

# New issues and age-old challenges: a review of young people's relationship with tobacco



A report by  
Roy Castle Lung  
Cancer Foundation

February 2017

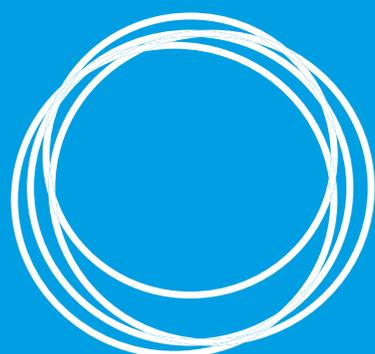


ROY CASTLE  
LUNG CANCER  
FOUNDATION

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# Foreword

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Paula Chadwick  
Chief Executive, RCLCF

Roy Castle Lung Cancer Foundation has been involved in challenging tobacco consumption since we started as a charity in 1990. This has been driven by the knowledge that exposure to smoke is linked to 85 per cent of lung cancers in the UK. By sharing with young people the true impact of tobacco, we hope to prevent a future generation suffering the economic, social and health damage caused by this addiction.

Over the years we have tackled tobacco on many levels. The work of our first Lung Cancer Nurses included going into schools and raising awareness. Our smoking cessation services, Quit Support, assisted young people, including young pregnant women, to give up tobacco. We campaigned for, and supported, the development of smoke-free legislation in the UK. In 2015 we merged with the innovative charity Cut Films which provides a creative and empowering way of engaging young people in understanding the long-term harms of tobacco.

This report reflects our ongoing commitment to prevent future lung cancer. Whilst progress has been made to reduce smoking rates, tobacco remains a legally available, socially tolerated, health hazard. We are facing the stigmatisation of smokers in communities where social and economic disadvantages are compounded with added health burdens. We cannot be complacent, as we see health promotion services struggling, no longer offering nationwide support for those who regret their teenage habits, because of funding cuts. This report reflects our commitment to carry on talking about this problem and how it is evolving, until we are a country where lung cancer is no longer a threat to our young people.

*Paula Chadwick*

# Executive summary

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The face of youth smoking in the UK is evolving. Young people are growing up in a society radically disrupted by new technologies and norms, which are reshaping their perceptions of personal health and image.

These shifts are manifesting in a range of new tobacco-related challenges for public health and cancer prevention. From the rise of e-cigarettes and the worrying, continued presence of tobacco in film and online, to the proliferation of shisha and cannabis use within certain communities, the threat of tobacco today is increasingly different from that faced by the previous generation.

While these trends may be new, their impact is not. Smoking behaviours are continuing to become entrenched amongst the most vulnerable and hardest to reach elements of society, deepening already stark health inequalities within the UK.

These developments do not discount the remarkable progress made to de-normalise smoking in the UK and drive tobacco usage to its lowest ever levels. This progress was hard won, the result of decades of tireless campaigning for effective regulation within the UK and across the EU.

The measures which resulted were built within a system that now faces unprecedented upheaval. Sustained cuts to public health budgets in recent years mean that the NHS and local authorities no longer have the resources to sustain existing services or adapt them to new challenges. These cuts show no sign of abating.

Major questions also remain over the extent to which tobacco prevention and control will remain a priority as the Government begins the process of withdrawing the country from the EU.

Significant work will be required to ensure that these developments do not result in the next generation being the first to reverse the trend of progress. At its heart must be a comprehensive and ambitious strategy for tobacco prevention and control, which reflects and responds to the everyday challenges of young people in the UK.

*New issues and age-old challenges: a review of young people's relationship with tobacco*, brings together the available evidence on youth smoking and articulates a clear demand for action across the system.

The Government's tobacco strategy is overdue. We urge them to publish it now and carry-forward the global leadership shown by the UK in this area in recent decades. In its absence, however, the public health community cannot concede inaction. We must instead reassess our approaches in light of available evidence about influencing young people in the 21st century.

As the UK's largest charity dedicated to the eradication of lung cancer, Roy Castle Lung Cancer Foundation (RCLCF) will support the community to reshape its approach to youth smoking.

Focus must be placed on initiatives designed to effectively engage the hardest to reach, and most under-privileged, elements of society. Society is rapidly evolving and only a public health approach which is prepared to match it will sustain progress.

