



## UKCRC Public Health Research: Centres of Excellence CENTRE ANNUAL REPORT FORM

**Name of Centre:** UK Centre for Tobacco Control Studies  
**Director:** Professor John Britton  
**Reporting period:** 01 April 2009 – 31 March 2010  
**Year of operation:** Two  
**Core funding:** £ 3,694,498  
**Funders:** British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council and the Department of Health.

**Report content:** The sections included in the annual report relate back to the strategic objectives of the UKCRC Public Health Research: Centres of Excellence Initiative. The narrative sections should also include reference to progress against the Centre's specific aims and objectives and its Forward Plan for 09/10. For details of these objectives refer to Annex 1. This report should be written as a standalone document<sup>1</sup>.

**Outputs for reporting period:** All outputs arising from work which is core- or part- funded by the Centre award should be uploaded to both the ESRC Society Today (EST) online repository and UK PubMed Central.

**Report submittal:** Please submit the Annual Report to the Centre's ESRC Case Officer by 30<sup>th</sup> April 2010.

### Introduction to the Centre of Excellence and summary of what it is trying to achieve:

The UK Centre for Tobacco Control Studies (UKCTCS) is a strategic partnership of research groups created in 2008 as one of five new UK Public Health Research Centres of Excellence established by the UK Clinical Research Collaboration (UKCRC). The UKCTCS aims to deliver a comprehensive programme of original research, policy development, teaching, training and public engagement to meet the following objectives:

1. To establish the UKCTCS as a leading international centre of tobacco research and policy excellence
2. To deliver a comprehensive portfolio of multidisciplinary research and policy work in national and global tobacco control activity, aiming to identify and develop all opportunities to reduce the burden of disease and disability caused by tobacco use.
3. To create a sustainable structure to engage, recruit, train and develop researchers, health professionals, policymakers, advocates and others in tobacco control science and practice, establishing the UKCTCS as a major international focus for training and development.
4. To harness the skills, knowledge and outputs of the UKCTCS to provide strategic

<sup>1</sup> Further guidance on the completion of this report is provided in the document 'Annual Reporting Guidance for UKCRC Public Health Research: Centres of Excellence 2009/10'

direction for the tobacco control policy agenda.

The original UKCTCS network included groups from seven universities. Soon after the funding was awarded however, our lead economist (Professor Stirling Bryan) left the UK for a new post in Vancouver. Professor Christine Godfrey, from York University, agreed to take over this commitment and her group has therefore been included in the Centre. Also during the past year we have invited Dr Marcus Munafo, from Bristol University, to join the Centre and become a full member of the Strategic Management Group. The Centre now therefore comprises research groups from a total of nine UK universities.

## SECTION 1

### Putting in place support for excellent and sustainable public health research:

- Infrastructure development to facilitate high quality studies (SO1)
- Building research capacity – at all stages of career development (SO2)
- Training provision – for researchers and practitioners (SO2)
- Working with existing public health initiatives and other UKCRC Public Health Research: Centres of Excellence (SO6)
- Developing multi-disciplinary partnerships (SO3)
- Grant capture

Narrative report on progress 09/10:

#### 1. Infrastructure development to facilitate high quality studies (SO1)

Our infrastructure support was largely established in year one of funding, with the appointment of three support posts in Nottingham, and one in Bath\*:

- research coordinator (Graeme Docherty)
- administrator (Nazia Rehman)
- data manager (Yue Huang)
- communications and research network manager (Cathy French)\*

Health economics support was scheduled to begin in year two, with funding for a 50% WTE post in the economics group, now led by Professor Chris Godfrey. That funding is being used to support the salary of a member of the York team (Shehzad Ali) who started work in November 2009. The York collaboration is proving very successful, and played a major role in supporting the production of the RCP report on passive smoking and children (see below).

In December 2009 Nazia Rehman began a period of maternity leave. Her work is now being covered by Craig Butterworth, who is acting up from his established post as administrative support officer in the Division of Epidemiology and Public Health in Nottingham.

In addition we have appointed two posts funded by Nottingham University to support the Centre:

- Lecturer in Tobacco Control (Elena Ratschen)
- Lecturer in Statistics (Yilu Chen)

Elena Ratschen commenced her appointment in October 2009, and has already proved successful in attracting external grant funding for research on smoking prevention and policy in mental health health settings. Yilu Chen commenced her appointment in July 2009 but is currently absent on maternity leave.

At the University of Bath, the regional tobacco control office, Smokefree South West, has funded a two year research fellowship to support UKCTCS in pursuing tobacco control research in that region. Dr. Eileen Sutton was appointed in May 2009 and amongst other work is conducting a study of incentives for smoking cessation in pregnancy in three SW

PCTs. Eileen's post has recently been extended by 6 months to work on a related smoking in pregnancy project for the Department of Health.

## **2. Building research capacity – at all stages of career development (SO2)**

### Undergraduate

We have developed our coverage of tobacco use and control policy in the Nottingham undergraduate curricula, and broadened the use of tobacco epidemiology and control policy as examples of public health practice at various stages of undergraduate teaching. At Bath we have integrated teaching on tobacco control and smoking cessation to undergraduate programmes in social policy and pharmacy and pharmacology. In Birmingham, shared resources on tobacco control are used as the example to teach medical students about societal level interventions in public health.

### Masters teaching

In 2009 we developed and delivered our first complete Masters modules on tobacco control. These comprise two separate full-time one-week 15 credit modules open to all Masters and Phd students in the UKCTCS:

#### *Epidemiology of Tobacco Use and the Role of the Tobacco Industry*

Delivered for the first time in February 2009, and again in February 2010; full details at [http://modulecatalogue.nottingham.ac.uk/Nottingham/asp/moduledetails.asp?crs\\_id=019561](http://modulecatalogue.nottingham.ac.uk/Nottingham/asp/moduledetails.asp?crs_id=019561)

#### *Tobacco Control Interventions*

Delivered for the first time in June 2009, and scheduled again for June 2010; full details at [http://modulecatalogue.nottingham.ac.uk/Nottingham/asp/moduledetails.asp?crs\\_id=019562](http://modulecatalogue.nottingham.ac.uk/Nottingham/asp/moduledetails.asp?crs_id=019562)

The modules are intended to provide the knowledge base for researchers and practitioners in tobacco control, and were attended by 23 and 39 students in February/June 2009 and February 2010 respectively.

At the University of Bath we have designed and delivered a module on smoking cessation as part of the Pharmaceutical Public Health Programme for the Advanced Programmes in Pharmaceutical Practice and Therapeutics (Diploma and MSc) offered by the Department of Pharmacy and Pharmacology

All of the above would not have been possible without the funding for the UKCTCS. In addition we are supervising a number of Masters students across UKCTCS Universities on dissertation projects in tobacco control topics.

### Postgraduate research students

The UKCTCS funding proposal included 14 PhD Studentships, eight to be appointed in year 1, and all by October 2010. Further to those appointed in year 1, one student commenced in October 2009; the remaining five will start in October 2010. Three of these studentships were funded as 3+1 and have been filled by students with Masters' training; we have therefore combined the three unused years to create a 15<sup>th</sup> UKCTCS studentship to commence in October 2010 and supervised by Marcus Munafo in Bristol.

A further 11 studentships in the UKCTCS have been funded from other sources; 4 of these commenced in the current reporting year (see below for full details).

### UKCTCS research fellows

Centre funding has been used to create 6 research fellowships. Three of these (Laura Jones, Haydn McRobbie and Rosemary Hiscock) were appointed in year 1; since April 2009 we have recruited Abraham Brown to the University of Stirling, to work on the effect of tobacco policy on adult smoking across socio-economic groups, and Amanda Parsons (University of Birmingham) working on smoking cessation in lung cancer patients and in hospitalised patients in general. There is one further post to be appointed, to the Edinburgh group.

### 3. Training provision – for researchers and practitioners (SO2)

In addition to the Masters' modules above, the Centre has developed and delivered two training modules for tobacco control practitioners in 2009-10, in Nottingham and Bath.

The Nottingham course ran in November 2009 and was attended by 40 individuals; the Bath course has run twice in the past year – but just outside the current reporting period on both occasions (March 2009 and April 2010 respectively), with 39 attendees on both occasions; predominantly tobacco control practitioners, regional tobacco control leads, and Department of Health staff. Programme details of the 2010 course are attached in the appendix.

In June 2009, Professor Robert West and colleagues from University College London launched the NHS Centre for Smoking Cessation Training, to provide national training standards and programmes for cessation practitioners in the UK (detail below).

Our first meeting of all research students and fellows involved in the UKCTCS was originally planned for September 2009 but for logistic reasons was postponed and has now been held in Nottingham in April 2010. The meeting provided an opportunity for participants to present their research, and for seminars on research and career development with senior researchers (programme in appendix).

Professor Amanda Amos at the University of Edinburgh has secured funding for competitive annual training scholarships open to MSc students who complete a dissertation on a tobacco control topic. Successful students are given supervisory support to produce and submit a journal article from their dissertation.

### 4. Working with existing public health initiatives and other UKCRC Public Health Research: Centres of Excellence (SO6)

The UKCTCS has continued to develop research, service and policy initiatives in conjunction with a range of public health initiatives:

#### 4.1 *Advising the Department of Health in developing the Tobacco Control Strategy*

Throughout the autumn of 2009, Centre members were actively involved in the development of the strategy, published as: ***A smokefree future: a comprehensive tobacco control strategy for England.***

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_111749](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111749)

Input from the UKCTCS in developing the strategy is acknowledged in (section 6.44), and in relation to evidence generation and engaging new researchers in section 6.19.

Members of the UKCTCS have also supported the development of the Health Bill in England, and presented at a parliamentary session before the debate in the House of Commons.

#### 4.2 *Working with the Royal College of Physicians in the production of the 2010 report on Passive Smoking and Children*

Several UKCTCS applicants have worked with the RCP in production of a series of reports over the past 10 years. This most recent report, published on 22.3.10, is the most ambitious to date and involved extensive new syntheses of evidence on the health effects of passive smoking in children, and estimates of attributable morbidity and associated costs. Almost all of the background research for this report was carried out by the UKCTCS, with additional funding support from CRUK. The launch of the report, which called for new strategies to protect children from tobacco smoke and from smoking, was one of the main news stories of the day with broadcast media items on BBC Breakfast Time, BBC News, Sky News, ITN,

BBC radio 1,2,3,4 and World Service, a range of local and international media; editorials in the Lancet and BMJ; all major national newspapers and a wide range of local and international news and internet reports (see appendix for full listing). The report fully acknowledges UKCTCS input. Further details are available at <http://www.rcplondon.ac.uk/professional-Issues/Public-Health/Pages/Tobacco.aspx>

#### 4.3 *NIHR programme grants for applied research*

In October 2009 the UKCTCS was awarded an NIHR programme grant for applied research in smoking cessation (grant RP-PG-0608-10020; see below for further detail) and has recently been informed of intention to fund, subject to further minor modifications, grant RP-PG-0109-10020, studying smoking cessation services for pregnant women. Both awards comprise funding of approximately £2million.

#### 4.4 *Establishment of the NHS Centre for Smoking Cessation Training*

The NHS Centre for Smoking Cessation Training has a national remit to establish the competencies required of cessation practitioners, and to develop training and assessment programmes. The Centre has been established in collaboration with QUIT and NHS Leeds with £3 million funding from the Department of Health. The funding is for 3 years in the first instance and after that the Centre is expected to gain at least part of its funding from providing a service to stop smoking services in the UK and overseas. Further details are available at: <http://www.ncsct.co.uk/index.html>.

#### 4.5 *Work with other UKCRC Public Health Research Centres of Excellence*

Professor Stephen Sutton, Professor of Behavioural Science and part of the Cambridge Centre of Excellence, is a co-applicant on our NIHR programme grant on smoking cessation in pregnancy (RP-PG-0109-10020). Professor Sutton is also a collaborator on an NIHR funded UKCTCS doctoral level fellowship award.

An attempt to collaborate with the Bristol/Cardiff Centre in the development of a NIHR public health programme grant to study smoking prevention in school-age children, in year 1 of the Centre, proved unsuccessful.

The COE directors have worked together to organise and support the first joint meeting of the COEs, in Cambridge in June 2010. This meeting will provide the first opportunity for the wider networks of students and staff involved in the Centres to meet, present their work, share ideas, and identify further areas of potential collaboration.

The UKCTCS is also evaluating a new initiative in the North of England to combat illicit tobacco. This evaluation also involves colleagues affiliated with the Centre for Translational Research in Public Health at the Universities of Durham and Northumbria.

Cathy French (communications and research network manager) attended the ESRC Investments Conference in Swindon in November 2009 and had an auxiliary meeting with the Communications leads from the other UKCRC centres to share best practice. CF disseminated the UKCTCS Communications Strategy to other leads.

