

# Shisha Public Education Awareness Campaign 2016-17 Evaluation Report

London Borough of Barnet



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## Executive summary

This report describes the evaluation of LB Barnet's shisha public education campaign, conducted between October 2016 and February 2017. The campaign was developed in response to a motion at full Council in December 2015 and a report to the Health and Wellbeing Board that described a growing problem of shisha smoking in Barnet. This detailed the increasing number of businesses selling shisha in Barnet, together with the health harms caused by shisha and widespread misunderstandings about the risks associated with smoking shisha among young people. Barnet Public Health team led the development and implementation of a sustainable health promotion and education campaign. This had the following aims:

- Raising awareness of the negative health impacts of shisha usage amongst communities who use shisha with a particular emphasis on young people.
- Undertaking an educational campaign, in partnership with regulatory officers aimed at local shisha businesses to improve compliance within existing legislation and to consider the health impacts of these businesses.

A Task and Finish group was established, with representation from Environmental Health, Trading Standards, Planning, Community Safety and Public Health to coordinate and focus all activities on tackling the growing use of shisha in Barnet.

### Environmental Health Actions and Outcomes

The Environmental Health department (EHD) undertook a programme of compliance visits to (all operating at the time) shisha bars and in Barnet.

The experience of EHD officers working to enforce compliance in LB Barnet was that the current powers and resources available were inadequate to bring about any meaningful disruption of the trade in the sale of shisha from bars and cafes. However, as part of the LB Barnet campaign, lessons on how to effectively eradicate the problem of shisha bars that operate beyond the law, were sought from other London local authorities.

### Public Health education campaign

Research was conducted among three groups to inform the development of a marketing campaign, which aimed to inform residents of the harms of smoking shisha. Prototypes developed by the local authority were tested among research participants. The research found that:

- There was strong organisational support for LB Barnet to undertake a public education campaign on this subject, because there was a widespread awareness that:
  - shisha use had become increasingly diffuse in the borough
  - it was primarily young people who were likely to use shisha
  - that the health risks associated with smoking shisha were poorly understood, even by those who smoked shisha
- There was a desire for the campaign to include evidence based facts about shisha and to focus on the serious health conditions – cancers, heart disease, including deaths attributable to shisha – rather than what were considered to be relatively trivial conditions such as oral herpes.

## Appendix 1

- The public education campaign on shisha should make an explicit link to smoking cigarettes and the general harms caused by tobacco.
- The campaign should ensure that there are no 'unintended consequences' that might lead to viewers mistaking the campaign as a marketing campaign on behalf of shisha or shisha bars.

The campaign was communicated to LB Barnet residents via posters at bus shelters in the borough and billboards on high streets, and via leaflets and poster in GPs surgeries and pharmacies in the borough. In addition, the Council led an online digital campaign that made use of Twitter, Facebook and the Council's own website.

Feedback from the local authority's website analysis indicated that the web page on shisha was the most viewed page of the Public Health section of the website during January and February 2017.

A telephone survey of 500 LB Barnet residents conducted in November 2016 found that 23% of residents reported that they had seen the shisha campaign in November 2016. This measure was recorded at a point in time before the bulk of the expenditure on the campaign was committed. It can be expected therefore that the proportion of residents who were aware of the campaign in January and February was significantly higher.

A separate online survey completed by 119 respondents, which was not representative of all residents of the borough, found that 45% had seen the campaign, and that most of these had seen a poster on a bus or at a bus shelter, or on the high street. This survey over-represented young people and people who had smoked shisha. The fact the campaign was positively received by this group was indicative of the fact that it was well received by the key target audiences.

Overall, the survey indicated that respondents found the campaign engaging and informative.

- 71% reported that they had learnt something new from the campaign
- 43% that they had discussed shisha with a family member, friend or colleague since seeing the campaign
- 50% that they wanted to find out more about shisha.

Asked about actions they felt local government might take to tackle shisha, the majority of respondents felt that greater actions should be taken by local authorities.

- 81% thought that a licence should be required to sell shisha (it currently is not) in the same way as selling alcohol is licenced.
- 68% felt that bars or cafes that sold illegal tobacco in their shisha should be banned from trading.
- 77% agreed that shisha businesses should be banned from trading if they were found to be selling shisha to anyone under the age of 18 years.

Feedback from a short survey of 19 primary care health professionals, most of whom provided advice to people about smoking, found that respondents reported less confidence in their knowledge and understanding about shisha than they did about cigarettes and cigars, indicating a need for targeted training on this subject for health professionals who advise on smoking cessation.

	Phase 1	Phase 2	Phase 3
<b>Aims</b>	To gain resident's insight on campaign resources, imagery and routes of promotion  To develop campaign imagery and resources	To increase understanding and awareness of harms associated with smoking shisha among Health Professionals  To increase understanding and awareness of key messages among school students and (Middlesex) university students of the harms associated with smoking shisha.	To increase understanding and awareness of harms associated with smoking shisha among residents of Barnet.  To raise awareness of shisha bar/café managers and owners of the need to comply with smoke-free legislation
<b>Target population</b>		Health care professionals including GPs and Pharmacies  Children and young people	Shisha bars and cafes
<b>Partners involved</b>	Barnet Design team  Word of Mouth Research  Barnet Health Watch	Cut Films  Barnet council communication team  Middlesex University Communication Team	Barnet Environmental Health (RE)  Barnet Communication Team

Table 1 table demonstrating campaign summary

## Recommendations

1. **Provide training to primary care health professionals on shisha as well as other forms of smoked tobacco** - Ensure that primary care health professionals who currently provide advice to smokers about stopping/giving up/cutting down, are trained to advise clients about the harms of shisha and the importance of stopping (in the same way as other forms of smoked tobacco).
2. **Include providing advice on stopping shisha smoking as a specific item in the specification of commissioning documents for a Stop Smoking Service-** Plans to commission a Stop Smoking Service for the LB Barnet should include specific requirements on the providers about shisha. The commissioning documentation should include specifications that require staff that provide the service to be fully trained in advising on shisha smoking as part of their general interaction with clients about smoking tobacco products.
3. **Increase powers and funding to disrupt the trade in the sale of shisha from bars and cafes-** The experience of LB Barnet and LB Islington in tackling the sale of shisha from bars and cafes over the past few years was instructive. Learning from LB Islington indicates that in order to effectively reduce the number of shisha bars operating, local authorities need to work closely with trading standards team.
4. **Design, development and management of the campaign-** The public education campaign was designed and managed effectively, with input from all relevant departments in the Council. The aims, objectives and approach were clearly identified and external expertise was obtained, where it did not exist within the Council.

For the Communications department, this was only the second campaign it had mounted (after Keep Barnet Tidy), and the campaign served to develop experience and confidence.

5. **Ensure consumer research is 'built in' to the development communications campaigns-** A recommendation for future communications is to ensure that consumer research to test the form and content (messaging, visual design and appeal, and channels) is 'designed in' as part of the requirements of the campaign. It is a common failing of public bodies to overlook this important step, on the assumption that the commissioning body or department believes it knows what needs to be communicated, how and to whom, and what will be effective. However, without independent consultation with intended audiences, there is a real risk of campaigns failing to communicate what was intended, and to sometimes communicate inappropriate messages – as would have happened in this campaign, had consumer research not been conducted. In this instance, the decision to conduct consumer research occurred as a result of the recommendation of the research agency commissioned to evaluate the campaign. It should however, be made 'part and parcel' of all communications campaigns, and managed by a department other than the communications department, in order to ensure independence and transparency.
  
6. **Pool resources with other local authorities to achieve economies of scale on health promotion-** Local authorities acquired responsibility for public health, including health promotion and education, as a result of the Health and Social Care Act 2012. The scale and costs of running local public education campaigns is frequently prohibitive, because of the costs involved in designing and developing interventions, and the limited purchasing power of any single local authority. However, when a number of local authorities are able to collaborate to develop joint campaigns, the purchasing power increases and the design and development costs are dispersed. Consideration should be given to more joint working on themes such as shisha and tobacco control more generally, as similar public issues are priorities across many London local authorities.
  
