

Smoking Toolkit Study: Protocol and Methods

Robert West

University College London

Version 1: 13th December 2006

Citation: West R (2006) Smoking toolkit study: protocol and methods: www.smokinginengland.info/Ref/paper1.pdf

This is a paper in a continuing series arising from the Smoking Toolkit Study, a monthly series of national surveys in England starting in October 2006 designed to provide up-to-date and accurate information on smoking and smoking cessation patterns. Information will be added to the series and papers updated with new versions as new information becomes available. The Smoking Toolkit Study is currently funded by Cancer Research UK, Pfizer and GSK. For a full list of papers in the series go to www.smokinginengland.info.

1. Need for the study

Increasing the rate at which smokers stop smoking and remain stopped is probably the single most important means of reducing the burden of severe morbidity and premature death within the next 20 years in industrialised countries (1). There is a need to monitor national parameters relating to smoking cessation to inform public policy and clinical interventions to achieve this goal. These parameters include: the rate at which smokers try to stop, the triggers for those quit attempts, the aids used in those quit attempts and the length of time that those quit attempts succeed. In each case it is important to have this information broken down by major demographic variables such as socio-economic group.

It is also of paramount importance to be able to assess the real-world effectiveness of aids to smoking cessation controlling for potential confounding variables such as degree of nicotine dependence. For example, despite some 100 high quality randomised placebo-controlled clinical trials of NRT showing a clear effect in improving abstinence (2), cross sectional surveys have been used to claim that NRT is no longer effective outside in the real world (3). Furthermore, it is important to monitor the rates at which smokers are adopting particular 'harm reduction' strategies such as 'cutting down' and using nicotine replacement therapies to help them achieve this, and to assess the relationship between this and subsequent quitting.

Current national surveys (4-6) and cohorts cannot provide the required information because they do not take into consideration the fact that many smokers make multiple quit attempts within a short space of time and often rapidly forget unsuccessful ones (7). Moreover the sample sizes of existing surveys and cohorts are too small to enable the necessary breakdowns to be undertaken with adequate reliability.

2. Study aims

The primary aim of the study is to provide ongoing, up-to-date national statistics on key parameters relating to smoking cessation to guide policy and clinical practice. It will also provide a unique toolkit for understanding the process of smoking cessation and the role played by triggers such as GP advice, and aids to cessation such as nicotine replacement therapy and behavioural support in the 'real world'. Furthermore, it will provide a national data on smokers' attempts at harm reduction, specifically 'cutting down' and the use of aids to cutting down.

The unique feature of the study involves recognising the many smokers make multiple quit attempts within a short space of time and that unsuccessful quit attempts are often rapidly forgotten. This means that surveys need to be carried out frequently and to concentrate on a more limited time period for recall. In addition, the response format needs to be able to cater for multiple quit attempts and the possibility that different quit attempts involve different triggers, use different aids and possibly more than one type of aid.

3. Study design

This study involves repeated cross-sectional household surveys of national samples of smokers and recent ex-smokers for a period of 5 years with each cross-sectional sample followed up after 3 months and 6 months by postal questionnaire.

4. Study sample and timing of assessments

It is intended that there should be 12 household surveys per year (depending on funding available) for 5 years drawn using an established quota sampling method by the social research company BMRB. To keep the costs to a minimum the baseline surveys will use the BMRB omnibus surveys, their regular series of surveys to which one can add questions.

Each survey will involve 2000 adults of whom an estimated 570 will be people who have smoked in the past year and 500 will be current smokers. It is expected that approximately 250 from each sample will agree to be followed up and complete the 3-month and 6-month postal questionnaires. Half of these will be asked to provide saliva samples and return these by post giving 125 samples to be analysed for cotinine at both the 3-month and 6-month points. Thus it is expected that the annual sample will be between 2200 and 6600 participants of whom between 1000 and 3000 will be followed up and between 500 and 1500 will provide samples for saliva cotinine analysis.

The inclusion criteria will be: any person aged 16 or above who has agreed to take part in the BMRB household survey.

