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	UKCRC Public Health Research: Centres of Excellence CENTRE ANNUAL REPORT FORM Name of Centre: UK Centre for Tobacco Control Studies Director: Professor John Britton Reporting period: 01 April 2011 – 31 March 2012 Year of operation: 4 ESRC cash limit: £2,854,374.05 Studentships: £793,806 Funders: British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council and the Department of Health.
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Introduction to Centre

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

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

Progress against Forward Plan

Preventing uptake:

- FP1 Smoking prevention in secondary schools: **In progress:** Outline NIHR programme funding submitted October 2011 and shortlisted for full application by May 1st 2012.
- FP2 - Impact of cigarette pack design and point of sale displays: **Achieved and in progress:** eye-tracking study (cited 2011 report) published August 2011; further work in progress
- FP3 - Point of sale display ban and smoking in young people: **In progress:** Survey of over 6500 Nottingham school students completed March 2011, repeated March 2012 in advance of (delayed) implementation of large retailer prohibition in April 2012. Follow up surveys of the same schools planned for March 2013 (funding Nottingham City PCT/Cancer Research-UK). DISPLAY of impact of the Scottish legislation in progress.
- FP4 - Tobacco imagery in media: **In progress:** Post-doctoral fellowship application for UKCTCS PhD student (Lyons) submitted to NIHR and AXA. Analysis of tobacco imagery in popular TV completed; further studies of representativeness of UK soap opera portrayals, and inquiries into industry influence on smoking content of TV programming in progress.
- FP5 - Young people with mental health problems: **In progress:** proposal submitted as part of NIHR outline programme application; outline shortlisted but reviewers recommended excluding this component; now being prepared for submission to NIHR RfPB Programme.

Encouraging quit attempts:

- FP6 - Multi-agency partnership work on illicit tobacco: **Achieved:** The North of England Illicit Tobacco Programme, centred on a multi-agency partnership, evaluated by UKCTCS and FUSE. Report was published February 2012, academic outputs in preparation.
- FP7 - Use of electronic media in cessation: **Achieved and in progress:** Systematic review of electronic aids for smoking cessation (HTA funded) completed/submitted for publication. Further work on web and mobile phone applications in progress by UKCTCS colleagues at the National Centre for Smoking Cessation and Training. (NCSCT)
- FP8 – Evaluation of mass media campaigns in stimulating quit attempts: **In progress:** Assessment of impact of media campaigns on measures of smoking cessation activity in the UK (CR-UK funded) submitted for publication. NPRI funding for further work awarded.
- FP9 - Integrating cessation interventions into routine healthcare provision: **Achieved/in progress:** trials of systematic intervention in secondary care, and alternative means of service provision to target disadvantaged groups, completed and being written up; further work in development (outline application for NIHR programme submitted March 2012).
- FP10 - Data mining to target groups at high risk of failure to receive cessation interventions **Achieved:** paper on use of nicotine replacement therapy published online Jan 2012

Cessation interventions:

- FP11 - Pregnant smokers: **In progress:** Pregnancy cohort survey of smoking behaviour, attitudes to smoking, propensity to seek NHS cessation support recruiting in Nottingham.
- FP12 - Financial incentives for smoking cessation in pregnancy: **In progress:** Phase 2 trial funded by Chief Scientist's Office, NHS Greater Glasgow and Clyde and the Glasgow Centre for Population Health in 2011; recruitment began January 2012.
- FP13 - Interventions to reduce cessation relapse: **Achieved/in progress:** feasibility study of extended nicotine replacement therapy completed 2011; pilot study of text-based behavioural relapse prevention intervention completed as part of the DH funded inequalities pilot projects; outline proposal for further work submitted and shortlisted by HTA.
- FP14 - Establish best cessation (with the NCSCT): **Achieved and in progress:** Over 8,000 professionals have completed Stage 1 (online) training with the NCSCT; face-to-face training

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provided to more than 100 services across England; specialist modules on smoking cessation in pregnancy and with clients with mental health problems due to be launched in 2012.

- FP15 - Nicotine preloading: **Achieved:** Meta-analysis of trials of nicotine preloading published 2011; HTA funding awarded for definitive trial of preloading (in progress).
- FP16 - Systematic reviews of smoking to develop targeted interventions for smokers with mental health problems, including 2012 RCP report on smoking and mental health: **In progress:** reviews close to completion; report publication expected late 2012.
- FP17 – Cessation/harm reduction approaches for hard to reach smokers: **Achieved:** DH-funded pilot projects to increase access to cessation and harm reduction support to reduce inequalities completed. Summaries of findings under review by journal *Addiction*.
- FP18 - Financial incentives to increase cessation among disadvantaged groups: **(See also FP12) Achieved and in progress:** Evaluation of quit4U scheme (in Dundee) completed March 2012. Findings to be presented in May at event involving Scottish Public Health Minister, and in plenary lecture at UKNSCC conference in June. Papers in preparation.

Harm reduction:

- FP19 - Trials to reduce passive smoke exposure among young children: **In progress:** The Nottingham smoke-free homes (SFH) trial Phase 1 (completed) used qualitative methods to inform development of a multi-component intervention; Phase 2 (in progress) tests feasibility and acceptability of proposed intervention; Phase 3, an exploratory randomised trial of the SFH intervention with approximately 450 families from the Nottingham area, in preparation.
- FP20 – Using home air quality feedback to reduce young children’s exposure in the home: **Achieved/In progress:** The REFRESH intervention feasibility study of personal home air quality feedback and motivational interviews in mothers of children under 6 years completed (two papers in press, two submitted). Findings used to develop, with ASH Scotland, widely disseminated 'How To Guide'. Funding application for full trial being developed. Nottingham SFH study (FP19) also uses biochemical feedback from saliva cotinine and PM_{2.5} measures.
- FP21 - Diverse settings and approaches to smoking in pregnant women and ethnic minorities: **In progress:** CLASS trial (NIHR funded) uses primary school-based education to reduce smoking in the home; MCLASS (NPRI funded) is a pilot RCT of educational interventions delivered through Mosques in Bangladeshi and Pakistani-origin Muslim communities.
- FP22 - Work with industry on alternative medicinal inhaled nicotine devices: **In progress:** Full project grant application developed with and industrial partner (<http://www.aradigm.com/>) under consideration by Cancer Research UK.
- FP23 - Harm reduction trials: **In progress:** Two trials recruiting at present; RedPharm (MRC funded) tests recruitment and retention of smokers with no immediate plans to quit in smoking reduction programme run by pharmacists; RedGP (Heart of Birmingham PCT funded) tests effectiveness of GPs offering reduction to smokers who continue to smoke despite serious smoking-related disease, such as COPD.
- FP24 – Tailored quit plan evaluation: **Achieved:** Three national pilots of routes to quit model completed; work has fed into NICE PDG on tobacco harm reduction.
- FP25 - Articles 9 and 10 of the FCTC: **Achieved/in progress:** We continue to support the Framework Convention Alliance and ASH (who lead Articles 9 and 10 work) in preparation of briefing papers. Review of tobacco product regulation led by UKCTCS published.
- FP26 - Tobacco industry interests in harm reduction and smokeless tobacco: **In progress:** Abstract presented at World Conference on Tobacco or Health March 2012 (Singapore)

