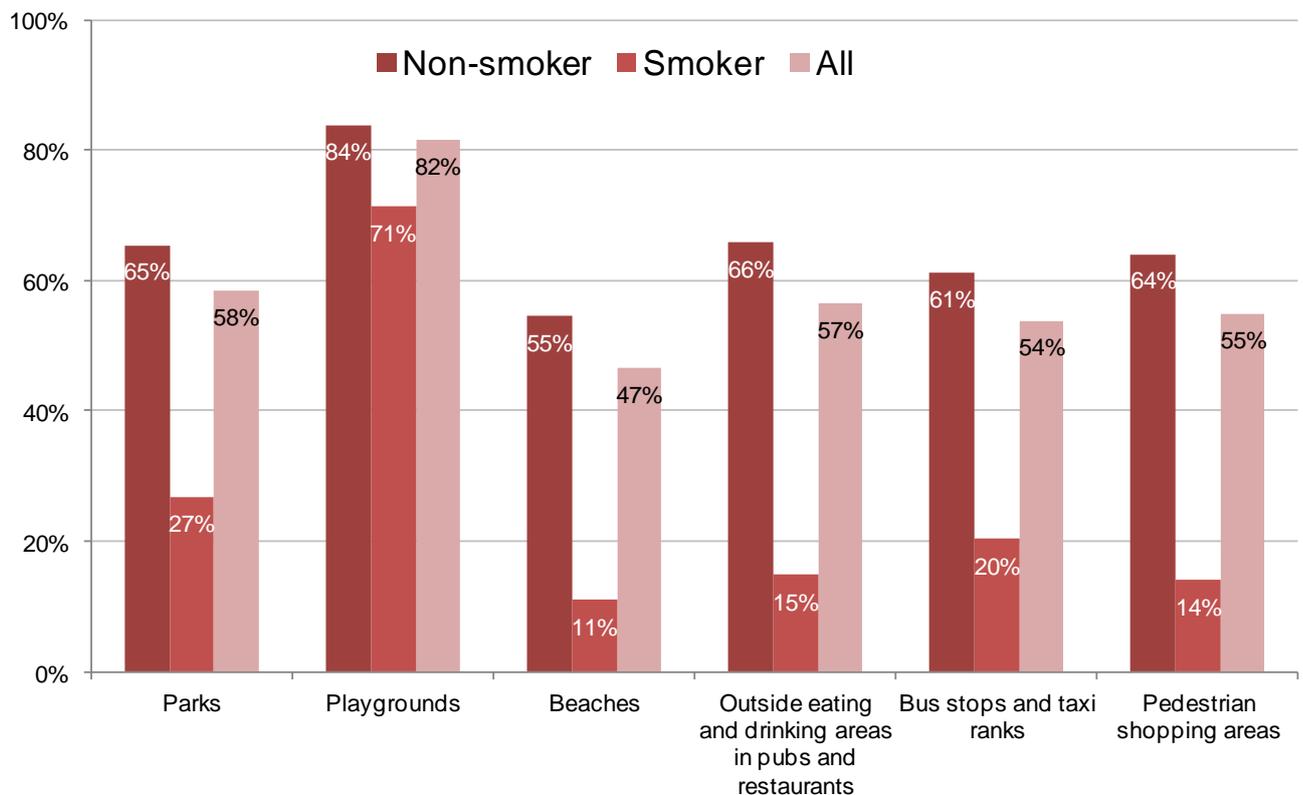
Quantitative Data

Results of the survey are presented with each question below.

7.1 Outside Public Places

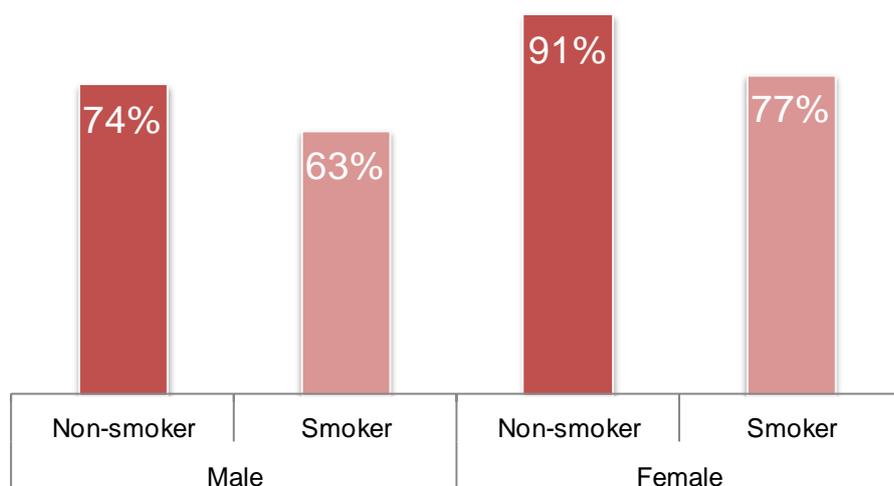
Question 1: Do you think smoking should be stopped in the following outside areas? (*Parks, playgrounds, beaches, outside eating and drinking areas in pubs and restaurants, bus stops and taxi ranks, pedestrian shopping areas*)

Graph 1.1: Proportion of non-smokers and smokers who think smoking should be stopped in outside areas



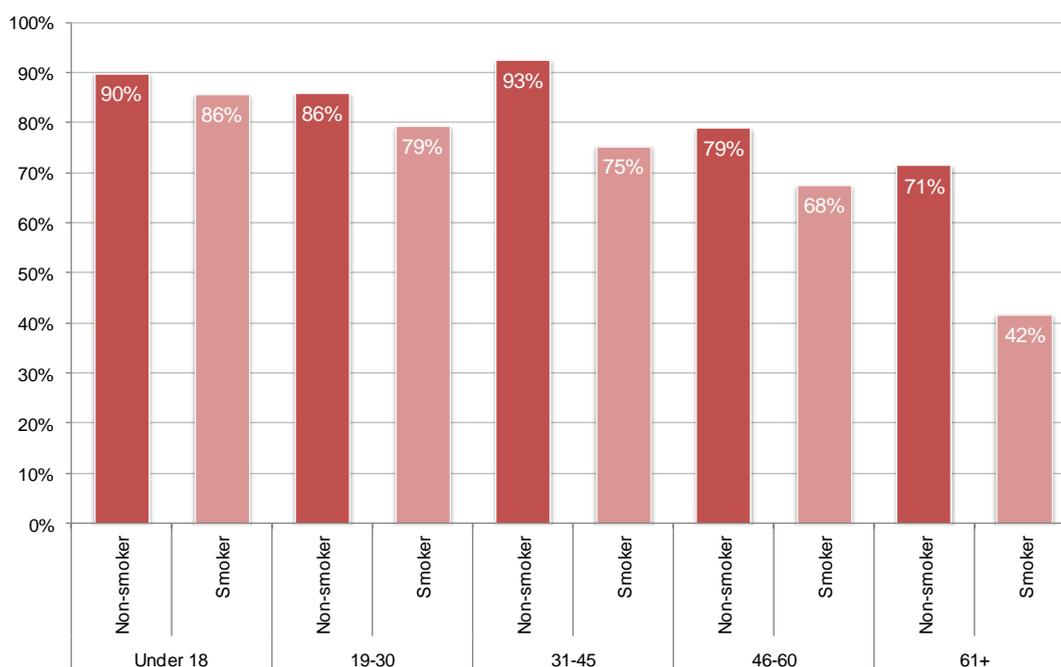
This graph shows that the majority of non-smokers think smoking should be stopped in all areas questioned. Smokers agreed with this in playgrounds but only a small proportion supported it in all other areas.

Graph 1. 2: Proportion of male and female non-smokers and smokers who think smoking should be stopped in playgrounds



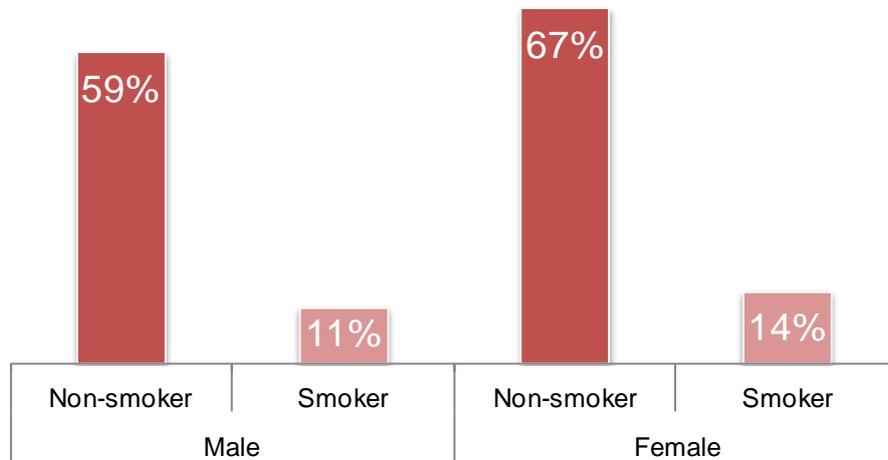
Both non-smokers and smokers have a greater number choosing this option than not choosing it. Nine out of ten female non-smokers (91%) chose this option.

