SILNE-R

Enhancing the Effectiveness of Programs and Strategies to Prevent Youth Smoking: A Comparative Realist Evaluation of Seven European Cities

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Recommendations to prevent youth smoking in Portugal (national, local and school)

Joan Hanafin and Luke Clancy

Work Package 3 (WP3)

DELIVERABLE REPORT D3.2

APPENDIX F

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Fine-grained (evidence-based, context specific) recommendations at national, local and school levels to prevent youth smoking in Portugal

Portugal: Context

Portugal, the capital of which is Lisbon, has a population of 10.8 million. Coimbra has a population of 105,000 and a physical area of 319 km^2. Portugal had a national tobacco score of 41 in 2013 and 50 in 2016. In Coimbra, weekly smoking prevalence in SILNE schools in 2013 was 10.3% and in 2016, in SILNE-R schools, this had decreased to 7.4%.

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in Portugal that are contained in this report are based on findings and recommendations from many quantitative and qualitative data sources collected for the SILNE-R project (2015-2018). The fine-grained recommendations for Portugal in this report should be read in conjunction with the reports containing cross-national, national, local, and school-level findings and recommendations (D3.2 Appendices A, B, C and D).

Overseen by WP8, surveys of more than 13,000 school students in 7 cities were carried out (2016/17) to examine student health, social networks, smoking (prevalence, access to cigarettes, attitudes to smoking, parental smoking, location of smoking, smoking in the home, e-cigarettes, *etc.*), perceptions of school tobacco policies, *etc.*. The general participation rate for student surveys was 89.6 % (all countries). In Portugal, 1859 students participated (86.42% participation rate).

From late 2016-2017, overseen by WP9, 56 single-sex focus group interviews took place, 8 in each of the 7 cities, involving 319 participants. The focus groups paid particular regard to school smoke-free policies and age-of-sale laws. Participants were recruited by teachers, who identified students they believed to be smokers or at risk of becoming smokers. Half the focus groups were conducted with girls and half with

boys. Overall, 168 girls and 151 boys participated, with 3-9 participants per group. Half of all groups were conducted with students attending schools that served a predominantly high socioeconomic status (SES) population, and half in schools serving a low SES population. Adolescents were aged 14-19 with most focus groups having participants under the legal age limit, with the exception of two of the Portuguese focus groups (16-18 and 16-19). In Coimbra, 4 focus groups were held with boys and 4 with girls, in 2 participating schools. Staff questionnaires regarding school characteristics, school tobacco policies, health promotion and prevention, *etc.* were also completed for WP8 and interview data with staff was collected for WP7.
Consultations and focus group interviews (initial and follow-up) were held with policymakers and stakeholders from the 7 SILNE-R countries and also from other EU and non-EU countries, overseen by WP5 at the national level and by WP6 at the local level.

Data relating to enforcement and implementation costs of certain tobacco control measures (ban on sale to minors; point-of-sale advertising; ban on smoking in public places) was overseen by WP10. In some cases, school staff were interviewed regarding the cost of school bans and educational programmes for WP10 (cost questionnaires/interviews).

National-level observations and recommendations to prevent adolescent smoking

In terms of its tobacco control policy environment, Portugal is regarded as stagnant. WP5's[1] analysis of policy monopolies of pro and anti-tobacco interest groups across six European SILNE-R countries found that one of the main factors influencing variation in tobacco control policies across European countries is the relative policy dominance of pro and anti-tobacco control interest groups. WP5 examined whether there are patterns and similarities with regard to framing of tobacco and institutional arrangements across countries that have a relative dominance by either one of the two groups.

In doing so, they conducted 32 semi-structured interviews with relevant stakeholders in Belgium, Finland, Germany, Ireland, Italy, and the Netherlands. They found that, in

countries where health Non-Governmental Organizations (NGOs) have a policy dominance in tobacco control, NGO communities are well developed and have tight links to government while the industry is largely economically absent. In addition, the health ministry plays a central role in the policymaking process, FCTC Article 5.3. is strictly interpreted and the framing of tobacco focuses on the health aspects of smoking. In contrast, in countries where the tobacco industry and associated businesses have a policy dominance, the industry is more strongly embedded in the domestic economy while NGO communities are weak or absent in the field of tobacco control. In these countries, the health ministry plays a subordinate role in the policymaking process, FCTC's article 5.3. is only interpreted in terms of transparency and tobacco is framed as a private problem. They concluded that the way tobacco is framed in a country and the way institutions are arranged correspond to the policy monopoly in place, with strong similarities across countries with the same policy monopoly.