Prevalence monitoring and policy:

- FP27 - Further use of routine/e-health data to monitor impacts of policy and service interventions: **Achieved:** Data mining approaches used in THIN data to explore prescribing patterns for smoking cessation medications in primary care and identify characteristics of

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numerically important groups of patients who typically do, or do not, receive cessation therapy; analysis of prescribing of NRT to adolescents and patients with cardiovascular disease (THIN data), showing that relaxing the UK marketing licence for NRT did not increase prescribing rates for these groups of patients, completed.

- FP28 - Impact of economic recession and changes in local infrastructure on smoking in disadvantaged communities and smoking behaviour in the UK compared with other countries: **Achieved:** Study using data from the ITC Policy Evaluation Project recently published as part of a special supplement in the European Journal of Public Health.
- FP29 - Impact of national policies/other tobacco control interventions on inequalities in smoking in the UK and Europe: **Achieved:** Paper published on smoking and social inequalities in England; systematic review of the effectiveness of interventions in preparation. Papers from ITC study published in a special supplement of EJPB (as above). **In progress:** SILNE, funded by EU FP7, started January 2012 and is a multi-component study assessing the impact of tobacco control and other policies on inequalities in smoking in EU countries.
- FP30 - International work on FCTC implementation: **In progress:** Survey of all FCTC Parties to assess of Article 14 (treatment) implementation in progress; see also FP28 and 29.
- FP31 - Application of tobacco control experience to alcohol and food: **In progress:** Funding secured to develop independent alcohol strategy for the UK, building on tobacco control lessons; group of tobacco and alcohol researchers (including UKCTCS members), advocates and clinicians is developing the strategy for publication late 2012.
- FP32 - Economic effects of tobacco use, cost-effectiveness of tobacco control, modelling for use in tobacco pricing evidence to government and Commissioners: **In progress:** We are working on a study of the association between cigarette prices and smoking prevalence, using 30-year time series data on smoking prevalence from the General Household Survey modelled on different measures of tobacco price and affordability.

Industry

- FP33 - Novel approaches to control industry activity through international tax and price policies: **In progress:** will provided update at troika meeting
- FP34 - Explore use of product innovation (eg flavours or filters) to undermine controls on tobacco marketing and evaluate policy options: **Achieved/in progress:** See FP25.
- FP35 – As FP33. We are also working with the Smoke Free Partnership on a European Union funded study of new tobacco industry marketing, sales and product strategies
- FP36 - Explore industry efforts to sell and promote smokeless tobacco in Europe: **In progress:** abstract presented at World Conference on Tobacco or Health (see also FP26).

Planned capacity building activities

- FP38 - Restructure core grant support to provide interim Fellowships for UKCTCS PhD students; hold Early Career Researcher conference in November: **Achieved:** six fellowships (six months with matched funding from host institution) awarded to doctoral students to support external funding applications. Early career researcher conference (attended by 23 UKCTCS PhD/other early career researchers held successfully in Bath, November 2012; participation in UKCOE conference, Belfast June 2011.

Planned training provision

- FP39 - Training of stop-smoking advisors, training in other countries (China, Japan, Holland, Spain, Cyprus, Gaza), local courses in public health, medical students, and other courses. **Achieved/ in progress:** We contributed to training courses for specialist stop-smoking advisors in Northern Ireland and England, stop smoking advisors and to national policies on smoking cessation in Cyprus, to training specialist advisors and developing programmes in

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smoking cessation in China, and local public health teaching and training in host institutions. Work in Gaza suspended.

- FP40 - Continue to develop and run our postgraduate Masters' modules in tobacco control research (June 2011 and February 2012): **Achieved:** Both courses ran successfully, 25 and 28 students/attendees respectively (including Dept of Health staff).
- FP41 – Hold 2011 CPD module Tobacco Control in Practice in May (Stirling): **Achieved:** with 30 students. CPD course to be repeated, University of Bath, May 2012.
- FP42 - Organising Committee of the 2012 conference 'Public Health Research – Methods and Challenges' (April 2012): **In progress:** UKCTCS staff and students have made extensive contributions to conference programme

Key stakeholders during this phase (academic and non-academic, including the public), and how you will engage with them

- FP43 - Continue to develop our Smokers' Panel to draw on lay input into UKCTCS work, publicise and participate in the above conferences, meet as agreed with International Advisory Board, publish research in peer reviewed academic publications, continue close working relationships with government, public and voluntary bodies, continue to engage as widely as possible with the public via the media: **Achieved:** The smokers' panel met twice in 2011-2012, and members also contributed as reviewers and/or lay applicants on funding proposals, commented on papers, attended the UK National Smoking Cessation Conference (UKNSCC) as co-presenters (to a plenary presentation and a poster) and provided input to a national policy seminar on smoking in pregnancy. **Deferred:** The International Advisory Board has not met; the last meeting (June 2010) was not well supported and on discussion with the Chair we agreed to defer a further meeting. **Achieved:** UKCTCS has continued to work extensively with the media. Highlights from the past year include coverage of the effectiveness of point of sale displays in Ireland to inform UK policy; successful contesting of a Freedom of Information request by Phillip Morris for confidential data on children's smoking-related attitudes and behaviours; extensive media coverage of the joint event with the Royal College of Physicians marking the 50th anniversary of the publication of *Smoking Kills*; publicity for work on smoking in films, and others.