Graph 1.3: Proportion of non-smokers and smokers who think smoking should be stopped in playgrounds by age



Respondents over the age of 45 years, particularly smokers, appear to be less supportive of stopping smoking in playgrounds compared with those less than 45 years of age. Nine-tenths (90%) of under 18 non-smokers indicated their support for this option, a similar proportion to that seen for the 31-45 year old non-smoking sub-group.

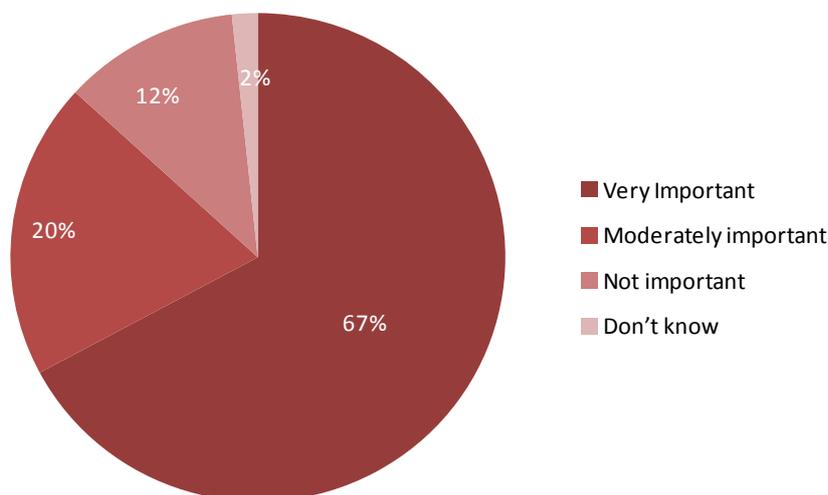
Graph 1.4: Proportion of male and female non-smokers and smokers who think smoking should be stopped in pedestrian shopping areas



Female non-smokers represented the largest proportion of respondents who think smoking should be stopped in pedestrian shopping areas (two-thirds, 67%).

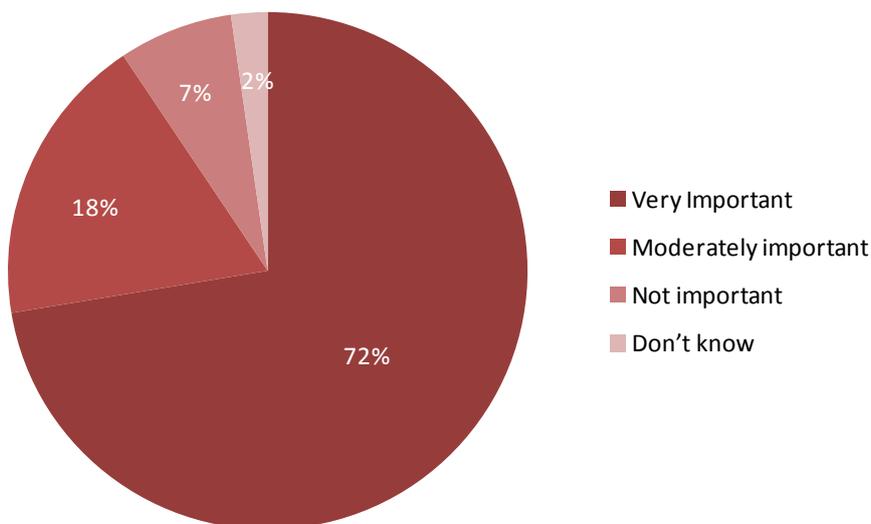
Question 2: How important do you think it is for the States of Jersey to stop children from coming into contact with second-hand smoke?

Graph 2.1: How important all respondents think it is for The States of Jersey to stop children coming into contact with second-hand smoke



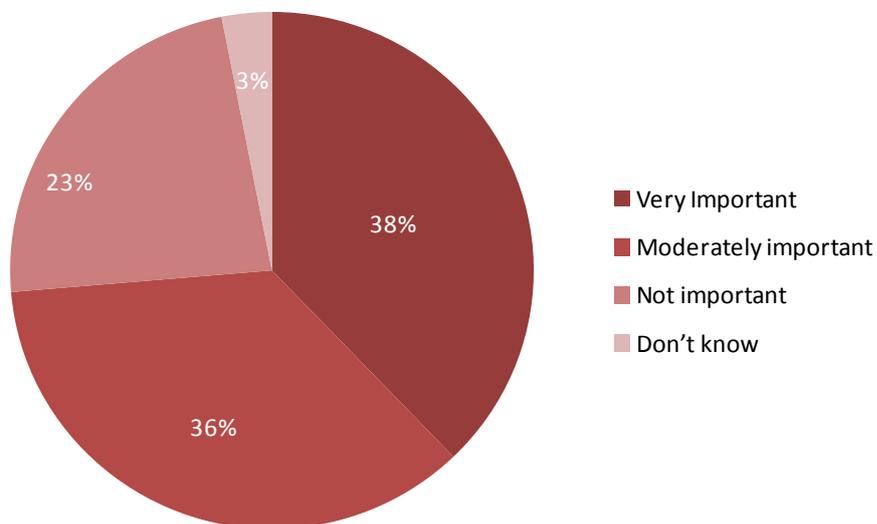
Almost nine out of ten (87%), think it is important for the States of Jersey to stop children coming into contact with second-hand smoke.

Graph 2.2: How important non-smokers think it is for The States of Jersey to stop children coming into contact with second-hand smoke



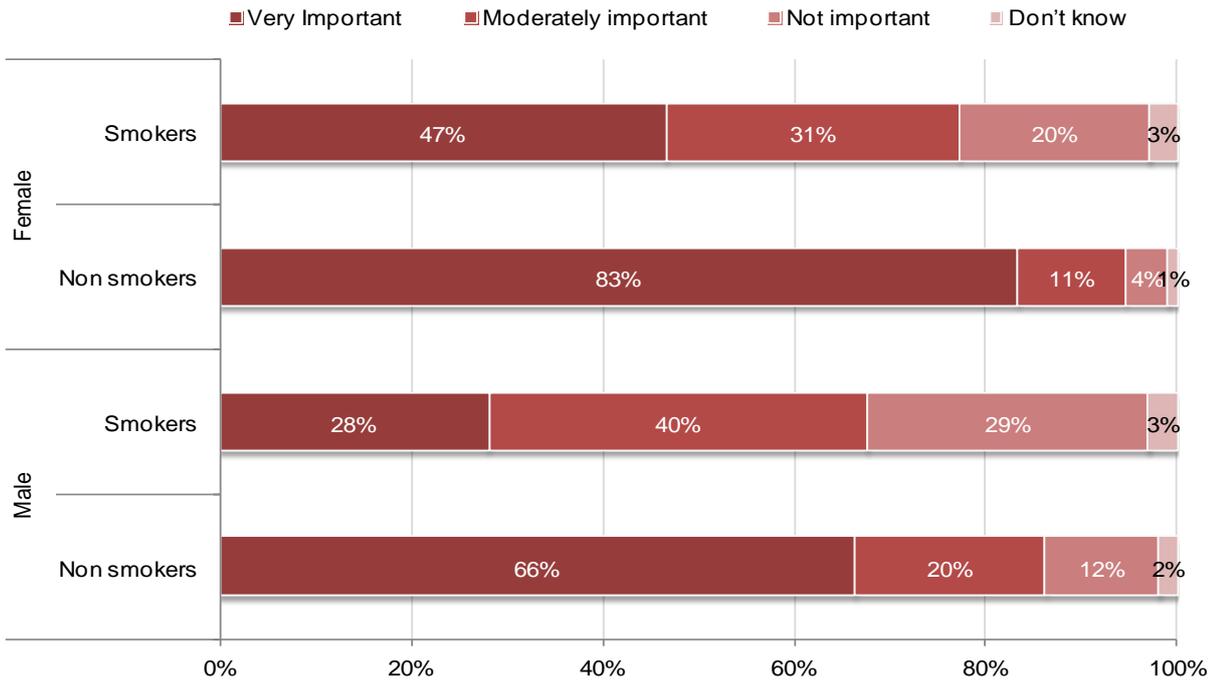
Nine out of ten non-smokers indicated that it was important to them to some extent to stop children from coming into contact with second-hand smoke. Around one in fourteen non-smokers (7%) do not think it is important.