In Coimbra, the interests of the indigenous tobacco industry weigh heavily on the region. For example, WP5 SILNE-R^2 data show that (by 2016), the point-of-sale display ban had not been discussed in parliament. There seems to be a tobacco industry dominance rather than a health frame dominance. The tobacco industry is firmly represented in Portugal in terms of factories and tobacco crop farms. An active NGO community is absent; existing NGOs in Portugal are weak and lack a formulated strategy to counteract the forces of the tobacco industry. Even cancer societies do not feel the need to actively influence policy on this issue and politics are described as difficult. Suspicions are voiced about tobacco industry influence but since the industry is believed to use "informal routes", in the absence of documentation, they remain at the level of suspicion. There was some evidence in Portugal of a lack of awareness about required FCTC compliance where the interviewed policymaker was not aware of article 5.3 and had accepted an invitation from the industry to visit a factory.

Coimbra relevant national-level recommendations

1. Adolescent smoking remains a problem

The problem of adolescent smoking has not disappeared. SILNE-R WP8[3] (2016-2017) data for Coimbra shows adolescent ever-tried smoking at 40.55%, weekly smoking at 13.16%, and ever users of e-cigarettes at 26.21%. Tobacco causes unique and disastrous consequences for adolescents and tobacco control must be kept at the top of the policy agenda in all countries.

Recommendations:

- **There is no safe level of smoking and smoking prevalence among adolescents continues to be a problem. Tobacco control is a low priority in Portugal. We recommend identifying ways to put tobacco at the top of health policy agendas in Portugal, including with constant reminders of the death, disease and disability uniquely caused by smoking.**

2. Cognisance needs to be taken of policy change processes

SILNE-R data[4] show the importance of policy change processes in shaping tobacco control policies within individual countries. For the most effective tobacco control policy enactment, cognisance must be taken of these processes by tobacco control advocates and stakeholders. The strength of the dominant frame (health side versus tobacco industry) influences the policy environment and the receptiveness to change within the policy system[5]. For countries where the health side of the framework is dominant (*e.g.*, Finland and Ireland), there is an intersectoral approach to population health that engages with multiple sectors and actors[6]. Specifically, within this frame, the Ministry of Health is responsible for creating and introducing new policies. There is co-ordination between government health departments and health advocacy organisations to drive and develop policies. The health frame is also dominant in Belgium and the Netherlands, and there are active health advocacy organisations working within these countries. However, the political agendas of the ruling political parties are unreceptive to interests of tobacco control advocates and such forces reduce the advancement of stricter policies.

In countries where the tobacco industry side of the framework dominates, other

government ministries (outside of health ministries) often have responsibility for tobacco policy. Within this frame, the tobacco industry and the commercial interests of a region can influence policymaking processes and the policy agenda. Health advocacy organisations within these countries may not be active as in Portugal.

Recommendations:

- **It is recommended that, when developing tobacco control policy and advocating in Portugal, cognisance is always taken of the particularised complexity of the national policy context, and especially, compared with other countries, the inherent difficulties involved in these tasks. We also recommend that up-to-date data are maintained regarding dominant frames that shape tobacco control within Portugal with a view to moving them to being more supportive of progressive tobacco control.**
- **We recommend that monitoring and development of tobacco control policy and legislation in Portugal takes into account the current tobacco control landscape there as well as the Portugal-specific beliefs and values that underpin policy, legislation and practice.**
- **Encouragement and help from international networks could support health NGOs in Portugal to become stronger and more effective in tobacco control advocacy.**
- **Education in the complexities of policy change processes is recommended for tobacco control advocates, NGOs and health experts in Portugal whose professional substantive areas of expertise can not be expected to include policy change processes and policy paradigms. This is particularly important in Portugal where changes to the stagnant tobacco control environment are likely hindered by the implicit force of a taken for-granted *tobacco control policy paradigm*.**
- **Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in Portugal and to keep them up-to-date. Such research would develop the concept of a *tobacco control policy paradigm* and explicate its particularised operation across Europe countries and (regional and other - demographic *etc.*) contexts.**

3. Dominant negative frames must be exposed and, where appropriate, challenged and changed

Dominant values and beliefs that underpin tobacco control policy and that negate tobacco control progress are often under-exposed, taken-for-granted, and unchallenged within individual countries. This is particularly the case in a country like Portugal with a tobacco industry subsystem dominance. These dominant frames should be exposed and challenged, and, where appropriate, efforts directed at changing frames to ones supportive of progressive tobacco control policy environments. This latter could be done through the development of intersubjective discourses (*e.g.*, focussed on evidence bases, health, child frame), and the promotion of robust health advocacy organisations, whose role is central to progressive tobacco control environments. This is a difficult task in Portugal which is characterised by the absence of lobbying NGOs in the field of tobacco control which may be alleviated somewhat with the support of international networks.

In Portugal, the dominant frame is currently tobacco industry subsystem dominance.

