

Conclusion Theory-based evaluations are better equipped to deal with the complexity of introducing multi-component interventions into dynamic health systems. This study suggests that, given a disconnect between responsibility for programme design and implementation, in the absence of systematic communication about the nature of changes and lack of clarity around governance and reporting structures, professionals used their judgment to adopt, implement and adapt interventions to match their priorities and circumstances.

OP61

MEDIA ANALYSIS OF THE TERM 'NANNY STATE' IN UK PRINT AND ONLINE NEWSPAPERS: IMPLICATIONS FOR PUBLIC HEALTH ADVOCACY

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Background The term 'Nanny State' has become a more prominent theme in debates on public health and policy across all media platforms. Arguments reflect both valid and less valid concerns about the government's role to protect and promote the public's health. However, there is limited research on how the term is portrayed in the media and how this may influence public opinion and thus political action. To better understand the role of the media in this debate, we therefore analyzed the portrayal and usage of the term 'Nanny State' in UK print and online media articles in relation to food, alcohol and tobacco; in order to identify key messages, and determine the implications for public health policy and advocacy.

Methods Using the Nexis UK Database, we conducted a systematic media analysis of all relevant articles that mentioned 'Nanny State', 'Nanny Statism' or synonyms in the 5.5-year period from January 2014 to June 2019. Articles that met the inclusion criteria were coded in Excel using a pre-piloted, two-part coding framework. We undertook a content analysis to examine and compare the major themes, key messages, prominence and slant, and how Nanny State was argued *for* or *against* in the articles.

Results We identified 265 articles published between January 2014 and June 2019 in 13 different mainstream national newspapers and their Sunday counterparts. 186 articles met full inclusion criteria and 79 (30%) were excluded for lack of relevance. Coverage was greatest in 2016, with three peaks coinciding with major public health announcements. Fiscal (20%) and Other Legislative Measures (26%) to reduce consumption of harmful commodities including sugar, alcohol and tobacco were the two leading main themes, with Freedom and Autonomy (43%) and Health Outcomes (47%) identified as prominent subthemes. The majority of articles (62%) were negatively slanted towards 'Nanny Statism', and approximately half (48%) negatively framed policies and interventions already in place.

Conclusion The recent UK media dialogue using the term 'Nanny State' in relation to food, alcohol and tobacco interventions was consistently pejorative. The term should generally be avoided, or perhaps rephrased as 'The Canny State'. Furthermore, government announcements relating to implementation of public health interventions and policies such as the

'Sugar Tax' can lead to more positive reporting of Nanny State perspectives. Such events may present opportunities for public health advocates to frame positive messages in the media and highlight potential health benefits.

OP62

MINDFULNESS-BASED PROGRAMMES FOR MENTAL HEALTH PROMOTION IN ADULTS IN NON-CLINICAL SETTINGS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMISED CONTROLLED TRIALS

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Background There is an urgent need for mental health promotion strategies in non-clinical contexts. Mindfulness-based programmes (MBPs) are being widely implemented, but evidence is weak with scattered small trials. High-quality systematic reviews and meta-analyses are lacking. We conducted one to assess the effectiveness of non-clinical MBPs for promoting mental health among community adults compared with no or other interventions.

Methods Thirteen databases were searched using keywords and controlled vocabulary in January 2020 for randomised controlled trials examining in-person, expert-defined non-clinical MBPs (PROSPERO CRD42018105213). Primary outcomes were psychological distress, anxiety, depression and mental wellbeing at 1–6 months after programme completion. Secondary outcomes, meta-regression and sensitivity analyses were pre-defined. Two researchers independently selected, extracted and quality-appraised trials using the Cochrane Risk-of-Bias Tool 2.0. Pairwise random-effects meta-analyses were used. Multiple testing was corrected using $p=0.0125$ for significance.

Results 10,703 records were identified, 1,372 required full-text screening, and 137 trials were included (29 countries, mean sample size=85). Preliminary main outcome results suggest that compared to no intervention, MBPs improve wellbeing (standardised mean difference (SMD)=0.21 [95%CI 0.07,0.35], p -value=0.003, $I^2=27%$) and may improve distress (SMD -0.40 [95%CI-0.55,-0.24], p -value<0.001, $I^2=71%$) and depression (SMD=-0.72 [95%CI-1.17,-0.27], p -value=0.002, $I^2=91%$), with no clear support for anxiety (SMD=-0.78 [95%CI-1.40,-0.15], p -value=0.015). Against interventions without specific effects on outcomes, MBPs improve depression (SMD=-0.40 [95%CI-0.67, -0.13], p -value=0.003, $I^2=22%$), with no clear support for distress (SMD=-0.25 [95%CI-0.47,-0.03], p -value=0.027) or anxiety (SMD=-0.74 [95%CI-1.39,-0.09], p -value=0.025) (no data for wellbeing). Compared with specific-effect interventions, MBPs

did not significantly improve depression (SMD=-0.23 [95%CI-0.59,0.13], p-value=0.21), distress (SMD=0.00 [95%CI-0.15,0.16], p-value=0.96) or wellbeing (SMD=0.00 [95%CI-0.01,0.02], p-value=0.50) (no data for anxiety). Trials' risk of bias is generally high.

