SHINE Scotland

Smoke-free Homes International Network

Professor Sean Semple

ISMH, University of Stirling

Webinar agenda – 25th August 2026 2-3.30pm

- Welcome

- SHINE Scotland: an introduction and some history (Sean Semple) (10 minutes)
- Launch of the NRT for SFHs How To Guide (Rachel O'Donnell/Karen Mather) (20 minutes +15 minutes discussion)
- Updates from attendees: (5 x 3 minutes +2 minutes discussion) (Lisa to chair - 30 minutes)
  - a. NHS Highlands & Islands: Katy Allanson
  - b. ASH Scotland: Grant Thoms
  - c. Scottish Government: Jules Goodlet-Rowley
  - d. NHS GG&C: Rebecca Bulmer
  - e. NHS Lanarkshire: Karen Mather
- Group photo, wrap up & survey (Lisa Macaulay) (10 minutes)

Smoke-free homes research network: 20th May 2015 – 20th January 2019

Why?

- Sustained interest in SHS exposure in homes
- 'REFRESH-next steps' or 'Dylos' meetings for 2 years
- Need a 'banner' to identify our work
- Academic and practitioner cross-over
- Ensure continuity of knowledge

- Scotland is at the forefront of SFH research
  - Understanding the barriers
  - Developing interventions
  - Measuring exposures
- We have a national target from the Scottish to reduce children's exposure to SHS
- Successful 'Take it right outside' campaign

Aims

Six main areas

- Developing methods to quantify SHS exposure in the home
- Increase our understanding of the factors that influence SHS exposure in the home
- Assessing population exposure to SHS within home settings
- Identifying the barriers to having a smoke-free home
- Generating and evaluating interventions to encourage the transition to having a smoke-free home
- Determining the health benefits of a smoke-free home

- Supporting and developing evidence-informed policy and practice at the local, national and international level

Smoke-Free Homes Research Network

Meeting agenda

11.00- 11.05 Welcome (Amanda Amos, Steve Turner, Sean Semple)

11.05- 11.20 CRIB update (Steve Turner)

11.20- 11.35 First Steps 2 Smoke-Free, NHS projects and AFRESH update (Sean Semple)

11.35- 12.00 Scottish Government smoke free homes campaign 2015 (Claire Prentice)

12.00- 12.30 Lunch and networking

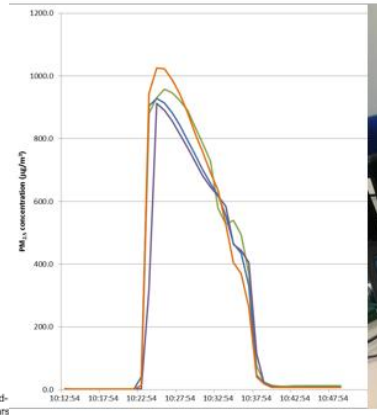
12.30- 13.00 Round table update on Dylos activity (all participants)

13.00- 13.55 Smoke Free Homes Research Network (all participants)

- Discussion document
- Aims – short and long term
- Website www.sfhrn.com
- Launch
- Other partners

13.55- 14.00 AOCB and next meeting

Learning about instruments: mobile testing lab in Blantyre!



SFHRN: Finding ways to reduce second-hand smoke exposure in homes and cars

SHINE development

- Small academic network established with ESRC funding in 2020-2021

Shine
Smoke-free Homes
Innovation Network

Shine
Smoke-free Homes International Network

- SHINE (as an international network) launched at a workshop at the SRNT conference in Edinburgh in March 2024 – with shameless shortbread and teacakes.
- Drawing on work from across the globe with presentations describing work to help promote smoke-free homes in Spain, Indonesia, the USA, Armenia, Malaysia, Georgia and Scotland
- Website, newsletter and webinars to help keep members informed and engaged in work on the topic

Rise and Shine: The Smoke-free Homes International Network (SHINE)

Rachel O'Donnell[1], Rebecca Howell[1], Piotr Teodorowski[1], Olena Tigova[2,3,4,5], Esteve Fernández[2,3,4,5,6], Sean Semple[1]

As our international smoke-free homes network celebrates its 1st Birthday and reaches 100 members worldwide, we invite Tobacco Prevention and Cessation readers to join us (either by using this hyperlink or the QR code at the bottom of the Editorial) in working together to increase the rate at which non-smoking adults, and children, are protected from the harms posed by exposure to secondhand smoke (SHS) in the home.

SHINE's overall goal is to encourage the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) Conference of the Parties to modify Article 8 guidance to encourage signatory countries to include domestic settings as one of the key environments where non-smokers, particularly children, require protection from SHS exposure. The WHO FCTC requires that the 183 ratifying countries implement measures to protect people from exposure to tobacco smoke in public places, indoor workplaces, and public transportation. Whilst the WHO encourage the promotion of smoke-free homes[1], there is currently no requirement to tackle SHS exposure in the home under the WHO FCTC, and yet this is where most exposure to SHS now occurs[2].