7. **Pool resources in order to undertake good quality summative evaluation research-** Understanding whether a campaign leads to changes in knowledge, attitudes or behaviours is vital for accountability. However, in order to answer these vital questions, commissioners must consider the resourcing of research. There is an established hierarchy of research designs to determine the effectiveness of interventions that seek to promote behaviour change. Pooling of resources between departments and possibly between local authorities working on similar issues, is one way of ensuring that sufficient funds are made available to fund evaluation research.

# 1. Introduction

This report describes the evaluation of LB Barnet's shisha public education campaign, conducted between October 2016 and February 2017.

## Background to the campaign

In January 2016, the Health and Wellbeing Board of the LB Barnet received a detailed report on the growing problem of shisha smoking in Barnet, following a motion to full Council in December 2015 by Councillor Hart. The report detailed the increasing number of businesses selling shisha in Barnet. At the time of the report the Council's Environmental Health department had identified 23 shisha bars or cafes trading in the borough. The report stated that such establishments were often accompanied by non-compliant practices such as health and safety breaches, non-tax duty paid tobacco products and poor compliance with smoke-free legislation.

## Health harms of smoking shisha

The report also identified the health harms associated with smoking shisha. It reported well-established evidence showing that shisha smoking was at least as harmful as smoking cigarettes.

Shisha has been found to be associated with several cancers, coronary artery disease, and deterioration of lung function. An association between second hand smoke and smoking in family settings or amongst young children has been linked to the development of childhood respiratory conditions. Women who smoke shisha during pregnancy have been found to have babies with low birth weights.

Shisha tobacco contains tobacco. This means it contains the same harmful substances that cigarettes contain, including nicotine, tar, carbon monoxide and heavy metals, such as arsenic and lead. As a result, shisha smokers are at risk of the same kinds of diseases as cigarette smokers, such as heart disease, cancer, respiratory disease and problems during pregnancy.

It is unclear exactly how much smoke or toxic substances shisha smokers are exposed to in a typical shisha session. Typically, people smoke shisha for much longer periods of time than they smoke a cigarette, and in one puff of shisha they may inhale the same amount of smoke as they get from a smoking a whole cigarette.

The average shisha-smoking session lasts an hour and research has shown that in this time the volume of smoke inhaled can be the same as from more than 100 cigarettes.

Some people mistakenly think that shisha smoking is not addictive because the water used in the pipe can absorb nicotine. However, because only some of the nicotine is absorbed by the water, shisha smokers are still exposed to enough nicotine to cause an addiction.

According to the NHS website,

'Smoking increases your risk of cancer, heart disease and respiratory problems. This is true whether you smoke cigarettes, bidi (thin cigarettes of tobacco wrapped in brown tendu leaf) or shisha (also known as a water pipe or hookah).

A World Health Organization study has suggested that during one session on a water pipe (around 20 to 80 minutes) a person can inhale the same amount of smoke as a cigarette smoker consuming 100 or more cigarettes.



Like cigarette smoke, water pipe smoke contains cancer-causing chemicals and toxic gases such as carbon monoxide.’

## Misunderstandings about the risks associated with smoking shisha

A number of studies have pointed to widespread misunderstandings about the risks associated with smoking shisha.

In general, surveys have suggested that there are common misbeliefs, including the following:

- That shisha is not as harmful as smoking cigarettes
- That shisha is not addictive (or not as addictive as smoking cigarettes)

## Prevalence of shisha smoking

There is very limited evidence of the size of the problem of shisha smoking in the UK. A survey was conducted to assess the prevalence of shisha smoking in Great Britain in 2011/12. This reported that overall prevalence of shisha smoking was very low<sup>1</sup>. Just 11.6% of the adult population reported having *ever* used a water-pipe and only 1% reported using it once or twice a month.)

However, there is concern that the prevalence of shisha smoking is likely to be considerably higher, and may be increasing, among discrete social groups and some localities<sup>2</sup>. The key groups of concerns are young people aged 16-24, some minority ethnic groups and some localities where there is a sizeable minority ethnic population of people from North African or Middle Eastern origin, where shisha smoking is more culturally normalised.

An indicator of the increasing size of the problem is the number of shisha bars and cafes that have been established in parts of London, including the London Borough of Barnet, and the number of outlets that sell water-pipes for domestic and personal use.

## Factors associated with the increase in shisha smoking in Barnet

The report to the Health and Wellbeing Board attributed the growing epidemic of shisha in Barnet to several factors.

- The introduction of flavoured shisha tobacco with its reduced harshness and perceived pleasant flavour and aroma;
- The misperception that it is less damaging than cigarette smoke;

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<sup>1</sup> Nicotine Tob Res. 2014 Jul;16(7):931-8. doi: 10.1093/ntr/ntu015. Epub 2014 Feb 18. Prevalence of waterpipe (Shisha, Narghille, Hookah) use among adults in Great Britain and factors associated with waterpipe use: data from cross-sectional Online Surveys in 2012 and 2013. Grant A1, Morrison R2, Dockrell MJ3.

<sup>2</sup> Waterpipe tobacco and electronic cigarette use in a southeast London adult sample: a cross-sectional analysis Mohammed Jawad Gerald Power J Public Health (Oxf) (2016) 38 (2): e114-e121.

- Social acceptance and being an essential part of family, peer and public gatherings and cafes and restaurant culture;
- Internet mass and social media;
- Low cost;
- Lack of shisha specific policy and regulation towards its use.

### Identified groups at risk

The report further identified those groups thought to be most at risk of the harms caused by smoking shisha. It indicated that young people, including university students and school children were vulnerable to exposure to shisha.

### Enforcement and regulation

The report found that the powers of enforcement which directly apply to shisha were limited and that a more effective route to address the issues, would be to address the overall compliance of businesses, utilising a wide partnership approach that can enforce all available legislative powers. Other London boroughs had used similar approaches successfully.

### Health promotion campaign

#### Formation

In order to address the public's lack of knowledge and widespread misunderstandings about the risks posed by shisha, the report proposed a sustainable health promotion and education campaign to 'highlight the health risks associated with smoking shisha to current and potential smokers (of which a high proportion are young people) and also to highlight to premises the negative health impacts of smoking shisha to staff and neighbouring residents.'

Public Health led the development and implementation of a sustainable health promotion and education campaign, with the following aims:

- Raising awareness of the negative health impacts of shisha usage amongst communities who use shisha with a particular emphasis on young people;
- Undertaking an educational campaign, in partnership with regulatory officers aimed at local shisha businesses to improve compliance within existing legislation and to consider the health impacts of these businesses.

The approach included:

- Poster campaign utilising bus shelters, community centers, libraries and health premises;
- Digital campaign utilising social media to dispel myths and provide accurate information.
- Sign posting to existing resources including Barnet Stop Smoking Services;
- Training stop smoking advisors to include information on shisha smoking
- Targeted engagement with the voluntary sector to raise awareness within community groups where shisha use is prevalent
- Engagement and health promotion advice to shisha establishments

### Implementation

A Task and Finish group was established, with representation from Environmental Health, Trading Standards, Planning, Community Safety and Public Health to coordinate and focus all activities on tackling the growing use of shisha in Barnet.

The Group facilitated and oversaw the delivery of a partnership approach to non-compliant premises to actively and fairly apply all relevant legislative powers available to the Council. This aimed to include proactively dealing with illegal structures related to shisha, coordinating joint visits with partners including HMRC where necessary and continuing to share intelligence with other regulatory services such as Planning.

## 2. London Borough of Barnet's shisha awareness campaign

### Aims and Target Groups

In 2016 LB Barnet's Public Health department launched a public education campaign that had as a central aim, to raise awareness of the harms caused by smoking shisha.

The campaign had a number of target groups, including **residents of LB Barnet**, and within this, **young people, schools and university students and minority ethnic groups**. In addition, the campaign sought to provide information to the owners and managers of bars and cafes that sell shisha, to alert them to the requirements of existing legislation to protect public health. The campaign also sought to raise awareness of the concerns about smoking shisha among primary care health professionals.