Graph 2.3: How important smokers think it is for The States of Jersey to stop children coming into contact with second-hand smoke



Around three-quarters of smokers (74%) think it is important to some extent for The States of Jersey to stop children coming into contact with second-hand smoke. Whilst around a quarter of smokers (23%) think it is not important.

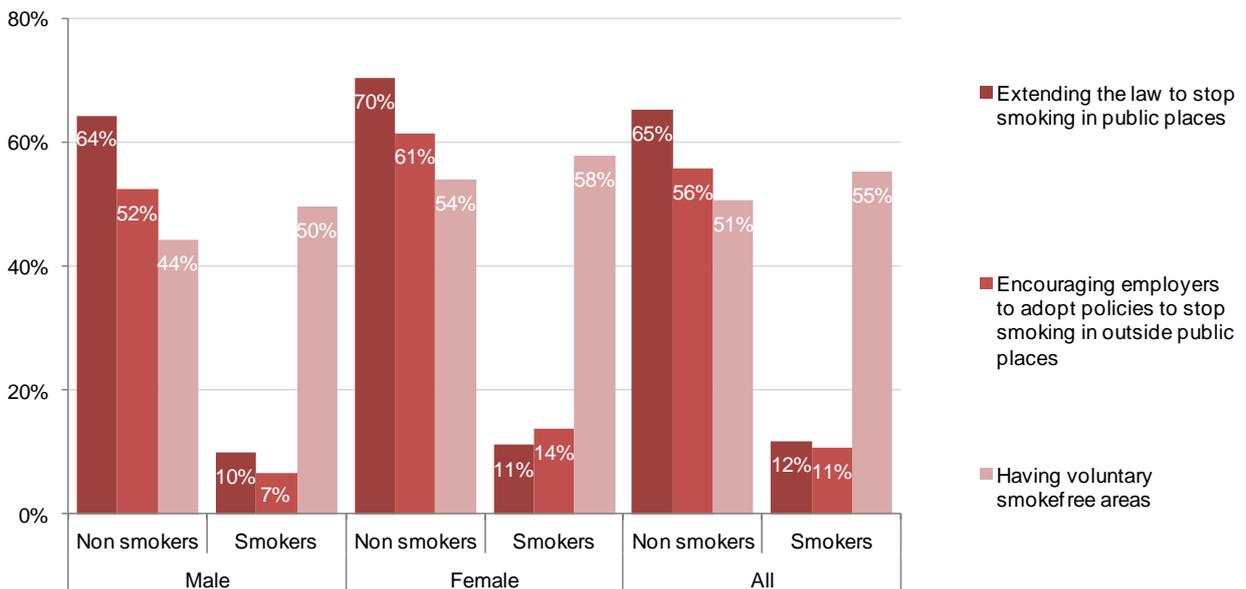
Graph 2.4: How important respondents think it is for the States of Jersey to stop children coming into contact with second-hand smoke, non-smokers and smokers by gender



Four fifths (83%) of female non-smokers think it is very important for the States of Jersey to stop children coming into contact with SHS compared with half (47%) of female smokers. Male smokers were the smallest proportion indicating it was very important, and the largest proportion (29%) selecting not important.

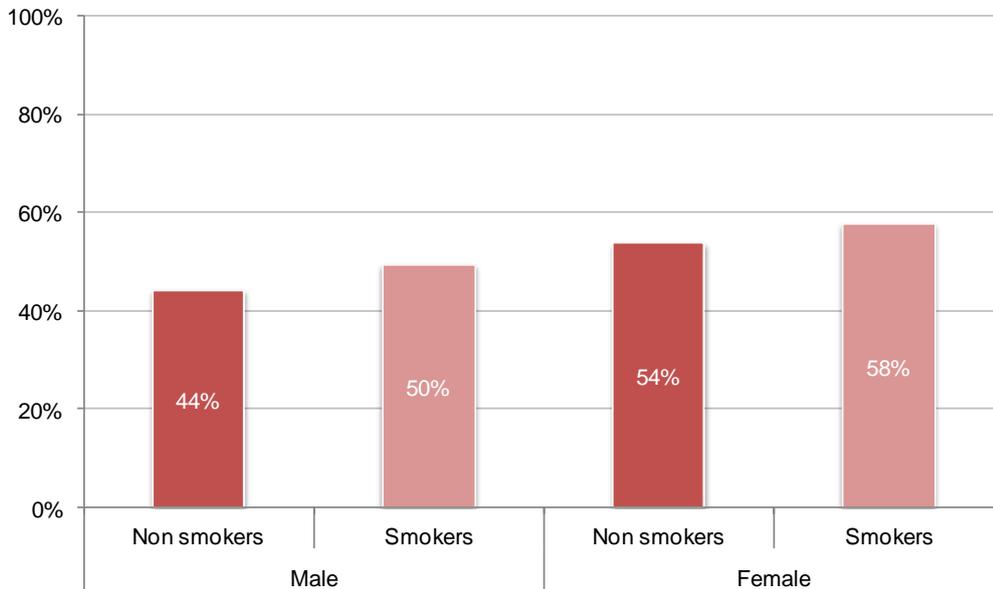
Question 3: Do you support any of the following?
(Extending the law to stop smoking in outside public places, encouraging employers to adopt policies to stop smoking in outside public places, and having voluntary smokefree areas).

Graph 3.1: Proportion supporting extending the law to stop smoking in outside public places, policy development and creating voluntary smokefree areas



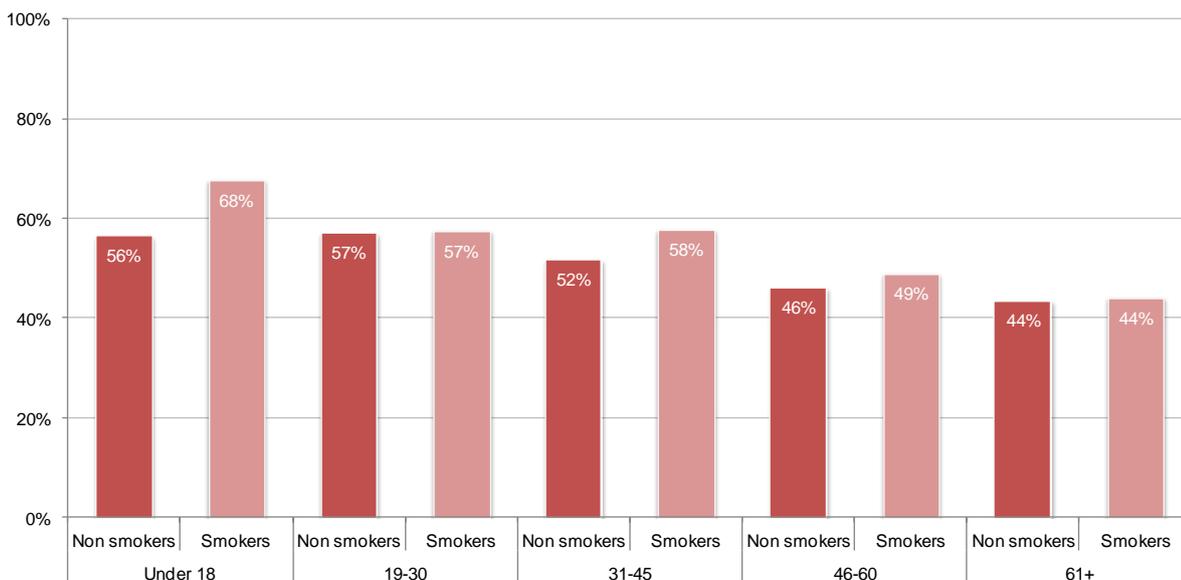
The Male and female patterns of response are similar with comparable viewpoints to extend the law to stop smoking in outside public places, policy development and creating voluntary smokefree areas.

Graph 3.2: Proportion supporting having voluntary smokefree areas, smokers and non-smokers by gender



Non-smokers and smokers show similar proportions supporting voluntary smokefree areas with little difference between genders.