**This is the challenge we face. We hope that you will join us.**

# A roadmap for action

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**To achieve this report's ambition for a deepening of progress against youth smoking, action is required across the system at both a national and local level. The policy recommendations within this report overwhelmingly focus on the necessity of return to national leadership on smoking, and the identification of a few immediate opportunities for action at a local level.**

## **A return to national leadership:**

- The Government must publish an updated tobacco prevention and control strategy without further delay. The strategy should draw upon the latest evidence and emerging smoking trends amongst the population, with a focus on those facing young people.
- Specific recommendations within the strategy must focus on reducing levels of youth smoking amongst the worst-off people in society, including (but not exclusively) those suffering from mental illness, economic hardship, and those belonging to minority but high risk communities.
- The solutions which successfully delivered progress in recent decades can no longer be relied upon to do the same for this generation. The strategy must at all times be future-focused, seeking to increase interventions which engage young people within their day-to-day lives. This will also require broader thinking about influences on young people and the role of legislation to safeguard young people in a globally interconnected digital age.
- With public health cuts unlikely to be reversed in the short/medium term, recommendations should ensure that investment is made in systems that offers greatest impact and value for money. The development of standardised evaluation frameworks for prevention services will be an important part of this drive towards cost-effectiveness. These new frameworks should form the basis of a comprehensive update of relevant NICE and PHE guidelines, which should also include the most up-to-date data on the impact of such services.

## **Spreading and sustaining local excellence:**

- An opportunity exists for local public health policy makers to better utilise existing services to ensure they drive back at the most disadvantaged elements of society. This includes alignment of discussions about issues such as teen mental health and pregnancy, with discrete and impactful information on smoking. This work alone will not fully offset the challenges faced by the increasing closure of valuable services, but it will help to ensure that these moves do not single out those already suffering the most.

# A new reality for tobacco and young people



There are a variety of reasons why young people start smoking. For instance, children who live with parents or siblings who smoke are up to three times more likely to become smokers themselves than children of non-smoking households. It is estimated that, each year, at least 23,000 young people in England and Wales start smoking by the age of 15 as a result of exposure to smoking in the home.

RCLCF survey participant (anonymous)

## Smoking, a habit forged in early age

Smoking is a habit developed in early age with two-thirds of smokers starting before the age of 18<sup>1</sup> and 40<sup>2</sup> per cent of smokers starting regular smoking before the age of 16. The long-term trend has seen a decrease in the number of people taking up tobacco smoking across the UK<sup>3</sup>. In the 1940s more than half of those over the age of 16 in the UK were smokers<sup>4</sup>. Today, just four per cent of those aged eight to 15 report that they have tried a cigarette<sup>5</sup>.

Despite a huge and concerted effort on the part of the global tobacco industry, rates of tobacco-use are at an all-time low in the UK<sup>6</sup>. The control of tobacco is considered a success story in public health. The effective implementation of the Government strategy on smoking, most recently through *Healthy Lives, Healthy People: a tobacco control plan for England*<sup>7</sup>, has helped to facilitate an important spread of best practice and partnership working.

This, in addition to work at an EU-level, has resulted in a range of policies which aim to protect young people, including: the 2003 ban on most forms of tobacco advertising, the 2007 ban on smoking in enclosed workplaces and public spaces, the 2011 ban on selling tobacco from vending

machines as well as the 2015 law which banned smoking in vehicles carrying children.

More recently, standardised packaging was introduced in the UK in line with the EU Tobacco Products Directive. Though the full impact of this will not be seen for a generation, trials suggest a clear and positive associated benefit which should be welcomed.

Where immediate benefit is clearer, however, is around the impact of smoking cessation services. These services, which proliferated under the most recent tobacco strategy are known to reduce smoking four-fold<sup>8</sup>.

## Tobacco-reduction, a (potentially) slippery slope

The net result of this work has seen the UK grow to become a global leader on these issues. Recent developments, however, suggest that this status may be under threat.