Professor Martin White, professor of public health at the University of Newcastle, is a co-applicant on a study incorporating three UKCTCS members, led from the Universities of Birmingham and Edinburgh

#### 4.6 *Work with the Scottish Collaboration for Public Health Research and Policy (SCPHRC)*

Professor Amanda Amos and Professor Gerard Hastings are both members of the Adolescence and Young Adulthood Working Group of the SCPHRC. As part of this Group, and in collaboration with NHS Health Scotland, they are currently developing a proposal to submit to NIHR to evaluate the impact of the provisions of the Scottish Tobacco and Primary (Medical) Services Act. The Act, which starts to come into force in 2011, bans proxy sales of

cigarettes to under 18s, point of sale advertising and cigarette vending machines.

#### *4.7 Work with the Public Health Research Consortium*

Several of the members of the UKCTCS, including Professors Hastings, Godfrey and Amos also are members of or have close links with the PHRC, which was the source of funding for several projects which were completed in 2009. Professor Godfrey completed studies which estimated the costs to the NHS of smoking in pregnancy for pregnant women and infants, and developed a dynamic model of adult smoking related costs and consequences for England. Professor Amos was involved in a longitudinal, qualitative study evaluating the smokefree legislation in England, and with Professor Hastings undertook a review of young people and smoking in England.

Also through the PHRC, Prof Hastings and colleagues were commissioned to provide an expert opinion and evidence summary for the Department of Health on the plain packaging of cigarettes. The worked summarised the existing evidence base on the public health benefits of mandating the removal of all brand liveries from tobacco packaging, as well as standardising pack shape and design. The work was necessary to guide policy formulation and the research team provided direct input into the then active debate between the Department of Health and the Department of Trade and Industry.

#### *4.8 Work with the Framework Convention on Tobacco Control*

Gerard Hastings was an invited expert at the WHO Framework Convention on Tobacco Control in Cairo. Ann McNeill has been involved in the development of background documents for the Framework Convention Alliance for Articles 9 and 10 and with Robert West and Martin Raw, guidelines for Article 14 of the WHO FCTC.

#### *4.9 Work with the National Institute for Health and Clinical Excellence (NICE)*

Members of UKCTCS have worked with NICE during 2009/2010 on the production of two sets of public health interventions guidance. The first, on schools-based smoking prevention, was published in March 2010. Amanda Amos served as a co-opted member of the Public Health Interventions Advisory Committee (PHIAC) for the preparation of the guidance. Paul Aveyard and Linda Bauld along with colleagues from Birmingham and Bath Universities authored two of the effectiveness reviews that informed the schools-based prevention guidance. The second piece of guidance, on smoking cessation during pregnancy and following childbirth, is due to be published in May 2010. Linda Bauld assisted NICE with developing the scope for the guidance and coauthored with Tim Coleman the main effectiveness review. Peter Hajek and colleagues contributed a second review on relapse prevention interventions for smoking cessation during pregnancy that also informed the guidance. Gerard Hastings and John Britton both presented at the NICE Citizens Council meeting on smoking harm reduction.

### **5. Developing multi-disciplinary partnerships**

Most of the work listed in this report involves multidisciplinary partnerships. The UKCTCS is itself such a partnership, with a broad representation of research, policy and practice disciplines, and since the establishment of the UKCTCS almost all of our grant and other contract proposals have involved multiple centres and related skills. Indeed one of the major benefits of Centre funding has been to enable this to become normal practice. Specific examples of multidisciplinary work include:

- *Coordinated responses to NIHR HTA funding opportunities*

The UKCTCS has recently submitted two outline proposals to the HTA – one on preloading of NRT (a trial proposal led by Paul Aveyard at Birmingham) and one on longer term outcomes from NHS stop smoking services (an evaluation proposal led by Linda Bauld at Bath), both of which have involved co-applicants from 6 of the UKCTCS universities from a range of disciplines.

- *The Tobacco Control Health Inequalities Pilot Programme (ITT 54714)*

This project, led by Ann McNeill has been funded by the Department of Health to identify means of reducing smoking in disadvantaged social groups. Funding comprises approximately £1.2 million. Again, this is a multidisciplinary approach involving a range of skills from six UKCTCS partner organisations in collaboration.

- *New approaches to smoking cessation in areas of high deprivation*

We lead a partnership of investigators funded by Nottingham City PCT to explore methods of reducing the prevalence of smoking in a socio-economically deprived area of Nottingham, where current adult smoking prevalence is of the order of 50%. The project is multidisciplinary, involving psychology, health policy, social marketing, epidemiology, public health and a range of qualitative and quantitative approaches, and involves partnership between two UKCTCS centres, Nottingham Trent University, service colleagues from NHS Nottingham City, and local community groups.

We are also involved in with partners from the University of Aberdeen and the Scottish Centre for Social Research in evaluating the Quit4U initiative in Dundee which is offering financial incentives support to disadvantaged smokers who sign up for NHS cessation support. The evaluation is using a range of quantitative and qualitative methods to assess the impact of the initiative in terms of quit rates and cost effectiveness, and the mechanisms and processes of change.

Members of UKCTCS are involved in a partnership led by ASH Scotland to undertake a portfolio of research to develop tools for community health workers to help them reduce children's exposure to secondhand smoke, particularly in deprived communities. Professor Amos and colleagues at Edinburgh University will undertake a feasibility trial with colleagues at Aberdeen University to assess whether providing mothers with feedback on air quality in their homes is more effective in reducing children's exposure to secondhand smoke than providing only standard advice. The study involves both quantitative and qualitative methods including air quality, saliva cotinine, questionnaires, qualitative interviews and focus groups.

- *New approaches to harm reduction*

Leading on from an HTA report and a systematic review published in the BMJ, UKCTCS researchers led a successful bid to the National Prevention Research Initiative to fund a study of smoking reduction for reluctant quitters in the NHS. This is the RedPharm study. Following discussions with Department of Health and the incorporation of this evidence in the recent tobacco control strategy, the DH has agreed to extend this study. This collaboration with the local PCT led to the development of the RedGP study of smoking reduction in general practices, funded by the PCT. This is a multidisciplinary partnership to reach hard core smokers with a harm reduction message.

- *Change4Life campaign*

Professor Hastings has been appointed as Academic Advisor for the Change4Life campaign by the Department of Health. The campaign takes a broad based positive health approach using social marketing principles. It has initially focussed on obesity prevention, but is now consideration is being given to expanding to cover alcohol and tobacco.

- *Social Marketing review*

Professor Hastings is also providing academic advice to the Department of Health in their Review of Social Marketing. It is estimated that the Government is currently spending around £250m on SM and the review will assess the effectiveness of this spend.

## **6. Grant capture**

In the 2009-10 reporting year the UKCTCS has been awarded over £8.3 million in grant income, funding projects across the full range of topic areas and cross-cutting themes outlined in our original funding proposal. The main sources of funding have been the NIHR, the Department of Health, and NHS Primary Care Trusts. Full grant details are provided below.

### **Progress against Forward Plan for 2009-10**

We have met almost all of the specific objectives defined in the Forward Plan, and specifically have delivered as follows:

- *All three research fellows in post at end of year 1 to develop training fellowship/research grant applications to secure longer term funding:*

Laura Jones (Nottingham) is an applicant on NIHR grant RP-PG-0608-10020, which provides 5 years of funding for her from the end of her Centre support in mid 2010.

Hayden McRobbie (joint UCL/QML) has applied for a personal NIHR fellowship, and his full proposal is currently under review. He is also an applicant on several other grant proposals which, if successful, will cover his salary for the medium term if the NIHR Fellowship is not awarded.

Rosemary Hiscock (Bath) is working part time (and hence to 2012); she has been awarded further short-term funding in a Department of Health grant on smoking-related health inequalities via the Public Health Research Consortium, which will help to extend that support, and is a co-applicant with salary costed into an HTA outline proposal just submitted.

Forward Plan objectives we have not met comprise:

- *We will hold our first meeting of all staff and students involved in the UKCTCS, in September 2009 in London. This meeting will provide an important opportunity for sharing of information and updating fellow colleagues of the work in progress within the Centre*

For logistic reasons this meeting was postponed until April 2010, when it ran successfully, under the leadership of Rachael Murray and Laura Jones in Nottingham (See appendix for programme).

### **Impact highlights: Narrative case studies**

#### **1. RCP report on passive smoking and children**

##### **i) The research**

The RCP report on passive smoking and children was published in March 2010. The report is one of a long series of RCP reports on smoking produced by the Tobacco Advisory Group of the RCP, which is chaired by John Britton and includes several UKCTCS applicants and collaborators (Ann McNeill, Tim Coleman, Anna Gilmore). The report was initiated in September 2008 as a major collaboration between the RCP and the UKCTCS, with the RCP leading on publication and promotion, the UKCTCS carrying out the new research work in the report, and the bulk of the writing and editing. Additional research costs were met in part by a further grant from Cancer Research-UK.

The primary objective of the report was to raise awareness of the hazards of passive smoking in advance of the review of the smoke-free legislation in England, which the government is



committed to carry out in 2010. Our objective was therefore to publicise the need to maintain and extend smoke-free provisions through an initiative in early 2010.

The report contains a range of reviews of different aspects of passive smoking effects on children but the core content of the report is a series of systematic reviews and meta-analyses which update those that informed the UK government SCOTH reports of ten years ago, and the US Surgeon General in 2006; and estimates of the morbidity and mortality caused by passive smoking in the UK, and the economic costs that ensue. This major research commitment was carried out extremely quickly and effectively, and was possible only because the UKCTCS was able to provide the necessary expertise, infrastructure and flexibility needed to achieve it. Of the 31 contributors to the report, 19 were UKCTCS applicants, research staff or students.

ii) how it has been communicated

The research has to date been communicated only through the report itself but a series of original papers are in the process of preparation, submission and review for peer-review publication. Impact was maximised by press releases from the RCP, UKCTCS and some host universities, and through a letter to the Times calling for more extensive measures to protect children from smoke and from smoking, signed by the Presidents of all but one of the medical Royal Colleges. The report generated massive media publicity (see above and appendix for details).

iii) Impact claimed

At the time of writing there is no evidence of direct impact but our intention was that the report and its attendant publicity will help make the case for further extensions of smoke-free regulations to include public areas frequented by children and private vehicles, help to promote smoking cessation and/or adoption of smoke-free homes by parents, and promote the fact that exposing children to smoking role models substantially increases the risk of incident smoking among children. Over the coming year or so we will continue to advocate stronger measures to reduce smoking in public places on the basis of this report.

## **2. Harm reduction in nicotine addiction**

i) The research

UKCTCS members have been researching harm reduction options for smokers for many years, and have published that research in a range of peer-review papers and peer-review articles, and a RCP report (*Harm Reduction in Nicotine Addiction, RCP 2007*) which predate the establishment of the UKCTCS. We have continued to develop and publish research in this area and work with the Department of Health and with politicians from both major parties to promote harm reduction policies, with some success (see below):

ii) how it has been communicated

The research has been communicated through peer review papers, review articles, presentations at conferences, collaborations with other organisations, and through the above RCP report. A CRUK funded project on smokeless tobacco led by members of the UKCTCS in wide collaboration with other experts, reviewed legislation, enforcement, health other effects of these products, particularly in deprived ethnic communities in England. The research is being written up for publication but a stakeholder event was held in Leicester in May 2009 in which the research findings were discussed with over 50 participants. Subsequently presentations have been given in various conferences in the UK. The UKCTCS also participated in a round table meeting with the Department of Health and ASH on the potential impact of a harm reduction approach in June 2009. This also helped to inform the development of the DH strategy.

iii) Impact claimed

Over the present reporting year, this work has generated impacts in the following areas:

- (1) Inclusion of measures to rationalise and liberalise the regulation of alternative medicinal nicotine products, and to promote their use, in the 2010 Department of Health strategy document ***A smokefree future: a comprehensive tobacco control strategy for England.***
- (2) Involvement of several UKCTCS members in advising the MHRA on the regulation and licensing of nicotine products for harm reduction indications. A second meeting of the MHRA working party on nicotine replacement therapy was held in November 2009 involving UKCTCS members, which made recommendations for further changes to the licensing of nicotine products.
- (3) Incorporation of our recommendations on smokeless tobacco into the 2010 Department of Health strategy document .

**3. Work on point-of-sale advertising in Ireland**

i) The research

The point of sale law in Ireland was under judicial review for several years but the tobacco industry withdrew their objections just prior to the case being heard in court. The UKCTCS then quickly put together a team of experts to evaluate the implementation of the law. The research followed a logic model framework and incorporated studies to assess the effects of the law on adult smokers attitudes and behaviour, young people's attitudes, media publicity, retail viability, and compliance. The research is currently being written up for publication.

ii) How it has been communicated

Interim results were presented in the House of Commons prior to the debate on the Health Bill by UKCTCS members and the Irish Office of Tobacco Control. The researchers helped to ensure that learning from the implementation of the law were circulated among colleagues in Scotland and England as similar laws were being discussed there. The findings are also being used by collaborators in New Zealand to help inform the debate on similar measures being proposed there.

iii) Impact claimed

Interim findings of the UKCTCS research were used in the debate in the House of Commons on the Health Bill.