Conclusion Preliminary results suggest that implementing MBPs for non-clinical populations improve wellbeing; other effects depend on contextual factors to be explored further. We found evidence of MBPs' specific effects on depression only, and no indication of MBPs' superiority to similar interventions. Low trial quality limits evidence strength.

Thursday 10 September

Tobacco: Behaviours

OP63

'I DON'T DO IT IN FRONT OF THE CHILDREN; IT'S THE WORST KEPT SECRET IN THE FAMILY': SECONDARY QUALITATIVE ANALYSIS OF ELECTRONIC CIGARETTE USERS' VIEWS AND REPORTED EXPERIENCES OF VAPING AROUND CHILDREN

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Background There is widespread concern about youth uptake of electronic cigarettes. Regulation and education campaigns exist which aim to protect children from initiating use, yet it is likely that children will be primarily influenced by the vaping/smoking behaviour of people in their immediate environment. This is the first known study exploring e-cigarette users' views and reported experiences of vaping around children.

Methods Following informed consent, semi-structured qualitative interviews with adults recruited from England, who had attempted to give up smoking by vaping, were conducted as part of a wider study into e-cigarette use trajectories and smoking relapse (Ectra study). Data relating to vaping around children were extracted from 28 interviews and thematically analysed taking a secondary data analysis approach.

Results Analysis indicated that vaping behaviour in the presence of children in public appeared to be governed by replicating smoking norms, whilst vaping in the home appeared to be determined by caregivers' need to reconcile vaping behaviour so that it was congruent with parental identity as responsible caregiver. Participant perspectives reflected existing diametrically opposed moral discourses applied to e-cigarette use of 'harm reduction for smokers' and 'potential for youth harm'.

Conclusion Vaping is being role modelled within the community and home, despite attempts to hide the behaviour by many e-cigarette users. The ambivalent contextualisation of e-cigarettes means that e-cigarette users may lack a clear narrative to draw on when discussing vaping with children. Public Health guidance for vaping around children, including discussing vaping in the context of smoking cessation, could be helpful.

OP64

CHANGE IN MATERNAL SMOKING BEHAVIOUR BETWEEN TWO PREGNANCIES AND SMALL FOR GESTATIONAL AGE BIRTH: ANALYSIS OF A UK POPULATION-BASED COHORT

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Background Maternal smoking during pregnancy is linked to small for gestational age (SGA) birth (< 10th percentile). We examined inter-pregnancy changes in maternal smoking and the odds of SGA in the second child.

Methods A population-based cohort of prospectively collected anonymised antenatal and birth healthcare data (2003–2018) recorded by University Hospital Southampton, Hampshire, UK (SLOPE study) was used. The first two singleton pregnancies resulting in live births were analysed (n=15,525 women) using logistic regression to examine changes in self-reported maternal smoking in relation to whether the second child was SGA. We adjusted for maternal age, ethnicity, body mass index, educational attainment, employment status, partnership status, folate supplementation, infertility treatment, gestational diabetes and gestational hypertension at the first pregnancy (P1), length of the interpregnancy interval and previous SGA birth.

Results SGA occurred in 15.7% of all pregnancy 2 (P2) births in mothers smoking at both pregnancies, compared to 5.7% in never-smokers (reference group). Smoking at the start of both pregnancies was associated with higher odds of 2nd child SGA (adjusted Odds Ratio (aOR) 2.88 [95% CI 2.32, 3.56]). The aOR of 2nd child SGA were also higher in women who smoked only at the start of either P2 (2.02 [1.41, 2.89]) or P1 (1.52 [1.10, 2.09]). The aOR of 2nd child SGA were similar to never-smokers in those who quit when each pregnancy was confirmed (1.23 [0.81, 1.85]), smoked between pregnancies but quit up to P2 confirmation (0.82 [0.59, 1.15]), or quit by P1 confirmation and maintained cessation (0.91 [0.74, 1.11]). The odds of SGA birth for women with no previous SGA followed a similar pattern. Among women whose 1st baby was SGA (n=1,903), the aOR of recurrent SGA were higher in those smoking at the start of both pregnancies (2.62 [1.84, 3.72]), or at P2 only (1.82 [1.00, 3.30]). However, those who were P1 smokers and stopped by P2 were not more likely to have recurrent SGA (aOR 1.08 [0.62, 1.88]).

Conclusion Mothers who smoked at the start of either one or both of their first two pregnancies had increased odds of SGA birth compared to never-smokers. However, the odds of recurrent SGA with smoking in the first pregnancy and quitting at any point up to confirmation of the second pregnancy were similar to never-smokers. The time between pregnancies is an opportunity to intervene on modifiable risk factors such as smoking, particularly in those with previous history of SGA babies.

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