The campaign aims where:

- To increase understanding and awareness of harms associated with smoking shisha among **residents** of Barnet.
- To engage Barnet's **public** in a debate about what actions the local authority should take to control/regulate shisha smoking (including bars/cafes)
- To increase understanding and awareness of key messages among identified target groups – **school students, university students, young people, BAME groups** - of the harms associated with smoking shisha.
- To increase understanding and awareness of harms associated with smoking shisha among **Health Professionals**
- To raise awareness of **shisha bar/café managers and owners** of the need to comply with smoke-free legislation

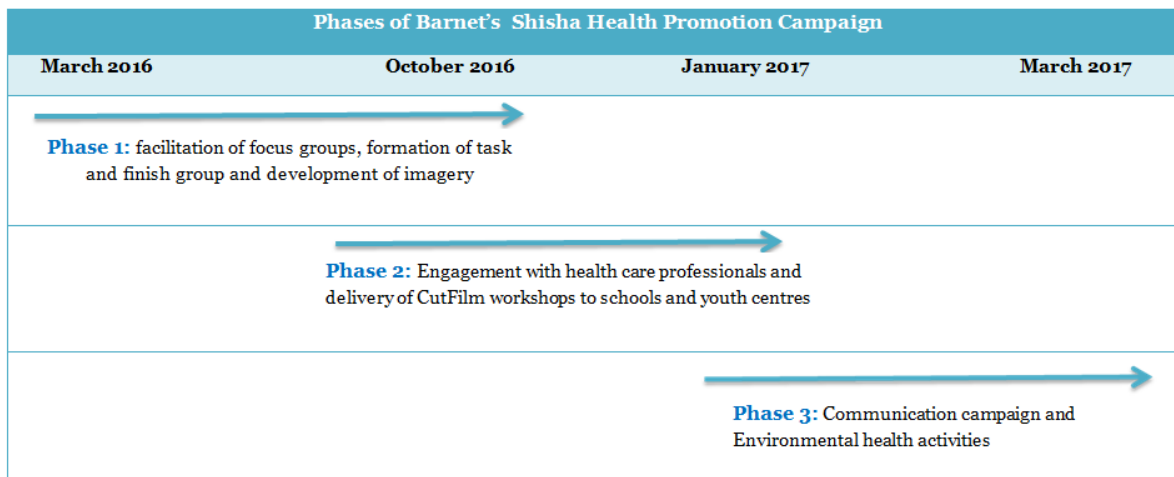


Figure 1 Different phases of the campaign

## Partners involved:

### Internal partners:

- Elected members- involvement is making the decision to develop an information campaign
- Barnet Public Team – provided strategic guidance and coordination and also involved in development and implementation of the campaign
- Environmental Health (RE)- were responsible for inspection and regulation of premises that sell shisha
- Barnet Council's Communications Team- developed imagery and messaging for the campaign and also implemented the project communications plan

### External Partners:

- Cut Films- As a smoking prevention charity they were commissioned to promote the campaign among schools and youth centres in the borough.
- Word of Mouth Research- As a public health and social marketing consultancy they were commissioned to provide guidance and also to facilitate the focus groups for the development of imagery, to develop survey for residents and healthcare professionals and also to undertake the evaluation.
- Middlesex University Communications – They worked closely with Barnet Council's communication team to communicate the campaign to their students.

## 3. Evaluation

### 3.1 Phase one

Phase one of the campaign was undertaken to inform the development of a proposed health promotion campaign and aimed to inform residents of the harms of smoking shisha. The fieldwork was conducted in late June and early July 2016.

#### Methods

The research involved three separate focus group discussions with

- a) adults aged 18-70
- b) young people aged 14-17
- c) black and minority ethnic (BME) groups, all of whom were residents of LB Barnet.

The groups ran for between 70 – 90 minutes. The format of the research groups involved showing participants the proposed poster treatments. Participants were also shown a short video that may be used as part of the online campaign. The groups were moderated by Adam Crosier of Word of Mouth Research Ltd. Observers from LB Barnet attended all three groups. All discussions were audio recorded.

#### Key findings

The following findings emerged from the research about the various posters shown to the groups. These provided important information about what would motivate the public of Barnet to take notice of a public education campaign on shisha.

1. **The issue of shisha was considered to be important**, and there was organisational support for LB Barnet to undertake a public education campaign on this subject. The reason for this was because there was a widespread awareness that shisha use had become increasingly diffuse in the borough it was primarily young people who were likely to use shisha, that the health risks associated with smoking shisha were poorly understood, even by those who smoked shisha, and also there was agreement that improved knowledge would enable those considering to use (or currently using) shisha to make a more informed decision about their behaviour, and would provide friends and family of smokers with information to engage in discussion about the harms and risks. The idea of a public education campaign that provided new information and new knowledge was therefore widely regarded as appealing.
2. **There was a desire for the campaign to include evidence based facts about shisha**, including the harms to health caused by smoking shisha. The focus should be on the serious health conditions – cancers, heart disease, including deaths attributable to shisha – rather than what were considered to be relatively trivial conditions such as oral herpes. Information about the harms of shisha that lacked a clear evidence base was generally dismissed as ‘propaganda’ and the claims were considered to be ‘exaggerated’.

3. **Participants in all three suggested that public education campaign on shisha should make an explicit link to smoking cigarettes and the general harms caused by tobacco.**  
The key failing in the posters that were tested, was the lack of this connection. Because smoking tobacco was so clearly established as harmful, the shisha awareness campaign would gain from this association, if the link was established.
4. **The participants suggested that the shisha campaign should ensure that there are no 'unintended consequences' that might lead to viewers mistaking the campaign as a marketing campaign on behalf of shisha or shisha bars.** Several participants felt that the tested materials (both posters and video) were open to a miss-reading that they glamourised the smoking of shisha. They identified clear means of avoiding this pitfall, namely by ensuring that the imagery used to describe any shisha paraphernalia is clearly portrayed as 'ugly' and 'disgusting', and definitely not open to a reading as 'cool' or 'hip'.

### Responses to 'The Truth behind the Smoke' posters

The overall response from all three focus groups to the proposed 'Truth Behind the Smoke' (Image 1) was underwhelming. There was a general lack of a 'wow' factor among all groups, together with some confusion.

Respondents felt that the posters failed to provide information, and failed too to produce an emotional impact. Several participants felt that the imagery should be more shocking and emotive. They referenced anti-smoking adverts with pictures of real people affected by smoking, and suggested that this device was more powerful.

Respondents commented on the 'myth' statement, saying that information about sharing mouthpieces was not very alarming, and that the focus of the message should be on how bad the smoke is for health.

Only one participant in the young people's group commented spontaneously that the poster was 'scary', and even this was qualified by a statement that it would be better to have used more graphic imagery, along the lines of that used on cigarette packaging.

The principal concern for the residents group and the BME group was that participants felt that the poster failed to answer the proposition within the headline, 'The Truth Behind the Smoke'. There was an expectation that the image and the text would work together, that the image would explain the written proposition, but it failed to do so.

On the positive side, most participants across all groups liked the colour scheme, felt that the black and mustard were powerful and appropriate colours that conveyed 'hazard/danger' and the fact that the imagery of the pipe and the skull/poison/lungs were clear and easily understood, if not regarded as especially powerful images in their own right.



Figure 2 The Truth behind Smoke initial poster

However, most participants felt that the messages that the posters sought to convey were unclear and confusing. Having seen one version, several commented that they would ignore other treatments, because it had failed to engage them.

### Imagery

The image of the shisha pipe attracted unprompted comments. The BME group, where all participants were shisha users found the image of the pipe clear and recognisable. However, the image was considered to be visually unclear to some participants in the residents group and the young people's group, particularly to those who were not familiar with shisha paraphernalia. There were several comments that the image should be re-worked to make the shisha pipe more distinct, as it was difficult to see it against the black background. The fact that the LB Barnet logo covered the bottom of the pipe was considered to be unhelpful, and simply obscured the image of the pipe. The role of the logo will be discussed below.

*"The shisha pipe isn't clear – there is no water. It's not realistic. It's not clear what it is." – Residents*

*"The lines blend in to the black. I can't tell what it is. I thought it was a hosepipe." -Residents*

While the intention behind the use of the skull image was understood, it was generally felt not to be effective in communicating fear. Rather it was considered to be an over-used image that was used to invoke fear in popular culture, and that through over use had lost impact.