Graph 3.3: Proportion supporting having voluntary smokefree areas, non-smokers and smokers and by age

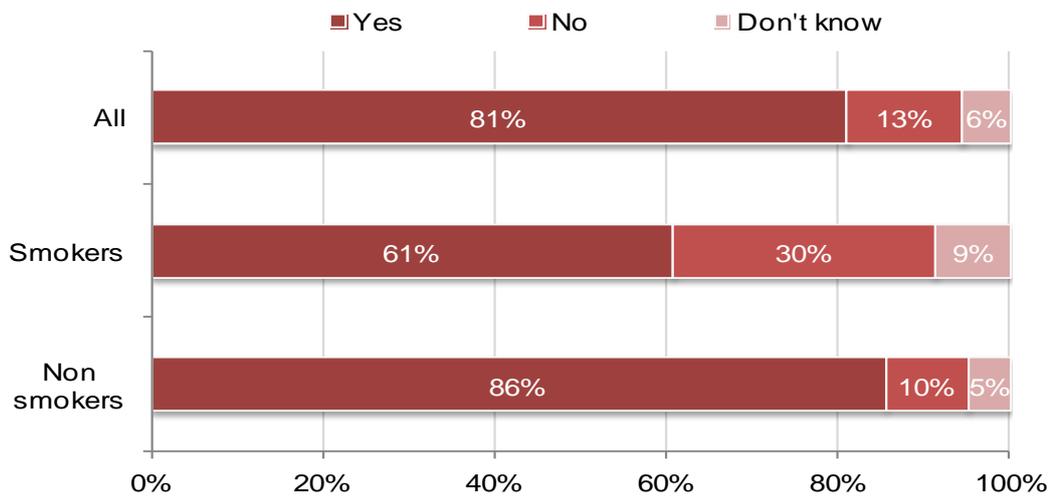


This graph shows an age decline, respondents both non-smokers and smokers over the age of 45 years are less supportive of creating voluntary smokefree areas.

7.2 Homes

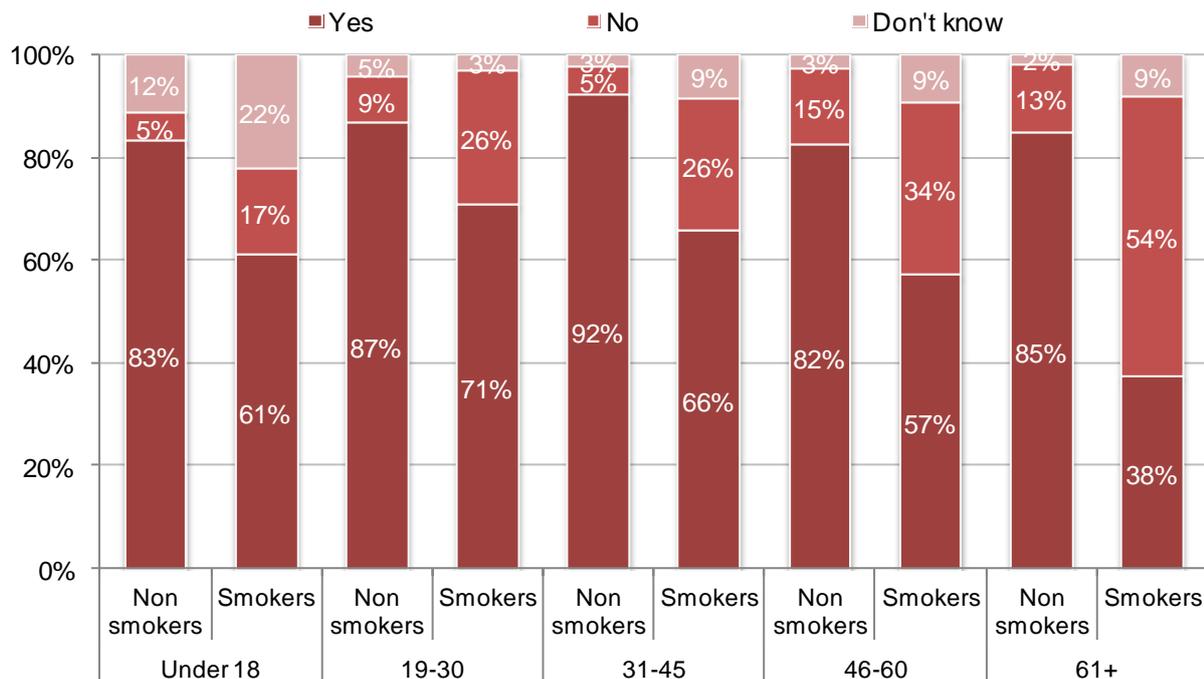
Question 4: Do you think families with children should be encouraged to create smokefree homes in Jersey?
(yes/no/don't know)

Graph 4.1: Do you think families with children should be encouraged to create smokefree homes in Jersey, by non-smokers and smokers



More than four-fifths (86%) of non-smokers said families should be encouraged to create smokefree homes. Three-fifths of smokers responded that families with children should be encouraged to create smokefree homes compared to around a third who responded that they should not.

Graph 4.2: Do you think families with children should be encouraged to create smokefree homes in Jersey, smokers and non-smokers by age

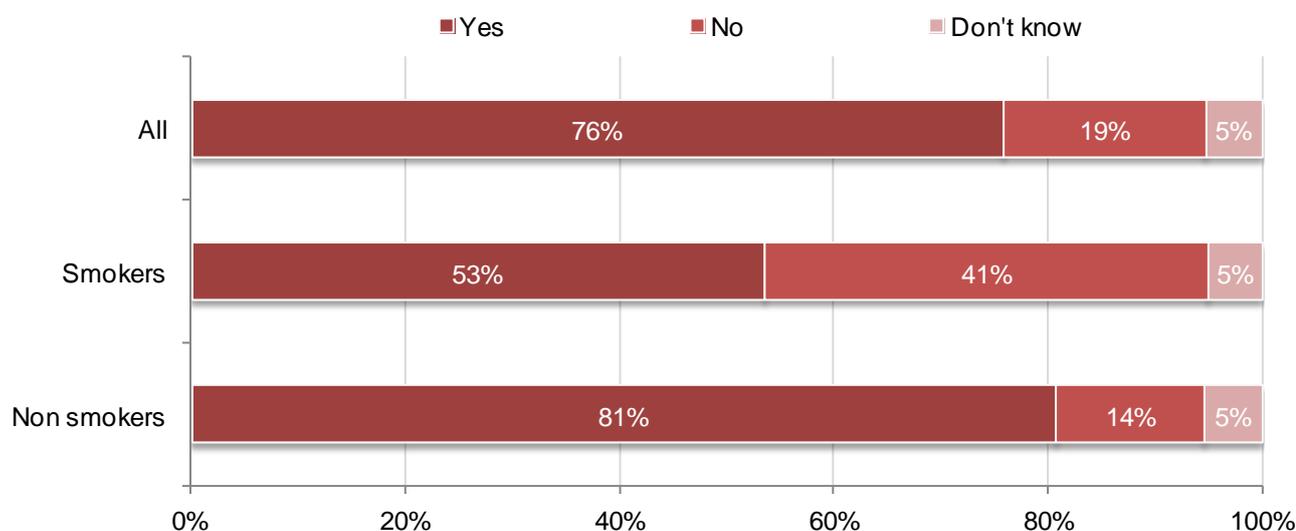


This graph shows 83% of non-smokers and 61% of smokers under 18 years support encouraging families to create smokefree homes. Over half of smokers aged 61 and over (54%) gave a 'no' response to encouraging the creation of smokefree homes.