- **In terms of a dominant governmental frame in Portugal: Develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.**
- **In terms of civil and business institutions in Portugal: Develop stronger health NGO advocacy groups. Make networks and follow example from countries where health advocacy groups are strong (*e.g.*, Finland, Ireland).**
- **We recommend an audit of current tobacco control-related organisations, and interventions (resources, development) in order to be able to support them individually. We further recommend that existing networks of international tobacco control organisations (ENSP/ SFP/ FCA) establish sub-groups charged with advocating for national-level transferability of knowledge that is based on the complex policy monopoly environment within which each country operates.**
- **Encourage health advocacy groups in Portugal to forge close co-operation with government while developing aligned policy stances between tobacco control and government views. This can be aided by dissemination of**

tobacco control research, to the public and the government, showing health benefits of highly cost-effective tobacco prevention interventions; by bringing novel practical interventions to general notice; and by showing the popularity with the general population (electorate) of good tobacco control legislation. NGOs should also be free and willing to support political champions of Tobacco Prevention public health policies. NGOs should align their demands, for protection of children from the harms of smoking and of second-hand smoke, with the public health efforts of Health Ministries. By insisting that governments are complying with FCTC Article 5.3, NGOs can help to protect tobacco control political actors from Tobacco Industry influence. They can also dampen down, reduce and help to eliminate the influence of pro-tobacco institutions such as retailers by supporting and encouraging the banning of payment for tobacco display and the banning of sponsorship by pro-tobacco institutions. These efforts can be reinforced by extending the negative images of the tobacco industry established in progressive tobacco control cultures to ones with weaker cultures. This can be facilitated by fostering strengthened links between national tobacco prevention coalitions which collaborate to identify successful, transferable, context-specific strategies.

- **In terms of governmental institutions: Create clear strong guidelines regarding interpretation and implementation of FCTC Article 5.3, particularly regarding the meaning of "transparency". Advocate for Ministry of Health capacity in tobacco control, ensuring adequate numbers of personnel with specific focus on tobacco control whose work is not diluted by other prevention areas.**
- **Overall, in Portugal strengthen health monopolies and weaken tobacco industry monopolies.**
- **Pay attention to moments of potential change when stable policy-making processes are disrupted by moments of crisis. At these times, policy change may be more likely to occur. Note the work on Punctuated Equilibrium Theory Framework detailed in Appendix A.**

4. Tobacco control efforts showing success but more needed for health and equality

Current tobacco control policies are taking effect, evident in reduced adolescent smoking prevalence in Coimbra between 2013 and 2016 but gains are not homogeneous, with tobacco-related health inequalities evident across population sub-groups. Further observations and recommendations on smoking prevalence and trends, including on social inequalities, SES, gender, social networks, and migrant families are to be found in D3.2 Appendix A. This is a time for continued, expanded and translated and transferred tobacco control efforts, particularly in Portugal where such tobacco control efforts have faced an uphill battle.

Recommendations:

- **In Portugal, as in other countries, two broad approaches are required.**
    - **1. Continue with existing good tobacco control policies and interventions, ensuring strict enforcement.**
    - **2. Expand tobacco control efforts by adding new interventions where they are lacking**
- **Because prevalence is higher and the tobacco control environments less progressive and less developed in Portugal, an additional two approaches are required in addition. These are:**
    - **3. Require compliance with extant treaty and other obligations. At a minimum, these reluctant countries must be required to fulfill their obligations to children under the binding Framework Convention on Tobacco Control Treaty (FCTC) as well as EU commitments and duties integral to the full implementation of the Tobacco Products Directive (TPD), and**
    - **4. Support successful transfer of good policy from countries with more progressive tobacco control environments. This would involve translating various measures, practices, and value systems into local contexts in usable ways. At a simple level in Portugal, this would mean introducing a point of sale display ban, bringing it into line with more progressive countries. At a more complex level, and more difficult to achieve, it would mean translating the value and belief systems - and dominant discourses - underpinning**

dominant governmental frames, civil and business institutions, and Ministries for Health in countries with more progressive tobacco control environments, for use in Portugal with its stagnant tobacco control environment. In practice, this would require a number of steps: the evaluation of current beliefs and values regarding health priorities vs profit priorities in Portugal; the re-prioritisation (through, for example, advocacy, branding, and legislation) of beliefs and values to support the prioritisation of health and health advocacy organisations; and on-going excavation, monitoring and evaluation of dominant belief and value systems - and dominant discourses - to support continued emphasis on health, and the right to health environments, and consequently, as demonstrated in SILNE-R, lower youth smoking prevalence.

