



Smokefree Sidelines Evaluation

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Executive summary

Background

Over recent years smoking prevalence at a population level has continued to fall. Current UK smoking prevalence is estimated to be 15.8% (1). This low level of smoking prevalence compared to previous years may be attributed to widespread public health policies.

Although rates of smoking amongst young people have fallen in line with that of the general population, 7% of 15 year olds still reported regular smoking in 2016 (5). The government target is to reduce this to 3% or lower by 2022, moving towards the ultimate goal of creating a 'smokefree generation' (10).

In sociological terms, tobacco smoking can be viewed as increasingly 'denormalised' within our society. It is simply less visible to the new generation of young people. There is consensus that changing social smoking norms helps positively influence children's decisions not to start smoking. Sport provides an opportunity to be an exemplar for health behaviours and may represent a 'credible source' demonstrating positive health messages to young people.

With the support of the Norfolk Football Association, '#smokefreesidelines' was launched in July 2017 by Healthy Norwich. Norfolk FA worked closely through Healthy Norwich with local district councils, Smoke Free Norfolk and Norfolk Public Health to identify and support local youth football clubs to champion the idea of encouraging adults to not smoke on the football sidelines.

This report draws on a range of innovative research methods that assessed the value and effectiveness of the smokefree sidelines (SFS) initiative in Norfolk, through an examination of the social dynamics and interactions that are likely to influence smoking behaviours of young people.

Aim

To evaluate the smokefree sidelines project by assessing parent and staff attitudes, and simultaneously assess visibility of smoking at football grounds before and after the project implementation.

Methods

A mixed methods case study evaluation was conducted (29), involving attitude questionnaires, structured observations, photographic observational evidence, and

key informant interviews. This was supplemented with a process evaluation of the project implementation.

The attitude questionnaires and observations were completed pre and post the initiative implementation at case study sites (T1 and T2). Key informant interviews and an analysis of promotional and social media related to the initiative were undertaken at T2.

Survey Results

- Parents/carers believe that youth football clubs have a role in promoting healthy lifestyles to young players
- Youth football club players are exposed to smokers at matches and many are exposed to smokers within their families
- There is an appetite amongst parents/carers to promote initiatives that support not smoking in public in front of children, such as the SFS initiative
- Around half of parents/carers were aware of the SFS initiative
- There is some limited evidence that the SFS initiative may be having a positive impact on decreasing smoking behaviour at matches
- Parents/carers believed that the campaign would be effective over the long-term

Observation Results

- There were no existing (pre-SFS) 'no smoking' signs at any observation site, even on school premises or near playgrounds, indicating the need for the SFS initiative
- Smoking debris and smoking behaviour were witnessed at every observation, although prevalence varied between clubs
- The culture and environment of the club may be important in promoting reduced smoking, suggesting that the SFS initiative may have a long-term impact by reinforcing non-smoking messages
- There was evidence at Time 2 of SFS being implemented, with promotional materials displayed (clubs 2-4 only). There were some concerns about visibility.
- Reduced smoking evidence and behaviour witnessed at Time 2 observations, indicated a potential effect of the SFS intervention

Stakeholder interviews

- Coaches had engaged with the SFS initiative through displaying banners and flags, sharing the policy and materials with parents, and discussing the SFS initiative with players.
- Coaches understood intuitively the SFS aim of denormalisation of smoking behaviour and also identified secondary benefits such as spectators being less

exposed to second hand smoke and the potential to improve health outcomes for smoking spectators

- Coaches were willing to support the SFS initiative over the long-term
- Coaches identified areas for improvement relating to practical assistance, further health professional involvement, and further club engagement.

Media

- Wide dissemination and media engagement throughout is an essential aspect of any initiative aiming at shifting views of behaviour
- Social media dissemination helped to develop the brand and raise general public awareness of the initiative
- Social media as a forum facilitated wide ranging discussion on factors relevant to young people's uptake of smoking and changing societal attitudes

Conclusions

Smoking behaviour was in evidence on the sidelines at youth football matches. Although prevalence varied, some smoking was observed at all the observations undertaken. Over time, clubs participating in the smokefree sidelines initiative were observed to demonstrate a small but important change in visibility of smoking. Particularly marked were changes to the environment (a reduction in smoking debris) and the introduction and widespread use of the smokefree sidelines promotional materials. This suggests a successful and positive move towards the denormalisation of smoking at youth football games. There was strong support from parents and coaches for not smoking on the sidelines, and a campaign to promote it. Many parents spontaneously suggested, and showed support for, complete smoking bans, going one-step further than a voluntary initiative.

Recommendations

- Work with city, parish and county councils to implement smoking bans at premises where youth football is played.
- Consider lobbying, as relevant, to bring public recreational spaces where youth football is played in line with existing smokefree policies adopted in other public places such as railway stations, NHS Trusts, schools.
- Continue to work with Norfolk FA to encourage wider uptake of the smokefree sidelines initiative by non-participating youth teams
- Wider promotion of smokefree sidelines by Healthy Norwich to continue to raise awareness and build 'buy in'
- Roll out approach to include other spectator sports played outside (cricket, hockey, tennis etc.)

- Greater visibility of promotional materials by participating clubs – for example T-shirts for coaches during tournaments when there are large volumes of children and parents

1 Background and aims

Smoking prevalence, young people and health inequalities

Over recent years smoking prevalence at a population level has continued to fall (1). In 2016, of all adult respondents in the UK Office for National Statistics household survey 15.8% smoked, this equates to around 7.6 million adult smokers (1). Falls in population smoking prevalence may generally be attributed to widespread public health policies, such as public smoking bans, plain packaging legislation and hidden point of sale displays. Such policies are likely to have had a great impact on population level declines in smoking related morbidity and mortality (2). Additionally, local voluntary initiatives such as the Healthy Norwich ‘smokefree parks’, launched in August 2016, may have contributed within communities to impact on the reduced public visibility of tobacco smoking.

Despite a population level decline in tobacco smoking prevalence, there are marked inequalities (3). Tobacco smoking has been hypothesised as a ‘working class’ health behaviour (4). In England the smoking rates are twice as high in the lowest income groups compared to those in the highest income groups (5). Rates in more deprived areas have fallen more slowly than average and individuals are less likely to quit (6). In 2016 30% of unemployed adults were smokers compared to 16% of employed adults (7) and just 11% of those earning £40,000 or more were smokers, compared to 19% of those earning less than £10,000 (7). Individuals in vulnerable or disadvantaged communities are more likely to smoke, and may already additionally be subject to other forms of stigma (8,9).

Although rates of smoking amongst young people have fallen in line with general population prevalence, 7% of 15 year olds reported regular smoking in 2016 (5). The government target is to reduce this to 3% or lower by 2022, moving towards the ultimate goal of creating a ‘smokefree generation’ (10). This vision is supported by Public Health England’s position statements, with a commitment to a ‘radical upgrade in prevention’ strategies to support prevention of smoking uptake by young people.

Smoking ‘denormalisation’

In sociological terms, tobacco smoking can be considered increasingly ‘denormalised’ within our society. It is simply less visible to the new generation of young people. There is consensus that changing social smoking norms helps positively influence children’s decisions not to start smoking. Sport provides an opportunity to be an

exemplar for health behaviours and may represent a ‘credible source’ demonstrating positive health messages to young people.

Public health bodies have promoted the denormalisation of smoking since the 1970s and the World Health Organisation (11) have advocated “social change and denormalisation” as two foci for reducing tobacco use. Evidence suggests social change and demormalisation as effective methods of reducing tobacco use in a population (12) by increasing cessation, reducing initiation and increasing support of higher taxes on tobacco products (13). Lavack (1999) (14) defines denormalisation as “the programs and actions undertaken to reinforce the fact that tobacco use is not a mainstream or normal activity in our society”. Mahood (2004) (11) separates campaigns which focus on exposing the industry’s, “corporate fraud, negligence and failure to warn” and those aimed at altering the behaviour of the individual. It is recommended that the approach to the individual includes; increased taxation of nicotine products; regulation of advertising and limitations of where smoking is permitted to counteract the messages given by tobacco companies that smoking is “fun”, “glamorous” and a means of reducing “isolation” (14). In addition, many interventions have focused on the risk to non-smoking bystanders from environmental passive smoking (15). Within 50 years the public view has shifted from viewing smoking as positive, even “emancipating” and “healthy” (16) to something maligned.

In contrast to many other public health campaigns the strategy to combat smoking has utilised stigma (17) wherein, “stigmatized persons are excluded and can only re-join the group if they change their behaviour” (18). Programmes to tackle HIV infection, addiction to alcohol or illicit drug use have aimed to reduce stigma to improve access to healthcare and questions have been raised about why the approach to tobacco use is different. Bell et al. (2010) (17) propose it is a, “specific tool to *replace* outright prohibition”. This is also used to control use of illicit drugs. Bayer (2008 (15) has raised concerns about, “the severity, extent and duration of suffering” caused by smoking-related stigma. Evans-Polce et al (2015) (18) found that whilst stigmatisation was effective for reducing smoking it also had unintended consequences for the stigmatised; guilt; reduced self-worth and even increased, “resolve to continue” to smoke. However, this is a complex area demonstrated by the unexpected responses of current or previous smokers in New York- those who were exposed to more smoke-free air laws reported lower stigma than those who had less exposure to these laws (19).

The denormalisation of smoking through smoke free legislation is perceived positively by many smokers- for example 80% of those who had given up smoking reported that the smoking ban helped them to quit (20). Alamar and Glantz (2006) (20) demonstrated that for every 10% increase in social unacceptability there was a 3.7% reduction in cigarette consumption- for comparison- a 10% increase in price

resulted in a reduction of 3.8%. Bayer (2008) (22) scrutinised the moral problems inherent in using stigma in public health campaigns- particularly with regards to vulnerable groups- but concludes that the potential health benefits that may be derived by these groups outweigh the ethical implications.

Electronic cigarettes

Electronic cigarettes are a recent innovation supporting smokers to stop smoking. They are the most popular smoking cessation aid of choice in the UK (23). However, the increasing use of E-cigarettes (vaping)- 2.8 million in the UK in 2016 compared to 800,000 in 2012 (24), has resulted in some concerns that ‘smoking like behaviours’ may be renormalized and that smoking prevalence may increase as a result (21). Fairchild et al (2014) (25) identified themes in advertising for E-cigarettes including the denigration of “traditional tobacco cigarettes” and promotion of vaping as an alternative to “guilt” inducing and smelly cigarettes. The public health response has been divided- with some organisations calling for tight regulation of their use whilst others suggest E-cigarettes are a new method of harm reduction (25). Interviews with non-smokers in Scotland suggests that seeing people vape did not increase the likelihood that they intended to start vaping or smoking and 34% indicated that seeing people vape increased the stigma they associated with smoking (26).

The role of sport in supporting the denormalisation of smoking

The launch of the new government strategy on sport in 2015 set a shift in thinking, widening its brief from sports to activity with social and community development at its heart (27). The strategy also recognises the role that individual communities play in tackling stubborn inequalities and the key role of volunteers in delivering this agenda (27). The issue of multiple health risk behaviours (i.e. smoking, low levels of activity, excessive alcohol and poor diet) remains a challenge, particularly amongst those in lower socio-economic groups, and contributes to widening health inequity (8). The smoke-free sidelines initiative presents a denormalisation tactic, encouraging parents, volunteers and other members of the public to support healthy behaviour and avoid modelling a potential future health risk behaviour to children. The Sport England behaviour change model for physical activity will be familiar to the football clubs and could be equally applicable to smoking cessation for those whose thoughts about smoking cessation are ‘not on my radar’ or at other stages of change.