7.3 Cars

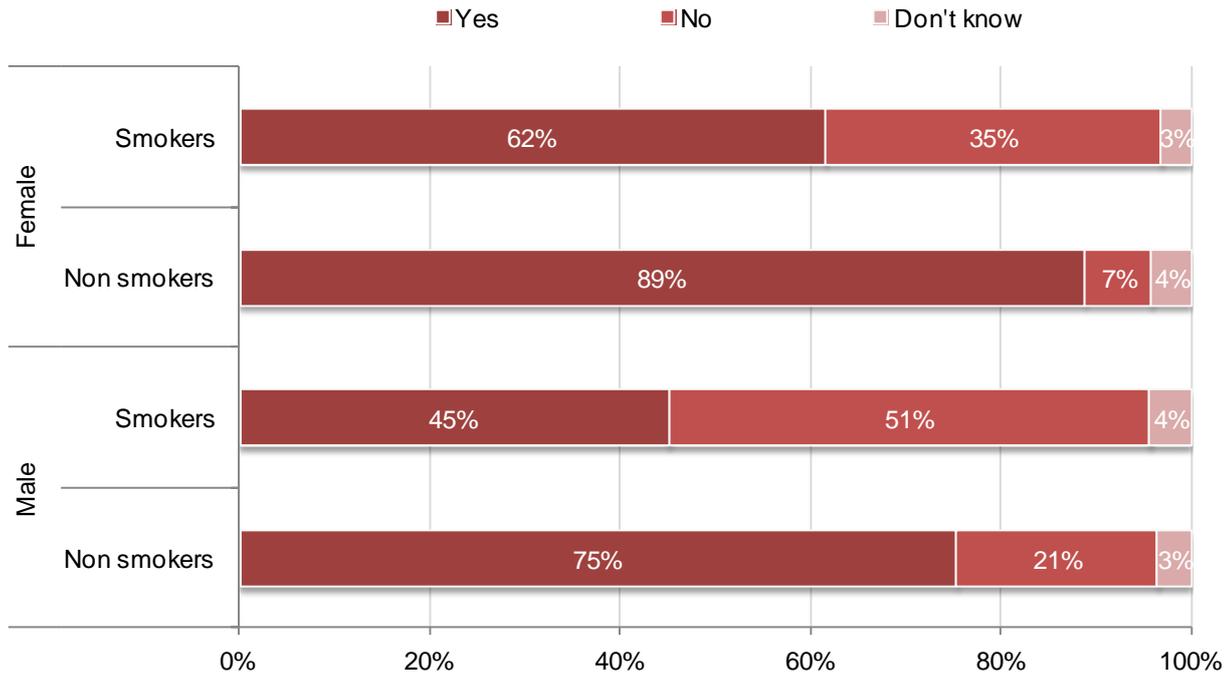
Question 5. Some countries are thinking about making it illegal to smoke in cars. Would you support a law in Jersey to stop smoking in cars carrying children under 18 years old? (yes/no/don't know)

Graph 5.1: Would you support a law in Jersey to stop smoking in cars carrying children under 18 years old, by smokers and non-smokers



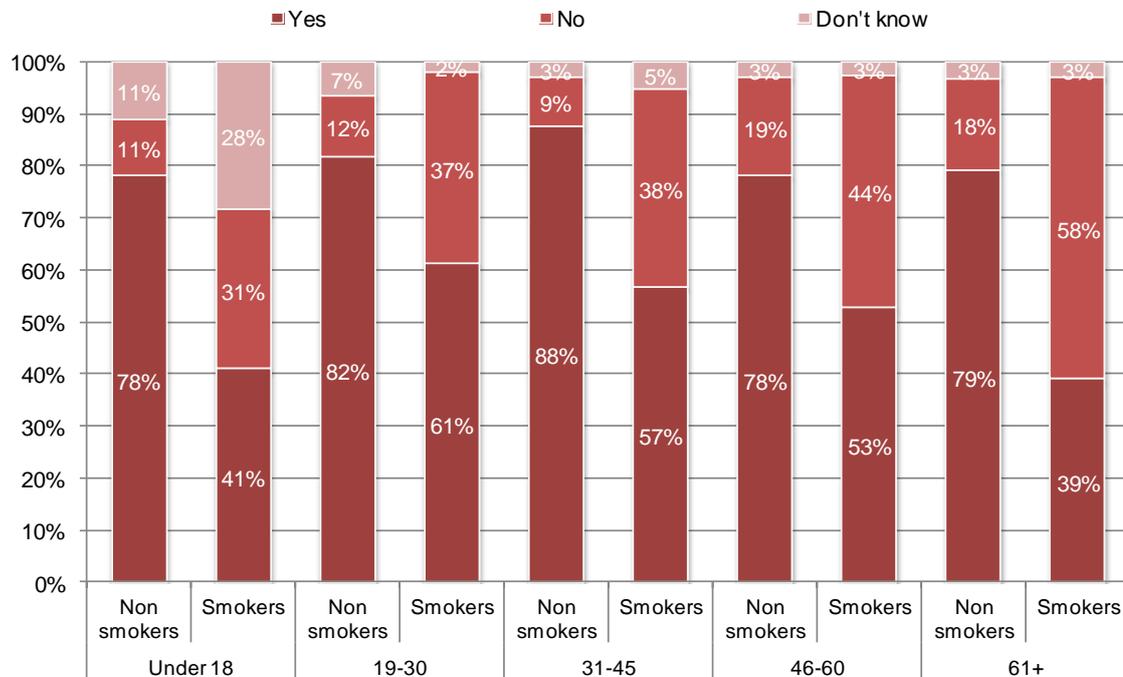
A majority of almost eight out of ten (76%) said they would support a law in Jersey to stop smoking in cars carrying children. Around half of smokers (53%) are saying they would support a law in Jersey to stop smoking in cars carrying children compared to four-fifths of non-smokers (81%). Two-fifths of smokers (41%) are saying they would not support a law. Similar proportions of both smokers and non-smokers responded 'don't know' to this question.

Graph 5.2: Would you support a law in Jersey to stop smoking in cars carrying children under 18 years old, non-smokers and smokers by gender



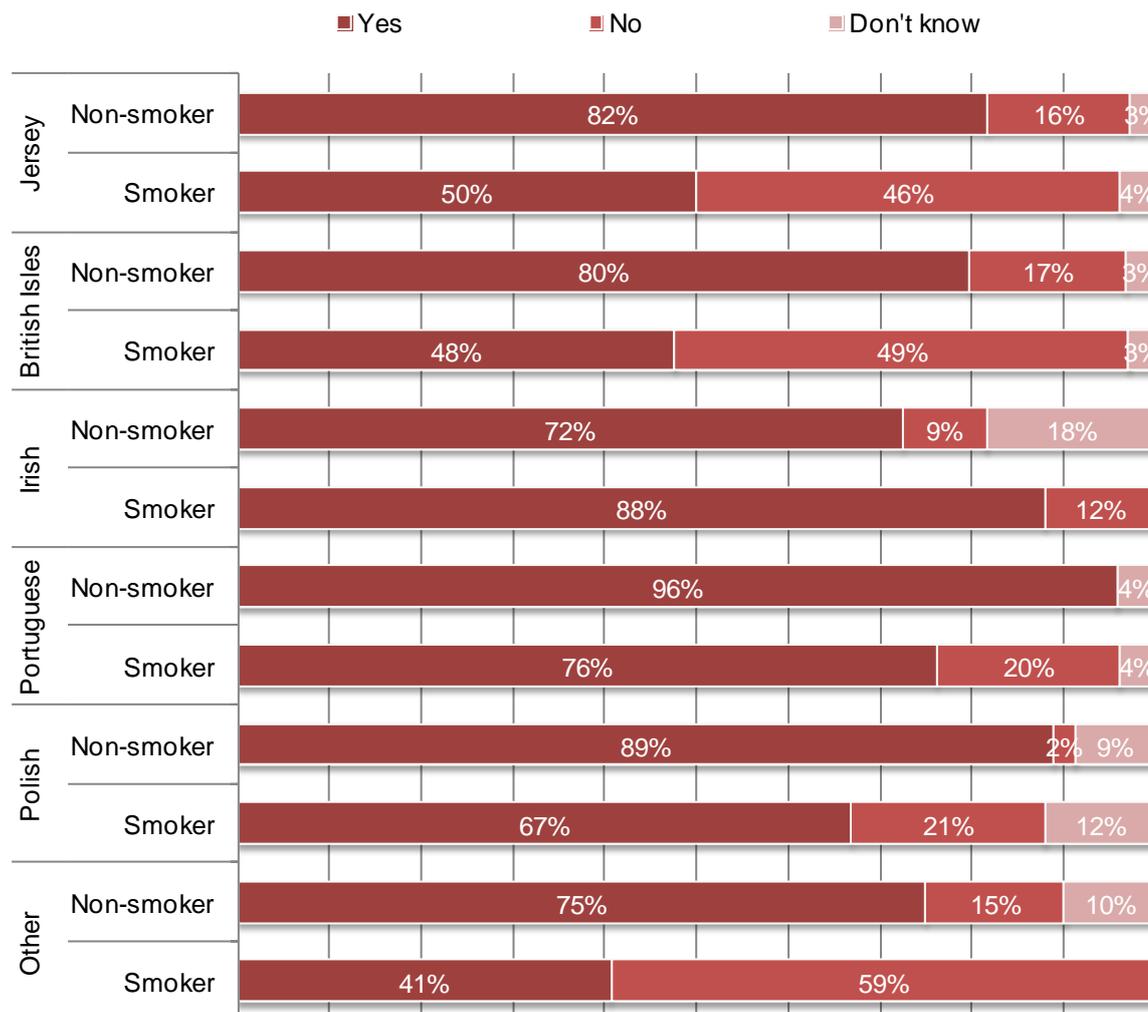
This table demonstrates that more females than males responded that they would support a law to stop smoking in cars carrying children. Half of male smokers (51%) indicated that they would not support a law. Similar proportions of both genders reported that they 'didn't know' whether they would or would not support a law.