5. Specific measures required to increase tobacco control progressiveness

Progressive tobacco control policy environments are characterised by systematic transposition of, strong compliance with, and strict enforcement of the Framework Convention on Tobacco Control (FCTC) treaty; the "Big Six" MPOWER[7] policies; the EU Tax Directive and the EU Tobacco Products Directive (TPD). SILNE-R cities in countries that have lower youth smoking prevalence are characterised by such progressive tobacco control policies. We make a strong recommendation for firming up these policies at national level, especially in Portugal whose policies lag behind.

Recommendations:

- **We recommend a comprehensive rolling-out of demonstrated effective policy (e.g., FCTC, MPOWER) bringing countries with more stagnant and moderate tobacco control policies into line with countries with the most progressive ones.**

Specifically, this means:

- **More rigorous implementation, enforcement and oversight of FCTC policies recommendations;**
- **Better enforcement of smoke-free legislation, particularly in countries with more stagnant tobacco control policies and legislation.**

- **Consider developing and implementing an 'endgame' plan in Portugal. Countries that have done this already (Finland and Ireland) have translated the endgame aspiration into policy. Health NGOs should be supported in beginning this process.**

6. Access: enforcement and other measures needed

The vast majority of SILNE-R adolescents were unable to legitimately purchase cigarettes from retailers in Portugal because they were under the legal age of purchase, *i.e.*, 18 years, as specified by National Minimum Age of Sale Laws (NMASLs). National Minimum Age of Sale Laws (NMASLs) are designed to prevent young people from accessing cigarettes, with the aim of reducing youth smoking uptake and prevalence. Nevertheless participants across SILNE-R cities accessed cigarettes with ease, using a variety of methods to obtain cigarettes from: 'legitimate' retailers or vending machines; people above the legal age of purchase; friends; 'proxies' (known or stranger adults who purchased cigarettes on their behalf); stealing from family members; buying from other young people; and purchasing cigarettes abroad. Methods to access cigarettes differ across cities, reflecting variation in the implementation or enforcement of NMASLs at a national or local level.

WP9 conducted focus group interviews with 319 young people from 17 schools, with similar numbers drawn from high and low socio-economic status populations and from girls and boys. Young people's perceptions and experiences of accessing cigarettes were explored. Access was largely in contravention of national minimum age of sale laws (NMASLs).

WP9's focus group research exploring adolescents' perceptions and experiences of accessing cigarettes across 7 cities found that access was largely in contravention of national minimum age of sale laws (NMASLs). Portuguese participants reported buying cigarettes from legitimate retailers, particularly cafes and bars. Participants also reported using vending machines, but tended to suggest that this was facilitated by retailers who allowed access to the machine via a remote control. Participants rarely mentioned the use of stolen/borrowed ID cards. Participants also reported using acquaintance proxies, though they preferred direct access methods.

Policy recommendations are based on WP9[8] and other SILNE-R findings.

Recommendations:

- **Meaningful enforcement is the most important measure. Enforce national**

minimum age of sale laws. Consider raising NMASL to 21 years.

- **Remove all vending machines as they are not, and cannot be, adequately policed.**
- **Strengthen supply side restrictions. Consider the introduction of a licencing levy, or a penalty to discourage smaller retailers from supplying cigarettes to underage purchasers.**
- **Take action on proxies via awareness raising. This prolem is more acute in Portugal than in other places.**
- **Policy-makers should consider how 'holding students back' (*i.e.*, requiring students to repeat an academic year) can change peer group configuration and dynamics – particularly with regard to accessing cigarettes - and shape their interventions accordingly.**
- **A trans-national European approach - the fluid borders of Europe and the mobility of its citizens - means that successful policy-making should be seen as a supra-national/international endeavour.**
- **Further context-specific recommendations are detailed in Appendix D.**

7. Costs and cost effectiveness of various TC policies in Portugal

As regards the current landscape of tobacco control policies and their costs in 7 European cities / countries, the findings of WP10[9] provided a snapshot of costs for the implementation of various policies to prevent adolescent smoking. In Coimbra/Portugal:

- A year of implementation of non-school bans (bans on smoking in public places, bans on sales to minors, bans on advertising at point-of-sale) cost €0.11 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €26.97 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.15 per student.
- The implementation of a school smoking prevention programme cost, in mean, €4.10 per student covered (PPP).
- Long-term effectiveness estimates ranged from 30,650 to 1,530,700 healthy years gained after the implementation of a strategy with a short-term effectiveness of 1 to 50% relative reduction of smoking prevalence, respectively.

- For these cost and effectiveness estimates, the implementation of non-school bans, school bans (realistic and conservative perspectives), and school programmes was highly cost effective (according to the WHO threshold of 1 times the GDP per capita) for the reduction of at least 1% of the prevalence of smoking among adolescents.