To achieve this goal SHINE aims to:

- Connect researchers, practitioners and policy makers across the world, who are actively working to reduce SHS exposure in the home;
- Facilitate knowledge exchange and learning opportunities through webinars and newsletters; and
- Signpost members to smoke-free homes research, interventions and practical tools through our website.

AFFILIATION
1 Institute for Social Marketing and Health, Faculty of Health and Sport Sciences, University of Stirling, Scotland, United Kingdom
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3 Centre for Biomedical Research in Respiratory Diseases, Institute of Health Carlos III, Madrid, Spain
4 Tobacco Control Research Group, Bellvitge Biomedical Research Institute, l'Hospitalet de Llobregat, Catalonia, Spain
5 Department of Clinical Sciences, Faculty of Medicine and Health Sciences, University of Barcelona, Barcelona, Spain
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Shine
Smoke-free Homes International Network

Home | About Us | Events & News | Resources | NRT for SFHs Guide | Contact | Join the Network

We are an international network of over 120 researchers, practitioners and policy makers working to reduce exposure to second-hand tobacco smoke in the home.

The University of Stirling is leading the Smoke-free Homes International Network (SHINE).

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Join Us

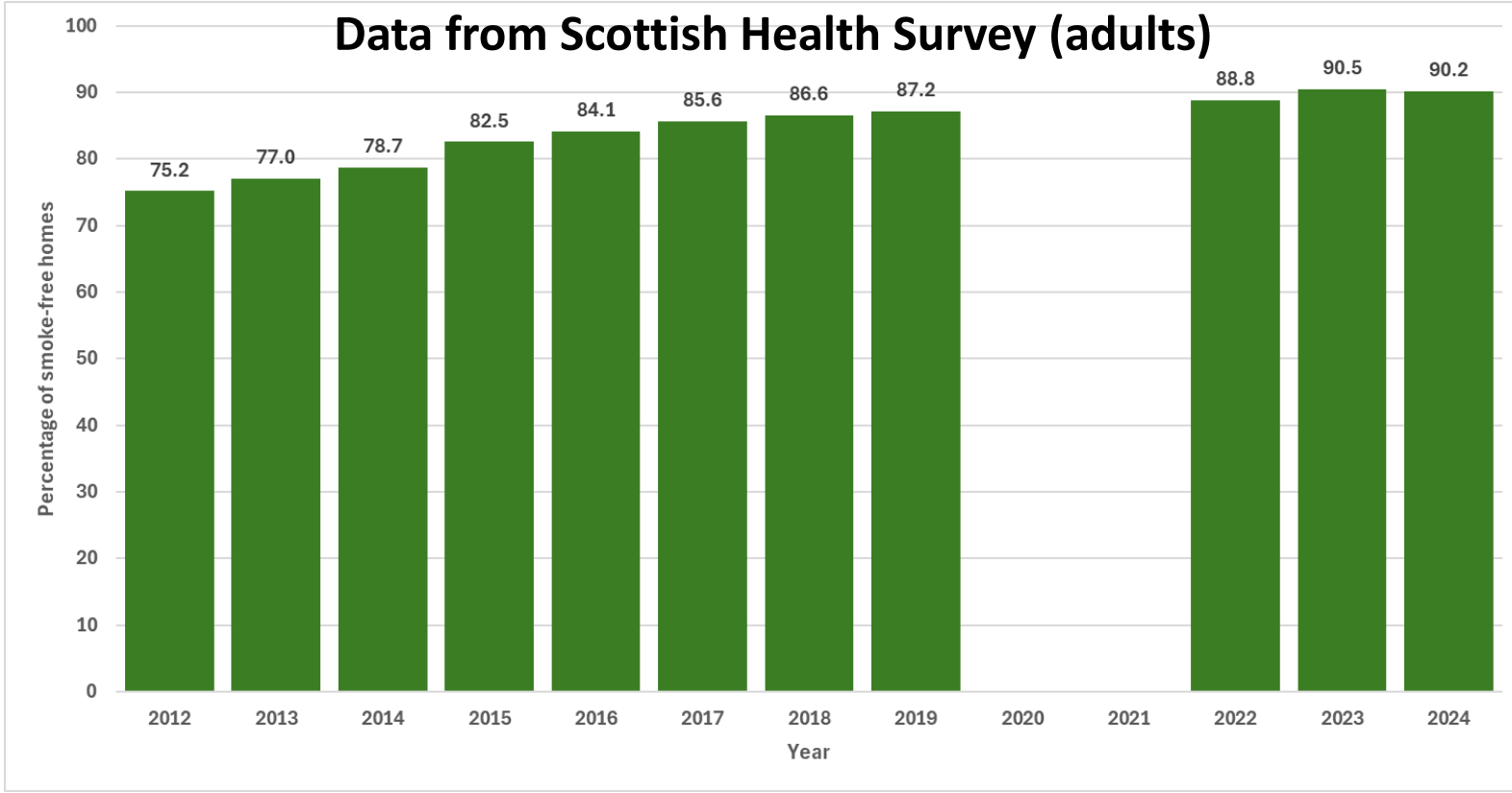
– to receive information on smoke-free homes research and resources