While successes have been hard-fought, tobacco remains the leading cause of preventable death and ill-health in the UK<sup>9,10</sup>. In 2018, more than 80,000 people will die of a smoking-related condition in England, with 13,500 dying in Scotland and 5,500 in Wales<sup>11</sup>. These conditions cost the NHS an estimated £5.2 billion a year across the UK<sup>12</sup>. In England alone smoking costs society as a whole

(including the NHS, employers and the environment) £13.9 billion<sup>13</sup>. This staggering cost places an unsustainable strain on an already crippled NHS, which needs to be tackled immediately. Investment in prevention will secure savings for the NHS further down the line, preventing the development of costly health conditions. This view is supported by almost all of the people we spoke to during the development of this report who believed effective youth prevention programmes could save the NHS money in the long term.

At the same time, unprecedented cuts to public health budgets and youth services have seen local authorities slash the number of available smoking prevention and cessation services. Independent data suggests that further cuts to these budgets can be expected in the coming years<sup>14</sup>.

These decisions will not be without consequence. A large body of evidence from around the world demonstrates the clear connection between investment in prevention and control, and reduction in smoking prevalence. While the UK strips back these services, countries like Iceland continue to deliver remarkable year-on-year prevalence reductions through sustained investment in prevention using a creative medium<sup>15</sup>. The cost benefits associated with the

Icelandic investments are becoming evident throughout the system and make the case for prevention more stark than ever. It would be complacent to fail to learn these lessons and to not adopt them in the UK.

We know, for instance, that despite overall declines there has been an increase in the proportion of girls taking up smoking before the age of 16 since the early 1990s<sup>16</sup>. In 1992, 28 per cent of women had smoked before they were 16 years of age; in 2011 that figure was 37 per cent. Equally troubling is the suggestion that wider progress to curb youth smoking also appears to be slowing, with rates even increasing in 2014/15 before a return to limited progress the following year<sup>17</sup>.

These developments must not be viewed as part of an inevitable limit to progress, but instead as a signal of the need to refocus and examine the approach. As will be outlined in later sections of this report, the way in which young people interact with tobacco is changing rapidly and policy must be adjusted to reflect the changing times. Countries like France have shown the risks of inaction against smoking, witnessing an uptake in prevalence to start the new millennium<sup>18</sup>. We will not be able to sustain or improve on our current progress unless we adapt our methods and continue to prioritise prevention.



**In the past, local authorities had a little more influence. Now we have so little influence [...] If they [budget cuts] carry on, which is highly likely, there is a danger that we will see a change in those declining rates of youth smoking.**

A London public health commissioner

## Depiction of smoking in modern media

The rise of the internet has brought with it countless societal benefits, exposing individuals to a rich array of information and cultures. As well as offering new and exciting means of educating people about the harms of smoking, the internet also poses the risk of exposing young people to normalised smoking behaviours.

Positive depictions of cigarettes and smoking in films are nothing new, dating back to the twenties, and have been the subject of numerous studies demonstrating the connection between exposure to such films and smoking experimentation. Despite this, not enough has been done to offset these impacts.

Compounding these issues are more contemporary threats delivered by music videos, video games and other social media-based content. These platforms enjoy far less regulation than the film industry yet evidence of their impact on young people is beginning to emerge. With these forms of entertainment tending to be viewed by younger audiences, their potential to do harm is perhaps even greater.

However, these technologies also provide a unique opportunity for study and regulatory experimentation. Any future Government tobacco strategy must examine opportunities to improve warnings applied to content that depicts smoking behaviours. The strategy must also seek to mobilise support within the digital technologies that carry such risk, to better educate and engage young people about the risks of smoking.



## Combating complacency in a fairer society

The potential impact of complacency in the UK should not be discounted. In response to these growing realities about the declining impact of smoking cessation initiatives, much concern has been raised within the public health community about the commitment of the current Government to this cause. Due in 2016, the delayed publication of a tobacco control strategy for England means that previously commissioned services are lost or under threat, with no clear vision for what is (or should be) achievable under this new landscape.

This lack of direction is dangerous and sharply contrasts the Prime Minister's own commitment to "creating a fairer society"<sup>19</sup> which breaks down the barriers of privilege. With youth smoking increasingly entrenched amongst the most deprived and hardest to reach communities, this issue should be front of mind for all levels of Government.

Protecting a new generation of young people requires public health advocates and policy makers to respond to these new realities with a sustained commitment to action. Recognising economic constraints, this should seek to adapt existing arrangements

to best meet the challenges posed by a new generation of products and habits, rather than commissioning expensive and novel approaches.