Other activities (events, collaborations, outputs, leveraged funding, interactions at an initiative-level etc), which could be expected to generate impact over the longer term

- FP44 - Continue research and advocacy work to ensure maximal representation of effective tobacco control measures in government policy and NHS service provision. Continue to expand our work into prevention of harmful use of alcohol, and obesity prevention.
Achieved: in particular
 - (1) Co-hosted a conference to mark the 50th anniversary of the publication of the RCP *Smoking Kills* report, attended by the Secretary of State for Health
 - (2) Chair of NICE programme development group on tobacco harm reduction (Bauld)
 - (3) Chair of NICE programme development group on smoking cessation in secondary care (Britton)
 - (4) Organised a national policy seminar on smoking in pregnancy with ASH and three of the main neonatal/children's charities
 - (5) Provided input to alcohol policy through working with the Alcohol Health Alliance and Alcohol Focus Scotland in particular to make the case for minimum unit pricing of alcohol and restrictions on alcohol promotion
 - (6) Developed ESRC Centre Grant proposal for joint tobacco and alcohol research centre.
 - (7) UKCTCS members have participated extensively in national and international conferences, including the UKNSCC (London 2011), Society for Research on Nicotine and Tobacco (Turkey 2011), and the World Conference on Tobacco and Health (Singapore 2012; three UKCTCS researchers on international shortlist of 8 for the best young investigator award).

Research Progress highlights from past 12 months

RP1: Work on electronic cigarettes: *Research strand/policy area:* Smoking cessation, harm reduction; *Funding:* European Commission/UKCTCS fellowship; *The problem:* Electronic cigarettes (EC) are unlicensed but increasingly widely used devices that deliver a vaporized liquid nicotine solution. Given their increasing popularity, they may have unprecedented potential for public health benefit both as a cessation aid, or a reduced harm substitute for sustained nicotine use. However their nicotine delivery characteristics are ill defined, and concerns have been expressed over their safety. *The contribution:* A UKCTCS research fellow at QMUL, Dr. Goniewicz, has completed a series of studies characterising nicotine levels in vapour generated by 16 e-cigarette brands; demonstrated substantial reductions in toxin exposure and sustained nicotine levels in smokers who switch from tobacco to e-cigarettes; surveyed patterns of use of e-cigarettes; demonstrated high levels of substitution and smoking cessation among adult users; and surveyed use among young people, establishing low risk of abuse. This work is all either submitted or close to submission for publication. *Impact:* The investigators were invited to report findings on e-cigarettes to both NICE and the MHRA, to inform discussions and policy on use of alternative nicotine products in tobacco harm reduction (see below).

RP2: Methodological development in use of routine datasets: *Research strand/policy area:* Prevalence monitoring and policy; *Funding:* UKCTCS core funding/NPRI grant; *The problem:* Existing conventional national surveys do not provide data on smoking prevalence and cessation treatment with sufficient speed, statistical power or local detail to assess the impacts of policy changes adequately. *The contribution:* We have developed novel methods to maximise the potential of routine data sources, especially electronic primary care data from The Health Improvement Network (THIN). Having previously shown that these data can provide reliable estimates of smoking prevalence at national level, in the last year we established that THIN can also be used to monitor regional smoking prevalence; have used monthly time series data of smoking cessation medication prescriptions to show that recent MHRA changes in the indications of these medications for use in adolescence and cardiovascular disease had little impact on prescribing to these groups; and used data mining methods to identify the characteristics of patients who do not receive appropriate support for smoking cessation. *Impact:* These findings identify failures of policy to extend the use of effective treatments, and of clinical practitioners to intervene in substantive and clearly definable populations of smokers (particularly those with dementia, high alcohol intake, atrial fibrillation or chronic kidney disease). These findings will feed into future practice and policy design.

RP3: Illicit tobacco programme evaluation: *Research strand/policy area:* Policy analysis, evaluation and learning; *Funding:* Fresh Smoke Free North East; *The problem:* In recognition of the role of illicit tobacco in undermining tobacco control strategies, and maintaining and encouraging tobacco use among deprived communities, the North of England piloted a prevention programme; *Tackling Illicit Tobacco for Better Health*. The UKCTCS was commissioned to evaluate it. *The contribution:* The UKCTCS utilised formative, process and outcome evaluative techniques to evaluate this complex community initiative. Stakeholder interviews at the outset enabled feedback to be given on the development of the multidisciplinary partnership and underlined the importance of developing a pathway to communicate intelligence securely across enforcement partners. Many indicators required to assess illicit tobacco use and control were not adequately measured and the UKCTCS worked with the programme to develop routine monitoring of these indicators. The findings demonstrated that the programme had raised the profile of illicit tobacco across the region, and early evidence of a reduction in the illicit tobacco market. *Impact:* Illicit tobacco is being used by the tobacco industry to attack policies such as plain packaging and point of sale restrictions; the UKCTCS evaluation indicates that this programme provides a blueprint for tackling the problem and has cultivated new relationships between UKCTCS, FUSE and local and national enforcement agencies. Findings have been presented at regional and international conferences.

Scientific Impact highlights from past 12 months

SI1: Harm reduction

UKCTCS has advocated the use of harm reduction strategies to reduce the impact of nicotine addiction on health by making acceptable and viable alternative sources of nicotine available to smokers at the point of sale and for sustained use, and as a complement to the conventional use of nicotine as a medical therapy to support smoking cessation.

In 2011-12 we have continued to pursue this policy by engagement with government and other bodies. In particular, and in response to an initial approach by UKCTCS and ASH, NICE established a Public Health Programme Development Group on tobacco harm reduction, which met for the first time in 2011 with several UKCTCS members, and a UKCTCS chair (Bauld). The MHRA established an advisory group on nicotine regulation, to explore rational regulatory approaches to capture the potential health benefits of alternative nicotine devices (of which e-cigarettes (see above) are one example), again with substantial UKCTCS involvement. Further to our meeting with the Cabinet Office Behavioural Insight Team in March 2011 UKCTCS members were involved in a briefing at 10 Downing St with the Prime Minister's Policy Unit, presenting the case for harm reduction and the regulatory frameworks necessary to enable this to happen. This work continues.