5. Assessments

The key assessments for each participant at each household survey will be (Appendix 1): 1) the number of serious quit attempts recalled as having been made within the 3 months; 2) for each quit attempt made in the past 3 months: a) how long-ago the quit attempts started, b) how long it lasted, c) any aids used (e.g. NRT over-the-counter, telephone helpline), d) what triggered it, e) whether it involved cutting down gradually, f) whether it was planned in advance; 3) current smoking behaviour (or past smoking behaviour in those that have recently stopped); 4) current (or past) nicotine dependence using the Fagerstrom test for Nicotine Dependence (FTND); 5) demographic characteristics (gender, age, socio-economic group, marital status, employment status, region); 6) whether trying to 'cut down'; 7) NRT use while smoking; 8) in those not currently smoking a) mental state associated with not smoking, and b) perceived vulnerability to resumption of smoking.

In the follow-up postal surveys the key assessments in the household survey will be repeated partly to provide an update and partly to assess re-test reliability. In addition, assessments will be conducted as follows: 8) duration of any quit attempts that were ongoing at the time of the household survey; 9) saliva cotinine concentration.

Saliva samples will be obtained by including a specimen tube and cotton dental roll with the postal questionnaire together with instructions on use (as in the STP).

6. Derived variables

The key derived variables for each participant will be: 1) the annualised rate at which quit attempts are made, using data from the quit attempts recalled during the past week at each household survey; 2) the proportions of quit attempts that involve cutting down first; 3) the proportions of quit attempts that are planned in advance; 4) the proportions of quit attempts that involve using aids of various kinds; 5) the proportions of quit attempts that last 1 day, 1 week, 1 month, 3 months and 6 months.

7. Analyses

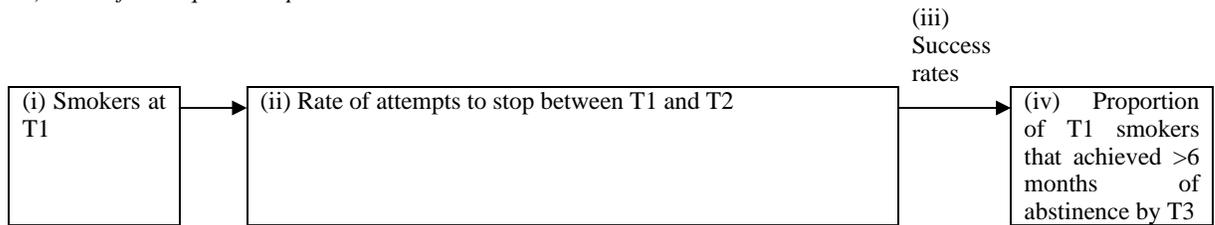
The analyses will focus on:

1. providing a series of annual updates of the key cessation parameters (rate of cessation attempts; proportions triggered by key factors such as smoke-free legislation, GP advice etc; proportions using each of the main available aids to cessation, proportion lasting different periods of time up to and including 6 months) with associated 95% confidence intervals, stratified by socio-economic group, gender and age group; proportions of smokers who stop smoking for at least 6 months
2. time series analyses to assess changes in each of the above parameters at whatever frequency they are assessed (quarterly, bimonthly or monthly) including seasonal trends, linear trends, and associations with specific events such as changes in the GP contract, major mass media campaigns, introduction of new medication, changes to licensing of existing medications, price changes etc.
3. random effects logistic regression analyses examining the association between specific triggers and quit attempts using different aids (e.g. GP advice and use of NHS stop smoking services)
4. random effects logistic regression analyses (to take account of possible multiple quit attempts per smoker) examining the association between use of specific aids and successful abstinence for different periods but primarily focusing on 6 months
5. random effects logistic regression analyses as in 4. but with adjustment for contextual variables and use of other aids
6. random effects logistic regression analyses examining the association between planned versus unplanned quit attempts and abrupt versus gradual cessation and successful abstinence for different period but focusing on 6 months, adjusting for potential confounders including use of aids and degree of addiction to cigarettes
7. construction annually of a full statistical model of the national smoking cessation picture charting the path smokers take through the process of making quit attempts to abstinence (Figure 2) and further modelling of year-on-year changes in that model
8. providing a series of annual updates on proportions of smokers reporting 'cutting down' the amount they smoke and the proportion of these that report using NRT to help them do so
9. linear regression comparing smokers reporting versus not reporting cutting down, with or without NRT and saliva cotinine concentrations
10. logistic regression analyses to assess the association between cutting down, with or without NRT, and subsequent quit attempts in the next 6 months adjusting for other predictors of quit attempts
11. logistic regression analyses to assess the association between cutting down, with or without NRT, and odds of 3-month success of quit attempts in the next 6 months adjusting for other predictors of success