This report by Roy Castle Lung Cancer Foundation makes that case, sharing an up-to-date and honest reflection of the issues in youth smoking and the challenges faced by public health services. These reflections are the foundation for a concise, affordable, and achievable set of recommendations to equip services and public health professionals with the tools to continue improving the long-term trends seen in youth tobacco smoking over the past quarter-century.

The work of this report was informed by a survey of key stakeholders involved in tackling youth smoking, including public health officials, commissioners, academics and educators. As part of this report, two short interviews were also conducted to explore the issues in greater detail, one with an anonymous London based commissioner and another with Professor Linda Bauld, the Deputy Director of the UK Centre for Tobacco and Alcohol Studies. Roy Castle Lung Cancer Foundation would like to thank them for sharing their vital perspectives on the major issues in youth smoking and welcomes broader stakeholders to engage with the Foundation.



**There is no national leadership on tobacco at all. Are they aware that there are councils de-commissioning Stop Smoking Services more and more? We are lucky to have a CCG that is totally on to tobacco and putting pressure on our local NHS organisations to get smoke-free policy.**

A London public health commissioner



**I'd like to see a renewed commitment to comprehensive action at the population level [...] Stop smoking services need to be protected and we need mass media campaigns.**

Professor Linda Bauld, Deputy Director of the UK Centre for Tobacco and Alcohol Studies

# Shifting issues in youth smoking

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**The 2010 Tobacco Strategy was due to be renewed in 2016 and an update now is vital. Equally important is that the final strategy reflects the reality of how young people are engaging with tobacco today. These issues are complex, often interconnected and ever-shifting as a result of emerging technologies.**

**Public policy must continue to adapt to these threats and opportunities to ensure that the architecture which so successfully drove down prevalence in the early part of the century remains effective in the modern age.**

**These trends include the following:**

## **Illicit Tobacco**

Illicit tobacco encompasses cigarettes with no legal market in the UK, counterfeit cigarettes and genuine cigarettes which have been smuggled into the UK<sup>20</sup>. The absence of regulation in this illegal market offers the opportunity to circumvent age-restrictions applied to legal tobacco, making young people particularly susceptible to using this form of tobacco, the risks of which, they do not completely understand.

The area of illicit tobacco is one where the government has shown strong leadership, publishing the 2015 illicit tobacco strategy, *Tackling illicit tobacco: from leaf to light*<sup>21</sup>. Despite overall progress, access for young people remains unacceptably easy. Over half of smokers aged 14 to 17 have been offered illicit tobacco, and buying rates amongst these age groups were higher than amongst older smokers<sup>22</sup>. Illicit tobacco makes up about a third of that smoked by adults who admit to purchasing it, compared to about half of that consumed by buyers aged 14 and 15<sup>23</sup>.

As the UK ushers in an era of plain cigarette packaging, more must be done to prevent these dangers continuing. Enforcement efforts must be redoubled and measures taken to ensure that the UK's withdrawal from the EU does not impact on valuable opportunities for collaboration. Cuts to public health budgets risk the ability of bodies to influence young people's understanding of illicit tobacco.

We must ensure that the appropriate bodies continue to work with trading standards authorities, who are themselves facing funding challenges, and that young people are made aware of the dangers. Action must include sustained surveillance of the tobacco industry's own activities (British American Tobacco were fined in November 2014 for over-supplying tobacco products to a lower tax jurisdiction<sup>24</sup>).

## Shisha (Waterpipe) use

While the overall number of young people smoking tobacco cigarettes may be decreasing, in some urban areas other forms of non-tobacco smoking are growing in popularity. One such alternative tobacco product is the waterpipe (commonly known as 'shisha'). Whilst not a significant issue in rural areas, the use of shisha (which often involves the burning of tobacco) is growing in overall popularity among young people in the UK, with ten per cent of school-age pupils stating that they had used waterpipe tobacco at least once<sup>25</sup>. This finding correlates with an increase in the number of bars selling shisha, with 40 per cent of local authorities witnessing a rise in the number since 2008<sup>26</sup>.