Recommendations:

- **Data on cost and cost effectiveness are scarce but it is clear from WP10 that school tobacco control policies (STPs) are highly cost-effective.**
- **To maximise the potential for use of financial data to support a demand for appropriate STPs, it is important that cost and cost-effectiveness data collection be made a component of STP monitoring and be available to support policy makers.**
- **It is important that the cost effectiveness of smoke-free laws is emphasised and kept prominent when public health, and particularly disease prevention, is being considered.**
- **Cost-effectiveness is a valuable tool when advising policy-makers and may be particularly important when tobacco control policies are in competition with, and possibly getting a lower priority than, other prevention areas for resources and public (electoral) support.**
- **Cost-effectiveness should be included in intersubjective discourses being developed by tobacco control advocates.**
- **Collection of cost data for use in cost-effectiveness analysis should be part of monitoring of smoke-free laws.**

Local-level findings and recommendations to prevent adolescent smoking

WP3 synthesised and translated evidence from SILNE-R WP4-10 in order to make local-level recommendations for the prevention of youth smoking in Portugal. Using the prism of WP4 policy models and briefs, and drawing on WP6's qualitative assessment of expert interviews (n=56) with European decision makers and stakeholders, and a consultation group, we make some observations. These

observations and resulting recommendations are described in detail in D3.2 Appendix C.

Local context

Separate from a national policy and legislative context, schools exist within local contexts that must be taken into account in order to reduce and prevent adolescent smoking. Local primary prevention in schools in Portugal must be framed with adequate national tobacco control policies, such as effective tobacco taxation and advertising bans, but features of the local context may support or hinder reductions in smoking prevalence among young people. In particular, local factors can create environments that, rather than discouraging young people from smoking, serve to facilitate youth tobacco use. This occurs despite national legislative frameworks, as a consequence of poor local enforcement, or lack of specific policy or legislation at the local level.

A critical realist qualitative study of the implementation of smoking bans at the local level of 7 SILNE-R cities based on semi-structured expert interviews (n=56) with local decision makers (WP6, Appendix 3, Mlinarić et al.[10]) showed that existing implementation processes at the local level in Portugal may be categorised as "lower saturated" rather than "progressive-hungry", "moderate-rational", or "upper-saturated". These types differ mainly in regard to their engagement in enhancing smoke-free environments as well as along their level of perceived tobacco de-normalisation and public smoking visibility. Smoke-free environments are adopted at national levels, but differently implemented at local levels due to varying contextual factors, such as the level of collaboration, enforcement strategies, and national policy environments. Different legislative and administrative conditions lead to four implementation types and binary mechanisms of "expansion" and "closure". Major mechanisms to expand future smoke-free regulations were found to be intersubjective arguments, such as scientific evidence, public support, and the child frame. However, counter-mechanisms of closure, like data on declining prevalence or "new trends in addiction", can result in low priorities. Four smoke-free trans-local types and two mechanisms of "expansion" vs. "closure" were identified. To support smoke-free expansion at the local level, a number of approaches are recommended. In order to be able to enhance existing smoke-free areas at the local level in the EU, local levels

must be assisted by national levels, better use must be made of intersubjective arguments, particularly around the "child frame", and ongoing monitoring and evaluation must be ensured. Therefore, they identified the following approaches to improve the implementation of smoke-free bans at the local level: 1. Local TCPs must be framed, as in Ireland and Finland, within adequate and ambitious national policy environments, such as effective tobacco taxation, comprehensive smoke-free laws, banned vending machines, plain packs, point-of-sale and advertising bans. 2. Smoke-free laws need to be adapted and modernized specifically for outdoor places (*e.g.*, playgrounds) and private contexts (*e.g.*, cars) that are frequented by children. 3. Regular and active smoke-free-monitoring enhances effective long-term enforcement of smoke-free environments. An implementation plan (based on Ireland and Finland) including tobacco-focussed long-term monitoring at local levels, and reported documentation of developments is needed. Regional differences should be considered here, since financial and personnel resources are often unequally distributed across different administrative districts.

Barriers at the local level

Barriers identified across the 7 cities to successful local-level implementation of tobacco control activities to prevent youth smoking are: lack of a unified structure that deals with implementation, monitoring and enforcement of national-level policy and legislation; lack of an ‘implementation plan’ or strategy or endgame vision for prevention of youth smoking; lack of resources for tobacco control at local level; uneven efforts regarding denormalisation and specifically, advertising bans; inadequate expansion of smoke-free spaces, especially those where children may be (all indoor and outdoor areas in schools, health facilities, crèches, recreational facilities, sports stadia); and need for increased efforts for population sub-groups suffering specific disadvantage regarding smoking prevalence (low SES groups; some school types and tracks).

A key feature of the local environment in Portugal that hinders reductions in smoking prevalence is accessibility to tobacco products, as well as some aspects of disadvantaged areas. Examples of this were found in Coimbra where resources at the local level were considered to be inadequate.