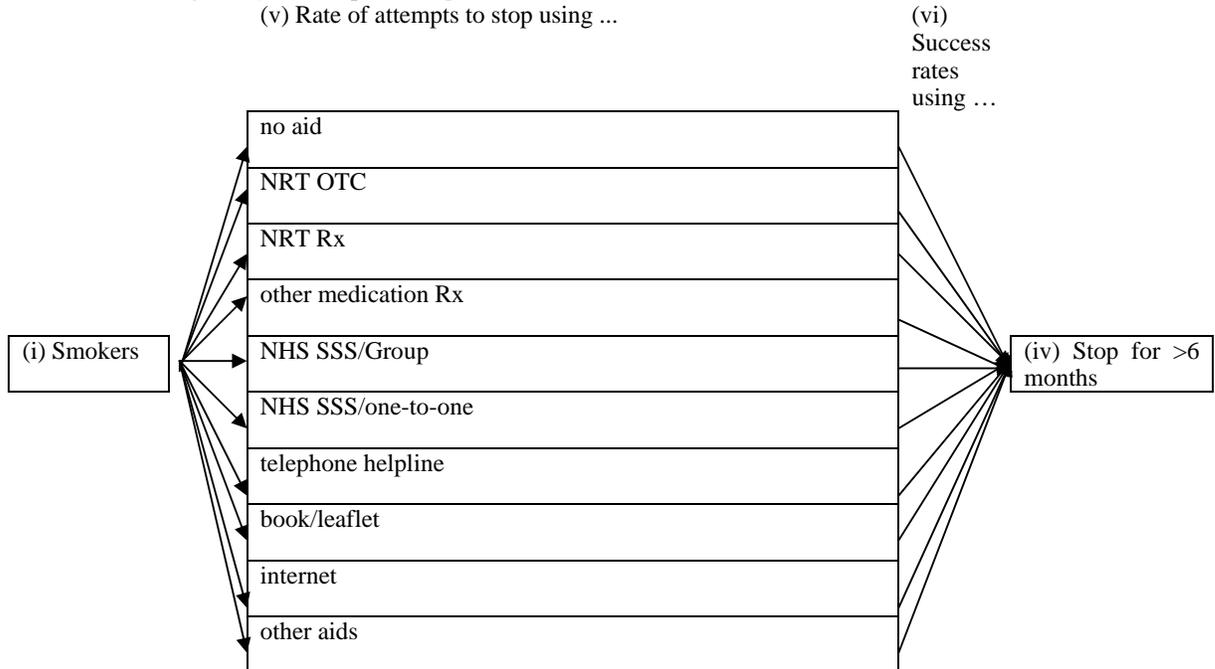
12. correlations between quantitative measures of smoking and degree of addiction in continuing smokers at baseline, 3 months and 6 months (cigarettes per day, saliva cotinine (3 month and 6 month only), FTND)

Figure 1: A population model of smoking cessation (each roman numeral represents a parameters or set of parameters)