SI2: Nicotine replacement therapy in pregnancy

Smoking in pregnancy is a significant cause of harm to the fetus. Nicotine replacement therapy (NRT) is of proven effectiveness for smoking cessation outside pregnancy and it is recommended for use by pregnant smokers in published smoking cessation guidelines in the UK and many other countries. However there is no clinical trial evidence that NRT is effective, or indeed safe, in pregnancy. Three UKCTCS applicants (Coleman, Lewis, Britton) led a definitive HTA-funded double-blind, randomised placebo controlled multicentre trial which has demonstrated that although standard dose NRT did not appear to cause any harm to the mother or fetus, there was no sustained effect of treatment on sustained smoking cessation. The international importance of the study is evident in its publication in the highest impact factor medical journal, the New England Journal of Medicine, on 1.3.12; the findings will inform policy and practice for smoking cessation in pregnancy across the globe. Further work is in development to determine whether higher doses of NRT (in response to evidence of more rapid nicotine metabolism in pregnancy), or other approaches to improve compliance with therapy, might be effective.

SI3: Optimal use of telephone quitlines in smoking cessation: the PORTSSS trial

Telephone quitlines are of proven efficacy and offer low cost and high reach means of providing support for smokers seeking help to quit smoking; however, there has been little research into the optimum design or content of these services. To help fill this research gap, the English Department of Health commissioned a UKCTCS team to test the effectiveness of offering more intensive telephone support, or free nicotine replacement therapy (NRT) via the NHS Smoking Helpline in the PORTSSS trial. The trial recruited a national sample of 2591 smokers and demonstrated that cessation rates amongst participants were high, with almost 20% stopping smoking for at least six months, irrespective of the intervention received. Most smokers who were offered free NRT accepted this but made less use of other NHS cessation support than those who were not offered NRT; hence perhaps the lack of effect of free NRT. These findings have had a direct impact on the provision of quitline support to English smokers: the English Department of Health was reassured that currently-provided support results in high cessation rates for relatively little investment; and that there was no case for enhancing this by adding either trialled intervention; and consequently, the English National Helpline does not distribute free NRT or offer more intensive telephone support.

Economic and Societal Impact highlights from past 12 months

E&SI1: Systematic review for UK government on effect of plain tobacco packaging

Since 2002, tobacco marketing in the UK has been radically restricted by the terms of the Tobacco Advertising and Promotion Act. The tobacco industry has, in response, concentrated their marketing budgets on remaining opportunities, which include tobacco packaging, which has been shown to promote the appeal of smoking, particularly to young people. In 2011 the UK government announced a consultation on introducing plain tobacco packaging, and in collaboration with the Public Health Research Consortium, UKCTCS was commissioned by the Department of Health to conduct a systematic review of the evidence on plain packaging to serve as the basis for the public consultation. The systematic review found consistent evidence that plain packaging could reduce the appeal of smoking, improve the effectiveness of health warnings, and counteract smoker's misconceptions about tobacco harm communicated through the pack. The review was completed in 2011-12, informed the consultation call, and was published with it on 16.4.12. It is anticipated that the review findings will also provide the basis for future legislation.

E&SI2: 50th anniversary of *Smoking Kills* (Conference with Royal College of Physicians)

Smoking Kills was a landmark report in the history of smoking prevention. Published in March 1962 the report drew public and professional attention for the first time to the major health impacts of smoking, and articulated key policy responses which underpin modern tobacco control activity and the WHO Framework Convention on Tobacco Control. On the 50th anniversary of publication, in March 2012, the UKCTCS and the RCP co-hosted a conference at the RCP to review progress since 1962, and to identify priorities for further progress in reducing the burden of mortality and morbidity caused by smoking in the UK and elsewhere. The conference involved presentations by 15 internationally recognised experts from the UK, Europe, USA and Australasia, and a keynote address by the UK Secretary of State for Health, Andrew Lansley; the audience of 190 included people from academia, the Department of Health, journalists, health professionals, local government, NGOs, industry and others. The conference attracted major UK and international television, radio newspaper and online media interest. Mr Lansley's speech outlining clear commitments to further effective tobacco policy, is available at <http://mediacentre.dh.gov.uk/2012/03/07/speech-6-march-2012-andrew-lansley-smoking-and-health>

E&SI3: Research confidentiality and freedom of information legislation

Uptake of smoking remains a considerable problem in the UK and for this reason the Youth Tobacco Policy Survey has been conducted for the past 11 years, with input from UKCTCS colleagues at Stirling University, to better understand how tobacco marketing and tobacco control policies affect young people. Survey data were requested by Phillip Morris International, a tobacco company, through Freedom of Information legislation. UKCTCS researchers worked with University lawyers and the Information Commissioner of the Scottish government to respond to PMI's FoI requests over a two year period, arguing that sensitive information from young people that could be used by the tobacco industry to inform future marketing should not be handed over. UKCTCS researchers spoke to the press about the issue, with front page of *The Independent* and extensive international press coverage in September 2011. This media coverage and associated articles by UKCTCS colleagues (including in the ESRC's *Society Now* magazine) raised awareness of the tension between current FoI legislation and the interests of researchers and research participants. Correspondence with other researchers following the press coverage suggests that this case has encouraged others to consider carefully the implications of FoI legislation on their research, in particular in relation to information on disclosure that is provided to research participants and in relation to data storage and transfer.

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Related Performance Indicators

Performance Indicator (when referencing in report note PI: no)	Target 11/12	Actual 11/12	Projected 12/13 (as appropriate)	Qualitative statement – briefly note any observations, challenges and achievements
1. Number of active studentships (Centre funded/attracted from other sources)	1 / 11	9 / 18	0 / 6	All UKCTCS PhD students are now in post. We continue to maintain critical mass and support community and capacity building among our postgraduate researchers through widespread joint supervision and our regular early career researcher conferences.
2. Completed PhDs (Centre funded/attracted from other sources)		5 / 5	3 / 4	All students on course to complete doctoral degrees within 5 year funding period
3. Number and type of fellowships (Centre funded/attracted from other sources)	2 / 0	6 / 2	3 / 3	All completing students being encouraged and supported to write external project or training fellowship grants
4. Number of new posts (funded by Centre/funded by other sources)		0 / 3	0 / 0	All planned new posts associated with UKCTCS have been filled
5. Number of training courses provided/training resources produced	3 / 0	4 / 0	4 / 0	Excellent feedback from early career researcher conference, CPD course and Masters modules
6. Number of grant applications submitted, that would not have been, had the Centre not existed		7		Estimate approximate
7. Number of successful grants	19	14	X	As previously, the enhanced capacity arising from the UKCTCS network, the underlying commitment to collaboration, and the support of our core staff.
8. Number of new collaborations, and significant developments in existing ones		8	X	We work with a large number of people and organisations in academia, government and policy. It is difficult to quantify numbers without some definition of what represents a collaboration. Of note this year we have joined a broad collaboration of UK, other EU and US researchers interested in influencing policy on smoking in the media; a genome-wide association study consortium with colleagues in the US and EU; public health consulting with the Singapore Health Promotion Board; the World Marketing Summit (use of marketing to health benefit); SILNE FP7 collaboration; International Alcohol Control Study (NZ, Thailand, others); Tobacco Industry Marketing study with EU Smokefree partnership; Health Scotland tobacco point of sale study.

