

# The Smoke-free Homes Innovation Network (SHINE) Charter

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The UK and Ireland are both widely regarded as world leaders in tobacco control measures: introducing comprehensive smoke-free public places legislation between 2004 and 2007. Substantial gains were made through these policy changes leading to the near total elimination of second-hand smoke (SHS) in a range of public venues, and increased public support among smokers for such policies. Nearly 20 years on, [most children and non-smokers' exposure to SHS occurs in their own home](#), and close to 1 in 5 non-smoking adults and nearly one-third of children continue to be exposed to SHS during a typical day. [Exposure to SHS is more common in areas of social deprivation](#). Housing constraints, having friends and family who smoke, sole-parenting and lack of access to safe outdoor space are just some of [the wider challenges that make creating a smoke-free home difficult](#). There is [no consensus about the type of interventions that can effectively tackle this inequality](#), which may have been further exacerbated by the Covid-19 pandemic and 'stay at home' lockdown restrictions, [leading to an increase in smoking in some homes](#).

The SHINE network is an interdisciplinary group of academic scientists, tobacco control specialists and policy makers, with expertise in second-hand smoke exposure, gender and health, poverty and social inequality, education and child development, health geography, economics, complex system approaches and design thinking. SHINE members participated in an online workshop hosted by the University of Stirling on April 27<sup>th</sup> 2021 to consider the priorities for future smoke-free homes research, policy and practice in the UK and in Ireland. The outcome of this workshop is the '*Smoke-free homes Innovation Charter: Priorities for future collaboration.*'

The recent UK Royal College of Physicians report '[Smoking and Health](#)' recognises the need to increase the proportion of smoke-free homes. Smoke-free homes offer more than just direct health protection from SHS, [indirectly assisting smoking cessation, smoking reduction](#) and [reducing youth smoking rates](#). To achieve this important aim of supporting parents, carers and family members living in disadvantage to create a smoke-free home, we have identified the following opportunities and knowledge gaps:

- There is an opportunity for exchange and communication between researchers and policy makers to ensure that all policy options are utilised to reduce SHS exposure in the home. This includes effective measurement and monitoring activities, mass media campaigns and the introduction of national targets to help drive down the proportion of children and non-smoking adults who are exposed to SHS in the home.

- There are opportunities to develop ideas for innovative, systems-based approaches which take into account the wider social, economic and structural barriers that can make it particularly difficult for families to create a smoke-free home. Involving families in the co-design and development of these approaches will help to ensure that ideas for future research, policy and practice are tailored to the needs of people living in socio-economic disadvantage.
- Health and social care professionals are often in a unique position to encourage families to create a smoke-free home. There could be increased dialogue between researchers and health and social care professionals regarding the development of effective individual and community approaches to creating a smoke-free home in the future. There is also potential to develop an international library of resources for professionals delivering smoke-free homes brief advice/interventions, to support them to raise the issue with family members who smoke, and encourage shared knowledge and learning.
- Maximising opportunities to learn from international research, policy and practice initiatives will be instrumental to future success. [Globally, 40% of children worldwide are regularly exposed to SHS indoors, nearly 50% of deaths from SHS occur among women and over 25% among children under five years](#). The evidence on the effect of governmental policies to protect children from tobacco smoke is largely concentrated in high-income settings, and [further studies are needed to substantiate generalisability to low-income and middle-income settings](#). Members of SHINE will also draw on the [Kuala Lumpur Charter on Smoke-Free Homes](#) published in 2018, and seek to co-operate with scientists and policymakers working on smoke-free home measures globally.
- There is an opportunity to establish a fuller understanding of ways that gender-specific factors shape decisions to create and maintain a smoke-free home in the UK, Ireland, and more widely internationally, as [research has largely focused on the role and experience of women and mothers as primary caregivers](#). Acknowledging cultural shifts in gendered roles, fatherhood and family composition will assist in moving beyond stereotypical understandings of roles and responsibilities associated with creating a smoke-free home.

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