There are other examples of smokefree sport initiatives across the UK (e.g. ‘smokefree squads’: <http://www.hegroup.org.uk>). McGee et al (28) (2016) conducted a non-randomised control trial of a smokefree side lines project with 9-10 year olds in 154 schools in Liverpool and Knowsley. The smokefree sidelines project was shown to be effective at changing attitudes towards smoking and increasing the level of individual self-efficacy to refuse cigarettes among girls. The evidence base for

smokefree sidelines is clearly in its infancy. Research in Norfolk would improve our knowledge of the wider implications of this public health intervention.

Smokefree Sidelines

With the support of the Norfolk Football Association, '#smokefreesidelines', was launched by Healthy Norwich in July 2017. It worked closely with Norfolk FA, local district councils, Smoke Free Norfolk and Norfolk Public Health to identify and support local youth football clubs to champion the idea of encouraging adults to not smoke on the football sidelines. Pilot clubs were provided with a package of support including:

- Free brief intervention training provided by Smoke Free Norfolk to adults over the age of 18 involved in the football club (e.g. managers coaches, other staff)
- A smoking policy for a club to adopt, prepared by Norfolk Public Health
- Promotional material including an infographic leaflet, logo/kite mark for use in correspondence and marketing materials
- Smoke Free banners and flags for games and training days in and around the club setting

This reports draws on a range of innovative research methods to assess the value and effectiveness of the smokefree sidelines initiative in Norfolk, through an examination of the social dynamics and interactions that are likely to influence smoking behaviour of young people as they move into adulthood.

2 Methodology

Aim: To evaluate the smokefree sidelines project by assessing parent and staff attitudes, and simultaneously assess the visibility of smoking at football grounds before and after the project implementation.

Evaluation Outcomes:

1. Attitudes to smoking (assessed by brief interviews with key club stakeholders and brief questionnaires with members of the public using club facilities (e.g. parents – adults only over the age of 18))
2. Visibility of smoking (assessed by before and after observations)
3. Physical evidence of tobacco smoking (assessed by observations of cigarette rubbish and other physical markers of tobacco smoking such as availability of ash trays / cigarette bins)

Service (process) evaluation outcomes:

1. Visibility of smokefree sidelines materials at clubs
2. Assessment of project uptake by evaluating how club promotes and discusses project (media, social media, club policy documents)

Methods:

Observations:

A mixed methods case study evaluation approach (29), using attitude questionnaires, structured observations, photographic observational evidence, and key informant interviews was undertaken. Supplemented with process evaluation of project implementation. A case study methodology was selected, as being the most appropriate approach to meet the research aim of evaluating the smokefree sidelines initiative and its implementation in the unique context of individual youth football clubs.

Selected case studies gave full informed consent via the club manager to participate in the evaluation. Following informed consent researchers arranged to visit the clubs on a match day pre-implementation (T1) of the smokefree sidelines initiative. We specifically were attentive to context, being aware of differing club cultures and demographics within the catchment area. During observation we had no control over events, and thus were non-participant observers (30) simply observing smoking behaviours and the environmental context in 'real-life' without attempting to manipulate or control outcomes (29). Discreet notes were taken and written up post-intervention following a prescribed structured observation proforma (see appendix

1). T2 observations were undertaken on a match day following implementation of the smokefree sidelines initiative by the club.

Parent / carer survey

Attitude questionnaires were completed pre and post the initiative initiation (T1 and T2). These were disseminated widely to Norfolk youth football clubs using social media, but were also given to parents / carers on match days during observational visits to case study sites. A copy of the survey is shown in appendix 2.

The survey was administered with clubs at two different time points. As per the design of the observation part of the evaluation, three clubs were visited before they had implemented the Smokefree Sidelines (SFS) initiative to gather baseline observational data. We took the opportunity to survey the parents and carers spectating at the matches about their views on the role of clubs in promoting healthy lifestyles; awareness of smoking at youth football club matches, and attitudes towards smoking in outside public spaces and anti-smoking campaigns (questions 10-18). Questions about the SFS initiative (questions 4-9) were not included in questionnaires administered at T1 observations because we did not want to bias the Time 2 observation by priming respondents' receptiveness to the campaign.

Table 1: Survey recruitment

	Frequency	Percent
Observation	95	75.4
Club mailing	22	17.5
Social Media	9	7.1
Total	126	100.0

Key informant interviews

Interviews were undertaken over the telephone with staff and volunteers working for each of the case study football teams. A copy of the semi-structured interview topic guide is shown in appendix 3.

Ethical issues:

Ethical approval for the project was obtained from the Faculty of Medicine and Health Research Ethics committee (December 2017). Prior to commencement of the evaluation, we sought consent from club managers to participate in the research,

which included allowing researchers to attend match days to collect primary data from parents and spectators using surveys, and to undertake discreet observations.

The evaluation collected primary data (only from adults) via anonymous questionnaires, which were voluntarily completed. The clubs involved were youth football teams. Our observational work focused on smoking behaviour witnessed during football matches at each club, by parents, carers and other members of the public, with the potential for modelling by young people.

Observations were undertaken by the research team and were strictly non-identifying. No names or distinguishing features of individuals were recorded in observations. Photographs used for the photographic observational evidence were environmental only. Where photographs mistakenly include human participants, we have taken care to fully anonymise any identifying features of individuals prior to reporting, by ensuring that photographs are 'blurred'. We did not seek individual level consent for observations.

Sample

Three case study sites were selected from across Norfolk to represent the diversity of urban/rural catchment areas for football clubs, including a club located in a deprived area with higher smoking prevalence in comparison to the rest of Norfolk. Clubs were selected that had not yet signed up to the smokefree sidelines initiative, but were willing to participate and consented to take part in the evaluation. During the evaluation, one club that had participated in T1 (pre intervention observation) was no longer able to participate in the study. For this reason a further club was recruited with data collected at T2 only.

Analysis

Descriptive statistics were used for demographic and attitudinal data collected via surveys. Although we intended to undertake comparisons between T1 and T2 data, this was not possible due to the low number of participants who completed a survey at both T1 and T2.

Thematic analysis of observational data was undertaken by EW with discussion and validation of analysis during team meetings. Photographic evidence was used to demonstrate key themes. Thematic and descriptive summaries of data collected from participating clubs are presented as case studies.

We undertook a descriptive analysis and narrative synthesis of process evaluation data, including key themes derived from key informant interviews and overarching themes identified within related social media (twitter) posts.

3 Survey of parents/carers or youth football club members

The survey aimed to explore parental attitudes to smoking and to the SFS initiative. We also assessed awareness of smoking and the SFS initiative.

3.1 Profile of respondents

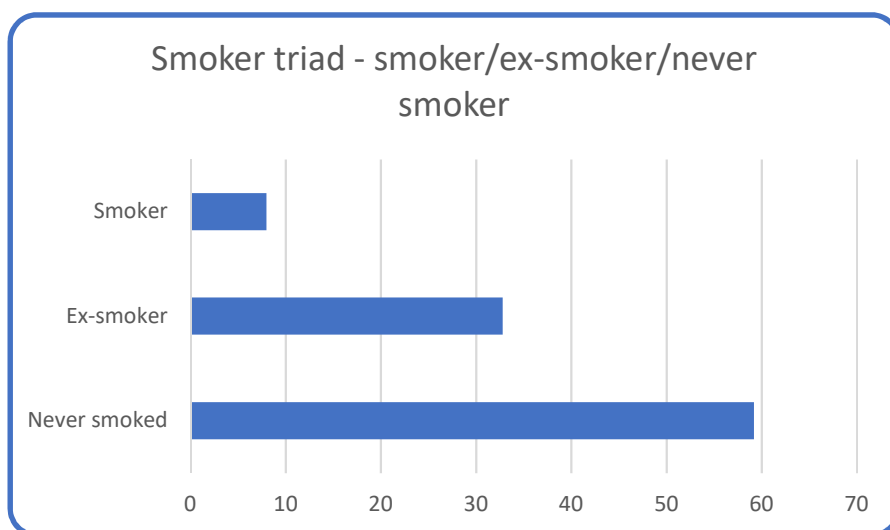
Parents/carers of children playing for 19 different Norfolk youth teams participated in the survey. A total of **126 parents/carers filled in the survey** at either Time 1 or Time 2. Just over a quarter of carers who completed the survey played or coached at the same club their child attended (28.7%, 35).

Just over a third of teams who had signed up for the SFS initiative at the time of the evaluation were represented by the survey respondents (10/29).

3.1.1 Smoking profile

Figure 1 shows smoking prevalence of the sample. Only **8% (10) of the sample identified themselves as smokers which is just below the Norfolk average of 13.5%**. Despite the low smoking prevalence in the sample, just under a quarter of carers (22.8%, 27) stated that another family member smoked within their child's household (13) or in their child's extended family (15). This suggests that **approximately a quarter of children linked to the SFS evaluation project in some way will be exposed to the effects of second and third hand smoke**.

Figure 1: smoking status of survey respondents



3.2 Role of youth football clubs in promoting healthy lifestyles

Forty-one respondents gave written comments about the role of youth football clubs in promoting healthy behaviours. **The majority of respondents felt that children were quite impressionable and looked up to coaches at youth football clubs as *role models* and, therefore, coaches had a responsibility to promote healthy behaviours:**