SHINE Scotland

Shine
Smoke-free Homes International Network

- A sub-group of SHINE focussing on work in Scotland
- Taking off from where SFHRN ended….
- And looking to finish the job

- About 375,000 have become smoke-free in Scotland since 2012 but there are still 250,000 homes left in Scotland where smoking indoors is still permitted
- Let’s find ways to get that further reduced



The next step

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- Time for Scottland lead the way again on SHS: a new target – 95% of homes smoke-free by 2030?
  - [About 4% of homes are occupied by one person who is a smoker…]
- Let us work to get SG backing to commit to this new world-leading target
- Shift social norms – it should no longer be acceptable to smoke inside a home where other people live
- Provide help and support to those who smoke in the home

Shine
Smoke-free Homes International Network

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An international network of over 160 researchers, practitioners and policy makers working to reduce exposure to second-hand tobacco smoke in the home.

Our **overarching goal** is to encourage policymakers and health professionals from countries across the world to **focus on domestic settings** as one of the key environments where non-smokers, particularly children, require protection from second-hand smoke (SHS) exposure.

JOIN NOW!

Join Us

- to receive information on smoke-free homes research and resources
- to connect with others working in the area
- for knowledge exchange opportunities

www.shine.co.uk/contact Sean.semple@stir.ac.uk http://www.linkedin.com/company/shine2021/


Institute for
Social Marketing
& Health
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Thank you!
Email: sean.semple@stir.ac.uk

Supporting Individuals to use Nicotine Replacement Therapy [NRT] to create a smoke-free home

A how to guide for NHS Health Boards

August 2026

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NHS Lanarkshire

University of Glasgow

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The How to Guide (hosted on the SHINE website)

Main findings paper (pre-print, paper submitted to BMJ Public Health, Aug 26)

Study protocol (paper published in BMJ Open, 2025)

This project has received funding from the Chief Scientist Officer under grant agreement No HIPS/22/25

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Why develop this guide?

- Most deprived areas still have 21% of homes permitting smoking
- The inequality between SIMD 1 (most deprived) and SIMD 5 (least deprived) has doubled between 2012 and 2024
- This is also reflected in data on children's exposure (9% v 0%)

CHIEF SCIENTIST OFFICE

This project has received funding from the Chief Scientist Officer under grant agreement No HIPS/22/25

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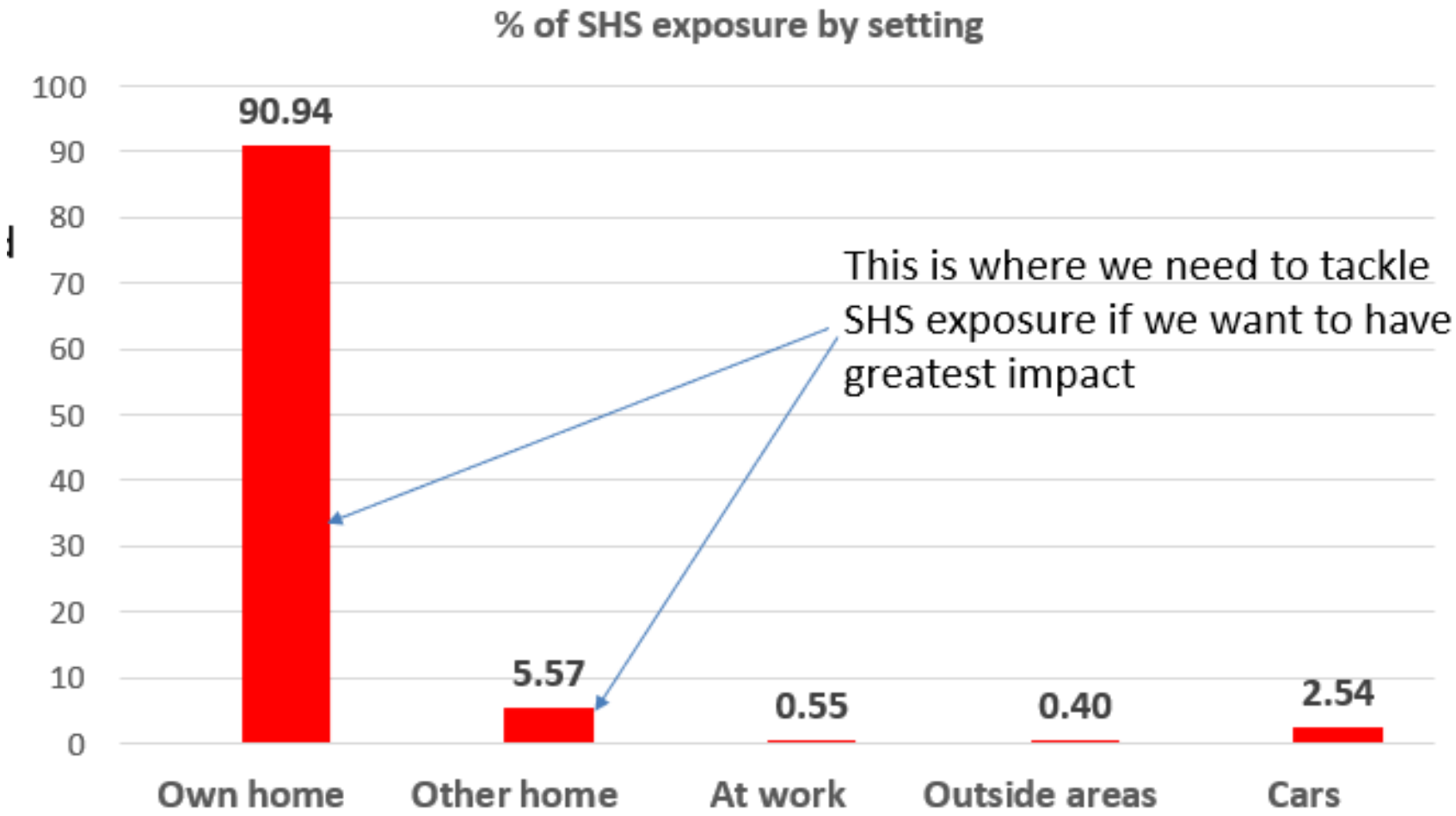
% of SHS exposure by setting
100
90
80
70
60
50
40
30
20
10
0
90.94
5.57
0.55
0.40
2.54
This is where we need to tackle SHS exposure if we want to have greatest impact
Own home
Other home
At work
Outside areas
Cars