**4. Wider involvement in tobacco policy development**

i) The research, and ii) how it has been communicated

The work of UKCTCS has had a major impact on the development of current and future tobacco control policy across the UK. Most recently, UKCTCS assisted the Department of Health in developing and drafting a new comprehensive tobacco control strategy for England – A Smokefree Future, published in February 2010. The centre's involvement in the strategy took a range of forms.

iii) Impact claimed

First, many of the proposals included in the strategy had been in development for a number of years and were informed by earlier research of centre members and their input into a 2008 report – Beyond Smoking Kills – that was published by Action on Smoking and Health (ASH) and funded by Cancer Research UK and the British Heart Foundation. In addition, two members of UKCTCS were commissioned by the Department of Health to undertake a review of smoking and young people in England and the evidence on effective interventions, to

inform the strategy development.

Second, senior civil servants from the Department of Health tobacco policy team attended three UKCTCS management group meetings to generate ideas for the strategy, discuss policy options as they were considered, and to check the extent to which the proposals could be supported by available research evidence. Third, once drafts of sections of the strategy became available these were sent to UKCTCS management group members for comments and additions.

This dialogue between UKCTCS and the tobacco policy team at the Department of Health was facilitated by Professor Linda Bauld in her role as the DH's scientific adviser on tobacco control. She was able refer specific queries from the policy team to UKCTCS members depending on their area of expertise. She also worked closely with the DH to agree the text for parts of the strategy document and identify and review relevant to support specific proposals contained in the strategy.

#### **5. The NHS Centre for Smoking Cessation and Training (NCSCT)**

##### **i) The research**

The NCSCT has developed a reliable system for establishing the behaviour change techniques used in behavioural support programme for smoking cessation, a system for establishing the evidence base to support specific techniques and another system for establishing a set of core competences based on this and on guidance documents in the field. Research is continuing and the Centre has agreed to fund two more research associates and a PhD student.

##### **ii) How it has been communicated**

Two papers based on these findings have been accepted for publication and a third has been submitted. The findings have been widely disseminated at national and international conferences and at regional and national policy meetings in the UK.

##### **iii) Impact claimed**

The Centre has developed an online stage 1 assessment of competences and provisional certification that will be rolled out nationally over the next few months eventually covering all stop smoking specialists in England. Accompanying this is an online training programme to ensure that specialists who fall below the required standard are brought up to the required level. The curriculum for a series of skills workshops is being devised together with an assessment system for associated competences. These will be rolled out nationally during the rest of 2010, and will be updated regularly to integrate relevant new research findings from the UKCTCS and other relevant developments.

#### **6. Development of new smoking cessation methods**

##### **i). The research**

One of our UKCTCS students, Nicola Lindson, led a Cochrane review on smoking reduction versus abrupt quitting for smokers ready to stop smoking. The NHS stop smoking services currently offer only abrupt cessation, but many smokers feel that cutting down is natural.

##### **ii) How it has been communicated**

The review was published this year as a publication and we are planning a subsidiary publication on the mechanisms of smoking reduction. The results of this review informed the new national tobacco control strategy, which envisaged smoking reduction programmes as a new treatment option, termed the 'tailored quit plan'. Following this, Nicola is scheduled to present this review at the national training event for smoking cessation workers. Following

the presentation, we will present a workshop on the means by which therapists can help their patients reduce and another on the way that these programmes can be monitored in the NHS.

iii) impact claimed

We are currently working with DH to develop materials for the tailored quit plan. These include the behavioural techniques used in reduction and supporting materials, placed on a website for NHS personnel to download. The impact will follow the training event in June 2010.

## **7. Alcohol Marketing**

i) The research

Professor Hastings led the production of a report on alcohol marketing commissioned by the British Medical Association: *Under the influence: The damaging effect of alcohol marketing on young people* (Hastings and Angus 2009). This led to the BMA coming out firmly in favour of a ban on alcohol advertising.

ii) How it has been communicated

The report was press released and covered on main BBC, ITV and Sky TV news bulletins and in all the main broadsheets.

iii) Impacts claimed

Largely as a consequence of the report, Professor Hastings was appointed as special advisor to their Health Select Committee during its inquiry into alcohol. In this way the findings from the BMA report, along with our original research, contributed significantly to the HSC report, <http://www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15102.htm>, which in turn called for a range of measures on minimum pricing, licensing, health promotion, and treatment support.

## **8. Point of Sale tobacco display**

i) The research.

Professor Hasting's group in Stirling was commissioned by Cancer Research UK to produce a report on Point of Sale (PoS) retail tobacco displays, summarizing the evidence base on the impact that the pos display of tobacco products has on young people's smoking. The report established that the evidence base showed that young people's smoking is influenced by PoS display.

ii) How it has been communicated

Four presentations/briefings were given to parliamentarians, resulting in the report being quoted eleven times in Hansard.

iii) Impacts claimed

The Scottish and UK Governments have now passed legislation to put tobacco out of sight in all retail outlets.

## **9. Use of routing electronic databases to monitor smoking behaviour**

i) The research

As part of an NPRI funded project, UKCTCS members have created a database of monthly indicators of smoking prevalence and smoking cessation activity from 2000 onwards, and we have developed a systematic way of updating this database. We have carried out work to validate these data by comparing similar measures between the various data sources, and in particular, we have confirmed that our electronic primary care data can provide valid measures of smoking prevalence and of prescribing of nicotine replacement therapy and other smoking cessation medications. We are also in the early stages of work to explore

trends over time and how they relate to policy changes, for example looking at the impact of the launch of varenicline on smokers use of smoking cessation medications, and the impact of cigarette price. Our database manager, Yue Huang, has played a pivotal role in this work and will continue to do so if the database proves to be a viable tool, in which case it will be maintained on an ongoing basis by her.

ii) How it has been communicated

UKCTCS members have presented this work at a number of national tobacco, general public health and primary care conferences, and academic papers are in press or preparation for publication.

iii) Impact claimed

This research suggests that electronic primary care data may provide an alternative means of monitoring smoking prevalence, and the strengths of these datasets in providing continuous and regional data mean that they could supersede national surveys. This is a potentially very powerful means of monitoring and rapid detection of policy impacts on smoking behaviour.

## 10. Genetic tailoring of cessation therapy

i) The research

Marcus Munafò and Paul Aveyard have conducted a multi-centre trial (Personalised Extra Treatment: PET) of the impact of genetic tailoring of smoking cessation pharmacotherapy on adherence and motivation to quit again following a failed attempt. This compared tailoring by genotype (OPRM1) with tailoring by phenotype (FTND score). This was part of a programme grant funded by the MRC (PI: Theresa Marteau) focused on the communication of genetic risk. Results indicate that genetic tailoring was associated with improved adherence to nicotine replacement therapy, with a greater proportion of prescribed NRT consumed by those in the genotype arm compared with the phenotype arm. There were also marginal effects on cessation at end of treatment and 6-month follow-up, although this was not a primary outcome in the trial. Finally, there was no evidence that, among those who failed to quit, method of tailoring had an impact on motivation to engage in a future quit attempt.

ii) How it has been communicated

The results are currently in preparation for publication and were recently presented at the Society for Research on Nicotine and Tobacco annual meeting in Baltimore (February 2010) by Marcus Munafò.

iii) Impact claimed

There is a potential future impact; these results go some way to addressing concerns that have been raised regarding the potential unintended or harmful consequences of providing genetic tailoring for smoking cessation. Moreover, they suggest that genetic tailoring may have beneficial consequences beyond any direct effects on response to pharmacotherapy, for example by improving adherence.

## 11. Development of new smoking cessation methods

i) The research

One of our UKCTCS fellows, Hayden McRobbie, was a co-investigator with Prof. Hajek in two studies of three new nicotine replacement products developed by a small Swedish company Nicovum. Two of these products, a nicotine mouth spray, and an oral pouch modelled on Swedish snus, were shown to provide faster nicotine absorption and better craving relief than nicotine chewing gum and being well received by smokers.

ii) How it has been communicated

Two papers describing the findings are in press in peer-reviewed journals. The findings were also reported at international conferences.

iii) Impact claimed

The two studies led to the licensing of the new products in Denmark, and contributed to a new wave of interest among major pharmaceutical companies in faster delivery nicotine replacement products. The research paradigm we developed is now being used for proof of principle trials of at least one new medication for smokers.

Forward plan for 10/11:

**Research priorities:**

Our research priorities for the coming year are to deliver on the grants awarded in 2009-10, listed below. These include two NIHR programmes (cessation service delivery, smoking in pregnancy) and the DoH Tobacco Control Health Inequalities Pilot programme project, which involve multiple individual studies.

In the course of 2010/11 the Strategic Management Group will continue to review our progress against the research targets set out in our original application, and take steps to ensure that we attempt to fill any gaps identified. We have also undertaken to carry out a similar review of activity to date with our Advisory Board at its next meeting in June, and to take their advice on further research and policy development priorities.

We will also continue to follow an area of research that was highlighted as a priority at an earlier Advisory Board meeting, which is to do more work to document the status of tobacco control policy development in different parts of the world. This was identified by the Advisory Board as a priority for the European Union, and we have allocated a PhD student (Ilze Bogdanovica) to work on this project. We are in the process of establishing similar projects in South America (working with one of our international collaborators, Martin Raw, based in Sao Paulo) and in sub-Saharan Africa, capitalising on a network of local contacts developed from our Masters programmes. UKCTCS researchers have been involved in studies examining the implementation of policies under the WHO Framework Convention on Tobacco Control in selected countries internationally, as well as the monitoring of policy implementation internationally.

**Development of research methodology and resources**

1. E-health infrastructure capacity building studentships

In 2009-10 the UKCTCS was awarded funding for four ESRC e-health capacity building studentships, for PhD students to work on projects utilising electronic health records. Two of these have been filled and two are advertised for uptake in October 2010.

Barbara Iyen-Omofoman is working on a project using routine primary care records from the Health Information Network (THIN) to study consulting behaviour in advance of diagnosis of lung cancer. The purpose of the project is to determine whether changes in behaviour in the early stages of the illness can be used to identify early warning indicators for incident disease. If successful it is likely that this approach could also be used in the early detection of other common cancers. This work began in October 2009 and will continue through the coming year.

Vishal Barsa has been appointed to start a project which will develop methods of extracting electronic GP records for patients in local practices for participants in a 1991 diet and respiratory disease survey in Nottingham, and hence to link data on health outcomes over the past 20 years with baseline data on diet and other lifestyle characteristics. This project will allow analysis of the relation between diet and future health, but will also establish the methodology of data transfer and linkage.

The two projects to be recruited will explore (a) methods of using the THIN dataset to explore risk factors for and impacts of congenital malformations, and will involve development of methods to link mothers, babies and other family members, and measures of socio-demographic characteristics, in routine electronic databases; and (b) to develop methods of capturing free text entries in electronic primary care records to complement coded data in

routine databases.

## 2. Data mining in primary care datasets

Data mining comprises a range of methods for interrogating datasets to identify patterns and novel associations in the data, and it has been little used in public health research. Yue Huang, UKCTCS data manager, is developing the methods and exploring the use of data mining approaches to identify smoking-related disease in young children in the THIN dataset. This work will aim to investigate patterns of association between exposure to smoking in the home and health outcomes in children, and to identify previously unrecognised health risks of exposure to passive smoking.

## 3. Work on the National Prevention Research Initiative database

We will continue to update the NPRI database of monthly smoking prevalence and cessation activity outcomes, expanding it to include, for example, markers of cigarette price and affordability, NRT price and expenditure on mass media campaigns over time. We will use this valuable dataset to assess the impact of a range of recent and forthcoming tobacco policies and initiatives, in the population as a whole and in specific subgroups defined by age, sex, and socio-economic group. We will also continue to work on developing the statistical approaches to analysing these data, such as the most appropriate methods for dealing with short time series and the application of economic models that maximise the potential of within and between country data for separating the effects of different policies.

## 4. Smoking Toolkit Study (STS)

The STS has become a major resource for policy research and is widely used by in new DH tobacco control strategy and by the communications team. By having a core set of questions asked of nationally representative samples of smokers and recent ex-smokers every month, and following each monthly cohort up for 6 months, it provides a unique resource for tracking changes in smoking and smoking cessation. It also means that additional questions can be commissioned at low cost that take advantage of the data already being collected. For example, when the MHRA allowed NRT manufacturers to market some of their products for smoking reduction, it was felt important to establish whether this would have an adverse impact on cessation. Questions added to the STS have made it possible to track changes in the use of nicotine products for smoking reduction and any impact on cessation activities.