Figure 2: Role of youth football clubs in promoting healthy lifestyles

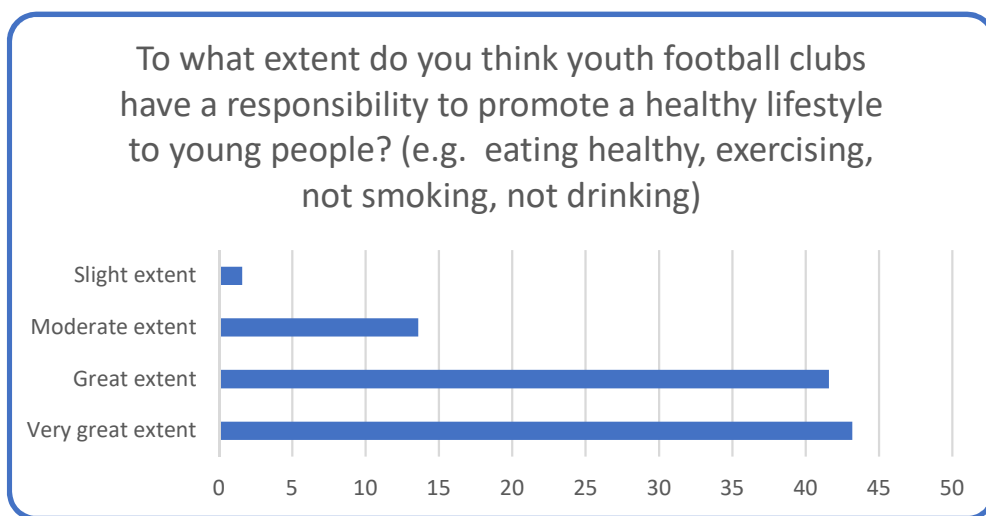
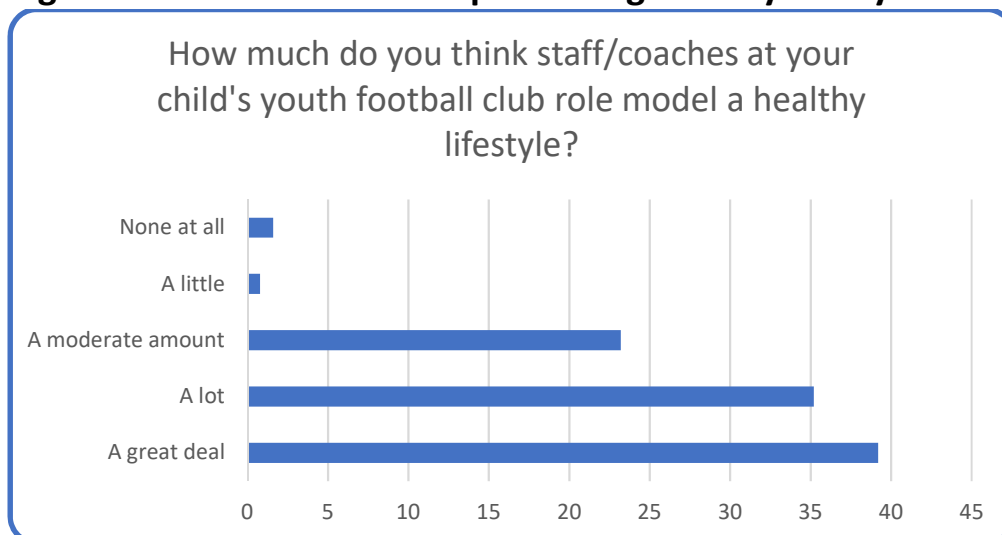
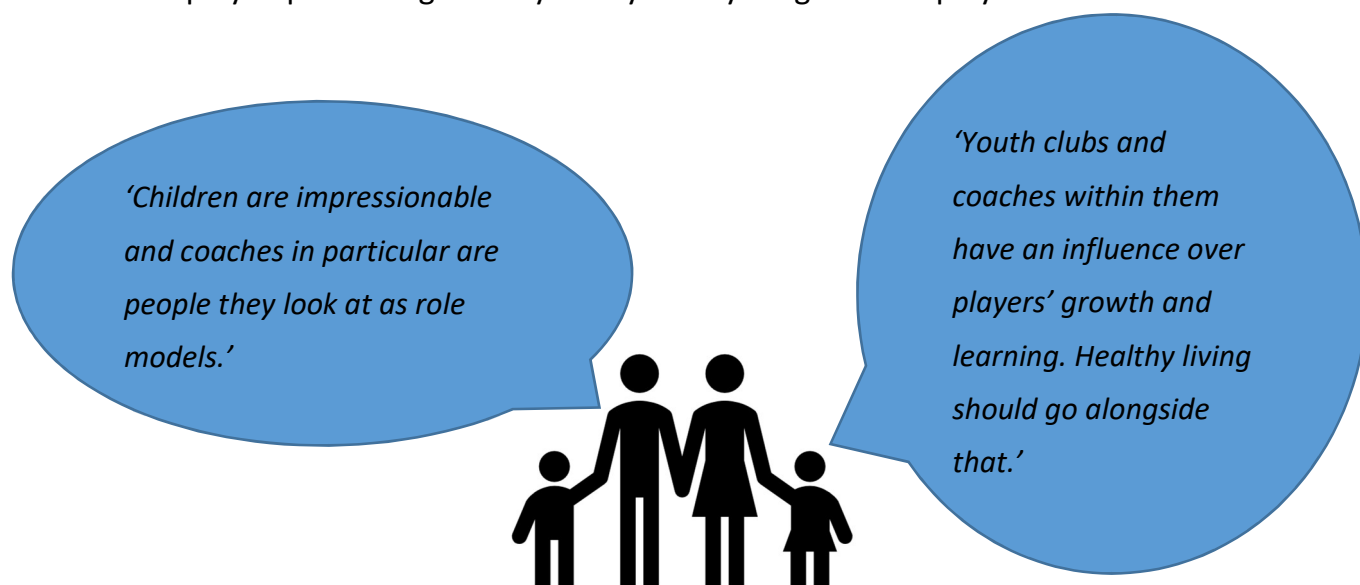


Figure 3: Role of coaches in promoting healthy lifestyles



Open ended responses also demonstrated agreement that clubs and coaches had a role to play in promoting healthy lifestyles of young football players:

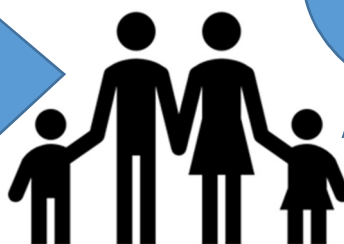


Many respondents praised the coaches' commitment to the children and the club; e.g. *'They're out in all weathers promoting exercise and positive mental attitudes'*. They commented that coaches at their child's club *did actively promote behaviours* linked to healthy lifestyles and positive wellbeing such as healthy diet, rest/sleep, and physical activity outside of training, although promoting not smoking was hardly mentioned:



A couple of the respondents felt that coaches should encourage healthy lifestyles by communicating to the children the *relationship between positive health choices and performance* both on and off the pitch:

'As a big football club with over 200 children, smoking is a something we should be trying our utmost to make sure our children do not smoke. We need to try to convince our children that to have a healthy lifestyle and healthy eating habits will improve their performance and their wellbeing.'



'It's a coaches' responsibility to encourage the players to bring out the best sportsman in themselves and this includes whole lifestyle choices.'

A few respondents commented that encouraging healthy choices was primarily parents' responsibility. However, a couple commented that children often didn't listen to their parents and that some children had parents who were engaging in unhealthy behaviours themselves. Therefore, **for some children, the role of coaches could be potentially very important in influencing behaviour:**



'Sometimes it's the male coaches that represent a male influence on these boys' lives at an age when they are looking outside of family for role models.'

3.3 Awareness of smoking at youth football matches

The majority of respondents over-estimated smoking prevalence in their local neighbourhood. Most survey respondents estimated smoking prevalence to be over 30%.

A majority of respondents had witnessed smoking on the side lines (62.6%, 72) and before/after matches at the ground facilities (67.5%, 76) in places such as near the changing rooms and the carpark. However, only a few respondents had seen smoking on the sidelines at every match they had attended (4.1%, 5) or before/after every match (5.7%, 7). Lower perceptions of smoking compared to actual smoking behaviour could be explained by the ‘covert smoking’ behaviour observed in the observations making smoking less obvious, or that people simply do not notice smoking at matches.

3.4 Attitudes towards public smoking and appetite for smoking campaigns

Respondents were asked whether they agreed with people smoking outside in public places in front of various groups **The vast majority of parents/carers surveyed do not want people smoking in front of their children in outside spaces.**

Responses differed for those who reported themselves as smokers. Smokers were more in favour of smoking freely outside in public places. However, **all of the smokers surveyed agreed with the non-smokers that it was not OK to smoke outside in front of children.**

Reflecting the attitude demonstrated above about not smoking in front of children in public places, **three quarters of the sample (74.8%, 92) would definitely support a campaign to try to encourage adults not to smoke in public where they are visible to children, and a further 15.4% (19) stated that they would probably support such a campaign.** Less than 10% (9.8%, 12) stated they were unsure or would not support a campaign.

Table 2: ‘Do you support the idea of a campaign to try and encourage adults to not smoke in public where they are visible to children?’

	Frequency	Percent
Definitely yes	92	73.0
Probably yes	19	15.1
Might or might not	9	7.1
Probably not	2	1.6
Definitely not	1	.8
Total	123	97.6
Missing	3	2.4
Total	126	100.0

Twenty-one respondents commented about smoking in public places. Reiterating the findings above, **most respondents felt that smoking could be tolerated outside, especially in a designated smoking space. However, smoking should not be**

permitted in places where children frequent such as playgrounds and sports events:

'It is still a person's right to be allowed to smoke in a public place. I do agree that smoking should be stopped where children/young adults are playing sports.'

A key reason given by respondents for not wanting people to smoke in front of children was the harmful health effects of being exposed to second hand smoke. The other key reason given by respondents was that seeing others smoking was setting a bad example which could normalise smoking and potentially encourage children to try it:

'Second hand smoke is unpleasant and harmful. Kids seeing adults smoke sets a bad example, so the more they see it, the more it is normalised.'

3.5 Awareness of SFS initiative

Over **half of the respondents had seen the Smokefree Sidelines logo (51.9%, 40)**, with just over 40% stating they had not seen it (42.9%, 33) and a few unsure whether or not they had seen the logo (5.2%, 4).



Respondents were asked whether or not they had seen any evidence of the Smokefree Sidelines materials at their child's youth football club. As expected, none of the 10 respondents from clubs not participating in the initiative at time of survey had seen any physical evidence of the initiative at their club, and only one person had seen the hashtag on social media and club correspondence. However, **those respondents whose child played for a club signed up to the SFS initiative did have an awareness of SFS materials:** Almost half had seen banners at the playing venue (47.7%, 31); over a third had seen teardrop flags at fixtures (38.1%, 24); just under a third had seen the logo on club website or emails (32.8%, 21) and the use of the hashtag on social media (29.3%, 13); just over a fifth were had seen the infographic poster (21.3%, 13). Only four respondents had seen branded tape at matches (6.8%, 4).

3.6.1 Impact on perceived sidelines smoking since start of SFS initiative

Respondents were asked if they had seen more or less people smoking on the sidelines at home and away matches since the start of the year when the initiative was first rolled out in a small number of clubs. **A majority of respondents (who were mostly representing SFS participating clubs) stated that they had noticed less people smoking on the sidelines at home matches at the time of the survey compared to the start of the year (59.2%, 45).** A third of respondents stated sidelines smoking had remained the same at home matches (35.5%, 27). The results for away matches were less positive with 41.3% (31) stating that they had seen less sidelines smoking since the start of the year and the majority stating that it had remained the same (50.7%, 38). However, it is encouraging that only a few respondents had seen more people smoking since the start of the year at home matches (5.3%, 4) or away matches (8%, 6).

Respondents whose child played for a club participating in the SFS initiative were twice as likely to state they had seen less sidelines smoking at home matches since the start of the year compared to away matches¹. One explanation for this perceived greater reduced smoking at home matches compared to away matches could be the initiation of the SFS initiative in the clubs. Although speculative, it would indicate an (at least perceived) effect of the initiative on smoking behaviour at SFS participating club home matches.

¹ 66.7% stated less smoking at home matches and 4% stated less smoking at away matches: this association was statistically significant: $X^2 = 24.530$, $n=64$, $df=1$, $p<0.001$, $OR=2$.

