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 Germany (national, local and school)

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Work Package 3 (WP3)

DELIVERABLE REPORT D3.2

APPENDIX H

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

Germany: Context

Germany, the capital of which is Berlin, has a population of 80.6 million. Hannover has a population of 523,000 and a physical area of 204 km^2. Germany had a national tobacco score of 32 in 2013, and 37 in 2016, the lowest of all SILNE and SILNE-R countries. In Hannover, weekly smoking prevalence in SILNE schools in 2013 was 14.3% and in 2016 in SILNE-R schools, it had decreased significantly to 6.7%.

Data sources for findings and recommendations in this report

The fine-grained policy recommendations to prevent youth smoking in Germany 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 Germany 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 Germany, 1503 students participated (61.95% 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 (average age of participants was 15.2 years) with most focus groups having participants under the legal age limit of that country, with the exception of one German focus group (14-18). In Hannover, 4 focus groups were held with boys and 4 with girls in 4 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 findings and recommendations to prevent adolescent smoking

In terms of its tobacco control policy environment, Germany is considered stagnant. A federal system of government in Germany means that power is de-centralised into a number of regions. Hannover, the capital and largest city of the German state of Lower Saxony, has an indigenous tobacco industry.

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 such as Germany 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.

Germany indigenous tobacco industry is strong, with almost every German district growing tobacco and about 65% of the European Union's supply of tobacco is produced in Germany[2]. Tobacco control policy is managed by the Ministry of Consumer Protection rather than by the Ministry for Health. There is evidence that the tobacco industry funds political parties. When asked about FCTC article 5.3, German interviewees stated that parliamentarians did not apply these rules and the FCTC does not impose any sanctions. To date, Germany has a history of weak implementation of tobacco control policies. Within Hannover, the economic and commercial interests of the region have been more dominant priorities than the reduction of the long-term health and social harms associated with tobacco use. The health NGO community in Germany is not fully crystallised and is unable to influence policymaking. NGOs share no consensus about the means to reduce smoking (education vs. legislation) and about the target groups (smokers/ non-smokers/ children).

Hannover relevant national-level recommendations

1. Adolescent smoking remains a problem

SILNE-R WP8[3] (2016-2017) data are not available for adolescents in schools in Hannover but he problem of adolescent smoking has not disappeared in Germany. 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 Germany. We recommend identifying ways to put tobacco at the top of health policy agendas in Germany, 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 such as Italy

and Germany, 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 effective, as in Germany.

Recommendations:

- **It is recommended that, when developing tobacco control policy and advocating in Germany, 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 Germany with a view to moving them to being more supportive of progressive tobacco control measures.**
- **We recommend that monitoring and development of tobacco control policy and legislation in Germany takes into account the current tobacco control landscape there as well as beliefs and values specific to Germany that underpin policy, legislation and practice.**
- **Encouragement and help from international networks could support health NGOs in Germany 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 Germany, whose professional substantive areas of expertise can not be expected to include policy change processes and policy paradigms.**
- **Further research is required to "fill out" the understandings gained by WP4 and WP5 regarding policy monopolies in Germany and to keep them up-to-date.**

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 Germany 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 Germany which is characterised by an under-realised NGO community in the field of tobacco control, and may be alleviated somewhat with the support of international networks. The presence of an indigenous tobacco industry in Germany has led to the dominance of economic and commercial interests over a health agenda. This is a time for expanded, translated and transferred tobacco control efforts in all SILNE-R countries, but particularly in Germany, where tobacco control efforts face an uphill battle in the context of tobacco industry subsystem dominance.

Recommendations:

- **In terms of a dominant governmental frame in Germany: Develop public discourses that highlight tobacco harms, are protective of citizens, and emphasise child health.**
- **In terms of civil and business institutions in Germany: 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.**
- **Provide better support for the NGO community in Germany to create strong networks at national and international levels so that they can actively try to influence policymakers and politicians to ensure that they use article 5.3 as much as possible.**
- **Encourage health advocacy groups in Germany 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". This is particularly necessary in Germany. 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 Germany 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. Increased tobacco control efforts required

Current tobacco control policies in Germany urgently need to be stepped up to reduce health inequalities from smoking. 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.

Recommendations:

- **In Germany, as in other countries, two broad approaches are required.**
    - **1. Continue with good tobacco control policies and interventions that currently exist, ensuring strict enforcement.**
    - **2. Expand tobacco control efforts by adding new interventions where they are lacking.**
- **Because the tobacco control environment is stagnant in Germany, an additional two approaches are required. These are:**
    - **3. Require compliance with extant treaty and other obligations. At a minimum, all reluctant countries including Germany 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 Germany, 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 Germany 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 Germany; 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 Germany 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.**
- **Advocate to put in place an endgame goal. SILNE-R data show that governments that have embraced endgame goals have committed themselves to ending smoking altogether and that a set endgame goal likely facilitates the adoption of measures in order to achieve this goal.**

The most progressive SILNE-R countries have governments that have translated endgame goals to policy.