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Performance Indicator (when referencing in report note PI: no)	Target 11/12	Actual 11/12	Projected 12/13 (as appropriate)	Qualitative statement – briefly note any observations, challenges and achievements
9. Number of peer reviewed journal articles accepted for publication / number of non-peer reviewed journal articles accepted for publication N.B. Only record outputs resulting from Centre core- and part- funded research		81 / 8	80 /10	Highlights include two papers in the New England Journal of Medicine (highest ranked medical journal, most recent impact factor 53.5) and several in other high impact general or specialist journals (BMJ, Archives of Internal Medicine, others)
10. Number of books/book chapters		0 / 1	2 / 0	Two books in press for publication in 2012
11. Number of other Publications		3	3	Plain packaging review for the Department of Health is a major output
12. Number of presentations given at national and international events		63	60	UKCTCS has been strongly represented at all major national and international tobacco conferences. Three UKCTCS researchers were among the shortlist of 8 for the best young investigator award at the World Conference on Tobacco or Health in Singapore, 2012.
13. Centre initiated events hosted		1	1	Joint conference with RCP (see E&S12 above). Feedback excellent (100% feedback rating as very good or good)
14. Dataset Development				We have continued to develop novel applications of routine datasets to monitor smoking prevalence and assess policy impacts
15. Methodological Development				We have begun to apply data mining techniques in assessment of care delivery for smokers
16. Number of advisory roles taken on by Centre members (including to funders of initiative), includes membership of committees/networks		10	X	Chair NICE PDG on tobacco harm reduction (Bauld); members (Britton, McNeill, Aveyard, Munafo, West) Chair NICE PDG on smoking cessation in secondary care (Britton); members (Murray, Ratschen, Parsons, Alford (smokers panel lay member) Member WHO guidelines group on smoking cessation in pregnancy (Bauld) Member Scottish Government short life working group on new tobacco control strategy for Scotland (Amos, Bauld) Chair , Reference Group for the Independent Evaluation of the Responsibility Deal (McNeill) Member , International panel: Evaluation of Swedish Research concerning Alcohol, narcotics, Doping, Tobacco, Prescription

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				<p>Drug Abuse and Gambling (McNeill)</p> <p>Multiple meetings with government and civil servants on policy, particularly plain packaging and harm reduction.</p> <p>WHO Smoking cessation mission to UAE (Munafo)</p> <p>Member: Advocates Complaints Committee (Scotland; Hastings)</p> <p>Member: IUATLD Scottish Board(Amos)</p> <p>Advisor: Committee on EU National Alcohol Policy and Action (Hastings)</p>
17. Public Health priorities				<p>UKCTCS research and other activities target prevention of the largest avoidable cause of premature death and disability in the UK, and hence address the primary UK public health priority.</p> <p>Our work includes a range of proactive research and development, to advance new ideas in primary and secondary prevention of smoking and related harm, and reactive work to support or meet needs arising from existing initiatives in policy and treatment.</p> <p>Our research over the past year has been driven, in particular, by the need for evidence to support prevention initiatives, as outlined in the 2011 Tobacco Control Plan for England, and applicable throughout the UK.</p> <p>We work closely with policymakers and healthcare organisations to promote translation of effective policy into practice.</p>
18. Partnerships with NHS				<p>We support the work of the Department of Health and the Chief Medical Officer, NICE, and work closely with a range of local PCTs and secondary care Trusts, and with NHS Stop Smoking Services to develop and implement policy, health service and treatment improvements.</p> <p>Particular successes in 2011-12 have been our contribution to progress towards plain packaging legislation, work on preventing tobacco imagery in the media, and supporting point of sale display legislation.</p> <p>It is difficult to identify specific work that would not have been possible without</p>

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				<p>UKCTCS but we estimate an approximate 30% increase in productivity as a result of Centre investment</p> <p>All of our work is collaborative, both within the UKCTCS and with external partners (including the researcher network http://www.nottingham.ac.uk/ukctcs/research/tcrnindex.aspx)</p>
19. Public Involvement				<p>In 2011-12 we have engaged with the public specifically through our smokers panel, which inputs directly into most of our grant applications and is contributing to NICE PDGs, and through the joint conference with the RCP on the 50th anniversary of <i>Smoking Kills</i>; through a policy seminar on smoking in pregnancy organised with neonatal charities and we have also announced our international conference (<i>Tackling Smoking in 21st Century Britain</i>) to be held in November 2012.</p>
20. Impacts on policy and practice				<p>Significant input into:</p> <p>Development of future policy on plain packaging of tobacco products through authoring a review of the evidence published alongside a UK public consultation</p> <p>Use of nicotine replacement therapy in pregnancy through publication and briefings on the SNAP trial</p> <p>Further development of a national training programme for smoking cessation staff through the NCSCCT</p> <p>Support for the existing model of NHS smoking helpline through publication of the results from the PORTSS trial.</p> <p>Smoking in pregnancy seminar, leading towards government-led working group</p> <p>Advisory/advocacy meetings with behavioural insight team and policy advisors to prime minister</p> <p>North of England Illicit Tobacco programme raising profile of illicit tobacco as a problem</p>
21. Media				<p>We have attracted significant media coverage throughout the year, particularly on smoking in films in television, cessation therapy in pregnancy, effects of smoking in cars, defence against PMI on freedom of</p>

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				information requests, the <i>Smoking Kills</i> conference, the PORTSSS trial, point of sale legislation, plain packaging, and other topics on all major newspapers and radio and TV channels.