The stepping stone approach

Evidence that creating a smoke-free home:

- reduces cigarette consumption
- increases quit attempts
- reduces relapse

We could encourage individuals who aren't ready/motivated to quit smoking to think about making their home smoke-free - as a first step to quitting

HEALTH EDUCATION RESEARCH Vol.33 no.3 2018
Pages 256–259

Cessation and reduction in smoking behavior: impact of creating a smoke-free home on smokers

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Received on July 25, 2017; editorial decision on April 19, 2018; accepted on May 11, 2018

Abstract

The aim of this study was to assess the effect of a creating a smoke-free home (SFH) on cessation and reduction of cigarette smoking on low-income smokers. This secondary data analysis uses data from study participants who were originally recruited through 2-1-1 information and referral call centers in Atlanta (Georgia, 2013), North Carolina (2014) and the Texas Gulf Coast (2015) across three randomized controlled trials testing an intervention aimed at creating SFHs, pooling data from 941 smokers. Participants who reported adopting a SFH were more likely to report quitting smoking than those who did not adopt a SFH. This was true at 3-month follow-up and even more pronounced at 6-month follow-up and persisted when considering only those who consistently reported no smoking at 3 and 6 months. Among those who did not stop smoking, the number of cigarettes per day declined significantly more and quit attempts were more frequent for those who created a SFH compared with those who did not. Findings suggest that creating a SFH facilitates cessation, reduces cigarette consumption and increases quit attempts. Future studies should assess the long-term impact of SFHs on sustaining cessation.

Introduction

Associations between smoke-free homes (SFHs) and smoking behaviors have been well established in cross-sectional and observational longitudinal studies [1, 2]. However, no studies have investigated the impact of a household changing its rules to ban smoking in the home.

A 2009 review by Mills *et al.* [1] showed fairly consistently that SFHs were associated with quit attempts, increased quit duration, and reduced relapse in both cross-sectional and longitudinal studies. In longitudinal studies those with a SFH were 50% more likely to quit smoking compared with those who allow smoking in the home. A more recent study [2] found that smokers who lived in homes with a smoking ban were 4.8 times more likely to quit smoking successfully than those living in homes without restrictions. Smokers living in a SFH also smoked fewer CPD (10.8 versus 16.5) [2]. Beyond cessation, Mills *et al.* [1] found a positive association between SFHs and reduction in smoking behavior in 13 out of 14 studies (both cross-sectional and longitudinal). Furthermore, studies a larger decrease in cigarettes smoked per day (CPD) in smokers living in SFHs over time [3–6].

Thus, previous observational research suggests that household smoking bans are related to (i)

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NRT for temporary abstinence: background/context
Nottingham (2013-2016) and Scottish studies (2020-2023)

Atkinson *et al. BMC Public Health* 2013, **13**:262
http://www.biomedcentral.com/1471-2458/13/262

RESEARCH ARTICLE

The role of nicotine replacen
temporary abstinence in the
children from environmental
exposure: a qualitative study

Renwick *et al. BMC Public Health* (2018) 18:1252
https://doi.org/10.1186/s12889-018-6140-z

BMC Public Health

RESEARCH ARTICLE Open Access

Cost-effectiveness of a complex
intervention to reduce children's expo
to second-hand smoke in the home

Charlotte Renwick[1], Qi Wu[1*], Magdalena Opazo Breton[2], Rebecca Thorley[3], John Brit

Marsh *et al. Pilot and Feasibility Studies* (2016) 2:53
DOI 10.1186/s40814-016-0094-7

Pilot and Feasibility Studies

RESEARCH Open Access

Protecting children from secondhand
smoke: a mixed-methods feasibility study
of a novel smoke-free home intervention

leill[2], Sarah L
Laura L Jone

International Journal of
Environmental Research and Public Health

Article

Stigma and Smoking in the Home: Parents' Accounts of Using Nicotine Replacement Therapy to Protect Their Children from Second-Hand Smoke

