



The Liverpool Longitudinal Study on
Smoking : Experiences, beliefs and
behaviour of adolescents in
Secondary School
2002-2006

Study funded by the Roy Castle Lung Cancer
Foundation

Report produced by Liverpool John Moores
University

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Summary

Introduction

The Liverpool Longitudinal Study on Smoking (LLSS) was set up in 1994, to explore smoking in young people in Liverpool. It has tracked a single group of children from the age of 5-16 years to examine from the perspective of children and adolescents, their experiences of smokers and smoking. The project has followed the same group throughout their compulsory education, collecting data annually. This report presents the findings from the Secondary School Phase of the LLSS, when the young people were aged between 12-16.

Existing research on adolescent smoking has focussed almost exclusively on exploring who smokes, when they smoke and where. The aim of the LLSS was identify the key question behind the whole issue – why do young people smoke?

Around 80% of adult smokers take up the habit during their teenage years. In Liverpool 37% of adults smoke compared to 27% nationally, and about one fifth of 15-year olds smoke on a regular basis, 18% of boys and 26% of girls. Gaining an understanding of the factors that influence smoking uptake at this time is a key public health priority and Liverpool is an excellent city within which to undertake such research.

The LLSS aims and methods

The initial aims of the project were to establish the beliefs, perceptions, attitudes and behaviour of the group, and track how these changed over time. The study adopted a person-centred approach to the research to ensure the direct participation of the young people in the research, who also contributed to the continuing development of the research. This information from the study will then inform the development of new adolescent smoking prevention initiatives.

Methodological tools:

- Questionnaire
- Describing Smoking Exercise
- One-to-one interviews with case-study pupils
- Focus Groups
- Social Mapping

In 2001 when the pupils completed primary school they scattered to 31 secondary schools across the city. Between 2002-2006 LLSS researchers visited these schools annually to collect data from the group until they left compulsory education at age 16.

Adolescent Smoking : Findings

Experimenting with cigarettes

By the end of the study in 2006 when the pupils were aged 16, findings showed that:

- 82.6% of the group had been offered a cigarette
- 55% had tried a cigarette at some point during their school years
- 38.2% of experimenters had smoked in the last week
- 25% of smokers described themselves as regular smokers
- 50% of the whole sample lived with at least one smoker
- BUT: 99% of regular smokers lived with at least one smoker
- The increase in the number of triers was most significant between age 12-13 when there was a rise from 23% – 42.7%
- Between age 13-15 females smoked consistently more than males
- Over the course of the study less than 15% of the pupils said that they had ever felt under pressure to smoke
- At age 16 less than 4% of the non-triers said that they wanted to try a cigarette in the future

Key Influences – economic and social

Factors linked to adolescent smoking experimentation:

- Smokers were much more likely to live in areas of higher deprivation – between ages 14-16 those living in an area with a high deprivation score were 95% more likely to try smoking
- Smokers were much more likely to have parents who worked in lower occupational jobs
- Across all years of the study familial smoking behaviour was a major influence on adolescent experimentation
- Household smoking rules had a clear impact on smoking trial – pupils who lived in a house where smoking was advocated are 44% more likely to smoke

Reasons for smoking

The key finding was that the overwhelming majority of pupils who smoked cited personal desire as the motivation behind their decision – curiosity to know what smoking is like.

Personal choice in decision-making, whether it was to smoke or not to smoke, was extremely important to the young people.

Reasons for not smoking

The overwhelming reason given by the young people in the group who had not smoked, and did not intend to smoke in the future, was health. For many this was about long-term health and fear of getting cancer or heart disease. This indicated that health promotion messages had succeeded with a certain proportion of the group. The focus was on remaining healthy 'now', so that they could focus on a particular career, for example playing football.

Others were afraid of becoming addicted even in a short period of time, which again showed the success of health promotion messages.

Changes to their physical appearance was also cited as a factor, with people not wanting to get yellow fingers and discoloured teeth. There were also concerns about the smell on their clothes and hair.

The concept of Peer Pressure

Peer pressure was not a significant influence on smoking experimentation for the young people.

The incidence of people being physically forced or bullied into smoking was extremely low across all years of the study. For the vast majority of the young people 'direct' peer pressure had not been encountered.

Their concept of peer pressure was more of 'social motivation', smoking to either look good in front of their friends or to be the same as them. However, in cases where this happened, the personal choice of the young person to make that decision was heavily emphasised. It was not about the group, it was about themselves.

Findings showed examples of where young people had felt able to say that they didn't want to smoke even if their friends did, and that this decision had been accepted by their social group.