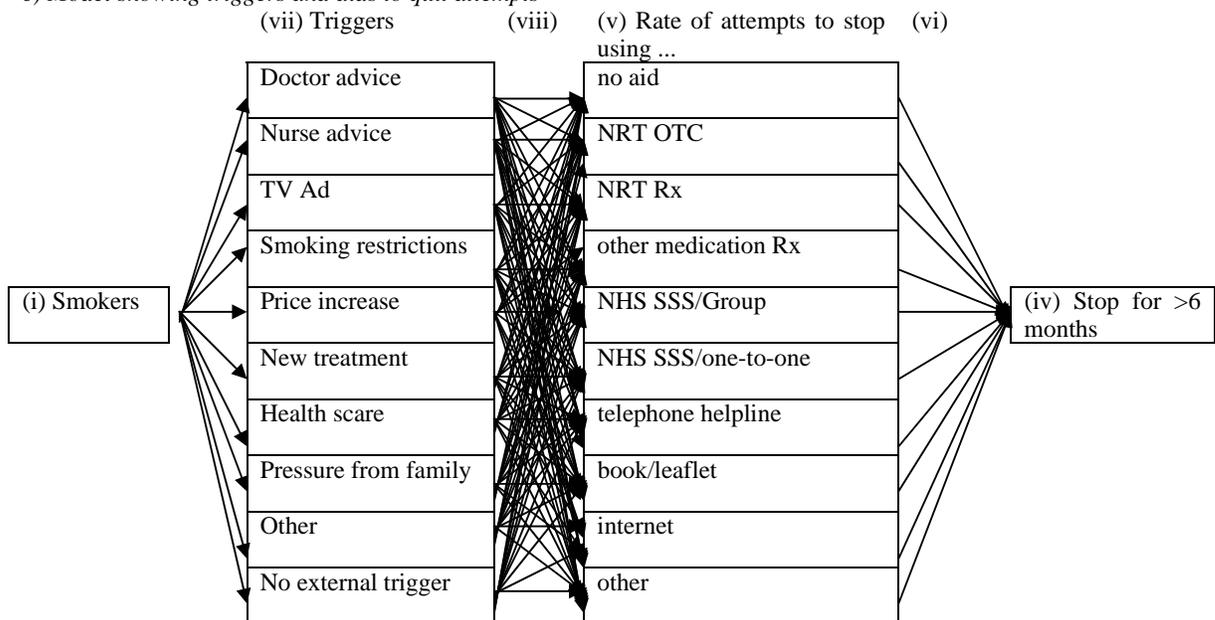
a) Model for all quit attempts



b) Model showing use of aids to quit attempts



c) Model showing triggers and aids to quit attempts



8. Statistical power

With monthly surveys the annual sample size will be 6600 and the 95% confidence interval around an annualised rate of quit attempts will be ± 0.1 . From the STP it may be estimated that the survey will include 880 smokers reporting making a quit attempt within the past week. This will produce a 95% confidence interval of up to $\pm 4\%$ around the proportions using particular aids to cessation or particular quit attempt characteristics. This is the worst case estimate (for percentages of 50%); with percentages closer to 0 or 100 the confidence intervals will become narrower.

The study will have 80% power to detect a difference of 0.25 in the annualised rate at which quit attempts are made from year to year ($N=6600$ in each year). To examine differences in annualised quit rates (for example, between manual and non-manual socio-economic groups), the smallest study will have 80% power to detect a difference of 0.60 in a given year. Combining results for up to 5 years will improve the size of the detectable difference to 0.26.

It is not possible to estimate precisely the statistical power relating to the time series and logistic regression analyses because of the large number of unknown parameters. For illustrative purposes, however, the study would have 80% power to detect an improvement in 6-month abstinence rates from 5% to 14% in a given year assuming a worst case scenario of complete statistical interdependence among quit attempts made by the same individual, 10% of those samples make a quit attempt in the preceding week and 50% of these are followed up for 6 months. Combining all 5 years would give 80% power to detect an increase from 5% to 8%. If quit attempts in the preceding month are included rather than the preceding week, then the size of the detectable difference reduces considerably.

9. Study feasibility

The methods used in this study have been extensively pilot tested and there is a high degree of confidence that the data can be collected as planned (7).

10. Participant payments

Participants will be offered high street tokens to a value of £5 for completing each postal questionnaire.

11. References

1. Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *Bmj* 2004;328(7455):1519.
2. Silagy C, Lancaster T, Stead L, Mant D, Fowler G. Nicotine replacement therapy for smoking cessation. *Cochrane Database Syst Rev* 2004(4):CD000146.
3. Pierce JP, Gilpin EA. Impact of over-the-counter sales on effectiveness of pharmaceutical aids for smoking cessation. *Jama* 2002;288(10):1260-4.
4. Lader D, Goddard E. *Smoking Related Attitudes and Behaviour*, 2004. London: Office of National Statistics; 2005.
5. Fong GT, Hammond D, Laux FL, Zanna MP, Cummings KM, Borland R, et al. The near-universal experience of regret among smokers in four countries: findings from the International Tobacco Control Policy Evaluation Survey. *Nicotine Tob Res* 2004;6 Suppl 3:S341-51.
6. West R, Gilsenen A, Coste F, Zhou X, Brouard R, Nonnemaker J, et al. The ATTEMPT Cohort: A Multinational Longitudinal Study of Predictors, Patterns,

- and Consequences of Smoking Cessation: Introduction and Evaluation of Internet Recruitment and Data Collection Methods. *Addiction* In Press.
7. West R. Feasibility of a national longitudinal study ('The Smoking Toolkit Study') to monitor smoking cessation and attempts at harm reduction in the UK. London: University College London; 2006.

Appendix 1: Baseline smoking survey questionnaire

ASK ALL ADULTS AGED 16-74 IN ENGLAND

Q1. Which of the following best applies to you?