6. Access: enforcement and other measures needed

The vast majority of SILNE-R adolescents were unable to legitimately purchase cigarettes from retailers in Germany 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. WP9's analysis of 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 (NMASL). Participants across SILNE-R cities including Hannover 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.

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. German participants reported accessing tobacco via legitimate retailers, particularly kiosks. Participants also discussed use of acquaintance proxies. Again, access appeared to be facilitated by schools 'holding students back'. Participants also reported using vending machines with the assistance of borrowed or stolen identification cards. 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.**
- **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

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 Hannover/Germany:

- A year of implementation of non-school bans (bans on smoking in public places, bans on sales to minors) cost €0.02 per person covered (PPP).
- A year of implementation of school bans cost, in mean, €17.71 per student covered (PPP), if considering a conservative perspective. Considering a realistic perspective, the implementation of this ban cost €0.08 per student.
- The implementation of a school smoking prevention programme cost, in mean, €2.00 per student covered (PPP).
- Long-term effectiveness estimates ranged from 408,300 to 20,414,000 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 Germany. 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 Germany 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[10] showed that existing implementation processes at the local level in Italy may be categorised as “upper-saturated” rather than “lower saturated”, “progressive-hungry” or “moderate-rational”. 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.

Less strong emphasis on tobacco control was noted in Germany at the local level. The lack of resources for tobacco control at local level in Germany was also particularly highlighted in SILNE-R data. 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.

Local authorities in Germany have a particular problem insofar as Germany is one of the last European countries in which some federal states have not yet banned tobacco advertising. This is a serious lack, and is inimical to both one of the main strategies used in reducing youth smoking, *i.e.*, denormalisation through reducing visibility, and to changing perceptions of smoking and smoking norms. Local authorities could be assisted if the tobacco ban was comprehensively enforced throughout public places, schools, train stations and bus stops, thereby decreasing the visibility and normality of tobacco products.

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).

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. A number of novel suggestions emerged in small pockets of German SILNE-R data. These would include increased involvement of arts community organisations at local level in tobacco control initiatives with young people, as well as attention to issues of "feminisation", including in the sphere of tobacco advertising. Suggestions and derived recommendations are detailed in D3.2 Appendix C.

Hannover relevant local-level recommendations

A summary of Hannover 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 Germany's less progressive tobacco control**

environment needs further development.

- **Tobacco advertising should be banned in all federal states.**
- **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.**
- **The tobacco ban should be comprehensively enforced throughout public places, schools, train stations and bus stops, thereby decreasing the visibility and normality of tobacco products.**
- **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

In schools in Hannover, a comprehensive smoking ban exists. Smoking occurs on school premises, however, and there are ongoing issues with enforcement of the school smoking ban.

Implementation of school smoking ban in Hannover

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/schools. In Germany, comprehensive school smoking ban seemed to be a clear/normal thing and smoking was not considered a problematic issue. However, smoking had not entirely vanished, yet in some schools staff rather turned a blind eye on student smoking at unofficial smoking places outside school premises. Staff members smoked in some schools, which was not, by and large, considered a big deal.

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 four schools in Hannover. Two were high SES schools and two were low SES schools.

- Participants from the High SES Schools reported no on-site smoking but reported overt off-site smoking.
- Participants from the Low SES Schools reported high levels of covert on-site smoking, not ostensibly facilitated by teachers. Such smoking was said to be conducted in hidden (if somewhat obvious) corners of the campus, *e.g.*, behind the gym. That teachers did not consistently police the whole campus could be seen as a facilitating factor.

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.**

- **Smoke-free policies should be comprehensively communicated using multiple modalities (written / signage / talks etc.) and communicated over time so that students are clear about actual policies rather than reported ones.**
- **Enforcement of smoke-free policies should be consistent and meaningful (*e.g.*, include surveillance of the whole school site).**
- **Consideration should be given to teacher and student perceptions of the school jurisdiction (*i.e.*, the space and time over which school rules are enforceable) and how they have an impact on willingness to enforce/ observe a school-site peripheral smoking ban; and on teachers' "right" to influence student behaviours both on and off the school site. Teacher and student "buy-in" is essential to successful implementation of smoke-free school policies. Such consideration could occur in the context of whole-school policy development that seeks to include all stakeholders in committing to policy.**

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 Hannover between 2013 and 2016. In that time, there was a significant increase in the comprehensiveness of the STP (7.7 to 8.7, $p<.05$), as well as in its communication (3.6 to 6.4, $p<.05$). There was no significant change in the enforcement of the policy (4.1 to 4.0). Overall the total score of the policy increased from 5.2 to 6.4 ($p<.05$).