## 5. Evaluation of novel health promotion approaches

Digital media present a promising option for tobacco control and other public health interventions – especially youth prevention. However they present particular research challenges. We are working with the European Commission to devise new measurement procedures to monitor the viral and new media elements of the [www.help-eu.com](http://www.help-eu.com) campaign. In addition a new PhD, Mark Grindle, funded by Stirling University, will be looking in detail at digital communications.

### **Capacity-building activities**

In June 2010 we will run the second of our 2 Masters' modules on tobacco control (see above for detail), and repeat both modules in the 2010-11 academic year. We have also been invited to repeat the CPD 'Tobacco Control in Practice' for professionals in 2010 in Nottingham and Bath; the Bath course (26-29 April 2010) is again booked to capacity with 40 applicants from all over the UK attending [a copy of the promotional flyer is attached in the appendix]. We are exploring the possibility of running similar courses in other areas.

We will build on progress in establishing the NHS Centre for Smoking Cessation and Training (NCSCT), which will launch training standards guidelines and begin to deliver training for smoking cessation practitioners. UKCTCS members are leading working groups to develop

training for specialised smoking cessation support eg in pregnancy, and smokers with severe mental health problems.

We will participate in the joint Centres of Excellence Conference planned to be held in Cambridge in June 2010 (programme TBC).

We will hold a further meeting of the European Centre of Excellence in Clinical Tobacco Research, organised by UKCTCS applicants and backed by Pfizer and the Society for Research in Nicotine and Tobacco (SRNT) in Paris, in June. The meeting provides training and a vital networking opportunity for junior researchers.

In September we are organising a joint UKCTCS – SRNT Europe conference in Bath (6-9 September, see <http://www.srntheurope.org/> for detail).

### **Engagement with key stakeholders**

Our key stakeholders, and proposals for engagement, over the next year include:

#### **1. Advisory Board**

The UKCTCS Advisory Board (AB) includes representation from a wide range of organisations with a stake in our work, and is an invaluable medium of communication between us. At our last AB meeting we agreed that it would be helpful for the UKCTCS director to present an overview of current research activity, to ensure that any key gaps or omissions, or indeed other opportunities, are identified in time to ensure that these are dealt with or capitalised upon as appropriate during the third operating year of the Centre.

#### **2. Government Departments and Devolved Administrations**

We will continue to work closely with the Department of Health on the formulation of tobacco control policy both up to and after the coming election. We will also continue to work with the Scottish Government on tobacco control policy in Scotland through UKCTCS representation on their Ministerial Working Group on Tobacco Control and its Research and Evaluation Sub-Group.

#### **3. Politicians**

In the event of a Labour victory in the May 2010 election we will continue to advocate tobacco policy directly with government through our existing links via the tobacco policy team in the Department of Health. In anticipation of a possible Conservative victory we have also established links with the shadow health team (Andrew Lansley and Mike Penning).

#### **4. Smokers**

During the 2009-10 year we have been successful in establishing our smokers' panel, in Bath, and have engaged members of the panel in strategic decisions about the future direction of the Centre through places on our Advisory Board. In 2010/11 we will host a further two panel meetings - the next one is planned for September 9th with Prof Robert West the main speaker (further details of the smokers' panel are given in Section 3, point 14).

#### **5. The scientific community**

We will continue to publish as widely as possible in the peer-review literature, and present our findings at conferences and other communication opportunities to ensure that UKCTCS work is seen by as wide an audience of scientists as possible. The UKCTCS and The Society for Research on Nicotine and Tobacco Europe are to co host an international conference at the University of Bath 6-9 September 2010. The conference has the theme of 'Translating Science to Policy' and is expected to attract around 400 international delegates to Bath. Prof



John Britton will be keynote speaker with several other Centre members presenting throughout the three days. UKCTCS members have been invited to contribute to a range of other conferences over the coming year.

#### 6. The public

We will continue to publicise and our work as widely as possible through **press** and **broadcast media** in the event of significant publications, **conferences** and any other opportunities to promote our work to the general public

Other opportunities for promoting the Centre to the public often come about indirectly such as recruitment for the smokers' panel which used varied media forms to achieve as wide a public profile as possible – the web, local press, local radio and adverts put up in key public places etc. Additionally, marketing of our CPD programmes involves leafleting of conferences and extensive web marketing which further promote the Centre's work. We are also in the process of reviewing our website, to improve access, engagement and links to other resources for the public as well as researchers and students.

#### 7. Links with ASH (Action on Smoking and Health)

UKCTCS members are on the advisory group for two ASH Scotland projects funded by CRUK. The 'Smoked Out' project will produce a report on the process of developing Scottish youth smoking prevention legislation from 2006-10. It aims to strengthen the tobacco control movement in the UK by sharing knowledge about the successful campaign to support the legislation, and to act as a driver for increased momentum on the youth smoking prevention agenda in Scotland. The 'Beyond Smoke-free' project aims to provide ASH Scotland with the evidence base for the next steps in tobacco control, to encourage debate within the field, to make links with similar work in the other UK nations, and to engage practitioners and policy-makers in support of a new national tobacco control strategy for Scotland. One PhD student, Catriona Rooke, has been jointly supervised in a policy-based project by Ann McNeill in Nottingham, and Deborah Arnott of ASH. We have also agreed for a placement at ASH for another of our students (Ailsa Lyons), probably in the autumn of 2010.

#### 8. Links with the European Commission

Amanda Amos and Gerard Hastings both sit on and chair the Advisory Board for the EC's *www.help-eu.com* antismoking campaign. This is the world's biggest antismoking campaigns: it is in its 6th year and reaches 27 countries in 23 different languages. The Commission is now considering broadening the campaign beyond tobacco and sees it as a key line of communication with the people of Europe.

Members of the UKCTCS have taken up confidential advisory roles in EC working groups.

#### **Events to generate impact over the longer term (>3 years)**

Marcus Munafo, with others, was awarded MRC Addiction Cluster funding (Substance Use and Gambling in Adolescence Research (SUGAR)); John Britton is a collaborator in an application led by Dr Petra Meier in Sheffield, for MRC Addiction Cluster funding, in an initiative intended to translate some aspects of successful tobacco policy work into policies relevant to reduce the harm to individuals and society caused by alcohol use. Both of these initiatives are likely to lead to extensive further funding, interactions and policy outputs.

UKCTCS is a collaborator in a major application submitted in March 2010 to the Scottish Funding Council's Horizon Fund to establish a Scottish School of Public Health Research. The submission has been developed jointly by the four academic departments of public health at the Universities of Aberdeen, Dundee, Edinburgh and Glasgow. Its research programme will focus on the major challenges to public health in Scotland: smoking, alcohol, obesity and mental health/wellbeing. If successful, the University of Edinburgh will lead the tobacco research stream with funding being provided for new academic posts and post-graduate training.

Work is beginning on the development of the next in the series of RCP reports on smoking, probably addressing the high prevalence of smoking among people with mental health problems, and looking at opportunities to reduce the prevalence of smoking among this group

Delivery of the new tobacco control strategy: UKCTCS will work closely with the Department of Health and other government departments and agencies to ensure that the new 10 year tobacco control strategy for England, A Smokefree Future, is implemented in the coming three years and beyond. The strategy outlines proposals for policies that, if implemented in full, should result in a 1% reduction in smoking prevalence each year. Ensuring full implementation will be challenging and needs to be underpinned by existing and new research being conducted by the centre. We will ensure that this evidence is communicated through our links with government including Linda Bauld's ongoing role as scientific adviser to the DH on tobacco control and the involvement of a number of UKCTCS members on the tobacco control strategy delivery plan advisory group that has been established by the DH.

We will continue to apply for major NIHR and other programme initiatives as appropriate and when advertised.

### **Barriers to more effective progress**

Although the UKCTCS funding proposal included administrative support for applications for regulatory approvals, and that role has been filled extremely effectively by Graeme Docherty, the administrative burden involved in developing studies involving patients and/or the NHS has increased dramatically in the past few years and now represents a substantial obstacle to progress. The time taken by NHS R&D to deal with applications, and the time involved in submitting applications and dealing with the bureaucratic obstacles to protocol development that arise in that process, will significantly impair our productivity in grant capture in 2010-11.

The main source of this increased burden is NHS Research and Development bureaucracy. Applications to ethics committees and the MHRA are time consuming, but now follow clearly defined processes with reasonable time limits for decisions and feedback. They are therefore an obstacle and consume significant resources, but are manageable and fit for purpose. NHS R&D approvals, in contrast, lack internal and external standards and time limitations. It can therefore take months for decisions to be made, with no route of appeal or external arbitration. The need to apply for NHS R&D approval in all Trusts in which work is to be done is also a significant problem, and one that is potentially insurmountable for national studies. NHS research bureaucracy has now mushroomed out of control and needs radical reform to streamline the process, much as occurred with ethics committees, for similar reasons, 10 or so years ago.

## Related Performance Indicators

Related Performance Indicators	Quantitative Record (where appropriate)			Qualitative Statement (Briefly note observations, challenges and achievements. This could be updated on an ongoing basis.)	Where applicable, note what arena <sup>2</sup> likely to have impact in, in short-term <sup>3</sup> and longer-term
	Actual 08/09	Actual 09/10	Projected 10/11 - where appropriate		
<p>Number of active studentships (Centre funded / attracted from other sources)</p> <p><i>Q (e.g. benefit of critical mass of students, co-supervision, learning)</i></p>	9/2	1/8	4/5	<p>Narrative</p> <p>* = Centre funded</p> <p>Ailsa Lyons (Nottingham, 2008-11)* Tobacco marketing in alternative media.</p> <p>Thomas Tjelta (Edinburgh, 2008-11)* The impact of raising the age of purchase of cigarettes.</p> <p>Caroline Smith (Edinburgh, 2008-11)* Tobacco corporations and health inequalities in the UK.</p> <p>Oliver West (QM London, 2008-11)* Understanding severe tobacco dependence</p> <p>Deborah Lycett (Birmingham, 2008-11)* Prevention of weight gain after smoking cessation.</p> <p>Emma Beard (UCL, 2008-11)* The impact of harm reduction strategies using NRT on subsequent cessation attempts.</p> <p>Fay Beck (Bath, 2008-11)* Women, smoking cessation and disadvantage.</p> <p>Nicola Lindson (Birmingham, 2008-11)* Rapid reduction versus abrupt quitting for smokers who want to stop soon: a randomised controlled non-inferiority trial and associated systematic review</p> <p>Lisa Szatkowski (Nottingham 2008-11) Impact of smoke-free legislation in Primary Care</p>	<p>Policy, short and long</p> <p>Policy, short and long</p> <p>Policy, short and long</p> <p>Academic, practice, longer term</p> <p>Academic, practice, longer term</p> <p>Academic, policy, practice, short and longer term</p> <p>Policy, longer term</p> <p>Practice, short and longer term</p> <p>Policy and practice, short and long term</p>