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Forward Plan 2012/13 (two page maximum)

- FP1: Obtain funding to maintain the UKCTCS after the expiry of current UKCRC support in June 2013, and allow us to extend our work into prevention of harmful use of alcohol.
- FP2: **Preventing uptake:** complete projects in progress (outlined above) and obtain full funding for new intervention work in schoolchildren, plain packaging research, evaluation of point of sale display bans, effects and prevention of smoking imagery in the media, prevention of smoking in young people with mental health problems
- FP3: **Encouraging quit attempts:** Complete projects in progress; develop funding proposals for assessments of integration of comprehensive smoking cessation interventions in secondary care settings, mental health Trusts and services and addiction services, carry out further work on impacts of media campaigns, point of sale prohibition, and support for plain packaging
- FP4: **Cessation interventions:** Complete projects in progress; work with NICE to complete the secondary care service PDG work, build on NIHR programme outcomes to develop more effective and widely accessed cessation support; improve content and variety of cessation interventions on offer, build on work on smoking in pregnancy in the UK and internationally to develop improved guidelines and services to support women to quit prior to or during pregnancy and remain abstinent in the post-partum period; further develop relapse prevention feasibility work and develop funding proposal for relapse prevention trial
- FP5: **Harm reduction:** Complete projects in progress; complete the work of the NICE PDG on tobacco harm reduction; work on alternative nicotine devices; prepare funding proposals to monitor and encourage use of NRT and alternative nicotine devices in conjunction with NICE and MHRA developments; encourage appropriate HP interventions and appropriate develop proposals for assessing impacts of long term nicotine use.
- FP6: **Prevalence monitoring:** Complete work in progress, continue development and application of methods to use existing datasets to assess policy and treatment impacts
- FP7: **Policy:** Evaluate and support further implementation of point of sale legislation and plain packaging; work with policymakers to drive measures to prevent smoking imagery in films and other media aimed at children and young people; assess feasibility of extensions to smokefree legislation eg car smoking policies; work with policy makers to implement (England) and develop (Scotland) national tobacco control strategies and continue to support European and international policy work on tobacco control
- FP8: **Industry:** Complete work in progress, continue to research industry abuses and activities to prevent effective tobacco control policy
- FP9: **Capacity building/training provision:** Run our CPD and Masters modules again in 2012-13, host a further early career researcher conference; contribute to UKCOE conference in Durham (July 2012); achieve FP1 to allow investment in next phase of researcher recruitment and development.
- FP10: **Public engagement:** Continue to run and support the smokers panel; hold our *Tackling Smoking in 21st Century Britain* conference in November.

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Annex 1 – Staff and Students

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

No changes.

Centre Staff (Positions funded under Directly Incurred heading and by further grant capture)

Job Title	Postholder	Institution	% Time commitment to Centre	Start date	How funded? (e.g. core Centre funding, new grant)
Research Coordinator	Graeme Docherty	Nottingham	100	01/07/08	Centre
Centre Administrator	Craig Butterworth	Nottingham	100	01/08/08	Centre
Data Manager	Yue Huang	Nottingham	100	01/08/08	Centre
Health Economist	Shehzad Ali	York	50	01/11/09	Centre
Research Fellow	Rosemary Hiscock	Bath	50	01/06/08	Centre
Research Fellow	Abraham Brown	Stirling	100	01/10/09	Centre
Research Fellow	Maciej Goniewicz	QMUL	100	31/01/11	Centre
Research Fellow	Catriona Rooke	Edinburgh	100	01/02/11	Centre
Research Fellow	Amanda Parsons	Birmingham	100	01/09/08	National School for Primary Care Research
Communications and Research Network Manager	Cathy French	Bath	100	01/10/08	CRUK

Centre Students

Clearly separate/distinguish those students which are affiliated with the Centre but not in receipt of funding (whole or matched) under this initiative. Do not include students who started their study before the Centre was contracted.

University	Student	1 +3 /+3	Start Date	End Date	Title	How funded? (Centre/ external)
Nottingham	Amrit Caleyachetty	+3	01/10/10	30/09/13	International Tobacco Control Policy Evaluation Project	Centre
Edinburgh	Thomas Tjelta	+3	01/09/08	31/08/11	The impact of raising the age of purchase of cigarettes	Centre
Queen Mary University of	Oliver West	+3	01/10/08	30/09/11	Understanding extreme tobacco dependence	Centre

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London						
Birmingham	Nicola Lindson	+3	01/10/08	30/09/11	Methods for smoking reduction	Centre
Birmingham	Deborah Lycett	+3	01/10/08	30/09/11	Prevention of weight gain after smoking cessation	Centre
Queen Mary University of London	Dunja Przul	+3	01/10/10	30/09/13	Sensory replacement in smoking cessation treatments	Centre
University College London	Emma Beard	+3	01/10/08	30/09/11	The impact of harm reduction strategies using NRT on subsequent cessation attempts	Centre
Bath	Fay Beck	+3	01/10/08	30/09/11	Women, smoking cessation and disadvantage	Centre
Edinburgh	Caroline Smith	+3	01/10/08	tbc	Inequalities and smoking cessation	Centre (part-time)
Nottingham	Ailsa Lyons	+3	01/10/08	30/09/11	Tobacco marketing in alternative media	Centre
Nottingham	Navneet Uppal	+3	01/10/10	30/09/13	Exploring psychological and behavioural factors influencing smokers who do not want to, or do not manage to quit	Centre
Bath	Emily Savell	+3	01/10/10	30/09/13	Protecting the public from Corporate Behaviour	Centre
Stirling	Allison Ford	+3	01/10/09	30/09/12	The role of tobacco packaging in smoking behaviour and implications of generic packaging	Centre
Bristol	Olivia Maynard	+3	01/10/10	30/09/13	Effects of cigarette packaging on visual search	Centre
Nottingham	Luis Vaz	+3	01/07/11	30/06/14	Use of NRT in pregnancy: an exploration of dosing and/or treatment duration	Centre
Birmingham	Rachna Begh	+3	01/10/10	30/09/13	A Randomised Controlled Trial of attentional bias retraining in cigarette smokers attempting smoking cessation	NIHR Doctoral Research fellowship
Nottingham	Lisa Szatkowski	+3	01/10/08	31/01/11	The impact of smoke-free legislation in Primary Care	CRUK
Edinburgh	Heide Weishaar	+3	01/10/09	30/09/12	Transnational tobacco Corporations and health policy in the European Union	Edinburgh
Nottingham	Tessa Langley	+3	01/10/09	30/09/12	Evaluation of tobacco control policies and relationship of	NPRI