Suggested solutions at the local level

Suggested solutions to mitigate these barriers at the local level include tobacco

taxation, institutional structures, expansion of smoke-free spaces, and community involvement. The use of intersubjective discourses - especially regarding evidence bases and child frames - is necessary, and health advocates must employ intersubjectivity as a way of building support and achieving policy consensus around smoke-free (and other policy) initiatives at the local level as much as at (inter-)national and school levels. These suggestions and derived recommendations are detailed in D3.2 Appendix C.

Coimbra relevant local-level recommendations

A summary of Coimbra relevant local-level recommendations to support the prevention of youth smoking is listed here.

Recommendations:

- **Emphasise the continuing need to improve national-level tobacco control policies to avoid the emergence of complacency and achieve the tobacco control 'endgame'. National-level tobacco control policies affect what happens at local level and Portugal's less progressive tobacco control environment needs further development.**
- **Institute a national-level office of an ombudsman/woman charged with national, local and school-level oversight of tobacco control and particularly the prevention of youth smoking.**
- **Prioritise low SES groups as they have higher smoking prevalence than everyone else and pool limited resources for socially disadvantaged contexts.**
- **Ensure allocation of adequate resources at the local level for the prevention of youth smoking. The lack of resources for tobacco control at local level was highlighted in SILNE-R data, particularly in Portugal. One suggestion to deal with this problem was the earmarking of taxes (hypothecation). This has been tried in some (non-SILNE-R) countries, but it does not generally find favour with EU country finance departments. If the problem of resources is to be addressed, it should be an aim of tobacco control advocacy.**
- **Expand child-related smoke-free contexts, such as cars carrying minors and certain smoke-free outdoor areas (e.g., playgrounds, public parks).**
- **Consider localised community-group interventions for tobacco control,**

e.g. in the arts arena.

- **Use intersubjective discourses at the local level and ensure that there is continuing health education concerning tobacco and nicotine addiction.**

School-level findings and recommendations to prevent adolescent smoking

School-level findings and recommendations to prevent adolescent smoking focus on smoke-free schools, school tobacco policies (STPs), and tobacco-related health education.

Smoke-free schools

A comprehensive smoking ban exists in schools in Portugal. Within schools, problems exist with students smoking on the periphery of the school campus. Enforcement and monitoring practices are weak. Staff smoking on campuses has also been identified as a problem.

Implementation of school smoking ban in Coimbra

In its report to WP3[11], WP7 provided a brief overview of the implementation of a school smoking ban in each of the 7 SILNE-R countries. Its report was based on topics that were discussed in the school staff interviews, and did not aim to provide a comprehensive understanding on policies in each country/school. In Portugal, a comprehensive school smoking ban had been in place since 2007. Smoking had decreased, but the main challenge was that there were still a lot of students smoking outside school borders. All together, enforcement structures were not very clear, and monitoring practices were not very strict. Most schools prohibited younger students leaving the school area during school days, but schools had different practices on how to organize older students leaving (e.g. exit-card, permission from parents). Additionally, in some schools, staff members smoking was considered a challenge, especially in two schools where staff members were smoking with students outside school premises. To prevent the visibility of staff smoking, two schools had appointed smoking places for staff inside school buildings. Supportive staff members are doing most of the enforcement.

Adolescent adherence to smoke-free school policies

Focus group research carried out with 319 students in 17 schools across 7 cities to explore adolescents' reports of variations in adherence to smoke-free schools policies was analysed by WP9 and synthesised for WP3[12]. Participants were recruited from two schools (one low SES and one high SES) in Coimbra.

- Participants in both the High and Low SES Schools reported limited on-site smoking and high overt off-site smoking.
- A handful of participants suggested that the smoke-free school policy was successful because students were easily able to smoke elsewhere – and were therefore disinclined to risk censure in the school context.

Recommendations:

- **School policies on smoke-free schools need to be clear about what is expected of students, and about the extent of smoke-free areas on school campuses (school boundaries) as well as about off-site smoking at the periphery of school campuses.**
- **Increase efforts to denormalise smoking.**

School tobacco policies

Tobacco control policies at schools (STPs) were examined by WP8 and each school given a STP score[13]. The STP score comprises three dimensions, namely comprehensiveness (who, where and when the policy applies to, whether they have smoking rooms installed and whether students perceive that there is a policy), enforcement (whether students perceive the policy as strict and the different types of consequences applied if a student is caught smoking) and communication (whether the policy is formal and how it is communicated to others). Each dimension ranges from 0 to 10 and the STP score is an average of all three dimensions. Overall, there was a significant improvement in the implementation of STPs in Coimbra between 2013 and 2016. There was a significant decrease between 2013 and 2016 in the comprehensiveness of the STP (9.3 to 9.1, $p<.05$), but a significant increase in its enforcement (3.3 to 4.1, $p<.05$) and in its communication (7.3 to 8.0, $p<.05$). Overall the total score of the policy increased from 6.6 to 7.1 ($p<.05$).