3.6.2 Respondents' views on effectiveness of SFS initiative

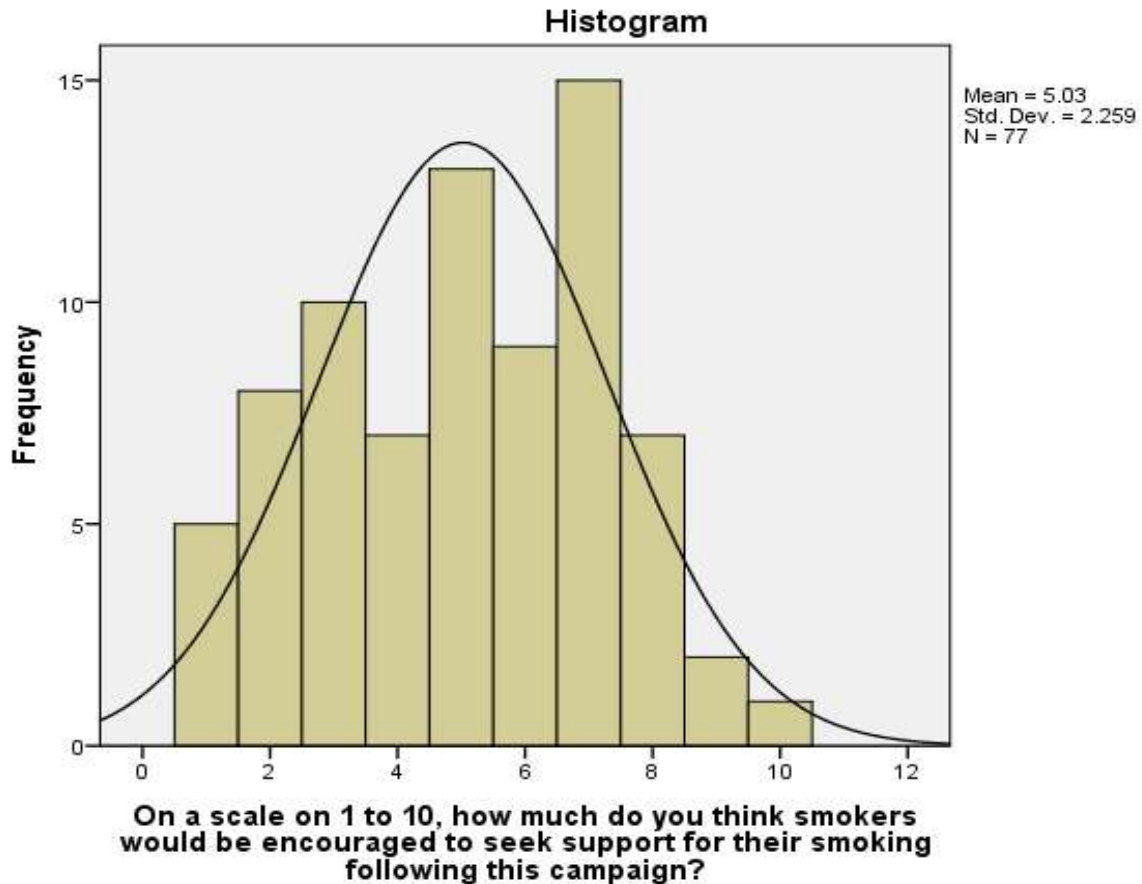
Part of the initiative included an infographic poster displaying local and national smoking statistics and information about health risks. Respondents were asked if they thought the poster would encourage people not to smoke on the sidelines at youth football matches. As shown in Table 3, almost **three quarters of respondents (74%, 41) stated that the infographic poster would either definitely (20.8%, 16) or probably (53.2%, 41) encourage people not to smoke on the sidelines.**

Table 3: Do you think this infographic poster would encourage people not to smoke on the sidelines at youth football club matches?

	Frequency	Percent
Definitely yes	16	20.8
Probably yes	41	53.2
Might or might not	11	14.3
Probably not	9	11.7
Total	77	100.0

Respondents were asked to rate on a scale of 1 to 10 how much they thought smokers would be encouraged to seek support for their smoking following the SFS campaign. Responses ranged from 1 (would not be encouraged at all) to 10 (would definitely be encouraged) with an average score of 5 (median = 5), as shown in Figure 4. **These results indicate that the majority of respondents believed that the campaign would have at least some effect on smokers' support seeking behaviour.** Encouragingly, one of the respondents who reported being a smoker also suggested that this would encourage him/her to seek support.

Figure 4:



Thirty-seven people wrote comments about their views on the SFS initiative. Several people were pessimistic about the extent to which the initiative could have an impact on smoking behaviour. However, many comments were supportive of the initiative’s aims to make smoking less visible to children:

‘I feel this initiative being linked in with youth football is a fantastic idea because children at this age are impressionable.’

A couple of respondents also commented that it would make watching football matches more pleasurable by not being exposed to second hand smoke themselves:

‘I am delighted by the campaign not just for the children but as a spectator who hates smoking.’

The main criticism from respondents was about the infographic poster containing too much information. These respondents felt that it should focus more on short simple messages about not smoking:

'You want to make an impact, keep it simple, blunt and to the point. Make people think. Criticising smokers won't get them on side. Which ultimately is what you want. Your campaign doesn't appear to have a clear goal. Are you trying to stop smoking on the sidelines? Or trying to stop smoking all together? Trying to fill too much information in what in reality is a split second as parents walk past. "Dont make others breathe your smoke #smokefree" "Set an example, no smoking please #Smokefreesidelines" this is just my opinion. I want the initiative to work, I hate seeing smokers at matches, there is no need for it. You have an amazing opportunity to encourage no smoking and personally I think you are going about it the wrong way. You will impress the non smokers as they will be proud that they don't smoke, the smokers however, what is the percentage of those who have even read all the info on that poster, then thought, wow, they are right.... Low I bet. Come on smoke free, use the opportunity to make a difference'

Some respondents felt that a more straightforward approach would be for clubs to instigate a policy banning smoking at all youth football matches:

'The no smoking ban in bars, etc. has had a big impact. If all playing fields nationwide adopted this approach I could see this having a more positive impact.'

3.7 Key Messages: What have we learnt?

- ***Parents/carers believe that youth football clubs have a role in promoting health lifestyles to young players:***
 - Vast majority of parents/carers believe that youth football clubs have a responsibility to promote healthy lifestyles.
 - Vast majority parents/carers believed that coaches within their child's youth football club role model a healthy lifestyle. They commented that coaches promoted general health and wellbeing and that this was most effective when explained in the context of the link between positive health choices and performance. However, smoking was hardly discussed.
- ***Youth football club players are exposed to smokers at matches and many are exposed to smokers within their families:***
 - Low parental smoking prevalence, but a quarter of parents/ carers' children exposed to smoking through other family members (within household and extended).
 - Majority of parents/carers had witnessed smoking on the sidelines.
- ***There is an appetite amongst parents/carers to promote not smoking in public front of children such as the SFS initiative:***
 - Vast majority of parents/carers did not want people smoking in front of their children in public spaces.

- 90% of parents/carers said they would support a campaign to encourage adults not to smoke in public where they are visible to children.
- Parents/carers commented that they were supportive of the SFS initiative, not only to make smoking less visible to children, but also to make spectating more pleasurable by not being exposed to second hand smoke.
- ***Around a half of parents/carers were aware of the SFS initiative.***
- ***There is some limited evidence that the SFS initiative may be having a positive impact on decreasing smoking behaviour at matches:***
 - Most parents/carers stated they had seen less smoking on the sidelines since the start of the year.
 - Parents/carers from clubs participating in the SFS initiative were twice as likely to state they had seen less sidelines smoking at home matches since the start of the year compared to away matches.
- ***Parents/carers believed that the campaign would be effective over the long-term:***
 - Most parents/carers believed the infographic poster could encourage people not to smoke on the sidelines, although some commented that it contained too much information and should stick to key messages.
 - Most parents/carers believed that the campaign would encourage smokers to seek support.

4 Observations of youth clubs

We undertook six in-depth observations of youth football clubs in total. Three observations were undertaken at 'baseline' (prior to the introduction of the smokefree sidelines initiative by the club). Two follow up observations were undertaken at the same clubs at the end of the football season, after the smokefree sidelines initiative had been rolled out. One of the clubs was unfortunately not able to accommodate a second observation so was not included in the follow up round of observations. However, we observed a club who had initiated the smokefree sidelines initiative at the start of the season, prior to the formal evaluation starting. This observation was undertaken at the end of the season.

Club 1 case study: Observation of club using high school playing field (Time 1 only)

Setting: This observation was of an Under 12s match taking place at a high school playing field. People present were the players, coaches, and about 30 spectators.

Evidence of a smoking environment: There were no designated smoking areas (unsurprising given it was school grounds). There were not any no-smoking signs on display. There was plenty of litter around, but hardly any evidence of smoking apart from a couple of decomposing dog ends that were clearly quite old (see photo 1 and 2). These were situated between the courts and main school buildings away from the pitch. There were no other smoking debris.



Evidence of smoking behaviour: It was an extremely cold day which might have influenced spectators' smoking behaviour. Most people approached claimed to hardly see any smoking behaviour on the sidelines.

Before the match, we saw an away supporter arrive at the sidelines smoking a cigarette. He positioned himself away from the other supporters and turned his back away from the match, but still would have been in partial view of the players. We witnessed the same away supporter smoking on at least two occasions during the game. We also witnessed a home supporter smoke a cigarette behind the tennis courts whilst walking to his car. He was attempting to do this covertly and wouldn't have been in view of the players or spectators.

Evidence of vaping behaviour:

Before the match, we witnessed two people vaping in the car park by their cars without their children present. Waiting for the match to start on the sidelines, we saw a home supporter vaping every few minutes. During the match, the home supporter continued to vape in full view of the players and another home supporter vaped, but would turn her back to the match and other supporters.

Club 2 case study: Observation of club using public playing field (Time 1 and Time 2)

Setting: Time 1 observations included U9s, U10s and U12s team matches. Time 2 included an U10s match and U11s training session. The playing fields were in a residential area and part of a well-maintained public recreation ground, which included play areas, a skate park, and a community building used as a pre-school during the week. There were around 15 spectators for each match.

Evidence of a smoking environment including SFS initiative:

Time 1: There were no designated smoking areas. 'No smoking' signs were not seen anywhere on the recreation ground, including the playgrounds, and mention of smoking was not included on the playing field committee sign (Photo 1).



However, there was hardly any smoking debris evidence anywhere on the whole recreation ground, apart from a very old decaying 'dog end' by a bench near a pitch (photo 2) and some recent debris in the car park (photo 3).



Time 2: Similar to Time 1. No debris seen anywhere on the recreation ground. Two SFS tear drop flags were positioned near the walkway onto the playing field from the car park (Photo 4).



Evidence of smoking behaviour at Time 1 and Time 2:

Time 1: One youth seen obviously smoking at top of walkway before the match and on the sidelines during match. Observers spoke to two smokers who both said they would either not smoke at all at matches or smoke in their car. Home supporters were very anti-smoking in conversations with researchers and any home supporting smokers would probably feel very stigmatised smoking on the sidelines.

Time 2: During the match, an away supporter walked away from the sidelines and smoked at top of walkway (with a vaping friend). Another away supporter stood discreetly behind a hedge near the walkway. Both smokers were still in view of playing fields and carpark.