It was clear that friends were an important influence on smoking uptake in that in each year of the study over 80% of first time triers got their first cigarette from a friend. Moreover a similar figure smoked this cigarette with a friend and not on their own. However, what became evident was the extent to which the young people saw this 'influence' as important was not as significant as the issue of personal decision making.

Self-initiation and autonomy was very important to how the young people viewed themselves and how they wanted other people to view them.

Parental Smoking

When asked questions about 'adult' smokers the overwhelming majority of the sample spoke only about their parents. This shows the importance that parents hold for the young people.

Most of the young people did not mind their parents smoking, those that did tended to have concerns for their parents' health.

Even those that held negative views about smoking themselves, often provided rational reasons to justify why their parents smoked. The use of smoking as a coping strategy was heavily evident in adolescent's response in each year of the study, and it was clear that this had a big impact on the young people.

Some of the young smokers drew on the same reasons for parental smoking to justify their own smoking behaviour, in particular it's use as a coping mechanism for adolescents was clear.

Even if they did not like their parents smoking the majority of the group felt that they had the right to do so as it was their decision. This again reflects the importance of autonomy to the group.

A proportion of the sample had witnessed their parents attempt to quit smoking and all acknowledge how hard the parents had found it. In many cases the quit attempt had been unsuccessful.

This merely added support to their knowledge that smoking, and particularly nicotine, is addictive which makes it hard to stop. However, the difficulty was related to the length of time a person has been smoking.

As a result the participants knew it was hard for parents and adults generally to quit, but did not feel that they would find it as difficult because they had not been smoking for that long. Hence the smokers in the group did not consider being able to stop smoking a problem.

Understanding the health implications of smoking

As expected across all years of secondary school the young people displayed a strong knowledge of the health implications of smoking.

- They discussed in detail the physical changes that happened to a person who smoked, for example awareness of looking older.
- Becoming ill through smoking was frequently talked about. The group were clearly aware that smoking caused a range of diseases, and talked in depth about conditions such as cancer, heart disease, emphysema.
- Across secondary school between 60-65% of the whole group had known someone who was suffering from, or had died from, a smoking related illness.
- Significantly across all years of the study between 60%-70% of the pupils who had tried a cigarette had known someone who was suffering from, or had died from, a smoking related illness. This figure is likely related to the fact that familial smoking is strongly linked to adolescent experimentation, so the young people were more likely to be exposed to people who would be suffering from such an illness.
- However, when they talked about health issues, for the adolescents the health problems caused by cigarettes generally affected people who were older and who had been smoking for a long time. Thus, the smokers in the group did not consider that they would be affected by disease as they had not been smoking very long.

Implications for practice

Findings from the secondary school phase of the LLSS raise some important issues around addressing the problem of adolescent smoking.

Health education had clearly had an impact on some of the adolescents in the group and had acted as a deterrent to them smoking. Thus maintaining a health promotion strategy would continue to be beneficial. However, for the smokers in the group the messages have not been successful in preventing them from smoking. This suggests that additional initiatives are needed to deter this group from smoking. These are:

- The role of parental smoking cannot be under-estimated as this is a major influence in adolescent smoking experimentation. Tackling parental smoking may well be a successful indirect way of preventing adolescent smoking.
- Raising awareness amongst parents about the impact of their smoking on uptake. Findings show the clear relationship between living in a house where smoking is advocated and adolescents taking up smoking.
- Environmental issues have been identified as crucial to experimentation. The greater the exposure to cigarettes, whether at home or other smoky places, the more likely a young person is to initiate smoking.
- School deprivation and seeing other pupils smoking on school grounds are also influences on experimentation. While the former is a deep rooted social and economic issue, the latter suggests that working directly with schools to implement stronger smoking policies could be a way of addressing the problem.

- The socio-economic differential cannot be ignored when addressing the issue of adolescent smoking. It is overwhelmingly clear that young people living in more deprived areas are the most likely to experiment with cigarettes and go on to become regular smokers.

Whatever the form such interventions take, findings from the LLSS have identified some of the key factors influencing adolescent smoking behaviour, but have further highlighted the complexity of this behaviour and the need for new research. Adolescent smokers are not a homogenous group, they have some common characteristics, notably to socio-economic environment. For many young people smoking is something that has been inculcated, and accepted, into their daily lives for many years. However, they also strongly identify themselves as individuals. This study has shown that they consider that they act autonomously and have the right to make their own decisions on smoking. Changing the influences around young people may enable them to make a different decision in the future.