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**Determining the Impact of Smoking Point of Sale Legislation Among
Youth (DISPLAY) Study**

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Determining the Impact of Smoking Point of Sale Legislation Among Youth (DISPLAY) Study

1. Aims/Objectives:

The aims of the study are:

- To assess the impact of measures to ban on point of sale (POS) tobacco advertising contained in the Tobacco and Primary Medical Services (Scotland) Act 2010 (TPMS (Scotland) Act) on young people's exposure to tobacco advertising, their attitudes towards smoking and their smoking behaviour
- To identify any unintended consequences associated with the implementation of the legislation.

Our specific research questions are:

1. Does implementation of POS regulations in TPMS (Scotland) Act in i) supermarkets alone (partial ban); and ii) all tobacco retailers (complete ban) result in changes in exposure to tobacco advertising in young people aged 12 to 17 years?
2. Is a reduction in exposure to POS advertising associated with changes in brand awareness perceived accessibility of tobacco; perceived prevalence of youth smoking; susceptibility to smoking; and the incidence and prevalence of smoking in young people aged 12 to 17 years?
3. Is there any evidence of socio-economic patterning in any of the attitudinal or behavioural outcomes in young people?
4. What is the association between area-level deprivation and i) levels of POS tobacco advertising and availability of cigarettes pre- and post-legislation; or ii) enforcement of the legislation when implemented?
5. Is there any evidence of a dose-response relationship between changes in exposure to POS advertising and interim and longer-term outcome measures in young people?

6. Are there any unintended adverse consequences associated with the legislation, for example, an increase in cigarette purchases from black-market sources?
7. Is there any evidence of changes in POS advertising and marketing strategies in the lead up to implementation of measures in TPMS Act in either supermarkets or small retailers?

2. Background and Existing Research:

Tobacco advertising and marketing activity has been shown to have a direct impact on adolescent smoking intentions, perceived smoking prevalence and youth smoking prevalence.^{1,2} In addition, a dose–response relationship has been demonstrated between adolescent tobacco marketing awareness and smoking uptake.³ Following an EU directive⁴, the Tobacco Advertising and Promotion Act (TAPA),⁵ which included measures that banned: advertising on billboards, cinemas and in print media: direct mail and on-pack promotions; brand sharing; and international tobacco sponsorship was implemented in the UK between 2003 and 2005. Therefore, point of sale (POS) advertising in tobacco retail outlets is, now, one of the few remaining ways in which the tobacco industry can promote their products. The gantries used to display tobacco products are usually supplied by the tobacco industry and sited in prominent in-store positions, most often at check outs, with products positioned in such a way to obscure health warnings.⁶

The Tobacco and Primary Medical Services (Scotland) Act 2010⁷ includes provisions that prohibit POS advertising of tobacco products (Section 1). We believe that the Scottish legislation, which aims to reduce exposure to tobacco advertising and related marketing activity, has the potential to have a significant impact on youth smoking behaviour. A recent systematic review⁸ found that, in children, POS displays increase: susceptibility to smoking; experimentation; and initiation into smoking. These displays may also

influence perceived prevalence of smoking and the perception that tobacco products are easily obtained and are a 'normal' product. Studies of adults also suggest that POS advertising increase impulse cigarette purchases.⁹ Positioning of POS displays may also be important, in that cigarette retailers located in communities with a high proportion of children, have been shown to be more likely to display cigarettes near children's products.¹⁰ POS marketing in school neighbourhoods has also been shown to be associated with school smoking prevalence.¹¹

There are a growing number of jurisdictions, including Ireland, Iceland, Thailand, and some provinces and territories in Canada¹², where POS bans have been introduced but few studies of the impact of POS bans have yet been conducted. An exception is a study of the Irish legislation,¹² which found that very high levels of compliance (97%) were accompanied by increasing support for the law, a reduction in recall of displays among both adults (49% to 22%; $p < 0.001$) and young people (81% to 22%; $p < 0.001$), a reduction in perceived youth smoking prevalence among young people, and an increase in beliefs that the law made it easier for adults to quit smoking or for children not to smoke. The study failed to find a reduction in smoking prevalence either among young people or adults. However, the short follow-up period (one month) and the small sample sizes, particularly for young people ($n=214$) made it unlikely that a reduction in smoking prevalence would be detected and prevents any conclusions about the longer-term impacts of the Irish legislation being drawn.