A study conducted among 2,399 secondary school students from years 8, 10, 12 and 13 in northwest London found that current waterpipe use (7.4 per cent) was higher than current cigarette smoking (3.4 per cent)<sup>27</sup>. Students were also more likely to have tried waterpipe smoking (24 per cent) compared to cigarette smoking (15.8 per cent). A further study of 1,252 secondary school students aged 11-16 in Stoke-on-Trent showed that lifetime waterpipe use was nearly double that of drug use (12 per cent to 6.5 per cent)<sup>28</sup>.



These behaviours are predicated on a simple misconception: that shisha use is in some way less harmful than tobacco smoking. In order to address this flawed understanding, the legal framework governing the products must be strengthened and clarified. At present, regulations relating to tobacco and non-tobacco shisha, including the age of sale, continue to differ.

Such work is already underway through new guidance to local government from the Chartered Institute of Environmental Health and Trading Standards<sup>29</sup>. But it is vital that such best practice is spread, and the misconceptions held by young people are counteracted through clearer information and warnings at point of use.



**There is a lot of misunderstanding around Shisha, for example, and it is hard in terms of understanding what is really going on unless you have a dedicated annual survey to measure that**

A London public health commissioner

## Cannabis

The use of cannabis is another alternative form of smoking where a significant uplift in use has been identified. It is the drug young people are most likely to have tried, with seven per cent of school pupils reporting that they used cannabis in the last year. Indeed, 26 per cent of 15-year-olds have (ever) been offered the drug and 11 per cent have tried it. Evidence suggests that young people have a relaxed attitude to the drug, with five per cent thinking it is “okay to take once a week”<sup>30</sup>. This worrying trend fits with the concern that young people do not necessarily see smoking cannabis in the same context as being a tobacco smoker, with 1,396 young people receiving treatment for cannabis use in 2015/16<sup>31</sup>.

There are significant health risks associated with cannabis use, with users risking permanent damage to their intelligence,

attention span and memory, and younger users experiencing more damage to their brain than adults<sup>32</sup>.

Expert drug advice services, such as Talk to Frank, highlight the links between regular use of the drug and diseases such as tuberculosis and lung cancer<sup>33</sup>. These risks, however, are not resonating with young people - despite the common use of cannabis being mixed with tobacco.

YouGov polling released in January 2015 found that 35 per cent of people between 18-24 years old believed cannabis to be “very” or “fairly” safe<sup>34</sup>. By comparison just 18 per cent of respondents in the same cohort believed tobacco be “very” or “fairly” safe. This shows the clear disparity in awareness between the dangers of tobacco and the dangers of cannabis, a point which must be addressed urgently.

References to cannabis within drug education programmes must ensure the tobacco risk message is pulled through into all materials and associated sources of information. Conversely, cessation services must also be adequately equipped to deal with this issue. With the drug now legal to purchase in a number of Western countries, regulations on its use in media consumed by younger people must also be reconsidered given the globalisation of media driven by the internet.



**We have high rates of Cannabis use – both young people and adult. They’re smoking cannabis along with the tobacco. It’s going to be very hard for them to come off it and it’s a major problem.**

*A London public health commissioner*



## Electronic cigarettes

It is estimated that 2.8 million people in the UK now use an e-cigarette<sup>35</sup>. The spread of these devices has sparked considerable debate within the public health community, as well as significant intrigue amongst young people themselves.

Data shows that the devices are an increasingly popular trend amongst young people, with more than a fifth (22 per cent) of pupils having used e-cigarettes at least once. This includes most of those pupils who consider themselves regular tobacco smokers (89 per cent)<sup>36</sup>.

This rate of uptake initially sparked some concern in the public health community, with the suggestion that these devices may serve as a 'gateway' to more traditional forms of smoking behaviour in young people. Indeed, the Welsh Government, in March 2016, explored the

possibility of a ban of these devices in public places<sup>37</sup>.

An emerging body of evidence appears to contradict the 'gateway' theory, with research showing that nearly all regular e-cigarette use is accounted for by previous tobacco smokers<sup>38</sup>. Although we note some US data which appears to contradict this<sup>39</sup>.

It is clear that much additional study is required on these devices and their long-term impact. The latest available evidence suggests that they cannot be regarded in the same way as traditional forms of tobacco smoking<sup>40,41</sup>.