<sup>2</sup> i.e. academic, policy and practice, public

<sup>3</sup> with-in 3 years

<p>Amanda Parsons (Birmingham 2008-11) Developing and piloting a rehabilitation programme for lung cancer patients</p> <p>Karen Evans (Bath, 2008-2011) Impact of smokefree on smoking behaviour and health inequalities in England</p> <p>Alison Ford (Stirling, 2009-12)* The role of tobacco packaging in smoking behaviour, and implications of generic packaging</p> <p>Heide Weishaar (Edinburgh 2009-12) Transnational tobacco corporations and health policy in the European Union</p> <p>Ilze Bogdanovica (Nottingham 2009-12) Tobacco control policy in the European Union</p> <p>Dionysis Spanopoulos (Nottingham 2009-12) Point of sale promotion and smoking in children</p> <p>Barbara Iyen-Omofoman (Nottingham 2009-12) Early markers of lung cancer in primary care</p> <p>Belinda Iringe-Koko (UCL 2009 -12) Illicit tobacco use in the UK</p> <p>Jennifer Ware (Bristol 2009-12) Genetic influences on smoking behaviour and neural mechanisms.</p> <p>Tessa Langley (Nottingham 2009-12) Impact of English tobacco policy using the NPRI database.</p> <p>Lorraine Anderson (Edinburgh 2009-2013) The Cultural Context of Obesity and Body Size and the Implications for Public Health</p> <p>Rachna Begh (Birmingham 2010-12) Attentional bias and retraining in smokers</p>	<p>Practice, short term</p> <p>Policy, longer term</p> <p>Policy, longer term</p> <p>Policy, longer term</p> <p>Policy, longer term</p> <p>Policy, longer term</p> <p>Practice, longer term Academic, long term</p> <p>Policy, short term Academic,</p> <p>Practice, academic, longer term</p> <p>Policy, short term</p> <p>Academic, policy, short and long.</p> <p>Practice, short term</p>
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		<p>Emma Powell (Nottingham, 2010-13)* Use of NRT in pregnancy: an exploration of dosing and/or treatment duration</p> <p>Vishal Barsa (Nottingham 2010-13) Extraction and linkage of electronic primary care records</p> <p>Robert Davies (Nottingham 2010-13)* <b>TBC</b> Tobacco control policy in South America</p> <p>Steven Weng (Nottingham 2010-13) Estimating and modelling the benefits of quitting smoking</p> <p>Matthew Jones (Nottingham 2010-13) Impacts of smoking cessation in pregnancy Tim Coleman</p> <p>Mark Grindle (Stirling 2010-13) Digital Media: a public health tool?</p> <p><b>Studentships to be appointed 2010-11 (Title/Site/Supervisor)</b></p> <p>Motivational responses to physical activity and dietary policies: translating success from the smoking context Bath Linda Bauld/Fiona Gillison</p> <p>Tobacco packaging and visual search* Bristol Marcus Munafo/Linda Bauld</p> <p>The tobacco industry and corporate accountability* Bath Anna Gilmore</p>	<p>Practice, short and long term</p> <p>Academic, long term</p> <p>Policy, longer term</p> <p>Policy and practice, long term</p> <p>Practice, short and long term</p> <p>Policy, long term</p>
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						<p>Sensory replacement in smoking cessation treatments* QML Peter Hajek</p> <p>Modelling the full economic cost of smoking and the impact of policy development* <b>(This title to be reallocated due to recruitment difficulties)</b> Nottingham Steve Parrott/Ann McNeill</p>	
Completed PhDs (Centre funded / attracted from other sources) <i>Q. (e.g. where students move onto, students views of the value-added of completing a PhD as part of the Centre)</i>	0/0	0/0	0/0	0/0		None of the PhD students appointed since the Centre was established has yet been in post for sufficient time to qualify to submit their thesis	
Number and type of fellowships (Centre funded / attracted from other sources) <i>Q. (e.g. opportunities for development)</i>	2 / X	3 / 1	1 / X			<p>Hayden McRobbie (Centre funded, UCL/QML, 2008-10)</p> <p>Laura Jones (Centre funded, Nottingham, 2008-10)</p> <p>Rosemary Hiscock (Centre funded, Bath, 2009-11)</p> <p>Abraham Brown (Centre funded, Stirling, 2009-11)</p> <p>Amanda Parsons (Centre funded, Birmingham, 2010-12)</p> <p>Eileen Sutton (Smokefree Southwest funded, Bath, 2009-2011)</p>	<p>All postholders preparing applications for longer term funding; Laura Jones successful thus far</p> <p>We have funding for one more Centre fellowship to be appointed in 2010-11</p>
Number of new posts (funded by Centre / funded by other sources) <i>Q. (e.g. role, expertise, if staff attracted from outside of public health, is there any learning to be noted?)</i>	3 / X	1 / 6	X / X			<p>Core UKCTS staff detailed above (Docherty, Huang, Rehman, Ali)</p> <p>Lecturer in Tobacco Control (Elena Ratschen) University of Nottingham-funded, permanent post, appointed October 2009</p> <p>Lecturer in Statistics (Yilu Chen) University of Nottingham-funded, permanent</p>	

<p>Number of training courses provided / training resources produced  <i>Q (e.g. title, audience, attendance, feedback, organisations contributing to development of courses / resources, any resultant activity)</i></p>	<p>1 / X</p>	<p>4 / X</p>	<p>4 / X</p>	<p>Number of grant applications submitted, that would not have been, had the Centre not existed</p>
<p>post, appointed July 2009          Postdoctoral research fellow (Angela Attwood)          European Research Advisory Board project grant (Bristol) 2009          Research Assistant (Suzi Gage)          Kind Consumer Ltd, contract research grant. (Bristol) 2009          Research Fellow (Oona Brookes)          (Stirling) 2009          Secretary/PA (Diane Dixon)          (Stirling) 2009</p>	<p>4 / X</p>	<p>4 / X</p>	<p>4 / X</p>	<p>See section 2, building research capacity, for detail</p>
<p>Number of grant applications submitted, that would not have been, had the Centre not existed</p>	<p>1 / X</p>	<p>4 / X</p>	<p>4 / X</p>	<p>The expertise developed by the UKTCS support staff, particularly Graeme Doherty, in developing grant applications and associated regulatory approval applications has contributed to all our grant applications. It is difficult to say which grants would not have been submitted without this resource, but we estimate that it has enabled an approximate doubling of capture.</p>

<p>Number of successful grants<sup>4</sup>  <i>Q (e.g. learning on what made them successful)</i></p>	<p>22</p>	<p>UKCTCS grants awarded April 2009 to March 2010, arranged by Centre research topic</p> <p>1. SMOKING IN PREGNANCY</p> <p>Funder: NIHR Health technology Assessment programme          Proposal: Extension to Smoking and Nicotine in Pregnancy (SNAP) trial          Amount: £77,503          Principal applicant: T Coleman (University of Nottingham)</p> <p>Funder: NIHR Programme Grant scheme [provisional award, subject to confirmation]          Proposal: Improving the effectiveness and reach of NHS support for smoking cessation in Pregnancy          Duration: October 2010 – September 2015          Amount: £1,985,004          Principal applicant: T Coleman (University of Nottingham)</p> <p>Funder: National Institute for Health &amp; Clinical Excellence (NICE)          Proposal: Relapse prevention in pregnant smokers          Duration: June - September 2009          Amount: £6,000          Principal applicant: P Hajek (Queen Mary University, London). Co-investigators: Katie Myers and Oliver West</p> <p>Funder: National Institute for Health &amp; Clinical Excellence (NICE)          Proposal: Effectiveness of smoking cessation interventions during pregnancy: review and briefing paper          Duration: June - September 2009          Amount: £6,000          Principal applicant: L Bauld (Bath). Co-investigator: T Coleman (Nottingham)</p>	
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<sup>4</sup> Exemplified in Annex 2, Indicator B



**2. DETERMINANTS AND PREVENTION OF INCIDENT SMOKING**

Funder: NHS Nottingham City  
Proposal: Effect of point of sale tobacco displays on brand awareness and smoking behaviour  
Duration: October 2009-September 2012  
Amount: £117,000  
Principal applicant: J Britton (University of Nottingham)

Funder: Central England Trading Standards Authority  
Proposal: The Use of Tobacco by Under 18's  
Duration: April- August 2009  
Amount: £20,000  
Principal applicant: A Amos (University of Edinburgh)

Funder: Cancer Research UK  
Proposal: Piloting the Use of Plain Packs in a Real Life Environment: Experiences of Young Adult Smokers  
Duration: Jan-Sept 2010  
Amount: £40,466  
Principal applicant: G Hastings (University of Stirling)

Funder: Department of Health  
Proposal: Independent Retailers and the Demise of Smoking: A Scoping Study  
Duration: July-Dec 2009  
Amount: £12,044  
Principal applicant: G Hastings (University of Stirling)

**3. SMOKING CESSATION**

Funder: Department of Health  
Scheme: Tender  
Proposal: Tobacco Control Health Inequalities Pilot programme  
Duration: April 2010 – September 2011

			<p>Amount: £1,186,192 Principal applicant: A McNeill (University of Nottingham)</p> <p>Co-applicants: L Bauld (Bath), R Croucher (Queen Mary), A McEwen (UCL), S Macaskill (Stirling), H McRobbie (Queen Mary), E Ratschen (Notts).</p> <p>Funder: NIHR Programme Grant scheme Proposal: Smoking: new approaches to cessation service delivery, prevention of passive smoke exposure in children and healthcare cost estimation Duration: March 2010 – February 2015 Amount: £2,002,012 Principal applicant: J Britton (University of Nottingham)</p> <p>Funder: NIHR Proposal: A Randomised Controlled Trial of Retraining for Attentional Bias in Cigarette Smokers Attempting Smoking Cessation Duration: January 2010 – December 2012 Amount: £339,602 Principal applicant: R Begh (University of Birmingham)</p> <p>Funder: NHS Nottingham City (Nottingham City PCT) Proposal: Pilot Feasibility Study of relapse prevention treatment in Nottingham’s New Leaf Smoking Cessation Service Duration: February 2010 – January 2011 Amount: £55221 Principal applicant: A McNeill (University of Nottingham)</p> <p>Funder: Tower Hamlets Primary Care Trust Proposal: Running and evaluating smoking cessation service in Tower Hamlets Duration: April 2009 – March 2012 Amount: £582,000 Principal applicant: P Hajek (Queen Mary University, London)</p>	
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			<p>Funder: City &amp; Hackney Primary Care Trust          Proposal: Running and evaluating a clinical smoking cessation service          Duration: April 2009 – March 2012          Amount: £240,000          Principal applicant: P Hajek (Queen Mary University, London)</p> <p>Funder: Department of Health          Proposal: Extension to PORTSSS trial (evaluation and randomised controlled trial of implementing proactive telephone counselling for smokers)          Duration: until December 2010          Amount: £112,520          Principal applicant: T Coleman (University of Nottingham)          Co-applicants: L Bauld (Bath), A McEwen (UCL), S Lewis (Nottingham)</p> <p>Funder: NIHR HTA          Proposal: Electronic Aids for Smoking Cessation: A systematic review          Duration: Until Sept 2011          Amount: £108,029          Principal applicant: M Munafa (Bristol)          Co-applicants: P Aveyard (Birmingham), L Bauld (Bath)</p> <p>Funder: PHRC (Department of Health)          Proposal: Tobacco control, inequalities in health and action at the local level in England          Duration: May-December 2010          Amount: £70,000          Principal applicant: A Amos (Edinburgh)          Co-applicants: L Bauld (Bath)</p> <p>Funder: HTA          Proposal: An exploratory trial to evaluate the effects of a physical activity intervention as a smoking cessation induction and cessation aid among the 'hard to reach'.          Duration: 1.9.09-31.8.12.          Amount: £432,368.          Co -Applicant: Dr Paul Aveyard (Birmingham), Prof</p>	
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			<p>Robert West (UCL).</p> <p>4. HARM REDUCTION</p> <p>Funder: OTC Ireland/ASH New Zealand/Cancer Research UK/Irish Cancer Society  Proposal: Evaluation of the impact of point of sale removal in Ireland  Duration: 2009 - 2011  Amount: £55,000  Principal applicant: A McNeill (University of Nottingham)</p> <p>Funder: Fresh North East  Proposal: Evaluation of the North of England Illicit Tobacco Programme  Duration: November 2009 – October 2011  Amount: £99,447  Principal applicant: A McNeill (University of Nottingham)</p> <p>Funder: National Prevention Research Initiative/Medical Research Council  Proposal: Testing the feasibility of nicotine assisted reduction to stop in pharmacies. The RedPharm Study.  Duration: January 2010 – July 2012  Amount: £301,324  Principal applicant: Dr Paul Aveyard (University of Birmingham)</p> <p>Funder: Big Lottery Research Fund  Proposal: Reducing children's exposure to secondhand smoke in the home  Duration: March 2010 – December 2013  Amount: £490,00  Co-Principal applicant: A Amos (University of Edinburgh)</p>	
Funding from host institution(s)	2 lecturer		Details of posts and studentships provided above	

		posts; approx 8 external phd student -ships		
<p>New collaborations, and significant developments in existing ones: Multidisciplinary; International; Practice etc.</p> <p><i>Q. (e.g. nature of collaboration (joint grant submittal), how it came about, how it complements existing ones, anticipated outcomes, value-added?)</i></p>				<p>The UKCTS is itself a collaborative network and almost all of our grant applications involve multiple partners in the collaboration.</p> <p>However the Department of Health award of 1.2 million through the Tobacco Control Health Inequalities Pilot programme is an example of a proposal that had to be put together very quickly in response to the DoH timetable, involved six different components from different parts of the UKCTS, and would not have been possible without the UKCTS framework in place.</p> <p>We have a broad range of national and international collaborations, evident in our grant awards above, publications below, and equivalent records from 2008-9.</p>

## SECTION 2

### **Achieving research excellence in public health:**

12. Producing work of an international standard (SO1)
13. Providing leadership to promote research excellence in the wider public health research community (SO3)
14. Increasing the evidence base, especially in complex public health issues (SO4)
15. Advancing methodology and research design (SO5)
16. Expertise in priority area – *please specify for Centre, as appropriate* (SO7)
17. Research progress and academic impact

Narrative report on progress 09/10:

#### **7. Producing work of an international standard**

We have continued to publish a range of papers in internationally-rated peer review journals. We have published or have had accepted for publication a total of 44 peer-review original research papers which cite the UKCTCS as the source of funding and/or address of an author in this reporting period; our total output (including work which does not cite the UKCTCS and hence is not listed here) is at least double that. We have also continued to present our work at conferences and other meetings. Details are provided below. We continue to take all feasible opportunities to publicise the work of the UKCTCS.