3. Need:

The implementation of the new legislation presents a unique opportunity to assess the impact of public health policy on smoking behaviour in children. Youth smoking is a major public health problem in Scotland with many young people, particularly those from most deprived areas, going on to become adult

and life-long smokers - a major cause of the very large and continuing health inequalities in this country.¹³ We have designed a multi-component study which will address some key evidence gaps in understanding of both the impact of, and any unintended consequences of prohibiting point of sale tobacco advertising. To our knowledge, there are published data for only one evaluation of similar legislation.

The study is highly relevant in policy terms at a local, national and international level. The outcomes from the evaluation will be fed back to local and national policy makers according to an agreed timetable. First, interim findings about compliance will help support and enhance enforcement activity. Second, robust outcome data will support the development and implementation of effective tobacco control measures in other jurisdictions. From our experience of developing a robust evaluation of Scotland's smoke-free legislation¹⁴, quasi-experimental evaluations have the potential to influence the development of effective tobacco control measures in other jurisdictions. This study will also allow us to examine potential *unintended consequences* of the legislation - for example, an increase in POS advertising in the period leading up to the legislation, or an increase in purchase of black market tobacco post-legislation.

4. Methods:

a. Setting

The setting is 4 communities in Scotland.

b. Design

Compared with many public health policy interventions, the POS legislation is a relatively simple intervention. However, it is anticipated that it will have multiple outcomes in three key areas, the retail environment; young people's

attitudes and behaviour; and marketing strategies of the tobacco industry. Therefore, we have developed a complex evaluation with multiple components.

We will conduct a multi-modal before and after study using mixed methods in four purposively selected communities with data collection at baseline and longitudinal follow-up for four years. For the purposes of the study, community is defined as the catchment areas of schools selected for study. Schools will be selected to reflect two levels of urbanisation (urban vs. small town) and two levels of social deprivation (high vs. medium, low). Deprivation will be assessed using the Scottish Index of Multiple Deprivation (SIMD) scores for each school catchment area and the proportion of children receiving free school meals. There are four main components to the study. In each of the four communities, at baseline and for four follow-up years, there will be:

- Annual mapping of tobacco retail outlets.
- Annual tobacco advertising and marketing audits of i) all tobacco retail outlets most used by young people and ii) a panel of tobacco retailers, (with additional follow ups immediately post-legislation implementation in May 2013 in supermarkets and May 2015 in all retail outlets to assess compliance).
- Annual cross-sectional school surveys of school children, with embedded cohorts.
- Annual focus group interviews with purposive samples of school children.

Details of the components are as follows:

1. An annual mapping study of tobacco retail outlets

Details of all tobacco retailers are held in a national register available at www.tobaccoregisterscotland.org. Data (including address and full postcode) for all tobacco retailers in the study communities will be extracted and then mapped at baseline (Jan 2013) and then annually for 4 years in order to assess POS exposure. In the analysis of POS exposure, we will limit our focus to supermarkets, off licenses and retailers most likely to sell cigarettes to young people, including confectioners, tobacconists and newsagents; grocers (including licensed), petrol stations, and fish & chip shops. The register will be verified using other secondary sources (including Yellow Pages, Google Maps and Street view) and through field visits to each community. This approach to data collection has been applied successfully in other studies of neighbourhood retail provision such as alcohol and fast food outlets.¹⁵

The tobacco outlet data will be geo-coded (using the UK Postcode Geo-coder) to provide geographical coordinates. The tobacco outlets will then be integrated into a Geographical Information System (GIS). Once incorporated, the data will be combined with data from the marketing audit study (see below) and then analysed to provide an assessment of changes in tobacco vending (and advertising) over the study period. Further, tobacco advertising exposure measures will be constructed for each of the study participants at each time point. This component of the research will be completed in the final year. The data will be used to:

- Monitor the number and rate (per population) of tobacco outlets in each of the four communities at baseline and in follow-up years.
- Examine whether there is a geographical clustering of tobacco outlets around schools (an observation that is evident for other retailers such as fast food outlets) and whether any changes in clustering are

observed over the study period. Using methods trialled in our previous work ¹⁵, we will adopt multi-type K-function (a widely used method of point pattern analysis) to examine the spatial clustering of tobacco outlets within 1.5km of each school. These findings will indicate the degree of clustering around each of the 4 schools and whether this clustering exceeds expected levels at each time point (Jan 2013 – Jan 2017).