Based on research findings, public health authorities in England have provided tentative support for their use as a smoking cessation tool, claiming that "around 95 per cent safer than smoked tobacco and they can help smokers to quit"<sup>42</sup>.

Complimenting this view is a range of welcome new safeguarding measures – including the near total ban on all non-point of sale advertising of these devices<sup>43</sup> – have been implemented as part of the EU tobacco directive.

There can be little doubt that more work is needed to improve understanding of these devices, but it is also vital to ensure that current understanding (with appropriate precautions) continues to inform the direction of policy making across the UK. To this end, it is important to recognise the important role of groups such as the UK Electronic Cigarette Research Forum which continues to steer this vital work. We need to ensure that it is a priority of Government, to support the appropriate research in this area and to clarify the role of e-cigarettes.



# Tobacco-related health inequalities



**Nationally, youth smoking rates are falling and are at their lowest ever levels. But we know smoking rates vary considerably across the country and smoking causes greater harm to more deprived communities. The estimates shine a light on communities where young people have a higher risk of smoking and will help local agencies to focus efforts where they are most needed. We want to secure a tobacco-free generation... Our most disadvantaged communities have the most to gain<sup>44</sup>.**

Professor Kevin Fenton, National Director of Health and Wellbeing at Public Health England

The National Institute for Health and Care Excellence (NICE) suggests that 13 per cent of 15-year-olds are regular or occasional smokers. In parts of Greater London such as Harrow, less than half that amount smoke regularly or occasionally. In South Tyneside and Kingston upon Hull, levels have reached 16 and 17 per cent of 15 year olds, respectively<sup>45</sup>.

These variations have a devastating impact, with smoking being the number one cause of the life expectancy gap between England's rich and poor. Smoking is known to disproportionately affect people living in deprived conditions. Indeed, evidence shows that the behaviour contributes to a worsening of personal financial circumstance<sup>46</sup>. This is supported by a recent report published by the Royal College of Paediatrics and Child Health (RCPCH), which found that levels of smoking in pregnancy, which is strongly associated with social deprivation, are 11 per cent in England and 15 per cent in Northern Ireland; higher than in many European countries<sup>47</sup>.

Little to no progress has been made to shrink this gap in recent years. Data from the King's Fund makes clear that the relative social gap for smoking rates increased over time, and the absolute gap has shown little sign of improvement<sup>48</sup>.



The public health community has a clear understanding of the link between social deprivation, but has yet to discover effective and replicable means of combating it. Efforts to prevent smoking through behaviour change are still disproportionately taken up by those outside of the most impacted socioeconomic communities. This experience has also been replicated in lung cancer screening pilots which have consistently struggled to engage with such audiences<sup>49</sup>.

These realities speak of a lack of action within certain areas of public health which are not able to target effectively, beyond economic status alone. We know that a number of other minority groups within society are challenging to engage and activate on issues associated with their own healthcare, amongst which smoking is prevalent.

It is no longer acceptable that these individuals continue to fall through the gaps of prevention and cessation when we know that they will also prove the hardest to diagnose early and effectively treat.

Overleaf are some examples of groups which disproportionately carry the burden of smoking prevalence and require policy initiatives which are able to effectively target them...



**In 2014 the percentage of adults from the least deprived areas of Wales reported as being a smoker was 13 per cent, compared to a figure of 29 per cent recorded among the most deprived adults within the Welsh population. When focusing specifically on children, the positive relationship between smoking rates and deprivation levels continues. Evidence suggests both the rates of regular smoking and exposure to smoke in cars decrease as the affluence of a children's family increases.**

RCLCF survey participant (anonymous)



**Inequalities are without a doubt the biggest challenge. The risks of becoming a smoker cluster in particular groups of young people. Young people who have been excluded from school, for example, or truanted from school are more likely to smoke, as are those aged 16+ who are not in further or higher education or employment.**

Professor Linda Bauld, Deputy Director of the UK Centre for Tobacco and Alcohol Studies



**Given the nature of mental health, I need to do more with those children. Making those links between smoking and mental health – focusing on the young person.**

A London public health commissioner

## Smoking and mental health

There is a worrying link between young people with mental health problems and smoking. A review into the association between depression and young people smoking, published by BioMed Central Public Health in 2009, found that depression in adolescence was linked with smoking in adulthood, while young people who smoked appeared to be more likely to become depressed<sup>50</sup>. This connection is the single biggest factor responsible for explaining why those with mental health issues die up to twenty years earlier than the average Briton<sup>51</sup>.