Tobacco-related health education

From an analysis of interview data with school staff members, WP7 provided for WP3 an account of the current landscape of tobacco-related health education within the seven SILNE-R cities[14]. In Portugal, approaches to tobacco-related health education in schools vary greatly regarding tobacco-related health education practices, organisational structures, and curriculum integration. In some instances, it is outsourced to local health services or NGOs. In others, it is organised by school staff and delivered as part of the curriculum, mainly integrated in Biology and Science lessons. The amount of smoking-related content and mode of delivery depends on individual teachers. However, school leadership and school culture also has an impact on how much negotiation and co-operation occurs when planning curricular and extra-curricular activities.

Recommendations:

- **A national survey of school practices regarding tobacco-related health education, including organisation, timetabling, personnel, materials, degree of curricular integration or stand-alone modules.**
- **Continuing professional development modules for school leaders to encourage awareness of tobacco, and support for tobacco-related health education.**

Each of the three participating schools celebrates *Non-Smokers Day*, albeit with differences in how and by whom it is organised, and in the amount of hours allocated to it. A Health Promotion and Sex Education Programme (PESES) is also implemented in each of the three schools. It is not clear, however, whether all schools have a coordinator for organising this programme, nor how much time in general is allocated for the programme, nor the hours allocated for smoking prevention. In secondary schools, education on tobacco is *ad hoc*. Health education occurs within a context of an overloaded and inflexible curriculum. The health education curriculum itself is seen to be overly content-heavy with many competing demands for coverage of various health-related topics. No specific teaching hours are allocated to tobacco-related health education, and the allocation of extra time and curricular space to raising awareness about smoking harms is not considered a priority.

Recommendations:

- **Support all schools to participate in *Non-Smokers Day*, if they do not already do so, and develop a database of speakers (national and local) and resources that may be used annually for this event in schools.**
- **Put in place enforceable guidelines in all schools to ensure recommended minimum time is allocated to tobacco-related health education in all schools.**
- **Institute the position of National PESES Co-ordinator for schools in Portugal. This office could provide guidance on curriculum content, teaching methodology, time allocation, use of materials, and evaluation of PESES implementation and, specifically, tobacco-related health education. This office could also have responsibility for research and evaluation of health education programmes.**
- **Provide continuing professional development for staff about tobacco-related health harms and the importance of curricular provision of tobacco-related health education.**

Occasional ad hoc programmes/external expertise/local partnerships

One participating school that has been a health promoting school for many years has in place a person charged with organising health promoting activities. The school co-operates intensively with the local health centre, nursing school, and various NGOs. Local partners offer various health education programmes that schools can either accept or reject. Organisations implementing these programmes take on all responsibility for them. Topics include a variety of health issues and are not focussed on smoking prevention *per se*. These occasional programmes, which are not necessarily integrated in the curriculum nor evaluated, gave rise to both positive and negative accounts. On the one hand, the pedagogical and subject expertise of the external experts is valued. On the other hand, the absence of a strategic long-term plan for regular collaboration on, or development of, health education is seen as a negative aspect of these programmes.

Recommendations:

- **Develop more systematic approaches for achieving optimum use of local partnerships involved in offering health education.**

Parental involvement

Two schools with good co-operation with parents and parents' associations organised sessions for parents on "acute" or other topics such as addictive substances. Parents' associations also organised activities. However, one school (low SES) described collaborating with parents as "mission impossible".

Recommendations:

- **Parents want healthy children. Develop strategies to keep parents informed, keep tobacco-related harms and health education on the agenda, provide co-operative pathways for involving parents in preventing adolescent smoking.**

Community involvement

Schools may open in the evening, providing possibilities for co-operation with the local community. One school that stayed open in the evenings also invested a great deal in extra-curricular activities, mainly sports clubs. It was considered that these optional activities promote health in a comprehensive way, and effectively work as anti-smoking activities.

Recommendations:

- **Community involvement in promoting health and smoking reduction/prevention is exemplified in how one Portuguese school facilitates use of school premises for indirect health promotion and communication. Opportunities should be used at community level to communicate Tobacco Control advice and to support smoking cessation and prevention among adolescents.**

Tobacco-Related Health Education Resources & Materials

It was noted that there is a shortage of financial resources and staffing capacity to support educational activities in tobacco control.