- Develop tobacco retailing and advertising exposure measures for each study participant based on a weighted average of tobacco outlets in the buffer surrounding their school and home environments. Kernel density estimation is a technique for transforming point data to a continuous density surface map. Each community will be partitioned into grid cells and kernels placed around the centroid of each cell. For each tobacco outlet within the kernel, weights will be assigned as a defined function of distance from the centroid of the kernel. This results in a density (or exposure) value being assigned to each cell. Mean density estimates will be calculated for 1km buffers around the school and home environment of each participant. We will test the sensitivity of the findings using alternative buffer sizes. These values can be used to assign school and home exposure measures (weighted accordingly).
- Calculate changes in exposure to tobacco products and advertising for:
 - a. Full sample
 - b. For each of the four communities individually
 - c. Stratified by neighbourhood deprivation
 - d. Stratified by urban rural status.
- Provide a list of outlets to be visited and observed as part of the discrete audit of all retailers in each community and a sampling frame for the retailers' panel (see below). The discrete audits may also uncover changes in outlets, with new ones opening and existing ones

closing down during the study period. In this way, the discrete audit will not only help to keep records of tobacco retail outlets up to date but can further enhance the mapping exercise by providing measures on the visibility and availability of tobacco products on a regular basis throughout the study.

2. Annual tobacco advertising and marketing audit

The audit will focus on supermarkets, off licenses, confectioners, tobacconists and newsagents; grocers (including licensed), petrol stations, and fish & chip shops and will be in two parts.

i) Retailer Panel - A panel of up to 28 retailers will be recruited across the four communities to monitor POS displays and related marketing activity at baseline and then annually for four years, with all retail types identified above represented. To encourage participation and compensate for any inconvenience, retailers will receive a monetary incentive for each visit. The timetable for data collection is as follows. Each outlet will be visited, at baseline (Feb 2013) and then again annually until 2017, by an experienced researcher to collect interview and observational data on POS advertising and marketing strategies. Additional visits will be made to supermarkets in the retailer panel sample in May 2013 and to all members of the retailer panel in May 2015 to assess immediate compliance with the legislation.

The observations will be recorded using an adapted version of the form developed to monitor the impact of Tobacco Advertising and Promotion Act (TAPA).⁶ This records details on: 1) visibility and placement of tobacco products within the store; 2) whether and how tobacco products are displayed; 3) whether and how tobacco products are actively promoted for sale (both external and internal); 4) variety of brands and pack sizes available; 5) most prominent brand, if any; 6) visibility of pricing information and price of key

brands and 7) tobacco control signage. A small scale pilot will be undertaken in up to four retail outlets in a community outside the main study areas. The form will be revised extending, as appropriate, details relating to point of sale display. Permission will be requested from each retailer to take photographs of the interior and exterior of the store to supplement audit records and to enable visual mapping of changes across the study period. The identity of retailers will not be disclosed and care will be taken to ensure that retailers cannot be identified. The observation form will be reviewed throughout the study to ensure that it adapts to any changes as the display ban is implemented and progresses.

In addition to the in-store observations, in-depth interviews will also be conducted with retail managers/owners in each study site at the same time as the observations. These will be audio recorded and used to explore their views and experiences before, during and after the implementation of the POS ban. This will allow us to study the changes from the perspective of the retailer, explore their experiences as they prepare to and eventually implement the POS ban and identify any problems that arise and how retailers deal with these. Additionally it will enable us to understand how the nature of the sales process changes and examine how customers deal with a new procedure for asking for cigarettes. The interviews will also be used to explore under-age sales and the perceived impact of the legislation on proxy sales.

ii) Discrete Audit - The discrete audit will include all outlets in the study communities that fall into the categories identified above. Each will be visited by a trained observer to record brief information on tobacco product availability and display at baseline (Feb-Mar 2013) and then follow the data collection pattern outlined for the retailer panel above. These audits will be unobtrusive and will not require retailer co-operation. The observation form will be an abbreviated version of the form used with the panel of retailers and will be

completed as soon as possible after leaving the stores. Observers will be trained in techniques for recording and recalling details observed. The discrete audit will provide a census of POS tobacco advertising in the study communities. The results from the annual mapping exercise will also be used to up-date the audit frame of retail outlets for each of the stages in the study.