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 Hannover, differences emerged between the three schools selected for interview regarding how the work of smoking prevention is organised and managed. Schools in the federal state of Lower Saxony are required since 2005 to have a (general) prevention strategy. However, it is not clear that this occurs as only one school mentioned explicitly stated that they had implemented and systematically developed this prevention strategy. That school had a Prevention Officer responsible for the content of the prevention (violence, addiction) strategy and its implementation. Over time, the role expanded, leading to regular co-operation with local NGOs regarding addiction.

Recommendations:

- **Smoking should be made a mandatory element of the work of Prevention Officers.**

Content of tobacco-related health education

Tobacco and smoking topics are generally included in Biology and/or Science lessons, and when issues of values and norms are handled. Content also covers addictive substances and addiction from different perspectives.

Recommendations:

- **Develop targeted health education programmes with strong tobacco control content.**

Teaching methods for tobacco-related health education

The common teaching method for tobacco-related health education is information delivery of risks and harms. Emphasis is also placed on building students' self-esteem and self-confidence. One school has a social worker with responsibility for delivering, in small groups, education on self-esteem. This education is considered part of education for smoking prevention, albeit not explicitly framed in that way. The school promotes an interdisciplinary and collaborative culture. A programme organised in another school - *Lust for Life* - was also considered a "hidden" education for smoking prevention programme. Teamwork and collaboration were seen by teachers as key in implementing preventive activities and for getting all teachers involved and committed but it was agreed that, in reality, this did not happen. Whether teachers had the expertise and competence to deliver health education in general and tobacco-related health education in particular was questioned. For example, it was pointed out

that a teacher of Natural Sciences and Maths has no education or expertise on how to educate or advise their students in smoking-related issues or prevention more generally.

Teachers also identified the need for updating knowledge and skills. They noted the need for evidence-based education for teachers that would start from rethinking inflexible, traditional ways of organising education and timetabling, and that would provide best evidence-based teaching practices and pedagogical approaches for different age groups. Teachers need concrete support for developing tobacco-related health education. For example, they considered NGOs or other external institutions sending brochures to be a waste of resources.

Recommendations:

- **Consider opportunities to use "hidden curriculum" approaches to education for smoking prevention and tobacco-related health education.**
- **The status of Health Education programmes and the concomitant status of teachers of Health Education should be given consideration, especially in relation to teacher education programmes. Two points merit attention. 1. Teachers are aware that, as teachers of "academic" subjects, they have gained subject competence during their teacher education programmes. That subject competence - for example in Science - may give them subject competence about, for example, the lungs or damage to the lungs from smoking, but does not give them subject knowledge regarding smoking prevention. In other words, they are teachers of Science not teachers of Health education. 2. Health education, and specifically tobacco-related health education, requires a suite of pedagogical skills (teaching methodologies and skills that embrace pair work / group work / group dynamics / reflective work / collaboration / etc. and also, for example, skills and dispositions necessary for successful facilitation of the kind often required in health education) that are specific to the subject, and that teachers of other subjects may not necessarily acquire in their teacher education programmes as they may not be necessary for their subject areas (this may be particularly the case for teachers in schools or countries where the teacher role is strongly identified as one of subject**

expert with a great deal of autonomy). This makes a strong case for well-developed teacher education programmes in health education and also for teachers of health education to have qualifications equivalent to those of teachers of other subjects as regards both their subject competence and the methodological expertise required to deliver a successful health education programme. A further point about teacher education Health Education programmes/qualifications concerns the need to include specific tobacco-related health education modules in such programmes.

- **There is a need for ongoing continuous professional development programmes for Health Education teachers which focus on tobacco-related health education and include updating knowledge and skills for these teachers in an area where there is rapid change (*e.g.*, new tobacco products / availability of new resources and modalities such as online videos / new understandings of treating addiction in adolescents).**
- **Teachers require "concrete" (applied practice) support that is ongoing and specific to tobacco-related health education.**

Planning

There was an explicitly mentioned need for long-term (at least one-academic-year-long) planning of the curriculum or year calendar regarding a preventive strategy, specifically on how, and what kind of, tobacco-related health education would be implemented the following year. Decision-making in this regard would involve collaboration between staff members.

Recommendations:

- **Build in planning time for short, medium and long-term scheduling of tobacco-related health education.**

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[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.

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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.