Grace Lewis [1,*], Neneh Rowa-Dewar [2] and Rachel O'Donnell [3]

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Received: 20 May 2020; Accepted: 15 June 2020; Published: 17 June 2020

Abstract: Evidence and campaigns highlighting smoking and second-hand smoke risks have significantly reduced smoking prevalence and denormalised smoking in the home in Scotland. However, smoking prevalence remains disproportionally high in socioeconomically disadvantaged groups. Using stigma as a theoretical lens, this article presents a thematic analysis of parents' accounts of attempting to abstain from smoking at home, using nicotine replacement therapy (NRT), in disadvantaged areas of Edinburgh and the Lothians. Smoking stigma, particularly self-stigma, underpinned accounts, with two overarching themes: interplaying barriers and enablers for creation of a smoke-free home and reconceptualisation of the study as an opportunity to quit smoking. Personal motivation to abstain or stop smoking empowered participants to reduce or quit smoking to resist stigma. For those struggling to believe in their ability to stop smoking, stigma led to negative self-labelling. Previously hidden smoking in the home gradually emerged in accounts, suggesting that parents may fear disclosure of smoking in the home in societies where smoking stigma exists. This study suggests that stigma may act both as an enabler and barrier in this group. Reductions in smoking in the home were dependent on self-efficacy and motivations to abstain, and stigma was entwined in these beliefs.

Keywords: stigma; nicotine replacement therapy; second-hand smoke; smoke-free homes; health inequality; qualitative; parents; socioeconomic disadvantage

1. Introduction

Smoke-free legislation for public spaces protects over 1.6 billion people, approximately 22% of the global population, from second-hand smoke (SHS) [1]. However, many, including children, are exposed

(SHS) causes numerous health problems in children
death syndrome. The home is the main source of exp
estimated the cost-effectiveness of a complex interve
rimary caregiver feels unable or unwilling to quit smo

International Journal of
Environmental Research and Public Health

Article

Supporting Parents Living in Disadvantaged Areas of Edinburgh to Create a Smoke-Free Home Using Nicotine Replacement Therapy (NRT): A Two-Phase Qualitative Study

Rachel O'Donnell [1,*], Grace Lewis [2], Colin Lumsdaine [3], Giovanna Di Tano [3], Liz Swanston [3], Gillian Amos [3], Anne Finnie [3] and Neneh Rowa-Dewar [4]

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Received: 17 August 2020; Accepted: 4 October 2020; Published: 7 October 2020

Abstract: Exposure to second-hand smoke (SHS) in the home is largely associated with socio-economic disadvantage. Disadvantaged parents face specific challenges creating a smoke-free home, often caring for children in accommodation without access to outdoor garden space. Existing smoke-free home interventions largely fail to accommodate these constraints. Innovative approaches are required to address this inequality. In this two-phase study, we engaged with parents living in disadvantaged areas of Edinburgh, Scotland, to explore tailored approaches to creating a smoke-free home and develop and pilot-test an intervention based on their views and preferences. In Phase 1, qualitative interviews with 17 parents recruited from Early Years Centres explored alternative approaches to smoke-free home interventions. In Phase 2, an intervention based on parents' views and preferences was pilot-tested with parents recruited through Early Years and Family Nurse Partnership centres. Seventeen parents took part in an interview to share their views/experiences of the intervention. Data from both study phases were thematically analysed. Phase 1 findings suggested that parents associated nicotine replacement therapy (NRT) with quit attempts but supported the idea of NRT use for temporary abstinence to create a smoke-free home, viewing this as a safer option than using e-cigarettes indoors. In Phase 2, 54 parents expressed an interest in accessing NRT to create a smoke-free home, 32 discussed NRT product choice during a home visit from a smoking adviser, and 20 collected their free NRT prescription from the pharmacy. NRT was used for up to 12 weeks in the home, with ongoing advice available from pharmacy staff. During qualitative interviews ($n = 17$), parents self-reported successfully creating a smoke-free home, quitting smoking, and reduced cigarette consumption, often exceeding their expectations regarding changes made. The intervention was acceptable to parents, but the multi-step process used to access NRT was cumbersome. Some participants were lost to this process. Parents living in disadvantaged circumstances may benefit from access to NRT for temporary abstinence in the home to assist them to protect their children from SHS exposure. Further research using a more streamlined approach to NRT access is required to determine the feasibility and cost-effectiveness of this approach.

Keywords: smoke-free home; nicotine-replacement therapy; tobacco smoke pollution; child; parents; qualitative research; vulnerable populations; pharmacies; public health

Howell *et al. BMC Public Health* (2023) 23:2545
https://doi.org/10.1186/s12889-023-17488-5

BMC Public Health

RESEARCH Open Access

Use of nicotine replacement therapy to reduce children's exposure to second-hand smoke in the home: a qualitative pilot study involving local community pharmacies

Rebecca Howell[1], Stephen McBurney[2], Giovanna Di Tano[2], Aileen Boags[2], Neneh Rowa-Dewar[3], Ruaraidh Dobson[1] and Rachel O'Donnell[1*]

Abstract

Background In Scotland, and in several other countries, most second-hand smoke exposure now occurs in low-income households, where housing constraints and sole parenting often make it harder to create a smoke-free home. This pilot study provided people who smoke with a free 12-week supply of nicotine replacement therapy through local community pharmacies to reduce smoking indoors.