3. An annual cross-sectional school survey of school children.

Annual school surveys will be conducted in each of the four study communities, with community defined as the catchment area of each of the participating schools. Schools will be selected purposively to reflect two levels of urbanisation (urban vs. small town) and two levels of deprivation (high vs. medium, low) based on the Scottish Index of Multiple Deprivation (SIMD) score for the data zone in which the school is situated and the proportion of children receiving free school meals. To keep the influence of school factors, other than urbanisation and deprivation to a minimum, selected schools will be non-denominational local authority schools and have an ethnic minority population of less than 10% of the school roll. In addition, schools will be located on mainland Scotland and have a pupil roll of between 1100 and 1300.

The school survey will be anonymous and have a repeat cross-sectional design, with embedded cohorts. We hypothesise that implementation of a partial ban on POS advertising (supermarkets only) will have only a small impact on awareness and attitudes, and therefore propose two types of survey. Around the implementation of the legislation in supermarkets surveys will be conducted with samples S2 and S4 pupils drawn from each of the four study schools. Data will be collected at baseline (Feb - Mar 2013) and again one year later. The aim of this survey is to assess the impact of the partial ban on POS advertising (supermarkets only) on exposure to POS advertising and brand awareness and perceived access to tobacco and will allow us to compare the impact of the Scottish partial ban with data collected from a

similar age group in Ireland, following implementation of their complete ban of POS ban which was implanted in both supermarkets and smaller retailers simultaneously. Around implementation in smaller retailers a survey will then be conducted with all pupils (S1-6) from our study schools immediately prior to implementation of the legislation in small shops (Feb – Mar 2015) with repeat surveys conducted annually for two years post-implementation. This survey series will allow us to measure the impact of a comprehensive ban (supermarkets and small shops) on POS advertising on behavioural outcomes including smoking incidence and prevalence, as well as on brand awareness and other attitudinal outcomes.

The school surveys will collect data on personal smoking behaviours and attitudes towards tobacco use as well as family and peers behaviours and attitudes, access to tobacco products, brand awareness and exposure to tobacco advertising, using validated questions from three national surveys – Scottish Adolescent Lifestyle and Substance Use Survey (SALSUS) ¹⁶, Health Behaviour in School-age Children (HBSC) ¹⁷ and the Youth Tobacco Policy Survey. In addition it will collect social context data such as parental occupation, family affluence scale (FAS), parental education and home postcode. Further information regarding the community and leisure time activities will also be gathered. The questionnaire will contain a core set of questions that will not be changed over the period of the study. However, we will allow for the inclusion of new questions at later survey waves and changes to non-core questions to ensure relevant emerging issues are incorporated. The questionnaire will be piloted and validated prior to the main survey using a secondary school outside the study communities.

During each survey round additional personal data including name and birth date will be collected. These data will be kept separately from questionnaire data and will be used to generate non-attributable unique identifiers to enable

linkage of data across survey sweeps for individual pupils, thus permitting longitudinal analysis of the data. Non-attributable identifiers will be linked to questionnaires by a third party not directly involved in the research project.

An additional School Level Questionnaire (SLQ) intended for the head teacher or deputy head teacher will be used to gather information on the characteristics, resources and health promoting aspects of all the participating schools. The SLQ will be administered at the same time as the School questionnaire. The SLQ data will keep the research team apprised of any specific school circumstances and developments that might have an impact on the school pupils' responses and will facilitate better understanding of any variations in their responses.

4. Annual focus group interviews with purposive samples of school children.

Around implementation of the legislation in supermarkets, focus group interviews will be conducted with pupils in S2 and S4 from each study community at baseline (March 2013) and then one year later (Mar 2014). Around implementation in smaller retailers, focus groups will be conducted with pupils from S1-S3 and S4-S6 at a second baseline (March 2015) and then for two years (Mar 2016, Mar 2017).

The focus group participants will be purposively selected from pupils who have completed the school survey. They will be recruited with the help of teachers in the study schools, to include young people who are smokers or have some sustained contact with smoking, such as having smoking friends or living in a home with smoker(s). The aim is to include young people who are most at risk of becoming adult smokers. These recruitment methods have been used successfully in a recent study by one of the applicants on young people's sources of cigarettes.¹⁸ We will obtain 'opt-out' consent for pupils identified as

potential focus group participants separate from but using a similar strategy to that used in the school surveys.