Graph 5.3: Would you support a law in Jersey to stop smoking in cars carrying children under 18 years old, smokers and non-smokers by age



This graph highlights two key areas. Firstly that there is a strong 'no response' from the over 61 year age group compared to all other age groups, suggesting declining support with age. Secondly, that the largest 'don't know' proportion is from the under 18 years age group.

Graph 5.4: Would you support a law in Jersey to stop smoking in cars carrying children under 18 years old, non-smokers and smokers by nationality



This illustrates that the Polish, Portuguese and Irish nationalities are more in favour of supporting a law in Jersey to stop smoking in cars carrying children under 18 years old. Around half of British and Jersey smokers support the law with the other half responding that they would not.

Portuguese non-smokers were the largest proportion of respondents saying they would support a law with Portuguese smokers showing the greatest support out of all smokers. Nine out of ten Polish non-smokers and two-thirds of smokers would support a law, this compares to one in five Polish smokers who do not. Of the other nationalities, three-quarters of non-smokers support the law whilst three-fifths (59%) of smokers responded to say they did not support the law.

8. Qualitative Themes from Survey Questionnaire

Health Considerations

The general public were asked to contribute any additional comments to the electronic and paper survey. In total, 1,362 comments were received, 249 from smokers and 1,113 non-smokers. Qualitative analysis of emergent themes can be seen below.

8.1 Protecting Children from SHS

- Protecting children from SHS is important, smokers and non-smokers agreed this is an important issue
- Some smokers and non-smokers suggest it is the responsibility of parents and carers to protect children from SHS not Jersey Government's responsibility
- Some smokers and non-smokers suggest it is the responsibility of Government to be more proactive in protecting children from SHS

'Children rely on adults to keep them safe. If their own parents don't do it, then who will? If the Government doesn't do something, then I expect children will file big lawsuits in years to come...you KNEW it was damaging them but didn't do enough to stop it....'

Quote: smoker

'Children have no choice in whether they are exposed to second hand smoke. It is the role of the parent or carer to protect their child from the harmful effects however, not all parents do this so the States should take the stronger steps to ensure their healthier childhood'

Quote: non-smoker

'.....I don't like tobacco smoke and I ask smokers not to smoke in my house or car, but I want to be the one to make that decision, not the authorities'

Quote: non-smoker

8.2 Protecting Others from SHS

- Some respondents suggested protecting everyone not just children
- Some respondents suggested protecting other vulnerable groups such as those with physical issues such as asthma and respiratory diseases

8.3 Health Harms

- Some respondents expressed high recognition of SHS associated with a range of different health harms
- A high proportion of respondents mentioned cancer as a health harm caused by smoking
- Some respondents report that there is a lack of public understanding about the damaging effects of smoking

8.4 Pregnancy

- Some non-smokers suggest discouraging smoking in pregnancy
- Some non-smokers suggest that more supportive action is taken to help expectant mothers who smoke

9. Qualitative Themes from Survey Questionnaire Outside Public Places

9.1 Smokefree in All Areas Where Children are Present

- Some respondents suggest banning smoking in all child friendly places

9.2 Designated smokefree areas

- Some smokers and non-smokers suggest promoting designated smokefree areas

'Great idea to start restricting areas to smoke, it is antisocial, even being a smoker myself, I find it horrible to walk down the high street past people smoking and blowing smoke over others'

Quote (smoker)

'I'm not completely against everything here....but I think it has to be a very fair final decision.....I am a heavy smoker and think banning smoking all together would be an awful idea for a lot more than the obvious reasons...but would be willing to fairly compromise'

Quote (smoker)

'Put no smoking signs on benches in town so nursing mums can sit and feed their babies'

Quote (non-smoker)

9.3 Alfresco

- Some non-smokers expressed being bothered by SHS when eating and drinking alfresco and some report avoiding alfresco because of this
- Some non-smokers report their frequency of attending pubs has increased since the change in law stopped smoking inside public places
- Some respondents are in favour of promoting alfresco areas

9.4 Smoking in Pedestrian Areas

- Many respondents both smokers and non-smokers are bothered walking past smokers in the street and inhaling SHS
- Some non-smokers expressed dissatisfaction when sitting on a bench and people start smoking
- Some non-smokers expressed more should be done around smokers congregating outside buildings

9.5 Environment

- Many believe cigarette litter to have a negative impact on the environment
- Associations were made comparing cigarette litter to dog waste on beaches and that cigarette litter should not be accepted in the same way that dog waste is not accepted
- Concerns expressed in both groups about potentially moving exposure of SHS elsewhere if more areas become smokefree in public and private places
- Some non-smokers assert that smokers do not have the right to pollute the air for others
- Some non-smokers report being frustrated by smoke drift

10. Qualitative Themes from Survey Questionnaire Homes

10.1 Housing

- Some respondents report there are significant issues around multiunit housing and smoke-drift through windows and balconies into non-smokers homes that needs to be addressed
- Some respondents expressed concern that banning smokers from smoking in public areas potentially may force people to smoke at homes more often where children are present

11. Qualitative Themes from Survey Questionnaire Cars

11.1 Cars

- Some smokers and non-smokers assert that car journeys in Jersey are short so there is no need to smoke during this time or ban smoking for the same reason
- High recognition was expressed comparing smoking in cars to the use of mobile phone use, eating and drinking suggesting it is equally dangerous

12. Qualitative Themes from Survey Questionnaire Approaches to Smokefree

12.1 Education

- A majority of smokers and non-smokers suggest promoting educational health messages
- Suggestions from a minority of respondents is to make translations into other languages other than English available
- Viewpoints from some respondents suggest providing education in parenting classes
- Promote no smoking targeted messages to children early during their childhood to prevent the uptake of tobacco use was an approach suggested by some respondents
- Some smokers and non-smokers were in favour of the notion of not smoking in cars and homes where children are present. Using educational approaches to discourage smoking in cars with children was perceived by some to be easier to implement than using legislative approaches.

12.2 Campaigns

- Some respondents suggest using marketing strategies showing 'invisible' smoke as a deterrent
- Increase the frequency and 'dramatic' advertising about the negative effects of SHS was a suggestion by some respondents

12.3 Cessation Support

- Some smokers and non-smokers suggested providing Champix and Nicotine Patches free of charge
- Some smokers and non-smokers recommended more money should be spent on supporting people to quit smoking

12.4 Change Societal Views about Smoking

- Some smokers and non-smokers assert an aspiration to change cultural views about smoking, suggesting that it should no longer be accepted as normal behaviour across society

12.5 Branding

- Some responders call for branding to be removed from cigarette packaging

12.6 Phased Approaches

- Responses were mixed among smokers and non-smokers with some responders suggesting step by step approaches to smokefree and others recommending a total smokefree Jersey

12.7 Pubs

- Some smokers expressed the notion that children should not be allowed in pubs so bring back smoking in them

12.8 Other Countries

- Some responders expressed support for looking at other countries approaches to smokefree in homes, cars and outside public places

13. Qualitative Themes from Survey Questionnaire Enforcement and Regulation

13.1 Enforcement Issues

- Some smokers and non-smokers expressed concern around the practicalities and resources for implementing laws to extend smokefree approaches.

'The thing is how are they going to police it? It's supposed to be illegal to use your phone while driving but I've been nearly knocked down by people using mobiles. If you can't trust the police to stop that how are they going to police no smoking in such wide open spaces?'

Quote (Carer of children)

'You can have as many laws you want but it will only work if everyone agrees and abides by it.'