Methods Twenty-five parents/caregivers who smoked in the home and cared for children at least weekly were recruited via Facebook during the COVID-19 pandemic. Air quality ($PM_{2.5}$) was monitored in participant homes for seven days before their first pharmacy visit and 12 weeks later. Qualitative interviews ($N = 14$) were conducted with 13 participants who completed the study and one who withdrew part-way through. The interviews explored views/experiences of using nicotine replacement therapy to help create a smoke-free home. Another participant took part in a shorter telephone discussion at their request, with detailed notes taken by the interviewer, because of their speech disorder.

Results Three participants reported smoking outdoors only, one of whom subsequently quit smoking. Six participants reported reduced cigarette consumption by 50% in the home, four reported no (sustained) reduction and one reported increased smoking indoors. Self-reported outcomes were not always consistent with $PM_{2.5}$ readings. Participants' experiences of accessing nicotine replacement therapy through community pharmacies varied. Some suggested ongoing support to use nicotine replacement products could better assist behavioural change, and that access could be streamlined by posting products to the home. Several suggested that focusing on changing home smoking behaviours using nicotine replacement therapy might facilitate a future quit attempt.

Conclusion Access to free nicotine replacement therapy for temporary use indoors may support some people who smoke to reduce children's exposure to second-hand smoke. Our findings confirm the need to modify the

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Our pilot RCT findings

- This approach was well accepted by participants and demonstrated feasibility (in terms of retention rates, NRT adherence, and the practicalities of intervention delivery within an NHS service).

- The total cost of delivering this 12-week intervention, including NRT product and staff time for support, was estimated to be £244 per individual

- Recruitment was difficult and participation rates were insufficient to inform the development of a future trial to study effectiveness. This likely reflects a perceived stigma in acknowledging smoking in the home to healthcare staff.

Study recommendations

- Given existing NICE guidance on the use of NRT for temporary abstinence to reduce SHS exposure, and previous studies which also suggest feasibility of concept:
  - NHS Health Boards should consider use of NRT for temporary abstinence alongside support for effective use, to reduce children's SHS exposure in the home, and provide an alternative route to smoking cessation.
  - On this basis, we have developed the 'How to Guide' for Health Boards, to support potential use of this approach

How does this approach work in practice?

This approach is not currently delivered as a dedicated smoke-free homes intervention

- The how to guide provides an opportunity to:

- Formalise and standardise this approach
- Strengthen consistency across services
- Enhance impact measurement through use of existing tools and questionnaires
- support earlier engagement with individuals who may not yet be ready to quit smoking
- support follow-up engagement with individuals who have not quit successfully

Supporting Individuals to use Nicotine Replacement Therapy [NRT] to create a smoke-free home

A how to guide for NHS Health Boards

August 2026

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NHS Lanarkshire

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PURPOSE

This guidance outlines the roles, responsibilities and procedures for NHS Board Quit Your Way (QYW) services on how to implement or integrate a system of using Nicotine Replacement Therapy (NRT) products for temporary abstinence to help individuals who smoke create a smoke-free home.

SCOPE

This guidance sets out the procedure that should be followed by NHS Board QYW services and by practitioners who are trained to provide behavioural support for stopping smoking and supplying NRT products for temporary abstinence.

Why support individuals to reduce children's exposure to second-hand smoke in the home?

Children who are exposed to second-hand tobacco smoke (SHS) in the home are at higher risk of a range of respiratory conditions, including asthma, lower respiratory tract infection, croup and bronchiolitis.[1]

Smoking in the home increases the likelihood of child smoking uptake. [2]

Creating a smoke-free home increases the likelihood of parents/carers quitting smoking in the 6 months that follow. [3]

This report should be cited as: O'Donnell R, Mather K, Henderson T, Sinclair L, Howell R, McMeekin N, Semple S. Supporting Individuals to use Nicotine Replacement Therapy (NRT) to create a smoke-free home. A How to Guide for NHS Health Boards. University of Stirling; 2026.

Why use NRT for temporary abstinence in the home?

1/5

More than one in five homes in the poorest areas of Scotland still allow smoking indoors. [4]

In the UK, NRT is typically only available for free for smoking cessation, although recent guidelines for the NHS recommend use of NRT for temporary abstinence to reduce harm. This aligns well with Scottish Government and Health Board aims to reduce children's SHS exposure in the home, through providing a route to helping people who smoke create a smoke-free home. [6]

There is no consensus on how best to support disadvantaged households to create a smoke-free home. For many, housing arrangements and single parenting constrain opportunities to make the indoor space smoke-free. [5]

50%

There is growing evidence suggesting that use of NRT for temporary abstinence in the home can reduce children's SHS exposure. It can also lead to substantial smoking reduction (by 50% or more) and in some cases, a successful quit attempt. [7 8 9 10]

Who would meet the criteria for this intervention?