#### **8. Providing leadership to promote research excellence in the wider public health research community**

Several of the UKCTCS partner universities (Nottingham, Birmingham, Edinburgh) offer Masters training in public health and related disciplines with a view to promoting research excellence in these disciplines. Our PhD students are almost all committed to careers in public health or public policy, and will take their experience and training with them into those future roles.

#### **9. Increasing the evidence base, especially in complex public health issues**

Our work on smoking during pregnancy has made a significant contribution to improving evidence of the effectiveness of interventions to assist women to quit during pregnancy and to our understanding of post-partum relapse. Our research and our reviews of the evidence have directly contributed to the development of forthcoming NICE guidance on smoking cessation during pregnancy and after birth, due to be published in June 2010. Our research in this complex area of public health is continuing, with a particular emphasis on identifying new ways to support more disadvantaged women to quit through a smoking cessation in pregnancy pilot that is part of the DH-funded tobacco control inequalities grant mentioned above.

In certain communities in the UK, smoking prevalence is more than double the national average. Using an action research methodology in one very deprived community in England, we are exploring how to develop community led approaches to denormalising smoking and reducing smoking.

Laura Jones is working on the development of ways to protect children from exposure to environmental tobacco smoke exposure in the home. Laura is using a mixed methods approach to further the evidence in this complex area, initially by conducting qualitative work with parents and carers, to better understand the difficulties they have in creating a smoke-free home and the acceptability and feasibility of possible interventions to help them to do so. She will then develop and evaluate possible interventions, aimed at parents and carers, to reduce their children's ETS exposure.

## **10. Advancing methodology and research design**

Our work on use of e-health records, and of data mining, and developing new databases are summarised in section 1. The data mining project is the first to our knowledge to apply these techniques to the detection of rare health effects using routine datasets.

In exploring complex multi-agency partnerships to address illicit tobacco in three regions of the north of England we are using a theory-based evaluation approach. This approach aims to generate useful evidence of the effectiveness of interventions in situations when more traditional research methods (ie trials) are not appropriate or feasible. Similarly the Quit4U evaluation in Dundee is evaluating an innovative form of cessation service, using incentives, following a quasi-experimental mixed methods study design, with data collected nationally from Scottish cessation services (the Minimum Data Set) being used to provide comparative 'control' data.

## **11. Expertise in priority area**

We have continued to develop our individual and collective expertise in tobacco control throughout this reporting period.

## **12. Research progress and academic impact**

Our research progress and academic impact are evident in our publication and funding award records summarised above.

Forward plan for 10/11:

Research activity is our priority function and will continue to be so in 2010/11. We will continue to deliver the research funded by the grant proposals outlined above, and develop new proposals to enhance and complement that work. Our forward plans in this area are as outlined in the Forward Plan in Section 1.

## Related Performance Indicators

Number of peer reviewed journal articles accepted for publication / number of non-peer reviewed journal articles accepted for publication N.B. Only record outputs resulting from Centre core- and part-funded research <i>Q (e.g. original research findings, impact of article)</i>	Quantitative Record (where appropriate)			Qualitative Statement (Briefly note observations, challenges and achievements. This could be updated on an ongoing basis.)	Where applicable, note what arena <sup>5</sup> likely to have impact in, in short-term <sup>6</sup> and longer-term
	Actual 08/09	Actual 09/10	Projected 10/11 - where appropriate		
	X / X	44/ 8	X / X	<p>Narrative</p> <p>Murray R, Lewis S, Coleman T, Britton J, McNeill A. Unplanned attempts to quit smoking: missed opportunities for health promotion. <i>Addiction</i> 2009;104:1901-9. Aug 4</p> <p>Owusu-Dabo E, Lewis SA, McNeill A, Gilmore AB, Britton J. Smoking uptake and prevalence in Ghana. <i>Tob Control</i>. 2009;18:365-70.</p> <p>Owusu-Dabo E, Lewis S, McNeill A, Anderson S, Gilmore A, Britton J Smoking in Ghana: a review of tobacco industry activity. <i>Tob Control</i>. 2009 Jun;18(3):206-11. Epub 2009 Apr 8.</p> <p>Agboola S, Coleman T, McNeill A. Relapse prevention in UK Stop Smoking Services: a qualitative study of health professionals' views and beliefs. <i>BMC Health Services Research</i>, 2009 Apr 24;9:67.</p> <p>Lindson N, Aveyard P, Hughes JR. Reduction versus abrupt cessation in smokers who want to quit. <i>Cochrane Database of Systematic Reviews</i> 2010, Issue 3. Art. No.: CD008033. DOI: 10.1002/14651858.CD008033.pub2.</p> <p>Lindson N, Aveyard P, Ingram JT, Inglis J, Beach J, West R, Michie S. Trial protocol: Rapid reduction versus abrupt quitting for smokers who want to stop soon: a randomised controlled non-inferiority trial. <i>Trials</i> 2009, 10:69. doi: 10.1186/1745-6215-10-69.</p>	

<sup>5</sup> i.e. academic, policy and practice, public

<sup>6</sup> with-in three years



			<p>Parsons AC, Ingram J, Inglis J, Aveyard P, Johnstone E, Brown K, Franklin M, Bermudez I. A proof of concept placebo controlled factorial trial to examine the efficacy of St John's wort for smoking cessation and chromium to prevent weight gain on smoking cessation. <i>Drug and Alcohol Dependence</i> 2009;102:116-122.</p> <p>Ritchie D, Amos A, Martin C (2010) Public places after smoke-free-a qualitative exploration of the changes in smoking behaviour. <i>Health and Place</i>, 16, 461-469.</p> <p>Robinson J, Amos A (2009) An exploratory study of the impact of raising the age of cigarette purchase on young smokers in Scotland. <i>Public Health</i>, 123, 673-679.</p> <p>Begh R A, Aveyard P, Upton P, Bhopal R S, White M, Amos A, Prescott R J, Bedi R, Barton P, Fletcher M, Gill P, Zaidi Q, Sheikh A. Promoting smoking cessation in Bangladeshi and Pakistani male adults: Design of a pilot cluster randomised controlled trial of trained community smoking cessation workers. <i>Trials</i> 2009, 10, 71 doi:10.1186/1745-6215-10-71</p> <p>Parsons A, Begh R, Daley A, Aveyard P. Does smoking cessation after a diagnosis of early stage lung cancer influence prognosis? A systematic review of observational studies with meta-analysis. <i>BMJ</i> 2010;340:b5569 doi:10.1136/bmj.b5569.</p> <p>Aveyard P, Dautzenberg B. Pre-operative smoking cessation- new interventions for temporary abstinence from smoking (perspective). <i>International Journal of Clinical Practice</i> 2010;64:285-288.</p> <p>Owusu-Dabo E, McNeill A, Lewis S, Gilmore A, Britton J. Status of implementation of Framework Convention on Tobacco Control (FCTC) in Ghana: a</p>	
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			<p>qualitative study  BMC Public Health 2010;10:1  <a href="http://www.biomedcentral.com/1471-2458/10/1">http://www.biomedcentral.com/1471-2458/10/1</a></p> <p>Tappin, D, Shipton, D, MacAskill, S, Eadie, D, Bauld, L and Galbraith, L (2010) Smoking prevalence and smoking cessation services for pregnant women in Scotland, Substance Abuse Treatment, Prevention, and Policy, 5, 1, doi: 10.1186/1747-597X-5-1.</p> <p>Hackshaw, L, McEwen, A, West, R and Bauld, L (2010) Quit attempts in response to smokefree legislation in England, Tobacco Control, 19, 2, 160-164.</p> <p>Coleman T. Do financial incentives for delivering health promotion counselling work? Analysis of smoking cessation activities stimulated by the Quality and Outcomes Framework. BMC Public Health 2010;10:167.</p> <p>Hyland A, Higbee C, Borland R, Travers M, Hastings G, Fong GT and Cummings KM (2009). Attitudes and beliefs about secondhand smoke and smoke-free policies in four countries: Findings from the International Tobacco Control Four Country Survey. Nicotine &amp; Tobacco Research, 11: 642-649.</p> <p>Pilnick A and Coleman T. "Do your best for me":- the difficulties of finding a clinically effective endpoint in Smoking cessation consultations in primary care. Health 2010; 14(1) 57-74.</p> <p>Ratschen E, Britton J, McNeill A. Smoke-free Mental Health Trusts? A study of the implementation of smoke-free policies in mental health inpatient settings in England. British Journal of Psychiatry, 2009 Jun;194(6):547-51.</p> <p><b>Papers in press</b></p> <p>McRobbie, H, Thornley, S, Lin, R, Bullen, C, Laugesen, M, Senior, H, Whittaker, R, Hajek, P. A phase III, single blind, randomised cross-over trial</p>	
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	<p>of the effects of two novel nicotine replacement therapies on the relief of tobacco withdrawal symptoms and user satisfaction. Nicotine and Tobacco Research</p> <p>Hajek P, Humphrey K, McRobbie H. Using group support to complement a task-based weight management programme in multi-ethnic localities of high deprivation. Patient Education and Counselling</p> <p>Hajek P, Taylor T, McRobbie H. The effect of stopping smoking on perceived stress levels. Addiction</p> <p>Robinson J, Ritchie D, Amos A, Martin C, Greaves L, Cunningham-Burley S. Volunteered, negotiated, enforced: Family politics and the regulation of home smoking. Sociology of Health and Illness</p> <p>Ritchie D, Amos A, Martin C. 'But it just has that sort of feel about it, a leper'- stigma, smoke-free legislation and public health. Nicotine and Tobacco Research.</p> <p>Robinson J, Amos A. A qualitative study of young people's sources of cigarettes and attempts to circumvent underage sales laws. Addiction.</p> <p>Robinson J, Ritchie D, Amos A, Martin C, Greaves L, Cunningham-Burley S (in press) 'Waiting until they got home'- Gender, smoking and tobacco exposure in households in Scotland. Social Science and Medicine.</p> <p>Aveyard P, Parsons A, Begh R. Smoking cessation 4: antidepressants for smoking cessation – bupropion and nortriptyline. Primary Care Cardiovascular Journal</p> <p>Sims, M, Maxwell, R, Bauld, L and Gilmore, A. The impact of smokefree legislation in England on hospital admissions for myocardial infarction.</p>				
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British Medical Journal.

Hackshaw, L. McEwen, A, West, R and Bauld, L Quit attempts in response to smokefree legislation in England, Tobacco Control.

Grant, L, Silver, K, Bauld, L and Warnakulasuriya, S The experiences of young oral cancer patients in Scotland; Symptom recognition and delays in seeking professional help. British Dental Journal.

Murray R, McNeill A, Lewis S, Britton J, Coleman T. Unplanned attempts to quit smoking: a qualitative exploration. Addiction

Lyons A, McNeill A, Chen Y, Britton J. Tobacco and tobacco branding in films most popular in the UK from 1989 to 2008. Thorax

Guo B, Aveyard P, Fielding A, Sutton S. Psychometric properties of the processes of change scales for smoking cessation in UK adolescents. International Journal of Behavioural Medicine

Jit M, Aveyard P; Barton, P; Meads C. Predicting the lifetime benefit of school-based smoking prevention programmes. Addiction.

Langley TE, Szatkowski L, Gibson J, Huang Y, McNeill A, Coleman T and Lewis S. Validation of The Health Improvement Network (THIN) primary care database for monitoring prescriptions for smoking cessation medications. Pharmacoepidemiology and Drug Safety.

Raw M, McNeill A, Murray R. Case studies of tobacco dependence treatment in Brazil, England, India, South Africa and Uruguay. Addiction, in press.

Cormac I, Creasey S, McNeill A, Ferriter M, D'Silva K. Evaluation of the impact of a total smoking ban in a hire secure hospital. The Psychiatrist

Borland R, Yong H-H, Blamford J, Cooper J,

	<p>Cummings KM, O'Connor R, McNeill A, Zanna M. Motivational factors predict quit attempts but not maintenance of smoking cessation: Findings from the International Tobacco Control Four Country Project. <i>Nicotine &amp; Tobacco Research</i></p> <p>Cooper J, Borland R, Yong H-H, McNeill A, Murray R, Cummings KM, O'Connor R. to what extent do smokers make spontaneous quit attempts and what are the implication for smoking cessation maintenance? Finding from the International Tobacco Control Four Country Project. <i>Nicotine &amp; Tobacco Research</i></p> <p>Ashley D, O'Connor R, Bernert J, Watson C, Polzin G, Jain R, Hammond D, Hatsukami D, Giovino G, Cummings KM, McNeill A, Shahab L, King B, Fong G, Zhang L, zia Y, Yan X, McCraw J. Impact of differing levels of Tobacco-Specific Nitrosamines in cigarette smoke on the levels of biomarkers in smokers. <i>Cancer Epidemiology, Biomarkers and Prevention</i></p> <p>Lyons A, McNeill A, Chen Y, Britton J. Tobacco and tobacco branding in films most popular in the UK from 1989 to 2008, <i>Thorax</i>, in press</p> <p>Agboola S, McNeill A, Coleman T, Leonardi- Bee J. A systematic review of the effectiveness of smoking relapse prevention interventions for abstinent smokers. <i>Addiction</i></p> <p>Bitton A, Raw M, Richards A, McNeill A, Rigotti N. A comparison of four international surveys of tobacco dependence treatment provision: implications for monitoring the Framework Convention on Tobacco Control. <i>Addiction</i>.</p> <p>Wilson A, Agarwal S, Bonas S, Murtagh G, Coleman T, Taub N, Chernova J. Management of smokers motivated to quit: a qualitative study of smokers and general practitioners. <i>Family Practice</i></p> <p>Raw M, Regan S, Rigotti NA, McNeill A. A survey of tobacco dependence guidelines in 31 countries.</p>				
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**Non-peer-reviewed articles**

Aveyard P, Parsons A, Begh R. Choosing the right pharmacotherapy to help patients stop smoking. British Journal of Primary Care Nursing 2009;6:58-9.

