PHR Public Health Research Consortium

Young people and smoking in England

- Smoking prevalence is initially higher among girls, but boys overtake in their late teens. Socioeconomic gradients are evident in early teens but become clearer by the late teens.

- Just under half of 11-15 year olds live with a smoker, and most 11-15 year old regular smokers are already dependent. Many want to quit or have tried, mostly unaided.

- Becoming a smoker is influenced by a range of factors operating at several levels- individual, family, social, community and societal.

- Young people are most at risk of becoming smokers if they grow up and move into social networks where smoking is accepted and perceived to have positive value within social relationships.

- They are also more at risk if they have easy access to cigarettes and believe that smoking helps deal with difficult aspects of adolescence, feel that negative effects are not immediately salient and have disadvantaged social, educational and economic trajectories.

- The most effective interventions are comprehensive, multi-component, well-funded, sustained, tailored prevention approaches that address all levels of influence on young people's smoking.

- There is consistent evidence of high impact for increases in price through taxation; comprehensive bans on tobacco promotion/marketing; mass media campaigns that are tailored, have an appropriate tone, are sustained and of high intensity; reducing adult smoking prevalence; parenting skills programmes for parents of pre-teens/young adolescents.

- There is consistent evidence of some impact and/or some evidence of high impact for several other approaches, as well as promising but limited evidence for some other types of intervention.

- Evidence on the effectiveness of youth cessation interventions is less clear than that for adult cessation or youth prevention and thus are classified as currently being 'unproven'.

Background

The Department of Health's consultation document on the future tobacco control strategy for England recognised that while the Government has taken action to reduce smoking uptake and help young people who want to quit, more action is needed (Department of Health 2008). Specifically, it asked what more could the Government and other public services do to reduce smoking prevalence in young people.

To help inform this consultation process and subsequent policy development the Department of Health commissioned, in summer 2008, a rapid short review on young people and smoking in England. The review addressed three questions:

1. What are the current patterns and trends in smoking in young people (11-24 years) in England by key socio-demographic variables (sex, age, socio-economic status, ethnicity)?

2. What is known about why young people start and continue to smoke?

3. What is the current tobacco control policy context and future policy options on smoking prevention and cessation for young people in England and their likely effectiveness?

Methods

Given the limited resources and time period of six months for the review, two methods were used.

First an analysis of the literature was conducted, which drew primarily on relevant information from national surveys and recent national and international reviews on youth prevention and cessation. Major databases were examined to identify relevant UK studies published in last 10 years and this was supplemented with key recent papers/reports recommended by 50 experts from around the world. A total of 55 reviews were included in the report: 22 were systematic reviews and the rest meta-analyses and narrative reviews. A further 134 papers reporting on primary studies were also included, 97 covering studies in the UK.

Second an expert seminar in January 2009 brought together 24 national and international experts in young people and smoking to consider a draft of the review, identify any significant gaps and consider the evidence on the likely effectiveness of future policy options.

Full details of the review methods can be found on the PHRC website (www.york.ac.uk/phrc/).

Key findings

Current patterns and trends in smoking among young people in England

Different national surveys employing different definitions of smoking are used to collect data on smoking in the 11-15 and 16-24 age groups in England. This makes it difficult to draw conclusions that apply across the 11-24 age range. However, several clear patterns and trends:

- Smoking prevalence has declined in all age groups since the 1980s
- Prevalence and consumption increase with age into the mid-twenties.
- Prevalence is initially higher among girls, but boys overtake in late teens
- There is limited information on socioeconomic status (SES) but the available data show an association which becomes clearer in the late teens.
- There is limited data on ethnicity but generally there is a higher prevalence among White young people.
- The main sources of cigarettes are family, friends and shops.
- Buying from shops increases with age and consumption.
- Most 11-15 year old regular smokers are already dependent. Many want to quit or have tried, mostly unaided.
- Young people are aware of the dangers of smoking.
- Just under half of 11-15 year olds live with a smoker.
- Smokers overestimate the number of their friends who smoke.

Why young people start and continue to smoke

While there has been considerable research on smoking and young people there are also important gaps and limitations. These include the relative lack of research on 16-24 year olds, the small number of longitudinal studies, the paucity of research exploring inequalities, and the dominance of studies from N. America.

Despite these limitations, several conclusions can be drawn about what influences young people to start smoking. Adolescence is a period of change and challenge for young people as they negotiate key transitions (social, economic, occupational, biological) into adulthood.

During this period young people experiment with a range of behaviours, which for around half includes smoking. Quantitative research shows that starting and continuing to smoke is influenced by a complex interplay of factors operating at the individual, family, social, community and societal levels (Figure 1). Qualitative research reveals from the young person's perspective, how these are experienced and shape what smoking means to them and the contexts in which they make decisions about smoking.