*"The skull thing. You know. You could see that as a cool thing. Skulls aren't necessarily bad." -Young People*

Participants in all three groups commented spontaneously that the imagery was tame, and made contrasts with the imagery used on cigarette packaging, that was more grotesque and graphic.

*"I smoke Shisha once in a while. That wouldn't have any effect on me." -Residents*

*"I think it would be better use similar images to what they use of cigarette packs, because that's been shown to work." -Residents*

Of the three treatments, the skull was preferred, however. The word 'poison' was liked by a minority of participants, who felt that this worked with the 'Shisha is Poison' slogan. The 'lungs' were generally disliked; with several participants commenting that they looked healthy, which was felt to be un motivating.

*"The lungs look healthy – that's not going to work on a poster about smoking." -Young People*

### The risk of producing advertising that is misunderstood as promoting shisha smoking

Participants in the young people's group were more critical of the imagery of the shisha pipe, stating that its 'clean' and 'shiny' look, made shisha smoking appear 'cool' and appealing. The group felt that this poster could easily be confused for an advert to promote a shisha bar or café.

*"The black – I've never been attracted to smoking shisha – but it kind of looks cool. I'm not going to lie. It looks nice. It attracts me to smoke shisha. All of it looks nice."-Young People*

## Appendix 1

*"It's something that you easily see at the front of a shisha bar to show how cool it is, it's 'flirting with danger' kind of thing." -Young People*

The group made an important observation that it was vital that the poster should communicate that shisha should be seen as unappealing and unattractive, and that this should be done through the use of imagery that invoked a feeling of disgust.

*"I think if it was ugly and dirty, you wouldn't want to smoke that, but., Yeah, that's true, it's clean, it looks polished. I think if I was trying to advertise a shisha bar, that colour scheme would work perfectly." -Young People*

This observation was supported by the BME group, who agreed that the poster risked being seen as promotional of shisha.

### **A need for evidence based statements**

Participants in all groups commented that they would expect a poster that proclaims the truth, to be supported with credible evidence. They also questioned the wording of the myths/truth statements. They found the messages to be not motivating, relatively trivial and missing the key point, that smoking shisha is equivalent – or worse than – smoking cigarettes, and that this represents new knowledge to most people, including those who may smoke shisha. This new knowledge was considered to be important, engaging and motivating. Young people were critical of the 'truth' statement about sharing mouthpieces, and felt that the seriousness of the harms caused by shisha were trivialised by focusing on this issue.

*"If I saw that, the first thing I'd think of would be, 'so what? I share a cup of water with a friend. Sharing the water's not unhealthy; maybe sharing the cup is – but so what?'" - Young People*

### **Failure to link shisha to cigarette smoking**

There was consensus that the key message of the campaign should be to make explicit the link between smoking shisha and smoking cigarettes.

*"The imagery is no good. What they should have done is piggyback on something else – like show a cigarette and says 'that equals this' – they didn't ask the fundamental question 'what do you want the poster to do?'" - Residents*

Participants felt strongly that poster lacked a clear and impactful message. One person who had experience of using shisha described the kind of information that he found motivating, namely that smoking shisha is as harmful – if not more so – as smoking cigarettes.

*"I think the myth [used on the poster] is the least helpful myth you could think of. No one is really aware that it uses tobacco. A myth I know of and I personally own a shisha pipe, is that smoking a shisha pipe for 30 minutes is equivalent to smoking a hundred cigarettes. I think that that is much clearer message and you're drawing a parallel with something that people know is dangerous (Others in group agree – 'brilliant')." -Residents*

*"Everybody knows how bad cigarettes can be, so if you can show that shisha can be worse than cigarettes, then it will get the message across." - Young People*



### **Logo, helpline and website**

There was a general feeling that the information relating to further information was too small, indicating that it was unimportant. One participant in the young people's group suggested that the helpline and website details should be as large as the main text if the goal was to encourage people to contact these services. As it stands, it was considered unlikely that anyone would take the time to follow up an enquiry by entering the details and there was a question about why a smoking helpline would be used for shisha. Furthermore, there were questions about why the helpline was not a freephone number. The LB Barnet logo was considered to be unproblematic if not especially relevant to many participants, especially as the website address indicates the sponsor of the campaign. The placement of the logo on the shisha pipe was not seen as helpful or interesting.

While the LB Barnet logo was not considered to be especially valuable, there was an expectation that there should be a sponsor, and to that extent, there were no criticisms of its inclusion.

Asked whether an alternative sponsor or alternative wording might provide additional legitimacy to the campaign, some participants mentioned the NHS and some felt that the inclusion of the words 'public health' might add credibility.

*"I don't think it makes any difference who sponsors it. I think the important thing is the facts."- Young People*

*"I think if it was the NHS or the British Heart Foundation, people might take it slightly more important."- Young People*

### **Responses to the London Borough of Ealing image**

The imagery used London Borough of Ealing's Shisha campaign was shown to the participants to provide feedback. The overall feedback was in-line with their previous comments and showing including cigarettes in the poster imagery was favoured.

*"Because it shows the 200 cigarettes you make the comparison, I find that quite powerful."-Young People*

*"It makes the shisha pipe look more disgusting."-Young People*

Following discussion of the merits of the LB Barnet posters participants were shown the LB Ealing poster, as a point of comparison. In all three groups, there was a palpable acknowledgement that this poster succeeded in achieving the communication objectives of a public education campaign on shisha. They considered it to be clear, persuasive and visually impactful. Participants liked the fact that the image and the text were simple, clear and informative. The image was also felt to be clear and made explicit the link between shisha and cigarettes. The used cigarette butts in a rusty shisha pipe communicated the dirty and disgusting sense. Indeed, all the ideas that participants had expressed as lacking in the LB Barnet posters, together with their suggestions, were felt to be contained within the LB Ealing poster.

### **Locations where the posters should and should not be placed**

There was agreement that bus shelters would be an effective setting for the posters. However, several participants felt that the backs of buses would not be appropriate as there would be a

risk of any advertising that included messages about smoke, to be mistaken as being related to environmental pollution. Others suggested that the sides of buses would be appropriate and would catch the eye.

The young people's group suggested putting the posters up near shisha cafes and bars. They also suggested shopping centres. Young people considered local newspapers were appropriate for adults. Both the BME and the young people's group felt that the poster spaces in tube stations, both across the rails and alongside the escalators, would be ideal. Beyond this, participants identified GPs surgeries and pharmacies, supermarkets' boards and universities and colleges, including sixth form colleges. Youth clubs were also identified. Participants suggested including a QR code on the poster that would link to the website.

There was support for the use of an online campaign. Several commented that they doubted how effective Facebook would be, although they acknowledged that this was a means of targeting information to a defined population. Twitter was widely felt to be a good method of engaging people and there was strong support for the suggestion that residents be invited – as part of the campaign – to 'have their say' on what should be done to tackle shisha use. Some suggested Instagram would be appropriate, particularly for young people. A link to a survey/vote was felt to be a good idea.

### 2.4 Recommendations for phase one

1. The existing creative treatments 'The Truth Behind the Smoke' (skull, lungs and poison) failed in audience research. However, the image of the shisha pot, full of cigarette butts (LB Ealing) was successful. A new advertising brief should be developed based on the following recommendations, to make explicit the link between shisha and cigarette smoking – something that is missing from the 'Truth Behind the Smoke' posters.
2. The proposition should focus on the fact that shisha smoking is equivalent to or more harmful than smoking cigarettes, causes the same harms as smoking cigarettes, and that this is new knowledge that most people are unaware of.
3. There should be an explicit visual or textual link to known stop smoking campaigns. The image and headline must work together immediately, without the need for a sub-headline, as viewers will not read more than a single headline before dismissing it.
4. Where facts are included, they should always lead with the seriousness of health consequences of smoking shisha, and not on the less injurious concerns such as oral herpes.
5. The value of the advertising will be in informing those considering smoking shisha who currently believe it to be safe. It will also be valuable to those friends and family of young people who are confused about the risks of smoking shisha, in discouraging them from smoking shisha.
6. Shisha bars and cafes are widely considered to be cool and trendy, especially by young people (teenagers and early 20s). The shisha experience is based on an aesthetic of middle east/Persian culture, that involves a relaxed atmosphere, mixed with the thrill of nightclubs and nightlife. As part of the campaign, there could be an element that seeks to deglamorise shisha and shisha bars as a way of reducing its appeal to young people.