Evidence of vaping behaviour at Time 1 and Time 2:

Time 1: One away staff member vaped very discreetly at the side with his back turned before the match and didn't use his e-cigarette at all during the match.

Time 2: One vaper stood with the smoker at the top of the walkway blowing big clouds of vapour.

Club 3 case study: Observation of club using purpose built football club premises (Time 1 and Time 2)

Setting: Time 1 observations included 2 x U11s team matches and an U14s match. Time 2 included U11s, U12s, and U14s matches, and a 4-7 year old training session. There were mixed teams as well as a girls only team. The large club ground, located in a modern housing estate, was used exclusively by the football club, but maintained by the council who it was rented from. It had several pitches, a clubhouse serving refreshments, a carpark, and a children's play area. There were 20-40 people watching most matches.

Evidence of a smoking environment including SFS initiative:

Time 1: 'No smoking' signs were not seen anywhere on the ground. There was a metal smoking shelter positioned by the children's playground (photo 1).



We observed plenty of smoking debris. There was a cigarette bin positioned by the entrance of the clubhouse with smoking debris on the floor nearby (photo 2),



There was a metal fence running between the playing field and carpark which had smoking debris alongside it (photo 3).



Smoking debris was also seen alongside the clubhouse walls. All locations included both decaying and more recent debris.

Time 2: The ground looked like it had been cleaned as there was a lot less smoking debris visible compared to the time 1 observation. Although there were still old smoking debris, there was very little evidence of new smoking debris including around 'hotspots' such as the shelter, fence, and clubhouse entrance (photos 4, 5, 6).



Two SFS tear drop flags were positioned on the playing field entrance (photos 7, 8)



A SFS banner was tied to the metal fence near the entrance (Photo 9).



The banners and flags were visible to most of the pitches, but not all.

Evidence of smoking behaviour at Time 1 and Time 2:

Time 1: There were at least 15 instances of smoking behaviour observed including in the carpark before the earlier matches; on the sidelines during all matches, by the fence during matches, and by the clubhouse entrance near the smoking bin (including home club coaches smoking here). Interestingly, no one used the shelter during the observations. Sidelines smoking included smokers happy to be openly smoking in their social groups on the sidelines, but also smokers who were more discreet and moved away from the match or turned their backs. Smoking staff that researchers spoke to said the idea of a club smoking ban had been historically discussed, but that they felt the campaign was less intrusive than an outright ban. This appeared to be a comfortable environment for smokers.

Time 2: There were less instances of smoking observed than at time 1 (around four in total), but there were less people spectating than at Time 1. An away supporter smoked a cigarette in the carpark and was later witnessed smoking openly sitting on the sidelines during the match, alongside another away supporter. No one was witnessed smoking near the clubhouse or the smoking shelter. No club staff were witnessed smoking.

Evidence of vaping behaviour at Time 1 and Time 2:

Time 1: There was less vaping behaviour than smoking. One person was vaping in the carpark before the match. During matches there were a few people vaping, one trying to be discreet turning their back, but most openly vaping on the sidelines every now and then.

Time 2: There was less vaping behaviour compared to Time 1. Three people were vaping openly during matches.

Club 4 case study: Observation of using large public recreation ground (Time 2 only)

Setting: Matches observed included an U10s and U11 game. The ground consisted of several pitches, a large carpark, a woodland walk, and a children's play area. It included a community hall being used as a clubhouse, serving refreshments. Around 25-30 spectators for each match.

Evidence of a smoking environment including SFS initiative:

No designated smoking areas, no 'no smoking' signs and no smoking debris observed. SFS banner was displayed on the side of the building and two tear drop flags were displayed nearby.

Evidence of smoking behaviour at Time 2:

No smoking witnessed before or during the matches. During half-time, two spectators walked about 25 metres away from the sidelines to smoke, although still visible to the pitch. This club was one of the first to implement the SFS initiative and staff members commented that they promoted an anti-smoking ethos at the club. For example, a staff member described an incident the day before where he approached a smoking spectator and asked her not to smoke (the spectator rebuffed this by stating the ground was public property and that she was free to smoke there).

Evidence of vaping behaviour at Time 2:

No vaping behaviour witnessed during the observation.

4.1 Key messages: What have we learnt?

- ***There were no existing (pre-SFS) 'no smoking' signs at any observation site, even on school premises or near playgrounds, indicating the need for the SFS initiative.***
- ***We witnessed smoking debris and smoking behaviour at every observation, although prevalence varied between clubs.***
 - Some people openly smoke on the sidelines, others try to be discreet to make themselves less visible, and others move away presumably so not to expose others to second hand smoke.
 - Less vaping observed, but those vaping were more open about the behaviour.
- ***Culture/environment of the club may be important in promoting reduced smoking, suggesting that the SFS initiative may have a long-term impact by reinforcing non-smoking message:***
 - There seemed to be an anti-smoking ethos promoted by either coaches or parents from the two clubs with the least smoking witnessed. The SFS initiative can further reinforce this.
 - The most smoking was witnessed in the club which had a smoking shelter and a smoking debris bin. Along with the smoking spectators and plentiful smoking debris on the ground, this could send the message that the club is accepting of smoking. The SFS initiative could help combat this.
- ***Evidence at Time 2 of SFS being implemented (clubs 2-4 only), but with concerns about visibility:***
 - Two teardrop flags per club setup near the entrance to playing fields. Although visible to every spectator entering the playing field at each site, the flags were not visible to every pitch. Staff stated that the flags were difficult to manoeuvre which may have been an explanation for keeping them near the entrance.
 - Two of the three clubs had displayed the banner. The club without the banner played on a public recreation ground and presumably would have not had an obvious place to put it up. This indicates that smaller clubs may have less opportunity to promote the SFS initiative.
 - The teardrop flag text was hard to see in bright sunlight. Some spectators commented that the colour scheme and design didn't stand out or convey a 'no smoking' message.
 - In two clubs, people were observed smoking in front of SFS banners seemingly not noticing them.
- ***Reduced smoking evidence and behaviour witnessed at Time 2 observations, indicating a potential effect of the SFS intervention:***

- The club who had implemented the SFS initiative the longest had the least smoking behaviour witnessed.
- Less smoking behaviour witnessed, especially on the sidelines, at each T2 observation compared to Time 1 observations.
- In one club, there was considerably less smoking debris at the T2 observation compared to the Time 1 observation.

5 Interviews with stakeholders

We undertook interviews with key informants (stakeholders) from the clubs participating in the SFS initiative. We interviewed three coaches in total, one of whom was also the chairman of a club.

5.1 Stakeholders' views about promoting Smokefree Sidelines

All the three coaches commented that **youth football clubs do have a role in promoting smokefree sport**. They felt that football was well placed to reach people 'from the ground upwards' (Club 2) because it was popular with young people of both genders and, therefore, had the potential to reach a lot of children. In addition, they commented that not smoking fitted in with the healthy ethos that clubs try to promote to their young players:

'As a club as a whole we've got 250 kids ranging from development age up to 17. There's a lot of children and a lot of parents coming up the club, so if we can do something across that kind of size which promotes an awareness of healthy lifestyle, [Smokefree Sidelines] fitted in with what we are trying to achieve as a club as a whole.'

The three coaches felt that the SFS initiative was **predominately about not exposing children to smoking behaviour at football matches**. Similar to the carers' comments in the survey, they felt that children were impressionable and seeing people smoking on the sidelines could normalise the behaviour. Therefore, by encouraging spectators not to smoke at matches makes smoking less visible to players:

'It's about not normalising smoking to impressionable children.'

One coach commented that the SFS initiative tied in with non-smoking messages children may have been exposed to through other public health campaigns or general media. This suggests the integration and usefulness of the SFS initiative as part of a wider cultural shift towards the denormalisation of tobacco smoking:

'[SFS is] an opportunity for the kids to not get, it's a cleaner environment which is exactly what football or any sport should be. [...] Sometimes they subconsciously pick up on it and they see that as the norm. With things that have gone on in television, in schools, in social media, I think that all helps to help them realise they have a choice and it's not the most sensible decision they can make at any point. I do think things like this do help.' (3)

The coaches also commented that the initiative had *secondary benefits* such as making the sidelines more pleasant for spectators who did not want to be exposed to second hand smoke and promoting better health for smoking parents:

'[SFS is] an opportunity for parents and spectators to be able to watch a game in comfort and not have smoke blown in their faces by other people.' (3)

5.2 Implementing SFS Initiative

As witnessed in the observations, all coaches said that they displayed two teardrop flags at the venue on match days and two of the coaches commented that they had the SFS banner permanently on display at their club ground:

The banner is up on one of the fence panels permanently and the flags go up on a Saturday and Sunday morning. (3)

One team discussed how they were going to use the tape as a barrier to try and communicate that the playing field was a smoke free area and any smoking should stay in the carpark:

'The thing is we've got a tournament this weekend where we've got hundreds of teams playing and probably best part of 400-800 people attending. The banners and flags are going to be out and I am going to use the Smokefree Sidelines tape around the car park area so you will see it as you access the ground.' (3)

The coaches had communicated the clubs participation in the SFS initiative and shared the smoke free policy with carers via their usual routes of communication which included the club notice board, emails, and social media.

In addition to SFS promotion on match days and communicating the initiative with parents, clubs were also using the initiative as an opportunity to discuss making healthy choices regarding not smoking with their youth players:

'The coaches were asked to have a conversation within their teams to explain why the banners were up, what the flags were, and just to have a chat about it. I can't say whether each coach actually done that. Plenty of my [team players] asked why the banners were up so we had conversation about the benefits of steering away from smoking and it went down well.' (3)

Part of the original design of the SFS initiative included offering club staff a brief intervention training session from Smokefree Norfolk. Two of the coaches from teams who were more recently participated in the SFS initiative did not recall being

offered the training. However, one coach did discuss a visit from a Healthy Norwich staff member to explain the initiative to the club staff, which he found this helpful and engaging.

One of the coaches from the team who was involved early on with SFS did discuss being offered the Smokefree Norfolk training and wanted the club staff to take part, but had not been able to organise it due to venue issues. However, the coach felt that the training would be a helpful way of engaging staff and even parents:

'Myself as a coach I'm engaged and that and happy to support the initiative, as the chairman is. What I don't know is how much the other coaches are. I can put it out there, get the secretary to share it with them, what I can't see and understand is what they've done with it, they might have deleted it, I hope not, but I don't know if they've shared it. Whereas if you get someone to come along and engage them it might encourage them because ultimately they volunteer as well.[..] If you've got that engagement earlier in terms of why you're doing something then you're more likely to do it.(4)

Here there is a clear point that many of the football clubs rely heavily on dedicated volunteers, and this impacts on 'buy in' for voluntary public health initiative. For smaller clubs a limitation around capacity of volunteers is inevitable in being able to fully implement the smokefree sidelines initiative.

5.2.1 Barriers and facilitators to implementing SFS

All three clubs said that implementing SFS had been, overall, straight forward. However, coaches stated that there were some areas the clubs could have received more support from Healthy Norfolk.

Accessing the SFS materials in the first instance was problematic for a couple of coaches who had difficulty organising delivery of the materials. One coach had been very proactive and had borrowed materials from another participating club. However, this involved a high level of commitment to the initiative that most clubs are unlikely to be able to replicate due to being volunteer run.