I smoke cigarettes (including hand-rolled) every day	<input type="checkbox"/> 1	- GO TO Q2
I smoke cigarettes (including hand-rolled) but not every day	<input type="checkbox"/> 2	- GO TO Q2
I do not smoke cigarettes at all but I do smoke tobacco of some kind (e.g. pipe or cigar)	<input type="checkbox"/> 3	- GO TO Q2
I have stopped smoking completely in the last year	<input type="checkbox"/> 4	- GO TO Q5
I stopped smoking completely more than a year ago	<input type="checkbox"/> 5	- GO TO Q5
I have never been a smoker (i.e. smoked for a year or more)	<input type="checkbox"/> 6	- GO TO Q13

Q2. **(SMOKERS ONLY)** Are you currently trying to cut down on how much you smoke?

	Yes	No
	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	- GO TO Q3	- GO TO Q4

Q3. **(SMOKERS WHO ARE TRYING TO CUT DOWN ONLY)** Which, if any, of the following are you currently using to help you cut down the amount you smoke? **(ENTER ANY THAT APPLY)**

Nicotine replacement gum	<input type="checkbox"/> 1	Nicotine replacement lozenges/tablets	<input type="checkbox"/> 2
Nicotine replacement inhaler	<input type="checkbox"/> 3	Nicotine replacement nasal spray	<input type="checkbox"/> 4
Nicotine patch	<input type="checkbox"/> 5	None of these	<input type="checkbox"/> 6

Q4. **(SMOKERS ONLY)** Does the idea of trying to quit at least once a year appeal to you?

	Yes	No	Don't know	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	- GO TO Q9

Q5. **(EX-SMOKERS ONLY)** Which one of the following best describes you?

I feel happier now than when I was smoking	<input type="checkbox"/> 1
I feel about the same now as when I was smoking	<input type="checkbox"/> 2
I feel less happy now than when I was smoking	<input type="checkbox"/> 3

Q6. **(EX-SMOKERS ONLY)** Do you still feel that you could easily go back to smoking?

	Yes	No	Don't know
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q7. **(EX-SMOKERS ONLY)** Are you still using a nicotine replacement product?

Yes	<input type="checkbox"/> 1	- GO TO Q8
No	<input type="checkbox"/> 2	- GO TO Q9

Q8. **(EX-SMOKERS ONLY)** Which nicotine replacement products are you currently using?
(ENTER ANY THAT APPLY)

Nicotine gum	<input type="checkbox"/> 1	Nicotine lozenges/tablets	<input type="checkbox"/> 2
Nicotine inhaler	<input type="checkbox"/> 3	Nicotine nasal spray	<input type="checkbox"/> 4
		Nicotine patch	<input type="checkbox"/> 5

- GO TO Q9

FOR CURRENT SMOKERS USE ASK THEM ABOUT THEIR CURRENT SMOKING AND FOR PAST-SMOKERS ASK ABOUT THEIR PAST SMOKING

Q9. How many cigarettes per day/week/month do/did you usually smoke? (d. only applies if they are not smoking cigarettes) (If respondent says less than once per month enter 0)

a. Per day	<input type="checkbox"/> <input type="checkbox"/>
b. Per week	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Per month	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Pipes/cigars or other tobacco products per month	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

WRITE NUMBERS IN BOXES a. OR b. OR c. DEPENDING ON WHETHER RESPONDENT SMOKES/SMOKED EVERY DAY, EVERY WEEK OR LESS THAN EVERY WEEK

Q10a. How soon after you wake up do/did you light up?

	Within 5 minutes	6-30 minutes	More than 30 minutes
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q10b. Do/did you find it difficult to stop smoking in no-smoking areas?

	No	Yes
	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q10c. Which smoke/cigarette would/did you hate most to give up?

	The first of the morning	Other
	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q10d. Do/did you smoke more frequently in the first hours after waking than during the rest of the day?

	No	Yes
	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q10e. Do/did you smoke if you are so ill that you are in bed most of the day?

	No	Yes
	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q10f. How much do/did you enjoy smoking?

	Very much	Quite a bit	Not particularly	Not at all
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q10g. How much of the time have you felt the urge to smoke in the past 24 hours?

	Not at all	A little of the time	Some of the time	A lot of the time	Almost all the time	All the time
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

IF ANY URGES AT Q10g ASK Q10h. OTHERWISE GO TO Q11

Q10h. In general how strong have the urges to smoke been?