Cuthbertson L, Britton J. Passive smoking and children's health. Clinical Medicine 2010; 10:113-114.

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<http://behindthemedicalheadlines.com/articles/smoking-cessation>

Lycett D, Aveyard P, Munafo M, Johnstone E, Murphy M. What happened to their weight 8 years after nicotine patch treatment? BMJ eletters. <http://www.bmj.com/cgi/eletters/327/7405/28>, 9.5.09.

Aveyard P, Moore D, Connock M, Wang D, Fry-Smith A, Barton P. Responses to correspondents (eletters). BMJ 2009 [http://www.bmj.com/cgi/eletters/338/apr02\\_3/b1024](http://www.bmj.com/cgi/eletters/338/apr02_3/b1024).

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Coleman T. Motivation, physical activity and smoking cessation. Patient, Education and Counselling. 2010;79:141-142

						<p>Coleman T. Nicotine replacement therapy for smoking cessation in pregnancy: a commentary and update. <i>SaludCien</i>; 2009;16(7):732 -733.</p>	
<p>Number of books / book chapters Q (e.g. type of book, audience, translation)</p>	X / X	2/1	X / X			<p>Tobacco Advisory Group of the Royal College of Physicians London: RCP, 2010. Passive smoking and children. <a href="http://www.rcplondon.ac.uk/professional-issues/Public-Health/Pages/Tobacco.aspx">http://www.rcplondon.ac.uk/professional-issues/Public-Health/Pages/Tobacco.aspx</a></p> <p>Hastings G, Angus K. Under the influence: The damaging effect of alcohol marketing on young people. London: British Medical Association Board of Science, September 2009. ISBN: 978-1-905545-37-7.</p> <p>Amos A (2009) Smoking, tobacco control and doctors. In: <i>Psychology and Sociology Applied to Medicine</i>. (eds) Alder B, Porter M, Abraham C, van Teijlingen E. Churchill Livingstone.</p>	
<p>Other Publications Q (e.g. working papers, newsletters, think pieces, articles for practice journals, research briefings, policy briefings – circulation, frequency, potential and actual impact of publication)</p>						<p>Bauld, L and Coleman, T (2009) The Effectiveness of Smoking Cessation Interventions during Pregnancy: A Briefing Paper, National Institute for Health and Clinical Excellence, London. URL: <a href="http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=45552">http://www.nice.org.uk/guidance/index.jsp?action=download&amp;o=45552</a></p> <p>Bauld, L (2009) NHS stop smoking services can help improve quit rates, <i>Guidelines in Practice</i>, December 2009, Vol 12 (12)31-36.</p> <p>Britton J. Why are smoking bans so good at cutting heart attack rates? <i>The Times Online</i> <a href="http://www.timesonline.co.uk/tol/life_and_style/health/article6851189.ece">http://www.timesonline.co.uk/tol/life_and_style/health/article6851189.ece</a></p> <p>Amos A, Angus K, Fidler J, Hastings G. A Review of Young People and Smoking in England. York: Public Health Research Consortium, 2009.</p>	

<http://www.york.ac.uk/phrc/papers.htm>

Bauld, L (2010) The impact of smokefree legislation: overview of the evidence, LACORS Local Government Association Conference, London, 28th January 2010

Bauld, L (2009) The six strands of tobacco control. Southwest region commissioner's conference, Taunton, September 2nd, 2009.

Bauld, L (2009) Findings from the evaluation of smokefree England, Health Challenge Wales: Evidence for Policy Seminar, Cardiff, July 6th 2009. (invited seminar paper)

Bauld, L (2009) Smoking cessation: evidence and policy, paper presented as part of the Research in Practice for Adults (RIPFA) seminar series, the Dartington Hall Trust, Dartington, January 14th 2009.

UKCTCS Newsletter, Issue 1 (June 2008-December 2009

[http://www.nottingham.ac.uk/shared/shared\\_ukctcs/UKCTCSNewsLetter\\_June08-Dec09.pdf](http://www.nottingham.ac.uk/shared/shared_ukctcs/UKCTCSNewsLetter_June08-Dec09.pdf)

**Podcasts:**

Britton J, West R, and others. Quitting smoking <http://bdsounddoctor.nhs.uk/downloads> Barking and Dagenham NHS

Podcast on Cochrane website to summarise Cochrane Review above (*Lindson N, Aveyard P, Hughes JR. Reduction versus abrupt cessation in smokers who want to quit. Cochrane Database of Systematic Reviews 2010, Issue 3*) Presented by Nicola Lindson.

<http://www.cochrane.org/podcasts/issues-1-3-january-march-2010/reduction-versus-abrupt-cessation-smokers-who-want-quit>



Number of presentations given at national and international events

Q (e.g. what event, type of audience, feedback, what resulted - significant moments / collaborations?)

Britton J. Tobacco control strategies in Europe. International Association for the Study of Lung Cancer. 13<sup>th</sup> World Conference on Lung Cancer, San Francisco August 2009

Munafò M. European College of Neuropsychopharmacology. Esteve Foundation Seminar on Pharmacogenetics of Drug Dependence Diseases of Civilisation (satellite meeting to World Health Summit) 2009

Britton J. Smoking: What works, and what next. RCP Acute and General Medicine for the Physician. London October 2009

Bauld, L. The impact of smokefree legislation: overview of the evidence, LACORS Local Government Association Conference, London, 28th January 2010.

Aveyard, P. ASH Scotland conference, Feb 2010. The effectiveness of smoking cessation in pregnancy.

Amos A. Nov 2009. Overview of smoking cessation. Scottish Smoking Cessation Conference. Stirling.

Amos A, Robinson J, March 2010. Secondhand Smoke and Children. Make Smoking History for our Children in the North West –Ending the Tobacco Epidemic Together. Manchester.

Amos A. March 2010. Youth smoking and what works. ASH Scotland/STCA Scottish Youth and Tobacco Conference. Edinburgh.

McNeill A. March 2010. Smokeless tobacco. "East meets West - What's new and what's best-preparing for a smokefree future" Coventry, Warwickshire. East & West Midlands Strategic Health Authorities

Hastings G, Communicate, collaborate, celebrate. ASH Wales Conference October 2009.



## SECTION 3

### Excellent public health research having an impact:

- Research Translation – Improvement in the health of the public (SO1)
- Involvement of public and NHS in research
- Raising the profile of public health research
- Effective communication of research
- Societal and economic impact

Narrative report on progress 09/10:

#### 13. Research Translation – Improvement in the health of the public

The work of the UKCTCS over the past two years has made a contribution to the continued reduction in the prevalence of smoking in the UK, in exposure to passive smoking in the UK, and to the morbidity and mortality it causes. However, quantifying the independent effect of the UKCTCS in relation to the many other influences on smoking behaviour in the UK population is impossible.

The UKCTCS was directly involved in developing the MHRA proposed new policy on use of nicotine for harm reduction, currently out to consultation\*, which will contribute directly to making nicotine medications more available and eligible for wider use.

\*<http://www.mhra.gov.uk/Publications/Consultations/Medicinesconsultations/MLXs/CON065617>

#### 14. Involvement of public and NHS in research

We have established our Smokers Panel, in Bath, with whom we discuss the work of the Centre and from whom we seek feedback and advice on the current and future initiatives of the Centre.

During the 2009-10 period we had two meetings of the Smokers' Panel in Bath, each comprising 21 panellists, made up of 10 men and 11 women with age ranges from 19 to 68

In addition to the feedback and advice we seek from our panellists, we are able to identify relevant research questions, aid recruitment of subjects into trials and ask them to help us in the dissemination of research findings. The panel also assists in making the public aware of the existence and work of the Centre

In terms of tangible 'results' from these meetings, after the inaugural panel meeting, two panel members were elected to accompany us to the Advisory Board meeting in October 2009. Several panellists also agreed to, and subsequently did, comment on research proposals from Centre members as they arose. A number of members also agreed to be named advisers and coapplicants on research proposals. For example, one panel member who is currently pregnant is a coapplicant on the successful NIHR programme grant on smoking cessation during pregnancy led by Tim Coleman and including Andy McEwen, Linda Bauld, Sarah Lewis and other centre members.

Furthermore, following the Advisory Board meeting and the feedback presented from the first smokers panel, Sheila Duffy from Ash Scotland asked CF for details of set up and planning in order that they could make a bid to funders to run a similar panel in Scotland.

While the initial panel meeting was more of an introductory meeting, the second one was 'themed' around nicotine addiction and financial incentives to quit and what they, as smokers, believed works best. 14 of the panellists present at the second panel volunteered to take part in a forthcoming study 'tobacco packaging and visual search', led by Marcus Munafo at Bristol.

We have involved lay applicants in all of our major grant proposals over the past year, and sought the advice of these individuals in the practical design of our research proposals, both

before and after funding is awarded.

Our work in Aspley in Nottingham in particular engages members of the local community in commenting in the design and development of cessation services in a highly socio-economically deprived context

The UKCTCS participated in a 2009 NICE citizen's council review of harm reduction in nicotine addiction (see <http://www.nice.org.uk/getinvolved/patientandpublicinvolvement/opportunitiestogetinvolved/citizenscouncil/reports/CitizensCouncilReportSmokingAndHarmReductionWithInvitationToComment.jsp>)

#### **15. Raising the profile of public health research**

We have taken all opportunities to promote our work, where appropriate, with the public. The recent launch of the RCP report, and associated media coverage (see Section 1 for details) has been a particularly successful example of that.

Since October 2009 we have employed the services of a media monitoring agency to cover UK Centre for Tobacco Control Studies or UKCTCS mentions in print and broadcast media. The attached statistics (see appendix) are indicative of the Centre's name, and thus its work as a whole, getting into the public domain and not the work of individual members.

The monitoring service further breaks down what equivalent advertising costs would have been if we had to pay to get media coverage, coming out at £162, 000 with total circulation coming in at almost 80 million.

#### **16. Effective communication of research**

We have communicated our research effectively through peer-review publication and media promotion, as outlined in detail above.

#### **17. Societal and economic impact**

The work of the UKCTCS has contributed significantly to reducing the prevalence and acceptability of smoking, and associated economic costs, throughout UK society.

Forward plan for 10/11:

We will continue to work to develop all of the above activities throughout 2010-11.