Training t-shirts were originally included in the SFS promotional materials, but were no longer available. The same club as above felt that branded t-shirts would have been useful for holiday camps where coaches could wear them and expose a lot of children and carers to the Smokefree Sidelines message:

We've got a summer school which runs for 4 weeks, 2 hours every Saturday, ages 5-12. Had we had the t shirts, what I would have said to the coaches, cause what we did is buy them all a white t shirt so nothing differentiates them. Even if we have got

6 or 7 t shirts we could have got each of the league coaches to wear them, just to get that message across... Something like that is missing a trick cause you've got loads of kids and parents, parents who aren't necessarily associated with the club, so it's a missed opportunity.(4)

One coach commented that he had not been able to use the barrier tape because it did not fit their existing barrier holders:

The only thing we didn't use was the barrier tape, purely because it wasn't universal with the barriers we normally use which are rope barriers, so it didn't slide between the pickets, so they didn't get used. (3)

However, the coach from the smaller team with less volunteers had found it difficult to fit in setting up the SFS materials alongside the other preparations on match days. This was compounded by the club's ground being a public recreation ground meaning that everything had to be setup and put away each time they played. This also meant that it was impossible to display the SFS banner permanently.

5.3 Impact of Smokefree Sidelines

5.3.1 Short-term impact and parents' reactions

In contrast to observation/survey data which suggested that spectators felt the logo and materials did not stand out enough, the coaches liked the SFS logo design:

'Brilliant, really good. It's distinctive, clear and the colour scheme is ideal for football, nice and green.' (3)

All coaches said that they had not noticed reduced smoking on the sidelines since implementing the SFS initiative. They had received encouraging feedback from parents who were largely supportive of the SFS initiative, backing up the survey data from carers which also found large support for the SFS initiative:

'Generally the scheme has been received with only positives.' (Club 2)

5.3.2 Longer term impact

The three coaches all wanted the SFS initiative to work and were happy to support it over the longer term.

The coaches stated that they would like to have some feedback about how successful the SFS initiative had been to reassure them that their efforts had been worthwhile.

One coach proposed that a longer-term impact of the initiative **could be a smokefree policy applied across Norfolk FA clubs**. However, they recognised that one of the barriers to this could be seeking permission from parish councils who owned many of the club grounds. Another barrier would be actually enforcing the policy, adding to the burden already placed on club volunteers.:

5.4 Key messages: What have we learnt?

- **Coaches had engaged with the SFS initiative through displaying banners/flags, sharing the policy and materials with parents, and discussing the SFS initiative with players.**
- **Coaches understood the SFS intuitive aim of denormalisation of smoking behaviour and also identified secondary benefits such as spectators being less exposed to second hand smoke and the potential to improve health outcomes for smoking spectators.**
- **Coaches were willing to support the SFS initiative over the long-term:**
 - Coaches had received positive feedback from parents/carers
 - Coaches believed that youth football clubs have a role in promoting smoke free sport, and that the anti-smoking message fits in with the wider healthy ethos of football clubs and other public health smoking campaigns.
- **Coaches identified areas for improvement relating to practical assistance, further health professional involvement, and further club engagement:**
 - Coaches struggled to an extent with arranging delivery of materials and setting up on match days. This could be particularly problematic for small clubs with less manpower playing on general public facilities.
 - Coaches would welcome more direct involvement with health professionals such as training. They commented that training could be more effective in engaging club staff with the SFS initiative than the materials and own club correspondence alone.
 - Coaches wanted more Norfolk youth football clubs involved with the SFS initiative to reinforce the message on a wider scale than their individual club was capable of promoting.

6 Smokefree Sidelines Media Engagement

The project has had strong dissemination and media engagement throughout. This is probably an essential aspect of any initiative aiming at shifting views of behaviour, i.e. denormalisation.

Social media

Social media has been used to promote the initiative, and many clubs have used social media to demonstrate their involvement and generate further interest. Particular use has been made of 'selfie frames' on twitter, and pictures of the smokefree sidelines merchandise have been retweeted. This has helped to develop the brand and raise general public awareness of the initiative.

Radio coverage

Radio coverage was reviewed, including a discussion and phone-in on Radio Norfolk. Key themes from this discussion were the importance of modelling healthy behaviour for children at an impressionable point in their lives, the importance of 'credible sources', i.e. football clubs and coaches as role models, and the general level of public support for moving towards smokefree sport venues.

Rachel Hunt, the lead for Healthy Norwich, described and emphasised the positive approach of the initiative:

“smoking is the leading cause of preventable deaths in Norfolk and too many children are starting smoking too young. So this really isn't trying to demonise smokers at all, it's actually just taking smoking away from their view. Sport is a really, really positive opportunity to role model that.”

Importance of 'enthusiastic adoption'

A major theme of the media involvement was the importance of clubs really 'getting on board' with the initiative in order for it to work:

“the more clubs that do it, then it will become the norm across the whole of the county and, you know, you go to an opposing side and you'd expect the same campaign to be in place”

Media engagement demonstrated the wider reach of smokefree initiatives, as other sports teams voluntarily took part in the phone in to demonstrate the work that they were doing:

“for the last three years at least we’ve had a complete ban on smoking on the sidelines by players and by spectators. And we’ve had no problem in implementing this. In fact, we play in an enclosed area, if people want to smoke they have to go outside of that area”

Changing attitudes

There was evidence of change over time in societal attitudes, in less than a generation:

“I’ve been associated with hockey for about 60 years and obviously I’ve seen a lot of changes but this is one of the best changes that we could ever have. Because of course we’re teaching our youngsters and the older players not to smoke”

A football club that was an early adopter of the initiative prior to the formal evaluation, discussed the role of the site of the club and how this impacted upon smokefree policy:

“we play predominately on a school site and we felt that common sense should come in to play first that you wouldn’t smoke on a school site anyway so why should you smoke there if it’s a football match. If you’re walking to school with your child you shouldn’t be doing it anyway, so why do it on the field at the same time”

There was also discussion of clubs using council owned land, and how the initiative therefore had to be voluntary, rather than an outright smoking ban.

Discussion of the role of vaping in the denormalization debate was a major theme:

“Vapes are obviously a very effective way of coming off cigarettes, however, in my view there’s an element of caution. I manage the under-12 side so my boys and girls are sort of 11 years old, in the last 4 weeks 2 of them have started vaping. Now through having the campaign in the Club it has given me the opportunity to have a chat with them about it because while yes they’re not smoking, you know, they’re now increasing their nicotine intake and therefore a potential addiction moving forward.”

6.1 Key messages: What have we learnt?

- Wide dissemination and media engagement throughout is an essential aspect of any initiative aiming at shifting views of behaviour
 - Use of traditional media i.e. Radio
 - Use of social media e.g. Twitter and Facebook
- Social media dissemination has helped to develop the brand and raise general public awareness of the initiative
- Social media as a forum for discussion allows for wide ranging discussion on factors relevant to uptake and changing societal attitudes

7 Conclusions, Limitations and Recommendations

This evaluation was designed to show indication of potential gains in the short-term, which might translate into longer-term impacts from SFS over time with an expansion of the initiative. It is important to emphasise that many of the clubs had only just signed up to the initiative at the time of the evaluation and had only been promoting the initiative in their clubs for not much longer than two to three weeks. Therefore, it is impossible to answer definitively whether or not the SFS initiative had an effect on reducing smoking on the sidelines. However, findings presented in this report give an indication of possible future impact.

Summary findings from the parent survey at the clubs included in the evaluation demonstrated a low reported smoking prevalence, although just under a quarter of carers (22.8%, 27) stated that another family member smoked within their child's household (13 people) or in their child's extended family (15 people). This suggests significant exposure of children to second hand smoke. The majority of survey respondents felt that children are impressionable and look up to coaches at youth football clubs as role models and, therefore, coaches had a responsibility to promote healthy behaviours. Most respondents did feel that clubs / coaches promoted healthy lifestyles and positive behaviours. They did not want people smoking in front of their children, and were supportive of the smokefree sidelines initiative.

Most parents had witnessed smoking on the sidelines, but the majority of respondents stated that they had noticed less people smoking on the sidelines at home matches at the time of the survey compared to the start of the year, suggesting overall a modest, but important positive impact of the initiative. Awareness of smokefree sidelines was generally high. There were some comments about the 'tone' of the campaign, and this is an important message for engaging not only committed non-smokers, but also persuading smokers to not smoke on the sidelines, or even to seek support themselves to stop smoking.

The evaluation undertaken has fully met the initial aims. We assessed the 'visibility' of smoking via observations. Overall we found that smoking behaviour varied between different clubs, but was generally infrequent. There was a small change over time in smoking behaviour at one larger club particularly, suggesting that the smokefree sidelines initiative was having an impact. As with any initiative attempting a change in social norms / culture, this is likely to increase over time.

In our observations we assessed physical evidence of smoking visually, looking at the

wider environment and more specifically for cigarette related debris. At two of the clubs such physical evidence was limited. A third club clearly demonstrated an environment more conducive to smoking, with significant cigarette debris observed. This changed markedly over time following the smokefree sidelines initiative, which was a positive finding.

We observed vaping, or e cigarette use, infrequently but at every observation. This could be interpreted as a positive finding, in that vaping is a reduced harm alternative to tobacco smoking, so would be preferable to observing greater numbers of smoking adults. However, there remains concern and controversy in terms of how to position vaping within the denormalisation approach. This is an ongoing area for discussion in terms of behaviour demonstrable to young people.

Our parental survey was not sufficiently powered to detect change over time. Overall, parental attitudes to smoking supported the smokefree sidelines initiative.

Our parental attitude survey and interviews with stakeholders included a process evaluation of the smokefree sidelines initiative. We observed good visibility and use of the promotional materials, particularly the tear drop flags. There were some suggestions for improvement, such as simplifying the information leaflet, and ensuring the tape was user friendly. There was a desire for t-shirts to be worn by coaches particularly at large tournaments to increase visibility. Uptake and 'buy in' to the initiative varied from club to club and was influenced by the size of the club, mostly due to the capacity of volunteer coaches / managers to commit time to promoting it.

Our evaluation was limited in scope by a short turnaround time. To deliver this rapid evaluation we worked closely with Healthy Norwich and Public Health, but did not have any external funding. Smoking prevalence in the parental survey was likely under reported due to a reliance on self-report methods, despite the anonymous nature of the survey. There was a limited response to the survey via club promotional routes and social media, but a better response in person during researcher led observations.

Observational methods were able to quickly capture aspects of the environment that impacted on smoking behaviour, and were able to clearly establish the implementation of the smokefree sidelines initiative over time. In person observation and photography were effective ways to assess environmental change that is critical in underpinning the concept of denormalisation of smoking.

Conclusions

Smoking behaviour was found to be in evidence on the sidelines at youth football matches. Although prevalence varies, some smoking was observed at all the observations undertaken. Over time, clubs participating in the smokefree sidelines initiative did demonstrate a small but important change in observations of smoking. Particularly marked were changes to the environment (a reduction in smoking debris) and the introduction and widespread use of the smokefree sidelines promotional materials. This suggests a successful and positive move towards the denormalisation of smoking at youth football games. There was strong support from parents and coaches for not smoking on the sidelines, and a campaign to promote it. Many parents spontaneously suggested and showed support for complete smoking bans, going one step further than a voluntary initiative.