	Slight	Moderate	Strong	Very strong	Extremely strong
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q11. How many serious quit attempts to stop smoking have you made **in the last 12 months**? By serious attempt I mean you decided that you would try to make sure you never smoked again? Please include any attempt that you are currently making. **IF RESPONDENT HAS NOT MADE ANY ATTEMPTS ENTER 0.**

<input type="checkbox"/>	<input type="checkbox"/>
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- IF 0 END OF SURVEY
- IF 1 OR MORE GO TO Q12

(EX-SMOKERS, OR SMOKERS WHO HAVE TRIED TO STOP)

Q12a How long ago did your quit attempt start? (**CHOOSE ONE FROM THE LIST FOR EACH QUIT ATTEMPT**)

	Most recent quit attempt	Next most recent quit attempt	Third most recent quit attempt
In the last week	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
More than a week up to a month	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
More than 1 month and up to 2 months	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
More than 2 months and up to 3 months	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
More than 3 months and up to 6 months	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
More than 6 months and up to a year	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Can't remember	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	ONE CODE ONLY	ONE CODE ONLY	ONE CODE ONLY

Q12b How long did your quit attempt last before you went back to smoking? (**CHOOSE ONE FROM THE LIST FOR EACH QUIT ATTEMPT**)

	Most recent quit attempt	Next most recent quit attempt	Third most recent quit attempt
Still not smoking	<input type="checkbox"/> 1		
Less than a day	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Less than a week	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
More than 1 week up to a month	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
More than 1 month up to 2 months	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
More than 2 months up to 3 months	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
More than 3 months up to 6 months	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
More than 6 months up to 1 year	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Cannot remember	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
	ONE CODE ONLY	ONE CODE ONLY	ONE CODE ONLY

Q12c Which if any of the following did you try to help you stop smoking? (**CHOOSE ANY THAT APPLY FOR EACH QUIT ATTEMPT**)

	Most recent quit attempt	Next most recent quit attempt	Third most recent quit attempt
1. Nicotine replacement product (e.g. patches/gum/inhaler) without a prescription	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Nicotine replacement product on prescription or given to you by a health professional	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Zyban (bupropion)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Champix (varenicline)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Attended an NHS Stop Smoking Service group	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Attended an NHS Stop Smoking Service one to one counselling session	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Smoking helpline such as NHS smoking helpline or Quitline etc	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Something else: Please state _____			
9. None of these	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
10. Cannot remember	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Q12d Did you cut down the amount you smoked before trying to stop completely? (**CHOOSE ONE RESPONSE FOR EACH QUIT ATTEMPT**)

	Most recent quit attempt	Next most recent quit attempt	Third most recent quit attempt
Cut down first	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Stopped without cutting down	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Cannot remember	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	ONE CODE ONLY	ONE CODE ONLY	ONE CODE ONLY

Q12e Please circle which applies to each quit attempt. (**CHOOSE ONE RESPONSE FOR EACH QUIT ATTEMPT**)

	Most recent quit attempt	Next most recent quit attempt	Third most recent quit attempt
I planned the quit for later the same day or for a date in the future	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
I tried to quit as soon as I made the decision	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	ONE CODE ONLY	ONE CODE ONLY	ONE CODE ONLY

Q12f What **finally triggered** the quit attempt? (**CHOOSE ONE FROM THE LIST FOR EACH QUIT ATTEMPT**)

	Most recent quit attempt	Next most recent quit attempt	Third most recent quit attempt
1. Advice from a GP/health professional	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. TV advert for a nicotine replacement product	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. Government TV/radio/press advert	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. Hearing about a new stop smoking treatment	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. A decision that smoking was too expensive	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Being faced with smoking restrictions	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. I knew someone else who was stopping	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Seeing a health warning on cigarette packet	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Being contacted by my local NHS Stop Smoking Services	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
10. Health problems I had at the time	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11. A concern about future health problems	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12. Something else: please state	_____	_____	_____
13. Cannot remember	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
	ONE CODE ONLY	ONE CODE ONLY	ONE CODE ONLY

ASK ALL ADULTS AGED 16-74 IN ENGLAND

Q13. Would you support an increase of 20p on the price of a packet of cigarettes, with all the money being used for tobacco control activities to prevent young people taking up smoking and to encourage and support smokers in quitting?

	Yes	No	Don't know	Don't care
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

END OF SURVEY