Comment [IS1]: added by Craig

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					pharmaceutical usage to policies	
Bristol	Emma Mullings	+3	01/10/09	30/09/12	Cognitive Biases in Tobacco Dependence	Bristol
Bristol	Jennifer Ware	+3	01/10/09	30/09/12	Genetic Basis of Tobacco Dependence	Bristol
Nottingham	Matthew Jones	+3	01/10/10	30/09/13	Medicinal Nicotine in Pregnancy	MRC/ Nottingham
Bath	Karen Evans	+3	01/10/08	30/09/11	Exploring the impacts of recent innovations in tobacco control policy on smoking behaviour and health inequalities in England	Bath
Nottingham	Stephen Wang	+3	01/10/10	30/09/13	Benefits of quitting smoking	Nottingham
Birmingham	Taina Taskila	+3	01/04/10	31/03/13	RedPharm and RedGP trials	NPRI/MRC /Heart of Birmingham PCT
Birmingham	Amanda Lewis	+3	01/10/10	30/09/13	Obesity treatment in primary care and tobacco related projects	NIHR
Bristol	Angela Attwood	+3	01/10/10	30/09/13	Effects of DCysloserine and Attentional Bias Modification in Daily Cigarette Smokers	Pfizer
Nottingham	Ilze Bogdanovica	+3	01/10/09	30/09/12	Tobacco control policy in the European Union	MRC/ Nottingham
Nottingham	Dionysis Spanopoulos	+3	01/10/09	30/09/12	Point of sale promotion and smoking in children	Nottingham University/ City PCT
Nottingham	Barbara Iyen-Omofoman	+3	01/10/09	30/09/12	Early markers of lung cancer in primary care	ESRC e-health
UCL	Belinda Iringe-Koko	+3	01/10/09	30/09/12	Illicit tobacco use in the UK	Cancer Research-UK
Nottingham	Vishal Basra	+3	01/10/10	30/09/13	Linkage of data from GP electronic databases with established population cohort data to investigate effects of diet, smoking, alcohol intake and obesity on subsequent morbidity and mortality	ESRC e-health
Nottingham	Rachel Sokal	+3	01/10/10	30/09/13	Prevalence, survival and health consequences of congenital malformations	ESRC e-health
Nottingham	Nicholas Cochrance	+3	01/10/10	30/09/13	What is the practical impact of using information derived from	ESRC e-health

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					uncoded clinical data in epidemiological studies?	
Edinburgh	Cai Fang Zhang	+3	01/09/10	31/08/13	Nurses in China and smoking cessation	Hangzhou University, China
Birmingham	Gemma Taylor	+3	01/10/11	31/09/15	The effects of smoking reduction in individuals with severe mental health disorders	MRC
Nottingham	Nafeesa Dhalwani	+3	01/11/11	31/10/14	Smoking and use of nicotine replacement therapy in pregnancy	International Research Excellence Scholarship/NIHR Pregnancy Programme Grant
Bristol	Suzi Gage	+3	01/10/10	31/10/14	Mendelian Randomization to Investigate the Causal Effects of Cigarette Smoking on Psychiatric Symptoms	Bristol

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Annex 2: Financial Information

For the reporting period 01 April 2011 - 31 March 2012

	ESRC Budget	ESRC Actual	ESRC Variance	Wellcome Budget¹	Wellcome Actual	Wellcome Variance
DI Staff	153350.15	72844.13	80506.02			
Travel & Subsistence	55054.77	24586.81	30467.96	-		
Other DI costs	29814.91	422437.22	-392622.31	-		
DA Investigators	140928.9	89739.14	51189.76			
Estates	49181.88	21231.75	27950.13			
Indirect Costs	152918.69	53821.55	99097.14			
TOTAL	581249.3	684660.60	-103411.30			

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

Our underspend arises from funding set aside for our November conference and for post-doctoral fellowships.

¹ Please delete the last three columns if not in receipt of Wellcome funding.

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Annex 3 – Initiative and Centre Objectives

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

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

Centre Specific Objectives

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

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Annex 4 – Risk Management

No updates.

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Annex 5 – Confidential Information

None

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Annex 6 – ESRC Indicators for reporting to Government

Please complete the table below, as well as separately giving more detailed information on indicators A-D in the format set out below.

<i>Indicator</i>	<i>Total Number</i>
Indicator A: Number of activities and events involving the general public	2
Indicator B: Number of grants attracted by the investment (involving leveraged funding and/ or in-kind contributions)	15
Indicator C: Number of public policy/business/third sector orientated seminars and workshops	2
Indicator D: (i) How many non-academic users have worked within the investment on a formal basis to complete a specific programme of work? (ii) How many researchers have the investment placed in user organisations on a formal basis to complete a specific programme of work? <i>NB – placements funded through ESRC placement schemes should not be included.</i>	(i) Number of non-academic users hosted: 4 (ii) Number of researchers placed in user organisations: 0
Indicator E: Number of non-academic users on the investment's Advisory Committee	(i) Total number of Advisory Committee members: 26 (ii) Total number of non-academic user members: 24 <i>Including:</i> Number of private sector members: 0 Number of public sector members: 18 Number of third sector members: 6

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

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Indicator A: Activities and events involving the general public

For each activity/event please complete the table below:

Title	Date	Format [type of event e.g. debate, broadcast, workshop]	Total number of participants	Number of general public participants
Smokers Panel	Sept 2011	A discussion/workshop involving members of the smoking public, on smoking in the media, and updating on the work of ASH. All panel sessions are recorded and transcribed. Several panel members also comment on research proposals and two have attended a national conference. We have an established 'core' group but ensure we have new faces at each six-monthly session. The panels have proved to be an incredibly useful resource	28	28
Smokers Panel	March 2012	As above; meeting focussed on harm reduction strategies (proceedings subsequently reported to NICE PDG on tobacco harm reduction in April 2012)	28	28
Total:				

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Indicator B: Number of grants attracted by the investment (involving leveraged funding and/or in-kind contributions) from this reporting year

For each grant please complete a separate row of the following table:

Name of grant	Name of organisation providing funding	Start and end date of grant	Total value of grant	Name(s) of Centre staff involved	% of time per week and role on grant (e.g. 5% co-investigator; 60% RA)
Smokefree North West cessation in pregnancy reward scheme	Smokefree North West	01/03/2011 to 31/12/2011	£20,000	L Bauld (PI)	L Bauld 10%
Evaluating long term outcomes of NHS Stop Smoking Services	NIHR Health Technology Assessment	01/07/2011 to 30/06/2013	£757,342	L Bauld (PI), P Aveyard, T Coleman, A McEwen, H McRobbie	L Bauld 10% P Aveyard 3% T Coleman 3% A McEwen 3% H McRobbie 3%
Effects of plain packaging on neural response to health warnings	Action on Smoking and Health	01/04/2011 to 31/03/2013	£21,600 (non-FEC).	M.R. Munafò, (P.I.) L Bauld	M Munafò 5% L Bauld 1%
Cessation in Pregnancy Incentives Trial (CPII)	Chief Scientist's Office, Glasgow Centre for Population Health, NHS Greater Glasgow and Clyde	01/06/2011 to 31/12/13	£760,000	L Bauld (co P.I.)	L Bauld 5%
Tackling socioeconomic inequalities in smoking: learning from natural experiments by time trend analyses and cross-national comparisons (SILNE).	European Commission FP7 Health	01/01/2012 to 31/12/2014	£1,600,000	A Amos (co-PI)	A Amos 5%
Determining the Impact of Smoking Point of	NIHR	01/01/2012 to 31/12/2017	£1,265,000	A Amos (co-PI)	A Amos 5%

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Sale Legislation Among Youth (DISPLAY) Study					
Muslim Communities Learning About Second-hand Smoke - MCLASS pilot cluster randomised controlled trial	National Prevention Research Initiative (NPRI)	01/06/2012 to 31/05/2014	£460,000	A Amos (co-PI)	A Amos 5%
A randomised controlled trial of self-help materials for the prevention of smoking relapse	NIHR Health Technology Assessment	01/06/2011 to 31/12/2013	£474,807	P Aveyard (co-applicant)	P Aveyard 3%
Smoking cessation & diabetic control	NIHR School for Primary Care Research	01/09/2011 to 28/02/2013	£193,520	P Aveyard , T Coleman	P Aveyard 5%
A programme of research on smoking cessation related weight gain (Research Fellowship).	NIHR School for Primary Care Research	01/10/2011 to 30/09/2014	£243,600	P Aveyard (primary supervisor)	P Aveyard no-cost
A randomised trial of nicotine patch preloading for smoking cessation	NIHR Health Technology Assessment	01/11/2011 to 28/02/2015	£2,674,144 (funded at 80% £2,139,315)	Aveyard P, Coleman T, Munafo M, Parrott S, Hajek P, Lewis S	P. Aveyard 5% T Coleman 3% M Munafo 5% S Parrott 5% P Hajek 4% S Lewis 3%
The impact of media campaigns on smoking cessation activity	Cancer Research UK	01/04/2011 to 31/12/2012	£15,428	S Lewis, A McNeill	S Lewis 3% A McNeill 3%
Assessment of tobacco treatment internationally.	Society for the Study of Addiction	01/05/2011 to 31/12/2012	£33,250	A McNeill	A McNeill 3%
Systematic review of plain packaging.	Department of Health	01/05/2011 to 30/09/2011	£126,613	Hastings G, Bauld L, McNeill A.	G Hastings 3% L Bauld 3% A McNeill 3%
Smoking cessation: population and clinical approaches	Cancer Research UK	01/02/2012 to 31/01/2017	£1,655,000	West R, McNeill A, Aveyard P	R West 3% A McNeill 3% P Aveyard 3%
A study of the effect of point of sale legislation and packaging on smoking behaviour and brand	Cancer Research UK	1/10/12 to 30/09/13	£39,000	J Britton, A McNeill	J Britton 2.5% A McNeill 2.5%

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awareness among young people in England					
Effectiveness and barriers/facilitators reviews – mental health services.	NICE	01/11/2011 to 31/10/2013	£43,967	S Lewis, A McNeill	S Lewis 2% A McNeill 2%
Reviews of effects of nicotine in secondary care; Smoking cessation interventions in acute and maternity services: Barriers and facilitators to providing effective stop-smoking interventions in acute and maternity care.	NICE	01/09/2011 to 31/08/2012	£99,850	P Hajek	P Hajek 5%

* When grant calculated on FEC basis please provide the 100% FEC figure and note what level it is funded at.

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Indicator C: Public policy/business/third sector orientated seminars and workshops

For each event please complete the table below:

Title	Date	Target audience [private/public/practitioners/third sector]	Number of participants
CPD Tobacco Control in Practice	May 2011	A mixed audience – some practitioners, some privately funded, some public sector and some third sector.	28
Smoking in pregnancy policy seminar (Royal College of Paediatricians)	March 2012	Neonatal and children’s charities, politicians, civil servants, members of the public (3 lay members attended)	50
Total:			

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Indicator D: Number of (i) non-academic users hosted and (ii) number of researchers placed in user organisations

NB – Placements funded through ESRC placement schemes should not be included.

For each placement please complete the table below:

Name:	Hosted: [Where from?]	Placed: [Where to?]	Dates:	Placement duration (weeks / months)	Purpose:
Deborah Arnott	ASH	Collaboration with University of Nottingham and University of Stirling	July 2011-March 2012	Input as required over 8 month period	Deborah helped develop and write up results from a survey of professionals on e-cigarettes
Martin Dockrell	ASH	Collaboration with University of Nottingham and University of Stirling	July 2011-March 2012	Input as required over 8 month period	Deborah helped develop and write up results from a survey of professionals on e-cigarettes
Brian Pringle	ASH Scotland	Collaboration with University of Edinburgh and University of Stirling	January 2012-ongoing (end date June 2012)	Input as required over duration of grant	Brian is assisting with a project on young people and smoking by facilitating access to research participants, input into topic guides and writing up
Donald Lockhart	ASH Scotland	Collaboration with University of Edinburgh and University of Stirling	January 2012-ongoing (end date June 2012)	Input as required over duration of grant	Donald is assisting with a project on young people and smoking by facilitating access to research participants, input into topic guides and writing up

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

(i) Total number of Advisory Committee members: 28
(ii) Total number of non-academic user members: 24 Including number of: private sector members - 0 public sector members - 18 third sector members - 6