Recommendations

- Work with parish and county councils to implement smoking bans at premises where youth football is played.
- Consider lobbying, as relevant, to bring public recreational spaces where youth football is played in line with existing smokefree policy adopted in public places such as railway stations, NHS Trusts, schools.
- Continue to work with Norfolk FA to encourage wider uptake of the smokefree sidelines initiative by non-participating youth teams.
- Wider promotion of smokefree sidelines by Healthy Norwich to continue to raise awareness and build 'buy in'.
- Roll out approach to include other spectator sports played outside (cricket, hockey, tennis etc.).
- Greater visibility of promotional materials by participating clubs – for example T-shirts for coaches during tournaments when there are large volumes of children and parents.

Appendix 1: Observation data collection form

Ethnographic observation – guidance for observers

Observations should be as detailed as possible, and notes should be collected based around the following sub-headings, with personal reflections completed immediately following each observation.

During observations, observers should keep in mind the research question, to explore the visibility of smoking behaviours, evidence of smoking (physical evidence) and environmental stimuli.

1. Setting

A description of the club, size, layout, culture, 'feel'

2. People

Notes on who is present in the environment (non-identifying), where they stand, obvious social/cultural groups

3. Before the game

General observations on environment and people prior to a match specifically noting any smoking behaviours observed (as detailed as possible but not identifying)

4. During the game

General observations on environment and people prior during a match specifically noting any smoking behaviours observed (as detailed as possible but not identifying)

5. After the game

General observations on environment and people prior to a match specifically noting any smoking behaviours observed (as detailed as possible but not identifying)

6. Social relationships

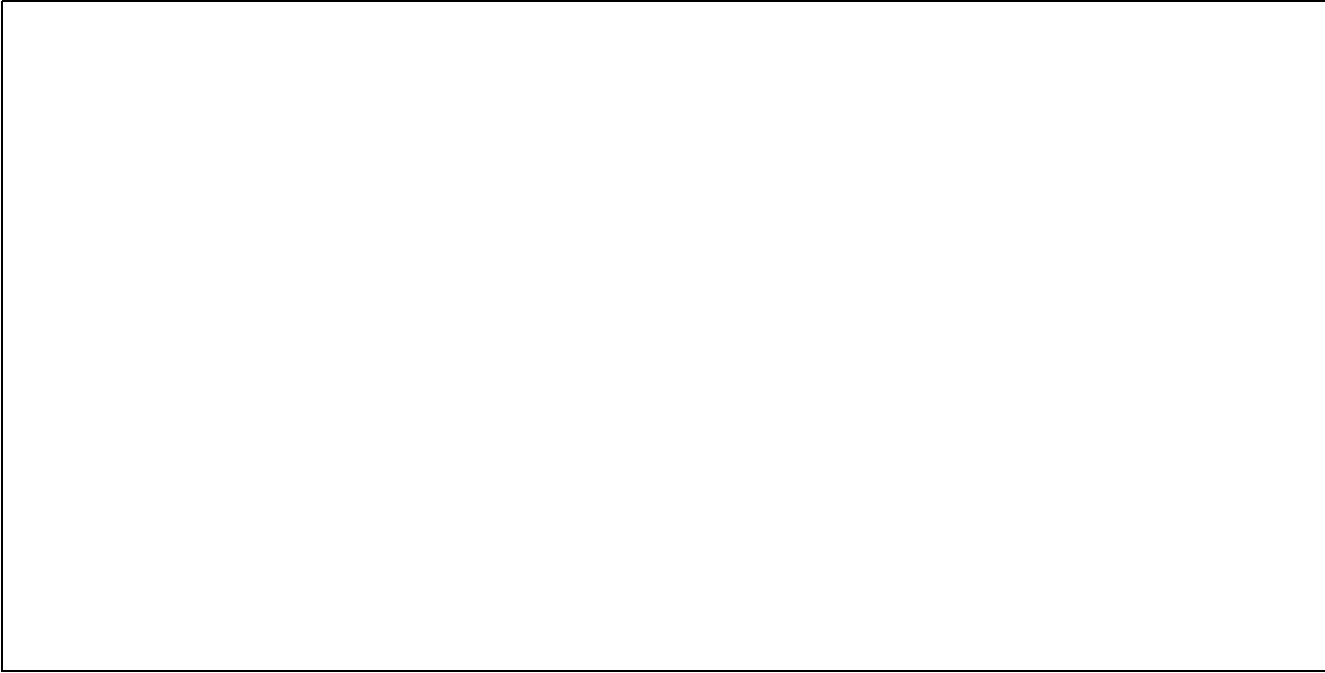
How people interact and how this seems to influence smoking behaviours (e.g. some groups)

7. Place

Smoking behaviours located within certain settings on the premises

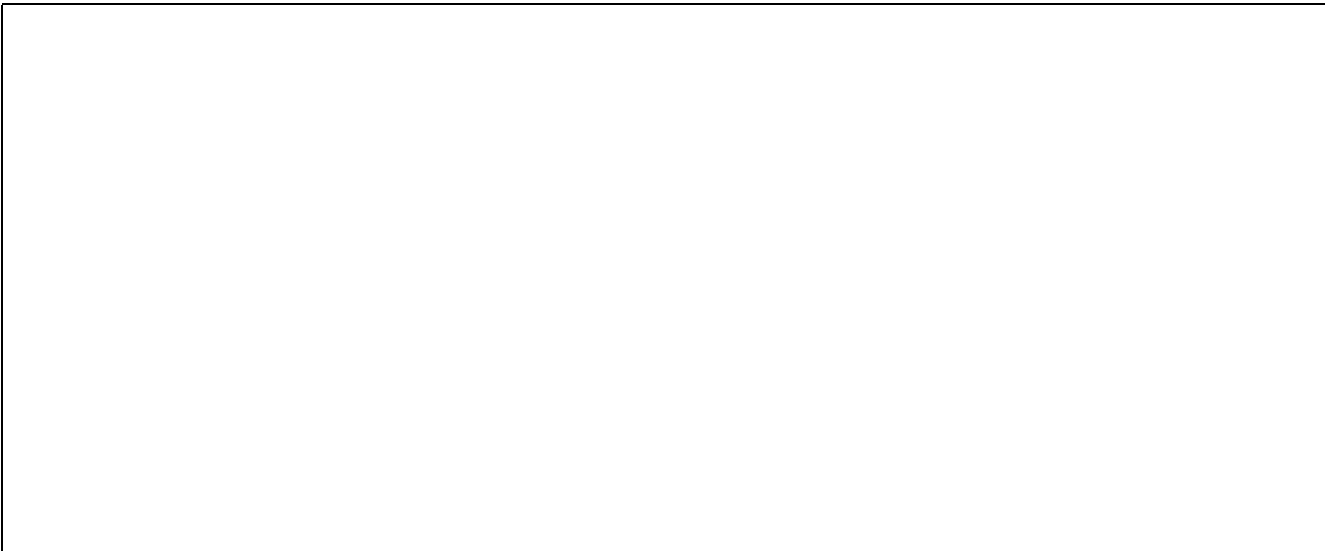
8. Significant events

Instances of smoking type behaviour or limitation/concealment of such behaviour

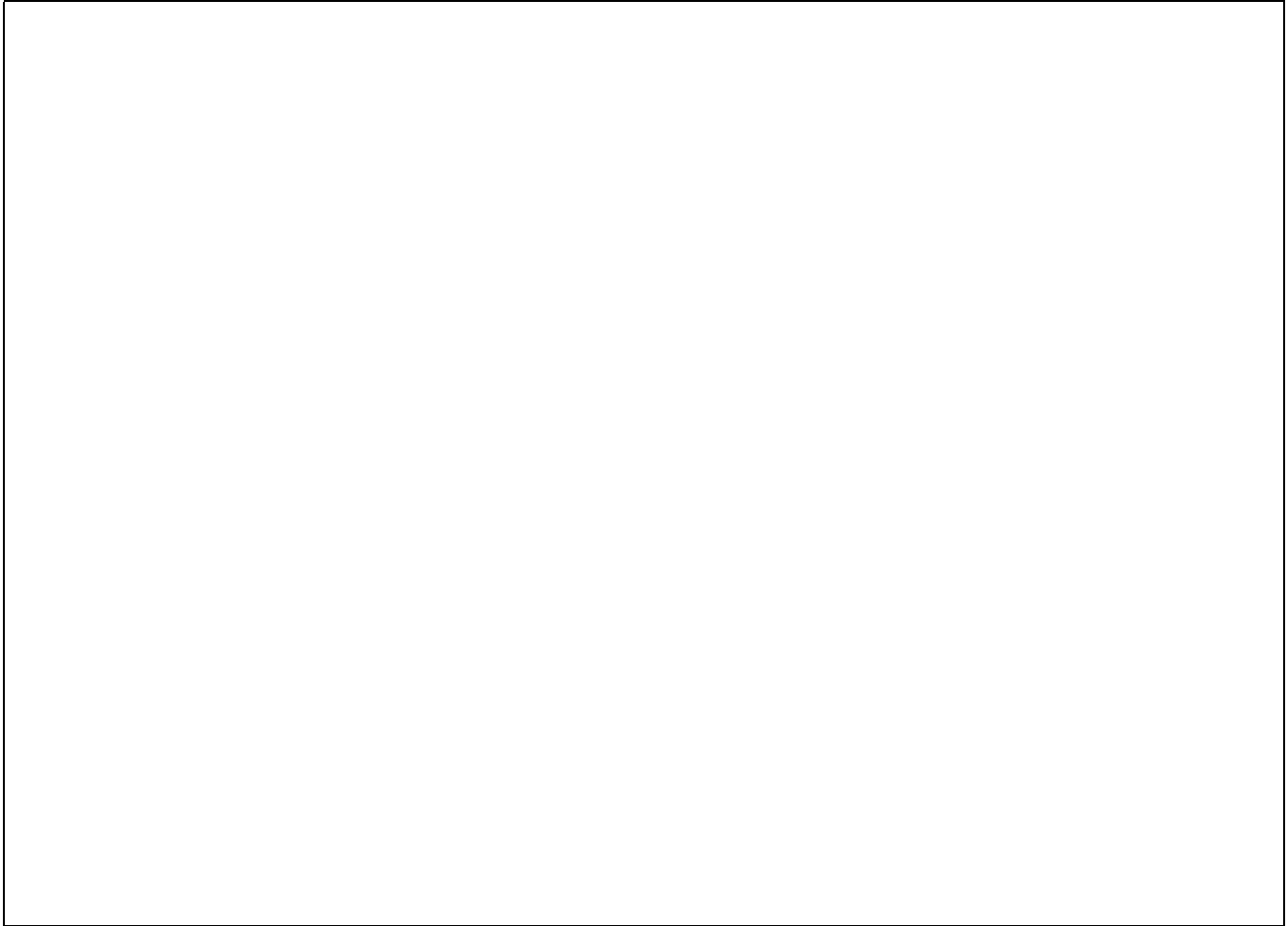


9. Surrounding environment

Notes on situation around the site – e.g smoking areas by the gates or in cars



10. Observer reflections (post-observation)

A large, empty rectangular box with a thin black border, intended for the observer to write their reflections after the observation. The box occupies most of the page's vertical space below the section header.