This intervention would be suitable for anyone who smokes inside their home, including:

- Parents or carers living in a home where children reside
- People with caring responsibilities where children visit or live (e.g. grandparents etc.)
- People living in flats without easy access to outdoor space
- People with limited mobility

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Supplying NRT for temporary abstinence

Based on standard NHS procedures, initiatives to support people to reduce exposure to SHS in the home should be coordinated in line with local NHS Board protocols to ensure proper governance is adhered to. Appendix 10 outlines a suggested process for NHS Boards to supply NRT for temporary abstinence to people who smoke, in order for them to achieve a smoke-free home.

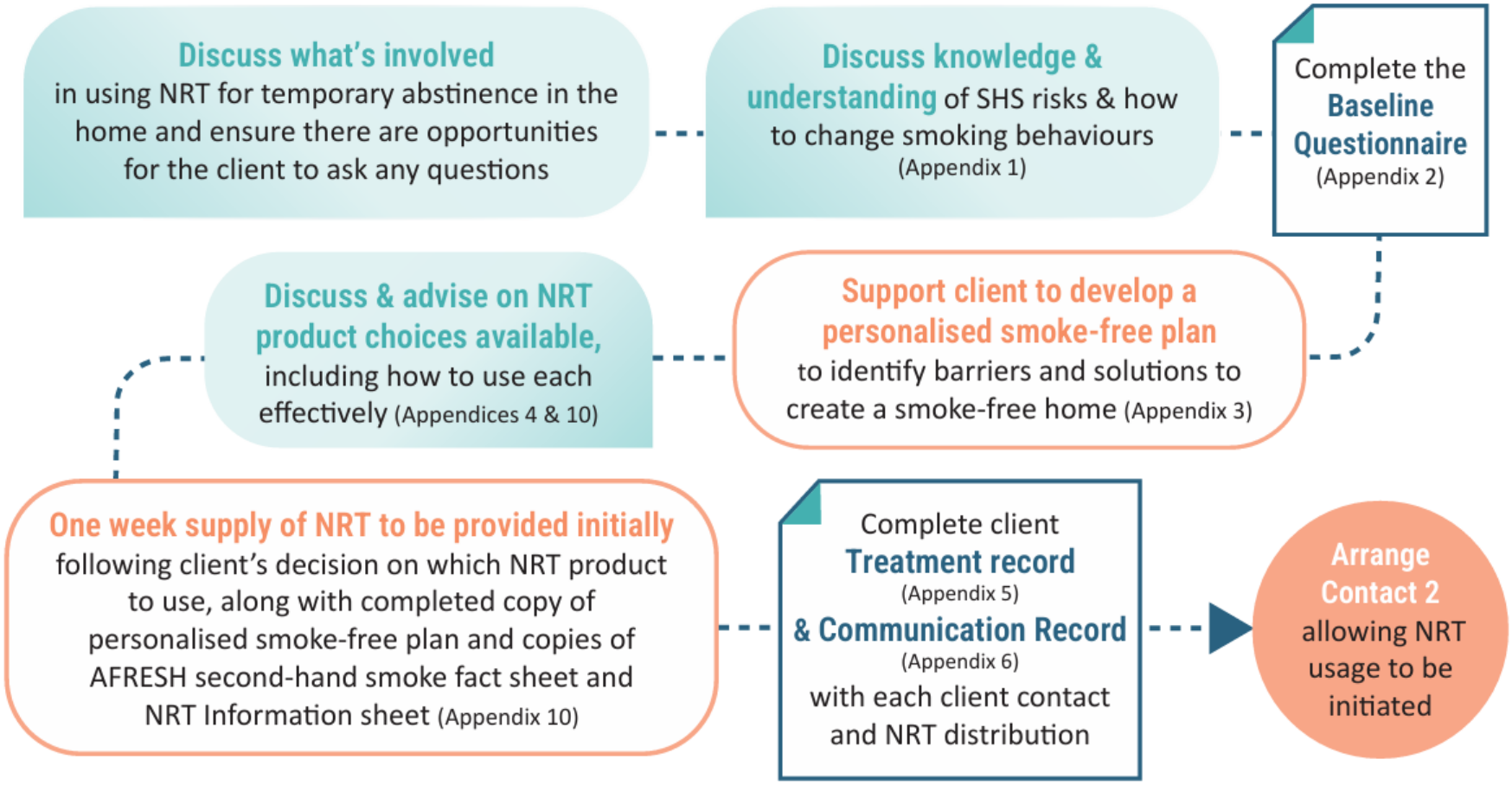
The NRT Smoke-Free Home Intervention flow chart

The following flowchart is based on the findings of a pilot randomised controlled trial [10 11], that was carried out by the University of Stirling, NHS Lanarkshire and the University of Glasgow from 2023-2026. The study was funded by the Scottish Government's Chief Scientist Office.