The focus groups will be single sex groups and have 6-8 participants. They will last 45-60 minutes and be conducted one or two weeks after the school survey, so that their discussions do not influence questionnaire responses. Tables 1 and 2 below give the sample structures for the groups, which will provide more detailed and nuanced contextual information and insights into young people's experiences and perceptions. The topic guide will cover: general discussion about the community; leisure time activities; local smoking behaviours and cultures; access to tobacco products including direct, indirect/proxy and black-market; awareness of and views on tobacco promotion including point of sale, other direct marketing methods, packaging, branding; awareness and perceptions of the impact of the legislation; views about preventing youth smoking. The topic guide will initially be piloted and be modified (as appropriate) at each subsequent wave to explore any changes and issues identified in the emerging findings from the other elements of the study e.g. new forms of promotion, differences between communities.

Table 1: Focus Group Sample 2013 & 2014 (implementation in supermarkets)

	High Deprivation		Medium/Low Deprivation		Total
	S2	S4	S2	S4	
Urban	2	2	2	2	8
Semi-urban	2	2	2	2	8

Table 2: Focus Group Sample 2015 -2017 (implementation in smaller

retailers)

	High Deprivation		Medium/Low Deprivation		Total
	S1-S3	S4-S6	S1-S3	S4-S6	
Urban	2	2	2	2	8
Semi-urban	2	2	2	2	8

Focus groups will be recorded with permission, fully transcribed and the data entered into the qualitative computer package NVivo. The data will be coded and undergo inductive thematic analysis employing constant comparison to identify key themes, focussing on uncovering the social worlds of the participants, and examples of differing views and experiences

c. Data collection

A logic model provided a framework for the evaluation. This proposed causal pathways that link together the legislation with a set of short-term, intermediate and long term outcomes which will be assessed by different study components. Therefore, rather than defining primary and secondary outcomes – we have set out a timeframe within which we believe the outcomes will occur. We have classified outcomes as *short-term* which we hypothesise will occur within 3 months of implementation of the legislation; *intermediate* which will occur within a year of implementation; and *longer-term* outcomes which will occur more than a year post-implementation.

The *short-term outcomes* of interest are: Prevalence of POS advertising in tobacco retail outlets (Components 1+2); Exposure to POS advertising (Component 1+2). *Intermediate outcomes* of most interest are: Awareness of point of sale advertising (Components 3); Cigarette brand awareness

(Component 3); Perceived ease of access to cigarettes (Component 3); Attempts to purchase cigarettes (Component 3); Perceived youth smoking prevalence (Component 3); Pro-tobacco attitudes (Component 3). *Long-term outcomes* of most interest are: Incidence of smoking (Component 3); Prevalence of smoking (Component 3).

Qualitative data on all the intermediate outcomes will be collected in the focus group interviews (Component 4). This is an essential part of the study and will allow us to interpret findings from the quantitative analyses.

In addition to the outcomes outlined above, the study will also allow us to assess any unintended or adverse consequences associated with the legislation including: Increase in purchases from black market sources or proxy purchases; and introduction of new strategies by retailers or tobacco industry to circumvent the regulations, for example, as occurred in Ireland, the advertising of tobacco-related paraphernalia such as cigarette lighters on the blank covers of the cigarette gantries.

d. Data analysis

An advantage of adopting a spatial approach to data collection is that the various quantitative datasets can be readily integrated into a GIS. Using postcode data the retail outlets, audits (retailer panel and discrete) and the school survey information will each be geographically referenced. This will enable us to integrate the data into a GIS to create a single database for further quantitative analysis.

The primary analyses around implementation in supermarkets will focus on estimating the reduction in POS advertising between baseline (Jan-Mar 2013) and Jan-Mar 2014 and its relationship with awareness of POS advertising and changes in perceived access to tobacco and perceived youth smoking prevalence. In addition to the above, the primary analyses around

implementation in smaller retailers will also examine the impact of full implementation on behavioural outcomes including purchase of tobacco products and smoking incidence and smoking prevalence. Specifically, we will:

- Examine changes in exposure to tobacco advertising, access to tobacco products and attitudes towards smoking between baseline (Jan-Mar 2015) and Jan-Mar 2016 and Jan-Mar 2017 for the total sample – with sub-group analyses by community deprivation, urbanisation and baseline availability of cigarettes.
- Examine changes in incidence of regular smoking and smoking prevalence between baseline (Jan-Mar 2015) and Jan-Mar 2016 and Jan-Mar 2017 with sub-group analyses by community deprivation, urbanisation and baseline availability of cigarettes.
- Assess if there is a of a dose-response relationship between changes in POS advertising or changes in availability of cigarettes and other study outcomes. To do this, we will create continuous dummy variables for various measures of advertising exposure which can be used in the analyses.