Young people are most at risk becoming smokers if they:

- Grow up in a world where smoking is the norm or accepted (parents, siblings, SES, community, ethnicity, culture)
- Move into social networks with similar norms, where smoking has perceived positive value within social relationships (friends, peers, other behaviours)
- Have easy access to cigarettes (disposable income, access, price)
- Believe smoking helps project a desired image (identity, gender, attitudes, media, tobacco promotion)
- Perceive that smoking helps deal with difficult aspects of adolescence and transition (beliefs, educational achievement, SES, self-esteem), particularly where there is limited alternative support (parents, school, skills)
- Feel that negative effects are not immediately salient (knowledge, beliefs, addiction)
- Have disadvantaged social, educational and economic trajectories.

Evidence on what works in youth prevention and cessation

The review found clear evidence of the effectiveness of certain types of smoking prevention policy, interventions and programmes. However, very few reviews or studies analysed impact by age, gender, socio-economic status or ethnicity. In addition nearly all the studies focussed on 11-15 year olds (mostly in N. America). Thus conclusions can't be drawn about the possible differential impact of interventions on different groups of young people living in different contexts.

The interventions were categorised into several groups which reflected the strength and consistency of the evidence in terms of impact on smoking:

- *Most effective*: comprehensive, multi-component, well-funded, sustained, tailored prevention approaches that address all levels of influence (Figure 1). Combined school and community interventions, and mass media and community interventions, are more effective than school, mass media and community only interventions.
- *Consistent evidence of high impact*: increases in price through taxation; comprehensive bans on tobacco promotion/marketing; mass media campaigns that are tailored, have an appropriate tone, are sustained and of high intensity; reducing adult (parents) smoking prevalence; parenting skills programmes for parents of pre-teens/young adolescents.
- *Consistent evidence of some impact and/or some evidence of high impact*: intensive and sustained interactive school health promotion programmes using social skills and social influences approaches (15+ sessions); positive, supportive and caring school ethos (health promoting school), community (some approaches); smokefree public places.
- *Mixed or inconclusive findings*: family education, school only programmes; primary care, local enforcement of sales laws; community only programmes; incentives; computer and internet based programmes.
- *No effect*: school information only programmes; Smokebusters; tobacco industry media campaigns.
- *Lack of evidence*: increasing age of sale; banning packs of ten cigarettes.
- *Promising but limited evidence to date*: peer led school programmes; banning point of sale advertising; digital/new media; plain packaging; reducing positive media images of smoking.

Evidence on the effectiveness of youth cessation interventions was less clear than that for either adult cessation or youth prevention. Thus, the review classified

youth cessation as currently being 'unproven'.

Conclusions

While recognising the limitations of this rapid review, including the amount of literature that could be reviewed and the depth of the critical analysis possible within the time limit, strong evidence emerged to support the inclusion of a more explicit youth-oriented dimension to the future tobacco control strategy for England.

This should involve action at the national and local levels including partnership working. There is also a need to develop and evaluate new innovative approaches, and to undertake research to increase our understanding of smoking uptake, prevention and cessation, including among 16-24 year olds and in relation to inequalities.

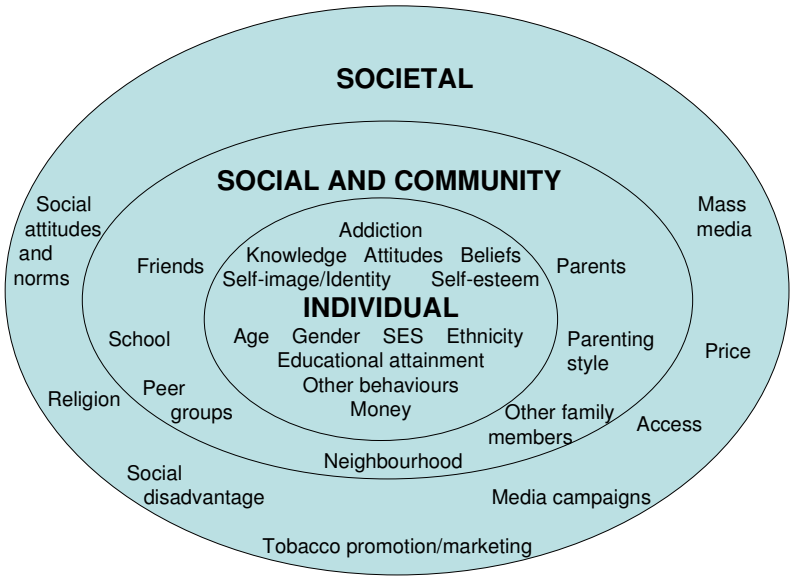

Figure 1: Factors associated with smoking uptake

Details of the research team

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About PHRC: The Public Health Research Consortium (PHRC) is funded by the Department of Health Policy Research Programme. The PHRC brings together researchers from 11 UK institutions and aims to strengthen the evidence base for public health, with a strong emphasis on tackling socioeconomic inequalities in health. For more information, visit: www.york.ac.uk/phrc/index.htm