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7. All advertising imagery should convey clearly the idea that shisha is uncool and unappealing. A valuable way of doing this is to invoke a feeling of disgust that is attached to smoking shisha in the viewer. No imagery should be used that simply presents the paraphernalia of shisha or of shisha smoking, as this is likely to be misinterpreted by viewers among the target audience as cool and appealing.

## 3.2 Phase 2

The second phase of the campaign was developed to engage with primary health care professionals and also young people.

The primary aims of the second phase were:

- **In increase the awareness of shisha among health care professionals in Barnet**
- **Increase the awareness of the harms of shisha among the young residents of Barnet**

### Engagement with primary care professionals

To engage with health care professionals, “The Truth behind the Smoke” poster was sent to all GPs and Pharmacies in Barnet. GPs and Pharmacies in Barnet were encouraged to display the poster in the premises.

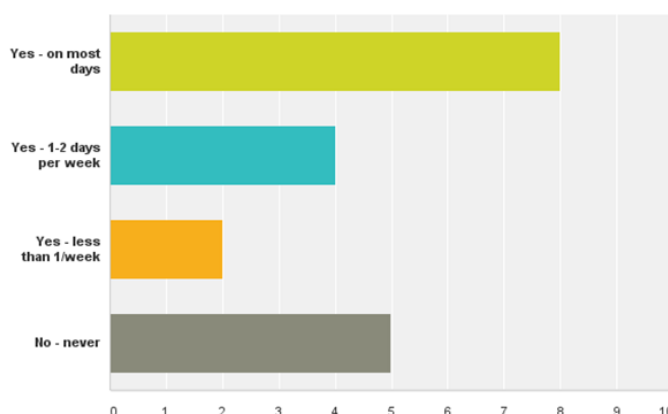
In addition, a short survey was sent via email to 56 GP surgeries and 54 pharmacies in LB Barnet. A total of 19 responses were received. The survey was conducted between December 2016 and February 2017. As with the feedback from the public survey, the findings from this survey are not generalizable to the whole population of primary care health professionals in GPs surgeries and pharmacies in LB Barnet.

### Profile of respondents

All respondents confirmed that they either worked in LB Barnet (n=7), lived in LB Barnet (n=2) or lived and worked in LB Barnet (n=10)

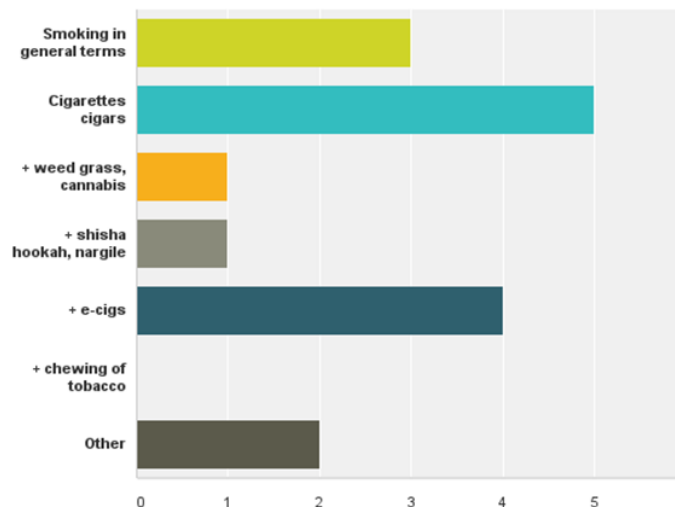
### Frequency of provision of advice to patients about smoking

The respondents were asked if they provide advice about smoking behaviour to patients. 14 of the 19 respondents reported that as part of their professional role they advised patients/clients about their smoking behaviour. The majority did so ‘on most days’.



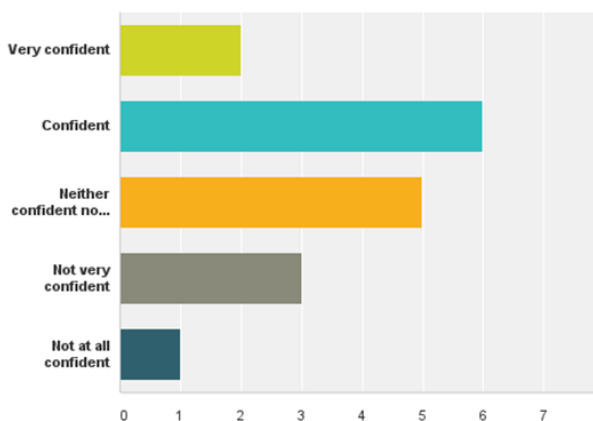
### Substances that health professionals discuss when advising about smoking

Respondents were asked which substances they discussed as ‘usual practice’ when advising patients/clients about smoking. The majority reported that they discussed ‘smoking in general terms’ or focused on ‘cigarettes and cigars’. Only one reported that they discussed shisha as part of their usual practice.

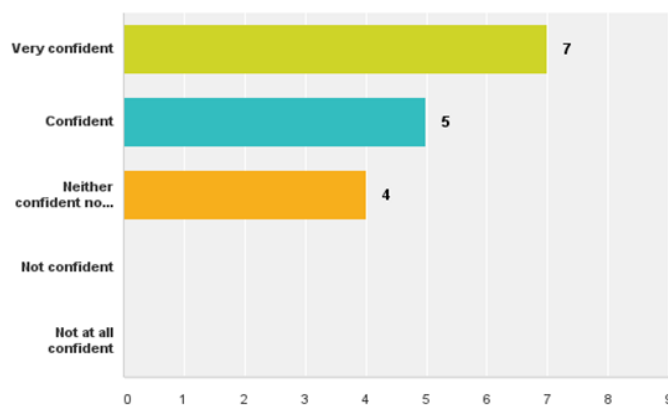


### Confidence of health professionals in their knowledge of cigarettes/cigars

Respondents were asked to assess their confidence in their professional knowledge and understanding of cigarettes and cigars when advising patients/clients about smoking. The same question was then asked in relation to shisha. The feedback indicates that there may be a need for professional development of primary care staff to support their knowledge and understanding of shisha, in order to enable them to advise their patients and clients effectively.



Health care professionals' confidence in providing advice on cigars and cigarettes



Health care professionals' confidence in providing advice on shisha

### Health care professional's awareness of the LB Barnet campaign

A briefing about shisha for health professionals was sent to all primary care staff by email in December 2016. All 5 respondents who responded to the survey after this date reported that they had received it. 9 respondents reported having seen the public campaign and 10 that they had not.

## Engagement with Barnet's young residents

Barnet public health team commissioned Cut Films to engage with young people.

### Health education workshops

Between 4<sup>th</sup> November 2016- 26<sup>th</sup> January 2017, Cut Films delivered health education workshop to raise awareness of harms of shisha smoking to 4264 students through 47 workshops. The workshops included a truth and myth game, where each individual student has a truth/myth card that they can hold up to agree or disagree with a statement. This provided a time for students to express their opinions, misconceptions and ask questions that they may have about shisha, cigarettes and even e-cigarettes (vaping). The workshops then move onto a media round, generating a discussion about shisha and advertising. The workshops were designed to be age appropriate, engaging and informative. Many young people as well as teachers expressed their astonishment at some of the facts.

The initial evaluation suggested that 84% of young people have said they enjoyed the workshop, **90%** have said they learned something new, 88% are more aware of the harms associated with shisha.

### Short video development

Cut films also worked with a small group of young people and developed a short advert to inform other young people about the dangers of smoking in an informative and interesting way.



### 3.3 Phase 3

The third phase of the campaign was developed to educate and inform local residents and businesses about the risks of smoking shisha by dispelling the myths that surrounds its use, presenting the health facts and highlighting true health implications; and also to engage with the borough's shisha bars to raise awareness of the nuisance and harm caused by unregulated shisha smoking and encourage good practice when serving shisha.