Quote (Carer of children)

13.2 Regulation

- Some respondents suggest regulating for a complete ban against smoking in the island
- Some respondents suggest making it illegal for adults working with children to smoke during working hours
- Some respondents suggest there should be harsh consequences for smokers around children on school grounds
- A minority of respondents suggest making smoking illegal
- A minority of respondents suggest selling cigarettes should be stopped
- Some respondents suggest smoking in cars with children present should be a punishable offence

14. Revenue

14.1 Duty Free

- Some responders assert that there should be more duty free limits to cigarette purchases

14.2 Tax Revenue

- Some responders report that there are benefits in taxes to the government on cigarette sales
- Some responders assert that taxes should be raised on cigarettes and related tobacco products

15. Other Themes

15.1 Underage Sales

- Some smokers and non-smokers express concerns about the ease of underage tobacco purchases in Jersey

15.2 Protecting Children from Second-hand Smoke Strap Line

- Some responders report that smokers are a soft target for The States of Jersey to focus on
- Small numbers of responders report the consultation used the strap line '*protecting children*' in a negative context as a way of tackling SHS
- Some responders report that Public Health created an 'emotive campaign' to distract the public from the 'real' issues

15.3 Nanny State

- Some responders assert that attempts to tackle issues around SHS are a restriction of adult individual choices
- Some responders assert that parents should be allowed to smoke around their children if they choose to
- Some respondents reported a sense of powerlessness and frustration that The States of Jersey will do whatever they want despite the results of this survey

15.4 Stigma

- Some smokers refer to themselves as a social outcast and report negative stigma associated with smoking
- Some smokers report feeling 'persecuted' by non-smokers and lobbyists

15.5 Negative Role Modelling

- Adults smoking at schools are giving the wrong message to young people and children according to some respondents
- Smoking in charge of babies and toddlers elicits strong negative emotions from some non-smokers and some smokers
- Some respondents suggested those working for the government should stop smoking themselves

- Many respondents who became smokers as adults report their own parents smoking habits had a negative influence on them whilst growing up

15.6 Choice

- Viewpoints of some non-smokers report that they do not want bans to be extended but want to be in control of decisions themselves relating to people smoking in their presence

15.7 Third-hand Smoke

- Some non-smokers have a high recognition of the smell of SHS and mentioned third-hand smoke in the context of the smell of cigarettes on others

15.8 Perception that Smoking around Children is Neglectful

- Some smokers and non-smokers perceived smoking with children present as a form of neglect

15.9 Children's Exposure to Multiple Smokers

- Observations by some non-smokers suggested that children of smokers are often exposed to multiple smokers

15.10 Employment

- Some responders expressed being bothered by the man hours lost through smoking during working hours
- Some responders who are employees in organisations where they are expected to do home visits where families smoke expressed being concerned by this

15.11 Tourism

- A minority of responders compared experiences of visiting tourists in and suggest increased exposure to smoking in Jersey is a negative experience for tourists
- Some responders viewed smokefree Jersey as a positive image for the tourist industry
- Some responders are concerned that tourism may be negatively affected by increased restrictions on smoking in outside public places

16. Qualitative Themes from Focus Groups

16.1 Focus Groups with Smokers, Young Adults, Guardians and Health Professionals

Findings are presented under the various topics explored within the focus groups with themes which emerged within individual groups and between at least two of the focus groups.

16.2 Participants Understanding around Second-hand smoke (SHS)

- Most participants across all four focus groups understood the meaning of SHS
- Some participants mentioned that the smell of smoke on clothing (smokers) is unpleasant and some participants believed it could be potentially harmful to babies/children
- Issues around smoke drift through windows and doors and potential harm of invisible smoke were raised by some participants
- Concerns about exposure of babies/children to smokers SHS and possible health harms to babies/children was discussed among the smokers focus group
- Notions of disease and ill health effects of SHS was discussed by guardians with recognition that SHS exposure negatively affects babies, children and adult health

16.3 SHS and Protecting Children

- All groups strongly agreed that children have the right to be protected from SHS and this is the responsibility of adults
- Some smokers felt very strongly about the need to protect children from SHS and gave individual accounts of ways in which they do these themselves
- Some guardians recognised that adults also have rights and that not to smoke should be the choice of the smoker rather than enforced
- Some young adults of parents who smoke discussed parental influence as a negative experience and believed this is unhelpful role modelling

16.4 Harmful Effects of SHS

- An overwhelming majority of participants across all groups recognised that there are various health harms associated with smoking tobacco
- Some participants strongly agreed that children have human rights and this includes not being exposed to SHS. Recognition was given that babies and children are not given a choice whether they are exposed to SHS unless a parent/care giver protects them as far as possible. Young adults, smokers and health professional's focus groups asserted this powerfully.

'If you smoke you're taking away your child's human rights because they don't have a choice. Their parents are affecting their human rights and they should care more about their children's rights. They should be thinking about that'

Quote: Young Adult

- Young adults and smokers were in favour of the Department of Health's media campaign showing the harmful effects of SHS on babies and children and recognised the harmful effects via this medium

- Guardians expressed the need to be given more explicit information about the harmful effects of SHS on children's health to better understand the impact of their own smoking around children and babies
- Young adults suggested the need for more age appropriate targeted educational health messages

16.5 Avoiding SHS

- Human rights issues were discussed across all groups, the rights of babies and children not to be exposed to SHS and the rights of adults to smoke around babies and children if they choose to
- Some young adults talked about the challenges for non-smokers when trying to avoid SHS
- Health professionals asserted the need for young people to become more actively involved in future to deliver positive health messages to reduce children's exposure to SHS. Health professionals are in favour of young people becoming involved at a political level in the future
- Smokers identified that being exposed to other smokers SHS is unpleasant

16.6 Meaning of Smokefree

- Health professionals and guardians raised the topic of third hand smoke in the context of smokefree and what that means to them. Issues around the smell and stains tobacco creates and stigma associated with this
- Health professionals and guardians discussed the notion of disease and ill health associated with smoking
- Health professionals highlighted the importance of Sudden Infant Death Syndrome (SIDS) in this context. Also, expressing views around unborn children being denied a choice during pregnancy.
- If a mother smokes or father smokes during a partners pregnancy these are considered missed opportunities for intervention by health professionals
- Health professionals suggested that societal norms should be challenged and that smoking should no longer be accepted as the norm and that cultural expectations should be encouraged to change
- Young adults expressed mixed viewpoints about signage. Comments were offered about both the negative use of signage (some young people will ignore 'no smoking' signs) and positive use of signage suggesting more signs should be available in areas where smoking should be discouraged
- Smokers identified cigarette litter as an issue and that a smokefree environment could impact positively on this

16.7 Taking Steps to Become Smokefree

- Some health professionals encouraged debate to consider that this is about 'all' people's health, that SHS affects everyone and it will affect our children if we smoke. Also, that revenue may be received from tobacco but this will involve a cost in the future

'You might be getting revenue from it now but it's going to pay a huge price in the future'

Quote: Health Professional

- A theme emerging across most groups by some participants was the need to provide designated smoking areas
- Groups discussed issues relating to practical challenges and resources for trying to enforce smokefree areas if legislation is introduced
- A majority of participants believe that future generations of children will reap the benefits of a smokefree Jersey
- For some smokers a smokefree environment can help motivate smokers to quit as more restrictions provide less opportunities to smoke
- Concerns were expressed about potentially moving exposure of SHS elsewhere by some smokers and non-smokers
- Some smokers discussed the importance of being a 'considerate smoker' which means not smoking around others especially non smokers
- Some young adults highlighted the importance of people promoting positive health messages whose opinions they valued and suggested youth workers enforce health messages and are actively engaged in future work around tobacco
- Some guardians asserted that Health Visitors work directly with families so are in a good position to raise issues around smoking and to help families understand the importance of protecting children from SHS
- Young adults delivering health messages emerged as a key theme with the majority of health professionals. Urging uptake of young people and young people's services to be involved in future tobacco work at a practical and political level. In particular, with young adults providing stewardship in a political arena

'When you have children and to have the ease to think she {Health Visitor} can bring that subject up'

Quote: Guardian

- Some health professionals suggest putting resources into campaigns to raise awareness of the harms of SHS to children

'There are actually ways to make big changes in the way people think about things, so if we put our resources into it it's about campaigning'

Quote: Health Professional

16.8 Views of Smoking in Outside Public Places

- Some health professionals were in favour in principle to designate smokefree areas but expressed concern for this approach given the lack of public space in Jersey

'In Australia there is just a line, although their pavements are wider than ours, but it's just a line, maybe 15 feet'

Quote: Guardian

- Some guardians expressed the need for designated smoking areas and linked this to the social benefits of smoking with others

16.9 Views of Smoking in Parks

- A majority of health professionals encouraged the concept of young people delivering positive health messages and expressed strong support for protecting children from SHS in parks
- Some smokers expressed that there are benefits of smoking in parks
- Some guardians considered the idea of smoking in designated areas within parks

