

# Qualitative research on smoke-free homes

## What do we know?

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# Key sources of evidence

## **Smoke-free homes: what are the barriers, motivators and enablers? A qualitative systematic review and thematic synthesis**

[Passey](#) et al (2016) [BMJ Open](#). 2016; 6(3): e010260.

The first systematic review and thematic synthesis of the qualitative literature exploring the barriers, motivators and enablers of establishing and maintaining smoke-free homes.

Includes studies from multiple countries, cultural and social settings allowed identification of common barriers, motivators and enablers, as well as how these issues vary within and between contexts.

# Scottish evidence and expertise

- [Rowa-Dewar N, Rooke C, Amos A](#). Using e-cigarettes in the home to reduce smoking and secondhand smoke: disadvantaged parents' accounts. *Health Educ Res*. 2017; Feb 1;32(1):12-21.
- [Robinson J, Ritchie D, Amos A et al](#). 'Waiting until they got home': gender, smoking and tobacco exposure in households in Scotland. *Soc Sci Med* 2010; Sep;71(5):884-90.
- [Wilson IS, Ritchie D, Amos A et al](#). 'I'm not doing this for me': mothers' accounts of creating smoke-free homes. *Health Educ Res* 2013; 28:165–78.

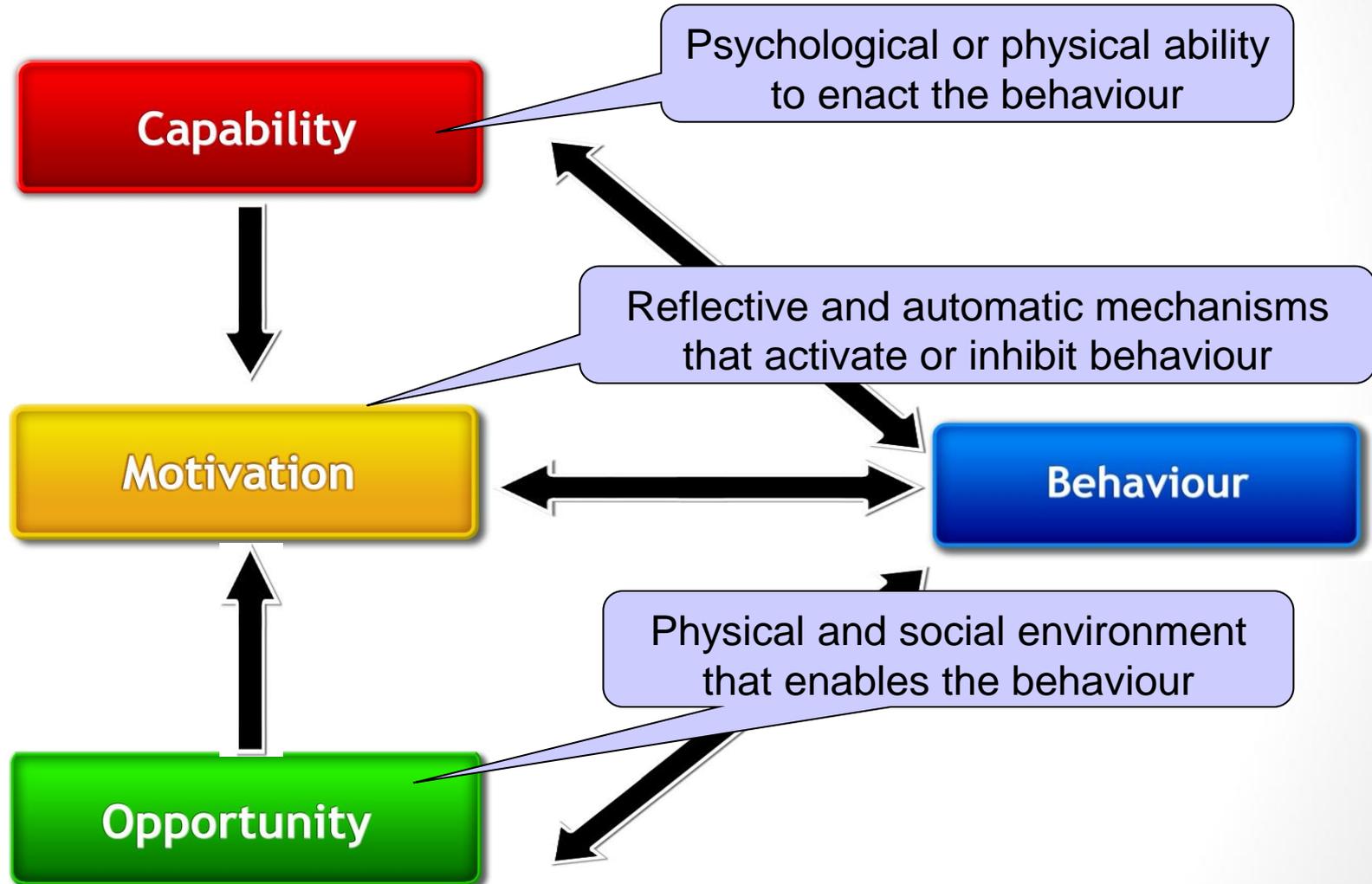
# Facilitators for creating a SFH

- Awareness and knowledge of the risks from SHS
- Supportive partners/family members
- Knowledge of effective strategies
- Understanding of the way in which SHS travels/lingers
- Desire to protect children's health, especially with newborn babies
- Easy access to a garden/balcony
- Motivation, tenacity, assertiveness
- Positive social/familial norms

# Other key barriers to creating a SFH

- Fluid and unstable household composition, where adults regularly move in and out
- Lack of agency to enforce rules about home smoking, especially if reliant on others for economic, social emotional and practical support (such as childcare provision)
- Stressful life circumstances, often associated with socio-economic status
- Addiction/habit

# The COM-B model: Behaviour occurs as an interaction between three necessary conditions



*“Many households face complex practical, social, cultural and personal issues in creating and maintaining SFHs, which vary within and between contexts...Programmes should consider using an assets-based approach, harnessing the steps already made towards SFHs and valuing the motivation of households to introduce SFH rules. This recognises that **the vast majority of households** have some knowledge and make some concessions towards having a SFH, for example, not smoking around a newborn, not smoking in children's bedrooms, and **are doing the best they can. This approach also aims to ensure that households are not further disempowered or stigmatised.**”*  