#### Communications

The third phase of the Truth Behind the Smoke campaign ran from 3 January – 10 February 2017. This phase was developed by Barnet Public Health and Communications team and was implemented by the communications team. The evaluation of the communication routes used to communicate the campaign with the residents is summarised in the table below:

INPUTS	OUTPUTS (distribution, exposure, reach)	OUTTAKES (Awareness, Understanding, Engagement)	ORGANISATIONAL IMPACT (Reputation, revenue, costs reduction)
<ul style="list-style-type: none"> <li>• Bus Shelter Panels and Six Sheet High Street Posters</li> <li>• Shisha campaign webpage</li> <li>• Copy for Barnet First</li> <li>• Advert for Barnet First</li> <li>• Questionnaire incentive</li> <li>• Video blogs with a GP registrar</li> <li>• Social Media Posts</li> <li>• Twitter Polls</li> <li>• Middlesex University Intranet</li> <li>• Press releases</li> <li>• School Circular</li> <li>• Digital Advertising</li> <li>• Article in the council staff e-newsletter, FirstTeam.</li> <li>• News item in the Barnet Council intranet.</li> </ul>	<ul style="list-style-type: none"> <li>• The six sheet posters in the borough's high streets had over 17 million opportunities to see over the course of the campaign.</li> <li>• The bus shelter panel posters received over 10 million opportunities to see.</li> <li>• The shisha campaign website was viewed 1,799 times for an average of 3 minutes and 28 seconds.</li> <li>• Six video blogs were issued across our social media channels (Facebook, Twitter, Instagram and YouTube).</li> <li>• The video blogs were seen across the world</li> <li>• One press release was issued as part of the campaign.</li> <li>• The press release was picked up by both local newspapers (online and print) which reached 206,440 residents.</li> <li>• Information on Middlesex University's Intranet page was seen by 100,000 students.</li> <li>• 300 school teachers saw the shisha campaign article in the School Circular.</li> </ul>	<ul style="list-style-type: none"> <li>• In total, the video blogs were viewed 981 times.</li> <li>• The Twitter Poll launched at the beginning of the campaign received 90 votes, the most of any other Twitter Poll run by the council.</li> <li>• The paid-for Facebook post promoting the public engagement questionnaire reached 5,691 residents and received 9 likes and 89 clicks on to the questionnaire link.</li> <li>• 119 residents took part in the shisha public health engagement questionnaire, with 20 taking part in the incentive.</li> <li>• 80 per cent of young people aged 13 – 25 were exposed to digital advertising on websites such as YouTube and 600 people clicked on and interacted with the digital advertisement link.</li> <li>• The shisha article in First Team was viewed 1,700 times, with the link to the shisha campaign webpage being opened 41 times.</li> <li>• The news article on the Barnet Council Intranet page was viewed 65 times.</li> </ul>	<ul style="list-style-type: none"> <li>• Through the campaign we have raised the reputation of Barnet as a council which cares about the health and wellbeing of its residents; in March 2017 we were contacted by BBC London who had heard about the campaign and wanted to do a piece on how the council were raising awareness of the health effects.</li> </ul>

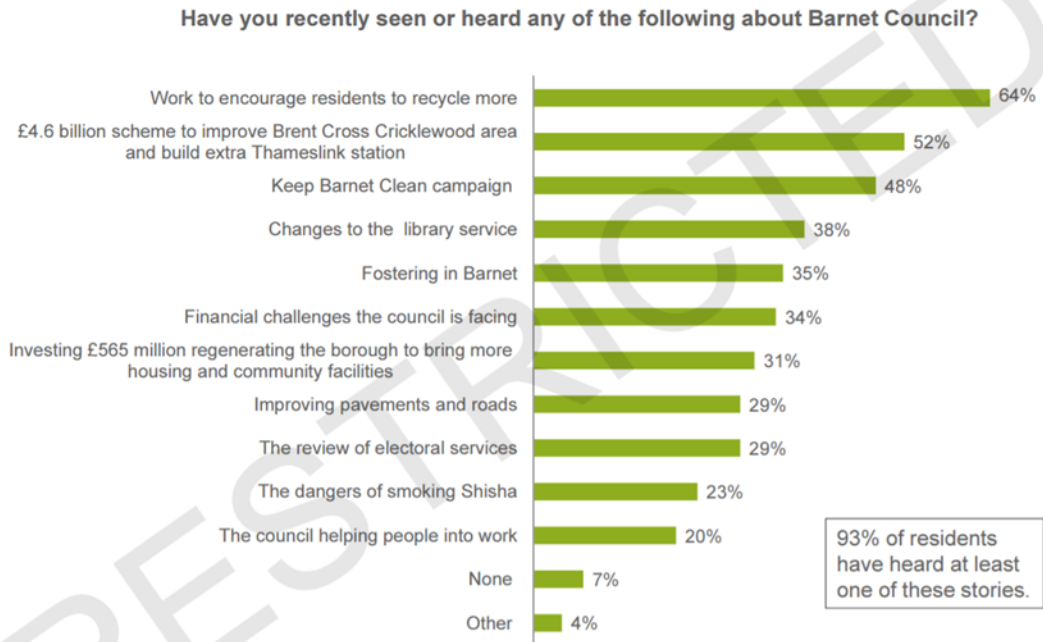
Table 2 Summary of the communications campaign evaluation - Source: The Evaluation of Shisha campaign conducted by the LBB communication team

#### LB Barnet's Survey of Residents

The Council collects regular feedback on residents' awareness of its campaigns and other activities via a regular tracker survey. The Barnet Council Resident Perception survey involves around 500 respondents aged 18 and over, and is conducted by an independent market research agency on behalf of the Council. The survey is conducted by telephone. The following chart shows that during November 2016 the 'dangers of smoking Shisha' campaign was reported to have been seen by 23% of respondents. This survey was conducted prior to the commitment of most of the media spend budget, and it is therefore reasonable to assume that

the proportion of people who would have seen it in January and February 2017 would be greater.

### Awareness of Council campaigns and communications



56

Source: Barnet Council resident perception survey of c.500 residents 18+, carried out by telephone



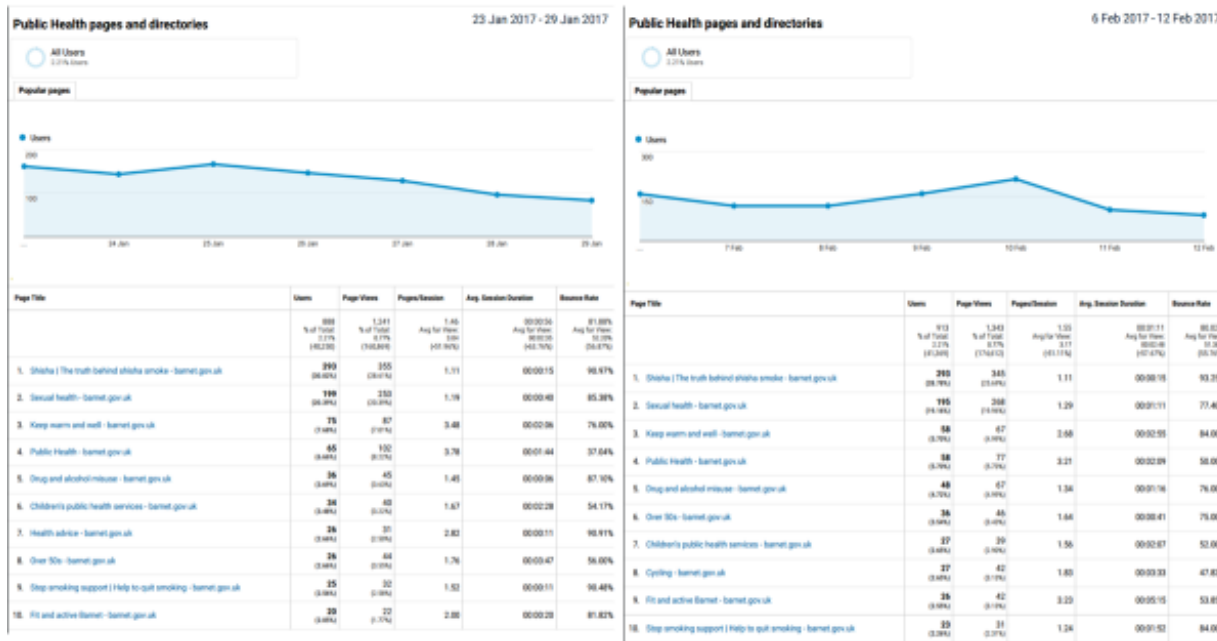
Figure 3 Barnet’s resident’s awareness of different campaigns ran by the council



## Analysis of public health issues on LB Barnet's website

Analysis of LB Barnet's website pages indicates that during January and February 2017, the web page for the Shisha campaign was the most visited page within the public health section of the website. During the period 23 January to 26 February, 41% of all users (n=3,987) who accessed the public health section, did so in order to view information about shisha.