Scan the QR code for appendices >

The NRT Smoke-Free Home Intervention flow chart

Contact 1: Planning for creating a smoke-free home



The NRT Smoke-Free Home Intervention flow chart

Ongoing Support: Fortnightly or as needed

Discuss current smoking behaviour within the household
and whether client is using NRT to create a smoke-free home (Appendix 7)

Discuss any barriers
and refer to client's personalised smoke-free plan for solutions

Arrange further NRT supply
(once product suitability is established)

Check whether NRT product is suitable for client and whether they are using it effectively.
If applicable, discuss alternative NRT product choices and how to use effectively using NRT information sheet
(Appendices 4 & 10)

Arrange ongoing client calls to include review & revise personalised smoke-free plan and adherence to NRT.
Appendix 8 can be used to support these calls

Review progress at 12 weeks using the completed **baseline questionnaire** and assessing how/whether smoking behaviours have changed (Appendix 9)

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Home Air Quality Monitoring

If you are interested in including home air quality monitoring in your local intervention, please contact:

- Professor Sean Semple, Institute for Social Marketing and Health at the University of Stirling
  sean.semple@stir.ac.uk
- Dr Rachel O'Donnell, Associate Professor and Public Involvement Lead,
  Institute for Social Marketing and Health at the University of Stirling
  r.c.odonnell@stir.ac.uk

Record Keeping

Staff are required to ensure record keeping and documentation practice aligns with local NHS protocols.
Examples of documents - Appendices 5 & 6

Barriers and solutions for clients

For some people, achieving a smoke-free home can be straightforward, while for others it presents significant challenges. A range of factors can act as barriers to change. This section outlines common barriers to creating a smoke-free home, alongside practical solutions. It also highlights challenges associated with raising concerns about SHS in the home and offers approaches to help address these.

Common barrier	Practical solution / approach	Key practice points
How do I handle it when visitors smoke? I don't want to upset relationships in my home.	Explain that keeping the home smoke-free is about protecting children and others from second hand smoke. Encourage clients to ask visitors for support and explain they are not asking anyone to stop smoking, only to smoke outside.	• Frame the request around health, not judgement • Most visitors respond positively when asked for help • A no smoking sticker or sign can act as a gentle reminder
I live in a high rise flat and don't have a balcony, or I can't leave my children alone to go outside.	Use Nicotine Replacement Therapy (NRT) to manage cravings indoors without smoking.	• NRT allows carers to stay with children • It helps relieve cravings while avoiding smoke exposure • NRT is a safer alternative to smoking
I think the effect of second hand smoke is exaggerated – my friend smokes and their children are fine.	Provide clear, information using the AFRESH second-hand smoke fact sheet and explain that harm is not always immediately visible.	• Health effects can take time to appear • Every child's health is different • Reducing exposure lowers risk, even if no symptoms are present

Barriers and solutions for clients

Common barrier	Practical solution / approach	Key practice points
Can I smoke in one room with the window or back door open?	Explain that opening windows or doors may reduce the smell but does not remove harmful toxins from the home.	• Smoke particles linger for many hours • Smoke spreads throughout the home • Smoking outside is the only effective protection
I only smoke when my children aren't in the room.	Explain that smoke travels through the home and settles on surfaces such as furniture, carpets, and clothing.	• Children can still be exposed later • Smoke-free homes reduce ongoing exposure • Timing alone does not fully protect children
It's my home – I should be able to smoke if I want to.	Acknowledge personal choice while reframing the issue as protecting children's health rather than stopping smoking altogether.	• Focus on where smoking happens, not removing choice • Respect autonomy • Emphasise child health and wellbeing
I've tried before and it was too hard.	Normalise past attempts and encourage small, manageable steps rather than all or nothing changes.	• Change takes time • Any reduction is positive • Confidence builds gradually
I'll feel judged by family or friends if I change the rules.	Support clients to explain the change as a health decision for children, not a judgement of others.	• Simple explanations can help • Setting boundaries is reasonable • Clients are entitled to protect their home environment

Barriers and solutions for practitioners

Common barrier	Practical solution / approach	Key practice points
"My client will think I am judging or nagging them, and I don't want to risk the relationship we've built."	Use a non judgemental, empathetic approach focused on understanding rather than persuading. Respect the client's viewpoint and decisions, even if you don't agree with them.	• Use open, neutral language • Avoid "you should" statements • Emphasise care and concern, not blame • Acknowledge their autonomy • Validate their feelings and circumstances • Keep the relationship central
"My client has other priorities that are more important than creating a smoke-free home."	Do not assume lack of interest or readiness. Creating a smoke-free home may feel achievable compared to other pressures. Frame the discussion as offering information, not demanding change.	• Avoid making assumptions • Explore what feels manageable for them right now • "I'd like to share some information so you can decide what's right for you." • Focus on informed choice
"I don't feel confident enough to raise the issue of second hand smoke."	Build confidence by remembering a few key facts about second hand smoke & health. Practice increases confidence. The more often you raise the topic, the more natural it will feel.	• You don't need to be an expert • A few simple, clear messages are enough • Start small • Reflect on what went well • Confidence grows with repetition

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Appendices

Appendices to this document can be accessed via the following QR code or at www.shine.ac.uk/nrt-for-sfhs-guide .

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Thank you for listening!

Any questions?

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