(Passey et al, 2016)

# So where might we go from here?

- New NICE harm reduction guidelines have identified using NRT and e-cigarettes as an important new approach in reducing smoking, while still encouraging quitting. In the 2014 Harm Reduction addendum by Health Scotland, it is recommended that tobacco control and smoking cessation services should consider offering and providing NRT to smokers for temporary abstinence to avoid exposing others to second-hand smoke, when smoking outside may be impractical/impossible. In cases where NRT products are not provided directly to the smoker, they should be signposted to pharmacies that sell (and provide advice on how to use) NRT products approved for this purpose.

# Is harm reduction an option?

- For parents?

Some parents would consider using NRT to reduce SHS levels in the home. Others expressed concerns about NRT products which they had used with little success in the past to try to stop smoking.

- For professionals?

Limited experience of discussing HR options with parents  
Lack of time/other priorities/knowledge of possible options/  
certainty about the possibility of NRT for this purpose. Some disagree with the HR approach:

*“I wouldn’t give them that option of ‘well you can do this or do that to maybe make it less dangerous’ because there is no less dangerous, you know, it’s either you stop or you don’t”*

# Participants and study design

- **Stage 1**

Individual interviews with 17 mothers of children aged under 5 recruited from four Early Years Centres in three Edinburgh communities

- **Stage 2**

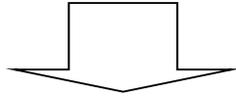
Individual and focus group interviews with health and social care practitioners e.g. GPs, pharmacists, health visitors, early years practitioners (15)

Individual/paired interviews with policy and practice leads with SHS remits (5)

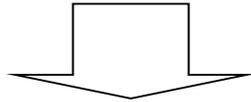
- **Stage 3**

**Pilot provision of NRT for home and dual use for 20 parents in two disadvantaged Edinburgh communities**

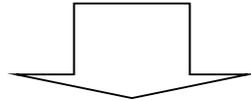
Parent & Harm reduction advisor meet in the EYC



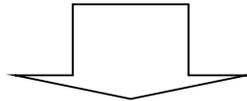
Parent takes recommendation Letter to designated Pharmacy



Pharmacy assess, prescribe and dispense NRT



Parent attends Pharmacy weekly for up to 8 weeks



Interviews with Parents, harm reduction advisor, EYC staff  
and pharmacists

# Progress so far

- EYCs, Pharmacies and Parents all very enthusiastic
- Recruitment ongoing with 13 parents from 3 EYCs in 2 disadvantaged areas have been visited/are about to be seen by a Harm reduction advisor
- Interviews in the summer
- Study to end in September

# Thank you. Questions?

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