### LB Barnet's website analytics 23 Jan-12 Feb



### LB Barnet's website analytics 13 Feb – 26 Feb

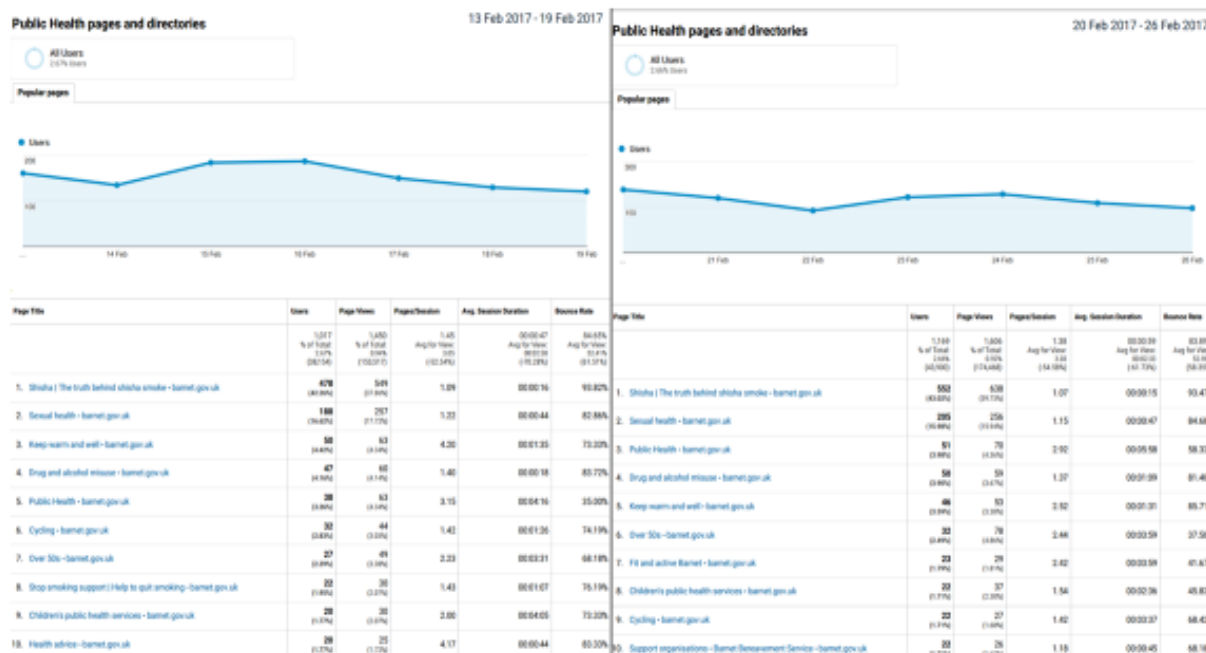


Figure 4- London borough of Barnet's shisha website analytics during the Shisha campaign - between 23<sup>rd</sup> January 2017 and 26<sup>th</sup> February 2017

### 3.4 Findings from an online survey of members of the public

#### How the online survey was promoted

The LB Shisha public education campaign was launched in October 2016 and ended in February 2017. The campaign used a range of channels, including paid for media space in key locations in Barnet, on bus shelters, bill boards, tube stations as well as GP surgeries and chemists/pharmacies. The campaign also included the use of social media, involving Twitter and Facebook.

A link was promoted on all imagery, inviting viewers to log into the Council’s website to obtain further information and to give their feedback on the campaign. A series of questions about responses to the campaign, were asked in the form of an online survey, and members of the public were invited to respond. The online survey was made available via the LB Barnet website, and directions to the link were displayed on the static images of the campaign, as well as via social media (Twitter and Facebook) promotions undertaken by the Council’s communications department.

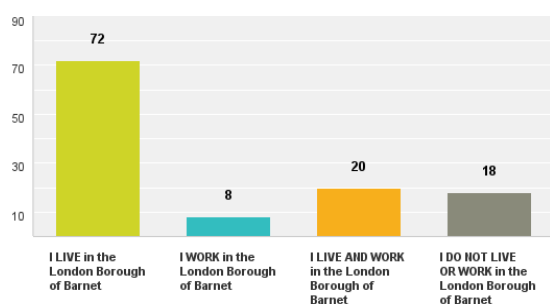
#### Survey responses

A total of 119 people responded to the survey, although not everyone who responded answered every question. As there were insufficient numbers of respondents to make a ‘before’ and ‘after’ campaign analysis meaningful, the percentages are presented here for information, against which to measure possible future health promotion efforts

#### Profile of respondents

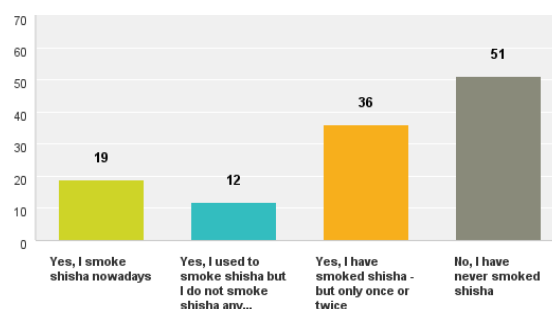
This was not a representative survey of the population of LB Barnet. Unsurprisingly, given the topic and the method of response, the profile of respondents was much younger than that of the borough overall, and the proportion of respondents who reported having ever used/tried smoking shisha was much higher than would be expected.

58% of respondents were female and 42% male.



#### Do you live or work in LB Barnet?

Overall, 85% of respondents were residents of LB Barnet and/or worked in the borough.



#### Have you smoked shisha?

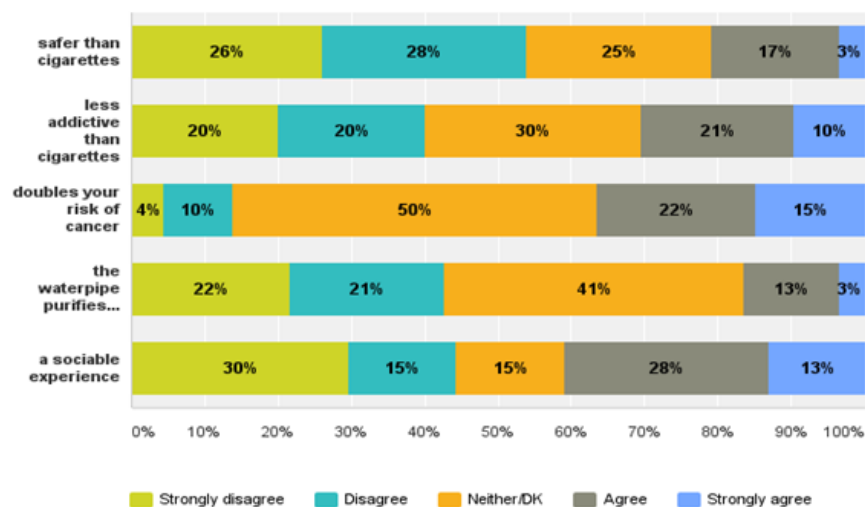
67 respondents (57%) reported that they had smoked shisha on at least one occasion.

#### Attitudes to key campaign messages

A series of statements about smoking shisha were included in the survey, and respondents were invited to state whether they agreed or disagreed with each statement. The statements were

## Appendix 1

developed to reflect the key knowledge messages that the information campaign sought to address. In summary, these related to perceptions about the health harms caused by shisha, the risks of shisha smoking relative to cigarettes and the sociability of smoking shisha.