Given the number of outcomes we wish to examine, in the analyses we will set a higher statistical significance threshold (type I or α error) where possible. Additionally, we will explore novel approaches to the depiction of data from components 1 to 3 using spatial (GIS) analytical techniques.

Qualitative data collected through focus group interviews will be analysed by the team responsible for this component and will be used to interpret findings from the quantitative components, in particular any differences associated with community deprivation or baseline availability of cigarettes, or baseline availability of cigarettes through retail and/or black-market sources. Findings

from the focus groups will be reviewed annually in order to identify emergent issues that should be explored further in the school survey.

After each wave of data collection quantitative and qualitative data will be synthesised using a multi-level approach. First, quantitative data from the mapping, retailer audit and school surveys will be synthesised (Synthesis 1) followed by a synthesis of qualitative data from the focus groups and additional qualitative data from other study components (Synthesis 2). The products of syntheses 1 and 2 will then be combined using a series of mixed methods matrices, which allow the juxtaposition of findings from the different components of the study. We will then use these to generate a narrative synthesis (Synthesis 3). The focus in Synthesis 3 will be on consistencies and contrasts in the data which will form the basis for short interim reports. Once data collection is complete, the synthesis of data across all the study waves will follow a similar process but the focus of the analyses will be on change over time.

Findings from our study will be placed in context through comparison with national level data that will be collected. In particular, we will compare levels of compliance in tobacco retail outlets in our study communities with national data collected by Trading Standards Officers. In addition, findings about changes in availability and sources of cigarettes for under-age smokers for our study populations will be compared with national data available from Scottish Adolescent Lifestyle and Substance Use Survey (SALSUS).¹⁶

5. Plan of Investigation

Year	2012				2013				2014				2015				2016				2017			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Implementation of point of sale						Apr								Apr										

6. Project Management:

The Lead Applicant is Professor of Public Health and Population Health at the University of Stirling and will provide overall management and coordination for the study. A Study Steering Committee (SSC) will be set up at the start of the project with representatives from the Scottish Government, NHS Health Scotland, ASH Scotland and experts in tobacco control and youth behaviours. The project team will seek advice about implementation of the planned research in order to ensure we get the greatest scientific benefits from the study. The Steering Committee will meet at the start of the project and then once or twice annually to review the progress of the study.

A Data Monitoring & Ethics Committee (DMEC) will be set up with three independent representatives. The main roles will be to monitor the data, consider whether there are any ethical or safety issues and to advise the SSC on the release of data and/or information during the course of the 6 year study.

To ensure coordination of all the components of the study, a Coordinating Group (CG) will also be set up. This will be chaired by the Lead Applicant, with a representative from each of the research teams. It is likely that the CG will meet 3 times in the first 6 months of the study to ensure complete integration of the study components and every 6 months thereafter. Once the study components are in the field, the CG will provide a vehicle for detailed monitoring of progress, the development of a coordinated analytical strategy and sharing of interim findings. Another function of the group will be to make decisions about the feedback of interim findings to the Scottish Government. The CG will work with the DMEC to develop a set of criteria to ensure consistency of this process.

8. Service users/public involvement:

With the help of ASH Scotland and the Youth Parliament, we will set up a young people's panel that will meet once a year to discuss issues arising from the project. In addition, the Study Steering Committee will include representatives from the Scottish Government, the NHS and ASH Scotland.

To strengthen community engagement, we propose establishing four local interest groups. These will be set up via the study schools and include teacher, pupil and lay representatives, and members of the retailer's panel. Each group will meet annually. As well as providing an opportunity to feedback on the progress of the study we will use these meetings to engage community members in the study and gather additional intelligence about issues relating to the legislation in their communities. It will not be possible to discuss findings from the study with the schools and other members of community, prior to completion of data collection as this could influence the outcome of the study. However, once data collection is complete we propose two types of engagement with participating communities. First, we will provide detailed feedback to individual schools on their 'own' findings. This will take the form of presentations, written summaries and a simplified dataset, which can be used as a resource by teachers and pupils. Second, we will work with the local interest groups (referred to above) to set up wider consultation meetings with community members to feedback results and discuss their

implications. These discussions will be used to inform the development of recommendations from the study.

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