Appendix 2: Parent/carer survey



Smokefree Sidelines Survey 2

We are contacting you as a relative or carer of a young person who attends a local youth football club. We would like to invite you to take part in a 5 minute survey to capture your views about how youth football clubs might influence young people's health choices and behaviours. You have the option of entering a prize draw to win a £50 SportsDirect voucher.

What is the purpose of the survey?

The purpose of the survey is to evaluate an initiative called Smokefree Sidelines led by Healthy Norwich, part of the UK Healthy Cities Network. Healthy Norwich is a programme which aims to improve the health and wellbeing of people living in the city and its surrounding area.

What does taking part involve?

This survey includes questions about your views on how you think youth football clubs may influence the young people they work with, along with some questions about your attitudes towards smoking, and your awareness of the Smokefree Sidelines initiative. This survey will take 5 minutes to complete.

What are the benefits of taking part?

The information we gather from the survey will help us to understand how the Smokefree Sidelines project has been working and also to understand your own viewpoint. In addition, you will have the option of being entered into a prize draw to win a £50 Sports Direct Voucher.

What are the risks of taking part?

There are no direct risks to you from completing the survey. You do not have to answer every question if you do not want to and you are free to stop the survey at any point. The survey is completed confidentially and any personal details you give to us will be stored securely on password protected computers for 12 months after the study completes.

Who is organising the study?

The study is led by a team of researchers at the Norwich Medical School and the School of Health Sciences, University of East Anglia. We are working with Public Health colleagues at Norfolk County Council. The study has been approved by the Faculty of Medicine and Health Sciences, at UEA (Study approved 05/01/18 ref 2017/2018 - 73 SE). If you have any questions please feel free to contact Dr Caitlin Notley (Study Lead Researcher) on 01603 591275 or c.notley@uea.ac.uk.

Statement of consent:

Please tick “agree” below to participate in the study.

Agree

Please put your email address in the box below if you would like to be entered into the prize draw to win a £50 Sports Direct voucher:

Did you complete a similar survey in March?

Yes

No

1. Please write in the name of the youth football club that your child plays for in the box below:

2. Do you play or coach for the same football club?

Yes

No

3. Please write in today's date (e.g. 15/02/2018)

Your awareness of the Smokefree Sidelines initiative.

4. Have you seen this logo before?



Yes

No

Not sure

5. Have you seen any visible evidence of the Smokefree Sidelines initiative at your child's youth football club?

	Yes	No
Banners at playing venue	<input type="radio"/>	<input type="radio"/>
Teardrop flags at fixtures	<input type="radio"/>	<input type="radio"/>
Smokefree Sidelines logo on club website or emails	<input type="radio"/>	<input type="radio"/>
Use of hashtag on social media: #smokefreesidelines	<input type="radio"/>	<input type="radio"/>
Infographic poster	<input type="radio"/>	<input type="radio"/>
Branded tape	<input type="radio"/>	<input type="radio"/>
Other (please state): <hr/>	<input type="radio"/>	

6. Do you think this infographic poster would encourage people not to smoke on the sidelines at youth football club matches?

#smokefreesidelines

Why parents and other spectators are being asked to refrain from smoking tobacco or e-cigarettes when watching youth football...

Kids copy behaviour. Please don't make smoking look 'normal'.

Tobacco use is the leading cause of preventable death in Norfolk



85

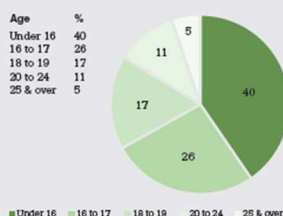


Norwich play parks became voluntary smoke-free zones in August 2016. Parks in Breckland and Broadland have also adopted the concept.

Approximately 1 in 6 people in Norfolk are Smokers



Age at which adults in England started smoking regularly, 2011



Why smoking is harmful

Cancer
Mouth/Lips
Throat
Voice box (larynx)
Oesophagus
Bladder
Kidney
Liver
Pancreas
Stomach

Heart and Circulation
Coronary Heart disease
Heart attack
Stroke

Lungs
Chronic obstructive pulmonary disease (COPD)
Pneumonia



Children who grow up with a parent or family member who smokes are 3X more likely to start smoking themselves.



Quit support contact **SMOKEFREE** 0800 0854 113
NORFOLK

- Definitely yes
 - Probably yes
 - Might or might not
 - Probably not
 - Definitely not
-

7. Have you noticed more or less people, supporting your **home club**, smoking on the sidelines at youth football club matches **now compared to last year**?

- More home supporters smoking
 - Same amount of home supporters smoking
 - Less home supporters smoking
-

8. Have you noticed more or less people, supporting the **away club**, smoking on the sidelines at youth football club matches **now compared to last year**?

- More away supporters smoking
- Same amount of away supporters smoking
- Less home supporters smoking

9. On a scale on 1 to 10, how much do you think smokers would be encouraged to seek support for their smoking following this campaign? Please tick the corresponding box below:

Would not be encouraged at all

Would definitely be encouraged

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

9. Please use the box below to explain your answers further or add any comments about the Smokefree Sidelines initiative:

Your views on how youth football clubs might promote healthy choices

10. To what extent do you think youth football clubs have a responsibility to promote a healthy lifestyle to young people? (e.g. eating healthy, exercising, not smoking, not drinking). Please tick one box below:

- Very great extent
- Great extent
- Moderate extent
- Slight extent
- Not at all

11. How much do you think staff/coaches at your child's youth football club role model a healthy lifestyle? Please tick one box below:

- A great deal
 - A lot
 - A moderate amount
 - A little
 - None at all
-

12. Please use the box below to explain your answers further or add any comments you have about the influence of youth football clubs on young people's health choices.

Your views on smoking in public places

Please note that the questions are about smoking tobacco cigarettes only and are not about vaping e-cigarettes.

13. Do you notice people currently smoking on the sidelines at youth football team matches?

- Yes, at every match I've watched
- Yes, but not at every match I've watched
- No, not at any matches I've watched
- I haven't been to any matches

14. Do you notice people currently smoking before or after youth football team matches, in places such as near the changing rooms, in the carpark, or elsewhere in the facilities?

- Yes, at every match I've watched
 - Yes, but not at every match I've watched
 - No, not at any matches I've watched
 - I haven't been to any matches
-

15. How much do you agree or disagree with the following statements?

	Strongly agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
It is okay for smokers to smoke outside in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is okay for smokers to smoke around non-smokers in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is okay for smokers to smoke around teenagers in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is okay for smokers to smoke around children in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Do you support the idea of a campaign to try and encourage adults to not smoke in public where they are visible to children?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

17. In your neighbourhood, what percentage of people/how many people out of 100 do you think smoke? Please mark below your estimation of a percentage of people or write the number.

0% 10 20 30 40 50 60 70 80 90 100%

18. Please use the box below to explain your answers further or add any comments you have about smoking in public places.

Your smoking behaviour

19. Which of the following best applies to you?

- I smoke tobacco cigarettes (including hand-rolled) every day – please go to Q20
- I smoke tobacco cigarettes (including hand-rolled), but not every day - please go to Q21
- I do not smoke cigarettes at all, but I do smoke tobacco of some kind (e.g. pipe or cigar) – please go to Q25
- I have stopped smoking completely in the last year – please go to Q25
- I have stopped completely more than a year ago – please go to Q25
- I have never been a smoker (i.e. smoked for a year or more) - please go to Q25

20. If you smoke every day, how many cigarettes do you smoke per day on average? (E.g. 20)

Please go to Q24

21. If you smoke but not every day, do you smoke once a week or more?

- Yes - please go to Q22
- No – please go to Q23

22. How many cigarettes do you smoke per week on average? (E.g. 5)

Please go to Q24

23. How many cigarettes do you smoke per month on average? (E.g. 5)

Please go to Q24

24. Would you know where to go for support if you wanted to quit smoking?

Yes, please give an example in the box:

No

25. Does anyone else in your youth football club member's family smoke?

Yes, other family members living in the child's household

Yes, extended family not living in the child's household

No

26. Please use the box below for any other comments:

Thank you for taking the time to complete this survey!

We will be contacting you again in a few months time to ask you to complete a similar survey.

Further information and contact details:

If you have any questions please feel free to contact Dr Caitlin Notley (study lead researcher) on 01603 591275 or c.notley@uea.ac.uk.

Or if you would prefer to speak to someone independent, please contact:

Professor Max Bachmann, Head of Population Health Department, Norwich Medical School, UEA,
m.bachmann@uea.ac.uk

If you require further information about smoking cessation, we would encourage you to speak to your GP, or you may find the following resources helpful:

Smokefree Norfolk - www.smokefreenorfolk.nhs.uk

NHS Smokefree support - www.nhs.uk/smokefree

Action on Smoking and Health (ASH) - www.ash.org.uk

End of Block: Thank you

Appendix 3: Key informant interview topic guide

Smokefree Sidelines Staff Topic Guide

General questions about smoke free sport promotion

Please can you describe in your own words what Smokefree Sidelines is about?

How much of an issue do you think spectators smoking on the sidelines at your club's matches/training has been in the past? What could be the impact on young people's health choices?

Do you believe local youth football is well placed to support the idea of smoke free sport?

Implementing Smokefree Sidelines

What type of activities has your club been doing to implement the initiative with parents, members, and other clubs?

- Banners, flags, training t-shirts?
- Social media activities such as photoframe and hashtag?
- Logo and links included on website and in correspondence with members and parents?
- Promoting smoke free policy (if applicable)?

What have been the barriers and facilitators to implementing the initiative with parents and members? Do you feel like you've been well supported by Healthy Norwich and Norfolk FA?

Have you introduced the smoke free policy statement for your club? Why/why not? How have you been promoting the policy to your members and their families?

As part of the initiative, have you or any of your staff attended a training session about brief intervention training from Smokefree Norfolk?

If yes:

Why did you/your staff want to do the training?

How useful did you find the training? Why? Have you used it in your work with the club? What has been the most useful thing you learnt?

What were the benefits/drawbacks of the training?

Anything you think should have been included that wasn't?

Do you think the training has helped relatives, club members or staff to reduce or stop smoking? How?

Would you recommend the training?

If no:

Why haven't you nor your staff taken up the offer of training? Do you think the training would be useful? Why/why not?

What could be done to improve the implantation of the Smokefree Sidelines initiative? What extra support would be useful?

Do you think you will continue to support the initiative? Why/why not? How will you continue to implement it? What support do you need?

Impact of Smokefree Sidelines

What have others' reactions been to Smokefree Sidelines? (E.g. Members? Relatives? Other spectators? Staff? Other clubs?)

Have you noticed less people smoking at fixtures and training since the Smokefree Sidelines initiative was implemented in your club?

Do you think people's smoking behaviour has been influenced at all by the initiative? Examples?

What do you think about the Smokefree Sidelines logo design? Does it stand out at matches on the flags and banners? Does it communicate the smokefree message sufficiently?

Have you got any case studies relating to your support for this project?

What do you hope the long-term impact of the initiative will be? Do you think it can be achieved? How?

Any further comments about Smokefree Sidelines? Any further comments about promoting healthy behaviours in sport?

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