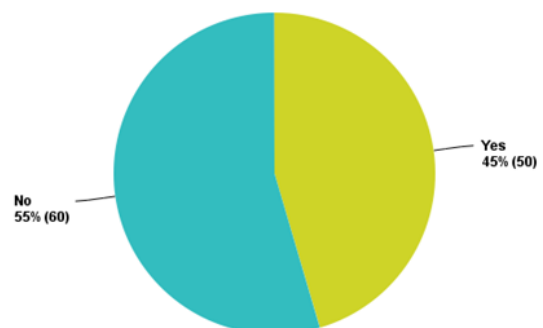


The responses to these statements indicated that while the largest proportion of respondents tended to agree with the factually accurate statement in all cases, there was a sizeable group who answered 'don't know/neither', indicating a need for further information giving.

- 54% of respondents disagreed with the statement 'smoking shisha is safer than smoking cigarettes.'
- 40% disagreed that 'smoking shisha is less addictive than smoking cigarettes.'
- 37% agreed that 'smoking shisha doubles your risk of cancer'. However, 50% of respondents reported 'don't know/neither' to this item.
- 41% disagreed that 'the water-pipe involved in smoking shisha purifies the harmful substances that are inhaled.'
- 45% disagreed that 'smoking shisha is a sociable experience for people like me.'

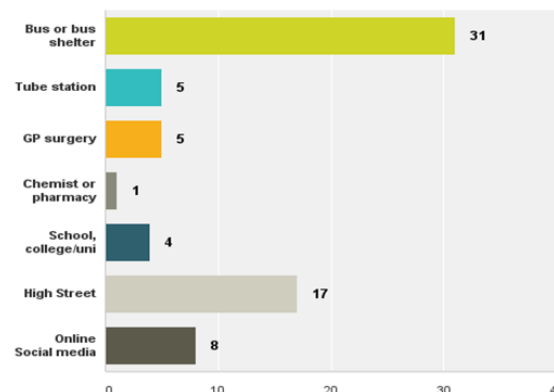
## Awareness of the campaign

**45% of the residents reported that they had seen the campaign** - The survey asked respondents whether they had seen the LB Barnet shisha public education campaign. An image of the poster was included to prompt recall. Of the 110 respondents to this question, 50 people (45%) reported that they had seen the campaign.



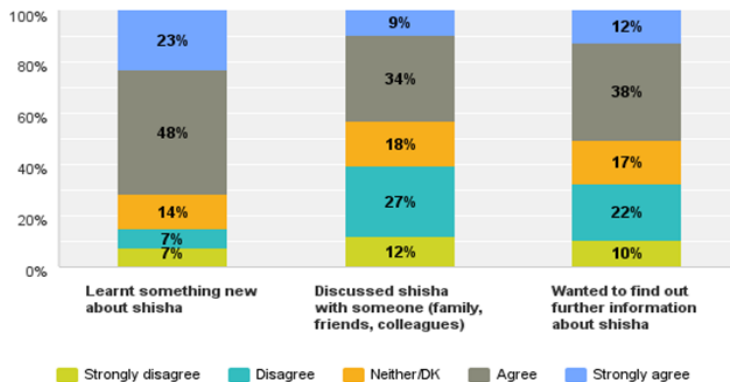
### Where campaign was seen

**The majority reported having seen it on a bus shelter or on the high street.** - The respondents were asked about where they had seen the campaign. Of those respondents who reported having seen the campaign (n=49), the majority reported having seen it either in a bus or bus shelter or on the high street.



### Impacts as a result of the campaign

**The majority of the respondents reported that they had learnt something new from the campaign and over half of the respondents wanted to gain further information as the result of the campaign.** Respondents were asked to agree or disagree with a series of statements that related to actions they may have taken as a result of having seen the campaign.

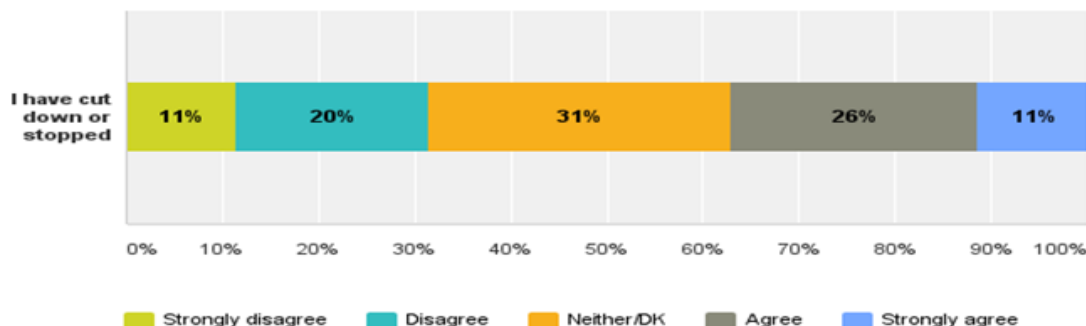


- 71% of respondents reported that they had learnt something new as a result of the campaign
- 43% agreed that they had discussed shisha with someone (a family member, a friend or a colleague).
- 51% reported that they wanted to find out further information about shisha as a

### Reported behaviour changes among shisha smokers

The shisha smoker respondents were asked if they have cut down smoking shisha since seeing the campaign. 13 (37%) of the 35 respondents who reported having smoked shisha agreed with the statement that they had either cut down or stopped smoking shisha, since seeing the campaign.

Attitudes to potential actions



### by local government to tackle shisha

Respondents were asked whether they agreed or disagreed with a series of proposed actions that the local authority could take to tackle the issue of shisha smoking.

They were asked, ‘do you think local authorities should have the power to..’ followed by a series of statements. The findings indicate a clear desire for greater regulation of businesses selling shisha.

Allow the sale of shisha in cafes and bars without restriction	<ul style="list-style-type: none"> <li>• 71% of respondents disagreed with this statement</li> </ul>
Ban the sale of shisha in cafes and bars	<ul style="list-style-type: none"> <li>• Responses were divided fairly evenly. 43% agreed and 39% disagreed and 18% did not know</li> </ul>
Require owners of bars and cafes that sell shisha to apply for a licence, as with alcohol	<ul style="list-style-type: none"> <li>• 81% of respondents agreed this statement</li> </ul>
Allow the sale of shisha in cafes and bars, but only with greater controls than apply currently	<ul style="list-style-type: none"> <li>• 58% of respondent agreed with this statement</li> </ul>
Remove the right to trade from owners of shisha bars and cafes that sell illegal tobacco (e.g. non duty-paid or counterfeit tobacco)	<ul style="list-style-type: none"> <li>• 68% of respondents agreed with this statement</li> </ul>
Remove the right to trade from owners of shisha bars and cafes that sell shisha to people under the age of 18	<ul style="list-style-type: none"> <li>• 77% of respondents agreed with this statement</li> </ul>

Table 3 The respondents answer to the question do you think local authorities should have the power to..

### Environmental Health engagement with shisha cafes /bars

## Appendix 1

The Environmental Health department (EHD) undertook a programme of compliance visits to shisha bars and cafes in the 'hot spot' area of Finchley Road, where a cluster of bars and cafes existed. The EHD had monitored these premises for several years, prior to the Council's motion on shisha, as part of its continuing efforts relating to the enforcement of smoke-free legislation and of the sale of illegal tobacco and of sales to minors. The sector is marked by rapid turnover of ownership, frequent closure and re-opening of premises in the area, often by individuals who are related, by connections to anti-social activity and criminal activity and by difficulties for official bodies to maintain track of owners and managers, and as a result to enforce existing powers.

The experience of EHD officers working to enforce compliance in LB Barnet was that the current powers and resources available were inadequate to bring about any meaningful disruption of the trade in the sale of shisha from bars and cafes. However, as part of the LB Barnet campaign, lessons on how to effectively eradicate the problem of shisha bars that operate beyond the law, were sought from other London local authorities.

## Conclusion

Overall London borough of Barnet's shisha campaign was successful in meeting its aims and objectives. The campaign was successfully reached out to the target population and was able to raise awareness of the health harms of shisha amongst the residents, raise awareness of the concept of shisha among health care professionals and also increase compliance of the shisha bars/ cafes in the borough. It also developed re-usable resources which could ease the implementation of any future campaigns. The campaign worked closely with a number of internal and external partners and also managed to better the reputation of the council.