Recommendation:

- **Tobacco control education is important. Increased resources - specifically allocated - are required. Shortages of staff to support educational activities may be alleviated by accessing relevant personnel in health NGOs with an interest in tobacco control.**

Tensions between teaching approaches and educational values

Participants in the three schools in Coimbra reported some scepticism regarding the effectiveness of teaching methodologies used for tobacco-related health education, specifically in relation to the usual practice of raising awareness about, and delivering information on, smoking-related harms and consequences. Staff members questioned whether it made any difference to students' actual behaviour. Staff believed that a mix of educational strategies is required but that research-based knowledge about what works is lacking.

In varying contexts of more traditional and more progressive school cultures, tensions were also noted about teachers' roles and responsibilities; they were understood on the one hand as autonomous subject experts or, on the other, as individuals who occupy less well-defined and more open roles where shared understandings, more open communication, and less didactic pedagogical styles prevail. Additionally, some teachers feel obligated to teach topics regarding which they have neither motivation nor expertise.

Recommendations:

- **Provide explicit continuing professional development for teachers and schools to develop shared valued systems in their schools and to base tobacco-related health education programmes on agreed commitments to adolescents' health using negotiated teacher involvement and pedagogical approaches.**

Some overall recommendations for tobacco-related health education in Portugal

Finally, in relation to the findings from Coimbra, the report of WP7 makes a number of specific suggestions:

Overall school-level Recommendations for Portugal (WP7):

- **There is a need for a national health education strategy, guidelines and effective planning for tobacco-related health education. The work of the National Health Office is acknowledged. However, a long-term health education plan needs to be developed and implemented.**
- **The Ministry for Health and the Ministry for Education should co-operate on themes such as health, civic values, and citizenship.**

Endnotes

[1] WP5 (UNIMASS), D5.3, Article 3: Who calls the shots in tobacco control policy? policy monopolies of pro and anti-tobacco interest groups across six European countries. Paper submitted to 'Social Science and Medicine'. Final SILNE-R Report, September 2018.

[2] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

[3] WP8 (UCL). D8.2. Report on cross-national differences. Final SILNE-R report, 2017.

WP8 (UCL). D8.3, Appendix 9.b. paper 2, Vincent Lorant, Adeline Gerard, Nora Melard, Pierre-Oliver Robert, [SILNE-R- Coauthors], Anton Kunst. Trends in adolescents smoking in 6 countries. Final SILNE-R report, September 2018.

[4] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

WP5 (UNIMASS). Deliverable D5.3. Final report on integrated evidence. Final SILNE-R report. September 2018.

[5] The full findings from WP5 are to be found in D5.3.

[6] WP5 (UNIMASS). Deliverable D5.2. National-level analysis of the implementation of tobacco control strategies. (2016).

[7] MPOWER: Monitor tobacco use and prevention policies, • Protect people from tobacco smoke, • Offer help to quit tobacco use, • Warn about the dangers of tobacco, • Enforce bans on tobacco advertising, promotion and sponsorship, and • Raise taxes on tobacco.

[8] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

[9] WP10 (NSPH) Policy Recommendations Template for WPs 8 & 10, Feeding back findings to WP3. Internal SILNE-R report from WP10 to WP3, 3 April 2018.

[10] WP6 (MLU). Appendix 3 Martin Mlinarić, Laura Hoffmann, SILNE-R study group, Matthias Richter, Enhancing smoke-free environments at the local level: a comparative realist study and qualitative type construction across 7 European cities. SILNE-R Draft paper, September 2018, Final SILNE-R report and Presentation to SILNE-R: Sixth Consortium Meeting, Madrid, June 12-13, 2018, Hospital Clínico Universitario San Carlos.

[11] WP7 (UTA). Smoking Ban. Final report on school smoking ban implementation in seven European countries. Internal SILNE-R report from WP7 to WP3, May 2018.

[12] WP9 (UEDIN), 2018. Adolescent Tobacco Control Policy Recommendations: WP9 Recommendations to WP3. Internal SILNE-R report from WP9 to WP3, 26 March 2018.

[13] WP8 (UCL). The current landscape of tobacco control policies within seven European countries / cities. Internal SILNE-R report from WP8 to WP3, April 2018.

WP8 (UCL). D8.3. Report with general overview. Final SILNE-R report, September 2018.

WP8 (UCL). D8.3, Appendix 9.a. paper 1, Nora Mélard, Adeline Grard, Pierre-Olivier Robert, Mirte Kuipers, Michael Schreuders, Teresa Leão, Laura Hoffmann, Matthias Richter, Arja Rimpela, Anton Kunst and Vincent Lorant. School tobacco

policies and adolescent smoking in 6 European countries. Final SILNE-R report, September 2018.

[14] WP7 (UTA). Education. Final report on tobacco related health education. Internal SILNE-R report from WP7 to WP3, May 2018.