## Related Performance Indicators

	Quantitative Record (where appropriate)			Qualitative Statement (Briefly note observations, challenges and achievements. This could be updated on an ongoing basis.)	Where applicable, note what arena <sup>7</sup> likely to have impact in, in short-term <sup>8</sup> and longer-term
	Actual 08/09	Actual 09/10	Projected 10/11 - where appropriate		
<p>Number of advisory roles taken on by Centre members (including to funders of initiative), includes membership of committees / networks</p> <p><i>Q. (e.g. nature of involvement, identify two-way benefits of such commitments)</i></p>				<p>Department of Health Scientific Advisor on Tobacco Control</p> <p>Linda Bauld 2008-present</p> <p>Chair, Measuring and monitoring the delivery aspects of 'towards a smokefree future' expert reference group; Department of Health, 2010</p> <p>John Britton. Other UKCTCS members on reference group.</p> <p>McNeill A, Bauld L, Hastings G, West R, Amos A, others. DH Delivery Plan working group.</p> <p>Advisors to MHRA on harm reduction indications for nicotine (John Britton, Ann McNeill, Paul Aveyard, Robert West)</p> <p>Advisors to ASH Scotland on development of new report on national tobacco control priorities for Scotland (Amanda Amos, Linda Bauld)</p>	
<p>Public Health priorities</p> <p><i>Q. (e.g. how the Centre's research and activities are reflecting priorities, links to emerging research, how research has developed in response to a changing agenda regionally / nationally, proposed translation of research, related outcomes)</i></p>				<p>The work of the Centre addresses directly the public health problem represented by smoking, which is the biggest avoidable cause of premature death and disability, and of social inequalities in health, in the UK.</p> <p>We have tailored our research and policy work to capitalise on the proposed review of smoke-free legislation in England in 2010; to the development of more radical and ambitious policies to supplant existing approaches over the short and medium term future; and to background research (such as on point of sale, and packaging) to inform future</p>	

<sup>7</sup> i.e. academic, policy and practice, public

<sup>8</sup> with-in three years

<p><b>Partnerships with NHS</b>  <i>Q. (e.g. who with, what is developing as a result, what has happened that would not otherwise have been possible, learning on how to collaborate – what has / hasn't worked?)</i></p>		<p>policy debates.          We have strong collaborative links with the NHS. Several UKCTS applicants are clinicians who are personally responsible for service work in the NHS. We are working closely with local NHS PCTs and health boards in a number of projects, particularly in Nottingham, Tower Hamlets and Dundee, and with the Department of Health and Scottish Executive. In all cases these collaborations are successful because they capitalise on the synergies between service needs and our research, service and policy development priorities.</p>	
<p><b>Public Involvement</b>  <i>Q. (e.g. how is this being achieved by the Centre, what has happened that might not have otherwise, what stage of project public involved at – submission development, active grants, evaluations)</i></p>		<p>Members of the public have been involved in the development of our two NIHR programme grant applications, and in the case of the cessation service programme, in advising on design of study materials such as consent forms and information sheets.           See Pt 14 above for a specific example from one NIHR programme grant on smoking cessation during pregnancy.</p>	
<p><b>Impacts on policy and practice</b>  <i>Q. (e.g. researchers / users involved, who it is benefiting, steps which were taken to realise impact)</i></p>		<p>Examples of impacts on policy are given above but include our substantial input into the design of the Department of Health Tobacco Control Strategy and the MHRA harm reduction policy change.</p>	
<p><b>Media</b>  <i>Q. (e.g. coverage on TV / radio / print / web, interest in Centre resulting in invites to participate or respond to events, resultant contacts or activities)</i></p>		<p>Our media coverage has been summarised above and is presented in detail in the appendices.</p>	

## ANNEX 1: Objectives

### UKCRC Public Health Research: Centres of Excellence Initiative– Strategic Objectives:

SO1	Promote research excellence in public health by increasing investment in infrastructure to facilitate the conduct of high quality studies designed to lead to gains in the health of the public and research outputs of the highest international standards
SO2	Build sustainable public health research capacity and expertise in the UK by providing support for additional posts at all stages of career development. In addition to creating new posts, Centres will provide a forum for training in public health research skills for practitioners and academics from a range of disciplines
SO3	Encourage and forge multi-disciplinary partnerships between world-class scholars, policy makers and practitioners. Centres will stimulate and promote research excellence within the wider public health research community through leadership, networking and collaboration
SO4	Increase the evidence base in public health research, in particular addressing complex public health issues that focus on applied research and translation of research into policy and practice
SO5	Demonstrate leadership by tackling challenging issues in the field such as methodological and research design issues, maximising use of existing data and encouraging data sharing
SO6	Complement and work closely with existing initiatives and other centres both in public health and related disciplines. Networking between or among investments will be an important element in order to best realise the benefits of crossgroup fertilisation and multi-disciplinary working for improved public health in the UK
SO7	Ideally Centres will focus on, and have expertise in, at least one of the priority areas identified by the SPG: diet and nutrition; physical activity; and alcohol, tobacco and drugs.

For further information on the initiative: [www.esrcsocietytoday.ac.uk/publichealthresearchcentres](http://www.esrcsocietytoday.ac.uk/publichealthresearchcentres)

### UK Centre for Tobacco Control Studies – Aims and Objectives:

CO1	To establish the UKCTCS as a leading international centre of tobacco research and policy excellence
CO2	To deliver a comprehensive portfolio of multidisciplinary research and policy work in national and global tobacco control activity, aiming to identify and develop all opportunities to reduce the burden of disease and disability caused by tobacco use.
CO3	To create a sustainable structure to engage, recruit, train and develop researchers, health professionals, policymakers, advocates and others in tobacco control science and practice, establishing the UKCTCS as a major international focus for training and development.
CO4	To harness the skills, knowledge and outputs of the UKCTCS to provide strategic direction for the tobacco control policy agenda.
CO5	
CO6	
CO7	

For further information on the Centre: [www.ukctcs.org](http://www.ukctcs.org)

## ANNEX 2: ESRC Indicators for reporting to Government

Please complete the tables below, adding rows for each activity, as appropriate.

### Indicator A: Activities and events involving the general public

Title	Date	Format [type of event: debate / broadcast / workshop]	Number of participants	Number of general public participants
UKCTCS Smokers Panel	09/09/09 24/03/09	Panel meeting	21 21	21 21
CPD module in tobacco control	23-26 March 09 November 2009 26-29 April 2010	Continuing professional development module open to all working in tobacco control	37, 40 & 39 respectively	37 & 39 respectively
<b>Total:</b>				

### Indicator B: Number of projects attracting co-funding (i.e. leveraged funding attracted by Centre)

Name of project	Amount of external funding	Name of co- funding body/bodies	Start and end date of co-funding	Specify whether private, public or third sector funding
See full list in KPI listing at end of section 1	£8.33 million	See full list above	All commenced in 2009/10	Predominantly public and third sector
<b>Total: £8.33 million</b>				

### Indicator C: Public policy/business orientated seminars and workshops

Title	Date	Target audience [private/public/third sector]	Number of participants
Passive smoking and children (RCP report prebriefing)	12 March 2010	Public and third sector	50
Smokeless tobacco stakeholder event	May 2009	Public and third sector	50
<b>Total:</b>			

**Indicator D: Number of (i) non-academic users hosted and (ii) number of researchers placed in user organisations** Only record people working on a formal basis to complete a specific programme of work. NB – Placements funded through ESRC placement schemes should not be included.

Name	Hosted [Where from?]	Placed [Where to?]	Dates / Duration	Placement days / hours	Purpose
Elaine Watson	NHS Gloucestershire	University of Bath	October 2009-May 2010	0.5 days per week	Placement for Masters in Public Health research dissertation
<b>Total: Users hosted - 1      Researchers on placements - 0</b>					



**Indicator E: Number of non-academic users on the investment's Advisory Committee**

**(i) Total number of Advisory Committee members: 26**

**(ii) Total number of non-academic user members: 24**

Including number of: private sector members - 0 ; public sector members - 18 ;  
third sector members - 6

### ANNEX 3: Staff and Students

Centre Investigators – Please note any changes in investigators, which will have been discussed with the ESRC Case Officer and Board Liaison Member.

Christine Godfrey and Marcus Munafo have joined the investigators
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Centre Staff (Positions funded under Directly Incurred heading and by further grant capture)

Job Title	Postholder	Institution	% Time commitment to Centre	Start date	How funded? (e.g. core Centre funding, new grant)
Research Coordinator	Graeme Doherty	University of Nottingham	100		Core funding
Centre administrator	Nazia Rehman/Craig Butterworth	University of Nottingham	100		Core funding
Data manager	Yue Huang	University of Nottingham	100		Core funding
Communications and research network manager	Cathy French	University of Bath	100		CR-UK funding
Health economist	Shehzad Ali	University of York	50	1.11.09	Core funding
Research Fellow	Oona Brookes	University of Stirling	100	20.4.09	Rowntree Foundation/ Department of Health/NHS Health Scotland/ SHAAP (Scottish Health Action on Alcohol Problems)
Secretary/PA	Diane Dixon	University of Stirling	100	27.7.09	CRUK, NHS Health Scotland, NPRI/MRC, PHRC, Joseph Rowntree Foundation, Department of Health, Scottish Government
Post doctoral fellow	Angela Attwood	University of Bristol	100	2009	European Research

					Advisory Board
Research Assistant	Suzi Gage	University of Bristol	100	2009	Kind Consumer Ltd, contract research grant

#### Centre Students

University	Student	1 +3 / +3	Start Date	End Date	Title	How funded? (e.g. Centre-linked, open competition, external funding)
Nottingham	Ailsa Lyons	+3	10/08	9/11	Tobacco marketing in alternative media	Centre
Edinburgh	Thomas Tjelta	+3	10/08	9/11	The impact of raising the age of purchase of cigarettes.	Centre
Edinburgh	Caroline Smith	+3	10/08	9/11	Tobacco corporations and health inequalities in the UK.	Centre
QML	Oliver West	+3			Understanding severe tobacco dependence	Centre
Birmingham	Deborah Lycett	+3	10/08	9/11	Prevention of weight gain after smoking cessation.	Centre
UCL	Emma Beard	+3	10/08	9/11	The impact of harm reduction strategies using NRT on subsequent cessation attempts.	Centre
Bath	Fay Beck	+3	10/08	9/11	Women, smoking cessation and disadvantage.	Centre
Birmingham	Nicola Lindson	+3	10/08	9/11	Rapid reduction versus abrupt quitting for	Centre

					smokers who want to stop soon: a randomised controlled non-inferiority trial and associated systematic review	
Nottingham	Lisa Szatkowski	+3	10/08	9/11	Impact of smoke-free legislation in Primary Care	Cancer Research-UK
Birmingham	Amanda Parsons	+3	10/08	9/11	Developing and piloting a rehabilitation programme for lung cancer patients	Centre/University of Birmingham
Stirling	Alison Ford	+3	10/09	9/12	The role of tobacco packaging in smoking behaviour, and implications of generic packaging	Centre
Edinburgh	Heide Weishaar	+3	10/09	9/12	Transnational tobacco corporations and health policy in the European Union	Edinburgh University
Nottingham	Ilze Bogdanovica	+3	10/09	9/12	Tobacco control policy in the European Union	MRC/ Nottingham University
Nottingham	Dionysis Spanopoulos	+3	10/09	9/12	Point of sale promotion and smoking in children	Nottingham University/NHS Nottingham City
Nottingham	Barbara Iyem-Omofoman	+3	10/09	9/12	Early markers of lung cancer in primary care	ESRC
Edinburgh	Lorraine Anderson	+3	10/09	9/12	The Cultural Context of Obesity and Body Size and	Chief Scientist Office, Scottish Government

					the Implications for Public Health	
UCL	Belinda Iringe-Koko	+3	10/09	9/12	Illicit tobacco	Cancer Research UK
Bristol	Jennifer Ware	+3	10/09	9/12	Genetic influences on smoking behaviour and neural mechanisms.	Wellcome Trust
Nottingham	Tessa Langley	+3	10/09	9/12	Impact of English tobacco policy using the NPRI database	NPRI/ University of Nottingham
Birmingham	Rachna Begh	+3	01/10	12/12	Attentional bias and retraining in smokers	NIHR
Nottingham	Emma Powell	+3	10/10	9/13	Use of NRT in pregnancy: an exploration of dosing and/or treatment duration	Centre
Nottingham	Vishal Barsa	+3	10/10	9/13	Extraction and linkage of electronic primary care records	ESRC
Nottingham	Robert Davies (TBC)	+3	10/10	9/13	Tobacco control policy in South America	Centre
Nottingham	Steven Weng	+3	10/10	9/13	Estimating and modelling the benefits of quitting smoking	Self
Nottingham	Matthew Jones	+3	10/10	9/13	Impacts of smoking cessation in pregnancy	MRC/ Nottingham University
Stirling	Mark Grindle	+3	10/10	9/13	Digital Media: a public health tool?	Stirling University

#### ANNEX 4: Financial Information

For the reporting period 01 April 2009 to 31 March 2010:

	<b>ESRC Budget</b>	<b>ESRC Actual</b>	<b>ESRC Variance</b>	<b>Wellcome Budget<sup>9</sup></b>	<b>Wellcome Actual</b>	<b>Wellcome Variance</b>
DI Staff	195,067.95	96,591.69	98,476.26			
Travel & Subsistence	52,158.09	12,398.18	39,759.91	-		
Other DI costs	28,246.22	174,432.77	-146,186.55	-		
DA Investigators	133,513.91	64,688.27	68,825.64			
Estates	46,594.06	27,137.45	19,456.61			
Indirect Costs	144,872.93	69,562.79	75,310.14			
<b>TOTAL</b>	<b>600,453.16</b>	<b>444,811.15</b>	<b>155,642.01</b>			

For the reporting period, confirm and explain any major deviations from the original budget profile and provide details and justification of variances.

Other DI costs – The Estates, indirect, staff, and investigator costs for the subcontracted institutions (i.e. non Nottingham) have been processed as ‘other DI costs’ by Nottingham, rather than breaking each invoice down into the specific budget categories.

Please provide an update against each commitment made by the host institution(s) in the Centre’s Case for Support.

The University of Nottingham committed two PhD studentships, which have been appointed (Powell, Bogdanovica). The University of Bath also committed to support a student, due to be appointed this year.

<sup>9</sup> Please delete the last three columns if not in receipt of Wellcome funding.

**ANNEX 5: Confidential Information**

None