'I think a voluntary ban is brilliant, if you have a sign up in park that says 'please do not smoke in this park' eventually people will learn not to smoke in the park, it's better than being told not to smoke in the park'

Quote: Health Professional

16.10 Views of Smoking in Children's Playgrounds

- Some smokers highlighted uncertainty and confusion around current smokefree zones but perceive smokefree areas to be good

16.11 Views of Smoking on Beaches

- Some guardians felt that smoking on beaches requires a common sense approach and that considerate smoking should be encouraged among smokers
- Some health professionals encourage the concept of young people delivering positive health messages

16.12 Views of Smoking in Outside Eating and Drinking Areas

- Some smokers and guardians suggest considerate smoking should be encouraged when dining and drinking alfresco
- Strong support was expressed for designated smoking areas to be created by some smokers and guardians however, there was high recognition amongst participants of the stigma associated with smoking outside
- Some non-smokers (guardians) discussed being bothered by SHS when dining alfresco and felt unable to enjoy dining alfresco without exposure to SHS

16.13 Views of Smoking at Bus Stops and Taxi Ranks

- The dominant theme to emerge across groups around this topic was to encourage the positive use of signage to inform people that bus stops and taxi ranks were smokefree

16.14 Views of Smoking in Pedestrian Shopping Areas

- Some guardians discussed the problems of congregating crowds in doorways in town where people smoke. They were in favour of not smoking in town during designated hours such as daytime shopping hours when children are more likely to be present
- Some guardians and young adults expressed concern that if Jersey becomes smokefree it may have a negative impact on tourism. They were concerned that the French may not come to Jersey because they wouldn't be able to smoke

'French can't smoke they won't want to come here'

Quote: Young Adult

16.15 Creating Smokefree Homes where Children Live

- Views were mixed across the groups with some participants expressing strong support to encourage smokefree homes and others expressing low support
- Young people (smokers and non-smokers) asserted strongly the positive impact that growing up and/or living in a smokefree home would have on them. They were in favour of encouraging the creation of smokefree homes
- Health professionals recognised the inherent challenges for encouraging smokefree homes
- Participants from the smokers and guardians group strongly agreed that smoke drift through windows or into other rooms of the house is an issue in homes where children live
- A majority of health professionals expressed strong support to address issues around underage tobacco sales and cigarette marketing
- An overwhelming majority is supportive of using mass media to raise awareness of SHS in homes where children live and many are supportive of targeted campaigns to promote Smokefree homes
- A majority of participants expressed high recognition to take a multi pronged approach with multidisciplinary health professionals to promote positive health messages about Smokefree
- Health professionals and guardians support educational approaches to promoting Smokefree homes

'If you can't police people smoking in the home you might say that it's a recommendation, that it's best practice, but obviously we can't force you'

Quote: Guardian

16.16 Smoking in Cars

- There were some discussions about the complexity and challenges associated with trying to enforce a law to stop smoking in cars carrying children under 18 years
- Young adults asserted a law should be introduced banning smoking in cars carrying children under 18 years
- Smokers asserted that it is a child's right to be protected from SHS in cars
- Guardians drew comparisons with the danger aspect of smoking in cars similar to use of mobile phones
- Health professionals recognise that people are motivated by different things and recommended novel approaches towards promoting smokefree messages such as involving industries

'I think the equipment that goes in cars particularly around children should have some sort of message on. Involve the manufacturers and other industries as well and marketing from other areas'

Quote: Health Professional

16.17 Cigarette Litter

- The predominant theme was the importance of promoting educational health and environmental messages before moving to legal measures to tackle issues around cigarette litter

16.18 Smokefree Future

- A high majority of participants value educational health messages delivered in a variety of methods over regulatory approaches towards a smokefree future
- Young people said they would want to hear messages about the negative impact of smoking on their level of fitness if they started to smoke at a young age, to motivate them not to start

'The fact that if they start smoking at a young age it can affect their football and their fitness can't run around' **Quote: Young Adult**

17. Conclusion

Smoking in outside Public Places

Results from the public consultation shows the majority of non-smokers think smoking should be stopped in all outside public places. This includes parks, playgrounds, outside eating and drinking areas in pubs and restaurants, bus stops and taxi ranks and pedestrian shopping areas. A majority of smokers (71%) agreed to making playgrounds smokefree but much smaller proportions supported it in other outside areas including: parks 27%; beaches 11%; Outside eating and drinking areas 15%; bus stops and taxi ranks 20% and pedestrian shopping areas 14%.

Smoking in Cars

Consultation findings show there is support to create a law to make it illegal to smoke in cars carrying children less than 18 years, particularly with the Polish, Portuguese and Irish respondents. Alongside the consultation a question about smoking in cars was asked in the Jersey annual Social Survey. This showed, similarly, 81% were in support but additionally demonstrated a higher number of daily smokers (66%) in support of creating a new law. However, some qualitative data raised issues about the practicality and possible challenges of trying to enforce a law to stop smoking in cars. There is good support for focusing on raising awareness of the specific health harms of smoking in cars carrying children.

Smoking in Homes

The consultation showed more than 86% of non smokers and 61% of smokers are in support of encouraging families to create smokefree homes. There was mixed opinion about the balance of responsibility for protecting children's health and their right to smokefree air. However, there was recognition that the States of Jersey could do more but with a focus on information and education to support and encourage parents.

The findings of this consultation suggest a readiness of respondents to consider approaches towards extending smokefree environments where children are present. Overall, a majority of respondents are in favour of supporting the protection of children from SHS particularly, female non-smokers. A key theme from the consultation shows that many responders consider it is the right of every child to be protected from SHS and that this is the responsibility of all citizens including every parent and/or guardian. High support was shown for the States of Jersey to take the lead on reducing children's exposure to SHS, including amongst smokers. There were some qualitative findings about the potential complexity and challenges that might come through enforcing smokefree laws. However quantitative results showed that a majority support legislative over voluntary approaches to extending smokefree spaces. There is particularly strong support for making children's playgrounds smokefree as well as protecting children from second-hand smoke in cars.

The findings of the public consultation will be to inform next steps in delivering the current Tobacco Strategy 2010-2015. Short and Medium term actions are in development and will be released in the coming weeks following this reports release.

Appendix 1: Data Information and Weighting

Public Consultations, such as this one, are prone to response bias, where some sub-groups of the population are more or less likely to respond. In order to draw suitable results and inferences from the answers given to the consultation, it is essential to check the profile of those who responded against other available population data to identify which sections of the population are over- or under-represented in the consultation responses.

Due to the method used to conduct this consultation, older members of the population or those who do not have access to the internet will be under-represented. Young adults are often also under-represented in such voluntary consultations, whereas due to the specific targeting of schools, children will be over-represented. To avoid such over- or under-representation of views of these, and other, sub-groups of the population, the consultation responses are weighted in proportion with the known whole population, a method known as post-stratification or calibration.

The response profile of this consultation was compared against Census data from 2011. The age profiles are shown in Table 1. As was expected, a greater number of children and fewer older people responded to the consultation than their proportions in the total population would imply.

Table 1– Age profile of **un-weighted** consultation responses

	Smoking Consultation		2011 Census		Implied Weighting factor
	Respondents	Percent	Population	Percent	
Unspecified	150	n/a	-	-	1.00
Under 18	1093	39	15,515	20	0.51
19-30	326	12	15,333	16	1.35
31-45	610	22	23,004	24	1.09
46-60	558	20	20,988	21	1.08
61-75	214	8	12,904	13	1.74
76 or older	15	1	6,113	6	11.73
Total	2966	100	97,857	100	1.00

Looking at response distributions for gender and nationality indicated that responses should be weighted across the three dimensions of age, gender and nationality. This was possible using the Census 2011 population data, resulting in for example Jersey women aged 46-60 having a weight of 0.85; whilst British men aged 19-30 had a weight of 1.47. The resulting age and gender profiles after weighting are shown in Tables 2, 3 and 4.

Table 2 – Age profile of **weighted** consultation responses

	Percent	
	Consultation	Census 2011
Under 18	20	20
19-30	16	16
31-45	24	24
46-60	21	21
61+	19	19
Total	100	100

Table 3 – Gender profile of **weighted** consultation responses

	Percent	
	Consultation	Census 2011
Female	51	51
Male	49	49
Total	100	100

Table 4 – Nationality profile of **weighted** consultation responses

	Percent	
	Consultation	Census 2011
British Isles	33	33
Irish	2	2
Jersey	47	46
Other	7	7
Polish	3	3
Portuguese	8	8
Total	100	100

**Public Health Department
January 2014**