Data from NHS Digital makes clear that rates of mental illness are on the rise, with 28 per cent of young women in England now thought to have a mental health condition<sup>52</sup>. It is therefore vital that young people experiencing such conditions have access to the necessary therapies, to avoid them seeking harmful relief in the form of tobacco.

There exists a clear opportunity to improve alignment of tobacco and mental health services. It should be a routine part of care for young people with mental health issues to receive smoking prevention or cessation advice. This should include the availability of relevant information on tobacco risks, as both physical and online materials, given current capacity challenges for access to mental health interventions.

## Smoking and teen pregnancy

Another important group demonstrating concerning rates of smoking are young pregnant women. The Health and Social Care Information Centre (HSCIC) conducted a survey in 2010 which found that younger mothers, women in disadvantaged circumstances and those who have never worked tended to be more likely to smoke throughout their pregnancy. It also found that mothers under the age of 20 were almost four times as likely to smoke before or during pregnancy, compared to mothers aged 35 or over (57 per cent compared with 15 per cent)<sup>53</sup>.

A meeting of experts at the Royal College of Paediatrics and Child Health, in 2012, heard that nearly six out of ten pregnant teenagers smoke, with only around a third managing to quit, compared to around two thirds of older mothers<sup>54</sup>. While there has been a decline in the numbers of young women smoking, there is an unquestionable link between being a young pregnant woman and continuing to smoke.

These women are experiencing a double disadvantage which cannot be allowed to continue.

Efforts must be made to improve the quality of tobacco education available to young women and align available information with the sources of information (outside the health system) which these individuals are accessing to understand more about their pregnancy.

Positive steps are being taken in the form of the Smoking in Pregnancy Challenge Group: [smokefreeaction.org.uk/SIP](http://smokefreeaction.org.uk/SIP)

## LGBT community

The lesbian, gay, bisexual and trans (LGBT) community is another group of young people which data suggest is susceptible to higher than average rates of smoking. Recent work by Action on Smoking and Health suggests that, alongside being more likely to smoke, LGBT people are also less willing to engage with health services<sup>55</sup>. This combination makes breaking the pattern of smoking within this community particularly challenging.

Data showing that young LGBT people are also more likely to be both homeless and experience a mental health illness<sup>56</sup>, complicates these issues further.

Without a push to make Stop Smoking Services more accessible to LGBT individuals there is a danger that this important group will continue to fall through the cracks. One method which could seek to address this is a comprehensive communication strategy which seeks to align information on smoking risk and cessation with the sources frequented by this community for healthcare advice. This must also include social media platforms and events tailored to this audience.

## Young offenders

A 2015 Public Health England report, *Reducing Smoking in Prisons: Managing of tobacco use and nicotine withdrawal*<sup>57</sup>, found that there is no single mechanism for collecting data on the number of young people smoking, meaning that admission, treatment and discharge information is not available. The report also states that a 2014 audit of healthcare standards for children and young people in secure settings in England found that “some establishments did not appear to have smoking cessation services in place and argued that this was because smoking cessation treatment was not available for those under the age of 18, that NHS smoking cessation services were not ‘secure setting focused’ or were targeted at adults”.

The available information paints a troubling picture of the rates of young offenders smoking. Research from Young People In Focus (YPF) looking at substance misuse within young adults in the criminal justice system found that over 80 per cent of young adult offenders were smokers in 1997, and in 2008 still over 80 per cent were smokers<sup>58</sup>. A 2006 Scottish NHS study showed that nearly 80 per cent of 16-24 year-olds in prison identified themselves as smokers<sup>59</sup>.

While national levels of smoking have declined, rates among young offenders have flat lined. The current lack of support for young offenders with a tobacco addiction is untenable and must change if we want to see a shift in the levels of smoking in this group.

# Public health and commissioning in 2016/17

## THE SURVEY

This survey, commissioned by RCLCF, canvassed broad opinion from across the public health and commissioning landscape to help inform discussions about the true state of tobacco prevention and control in the UK and opportunities which exist to safeguard existing, and drive future, progress.

This outreach took the format of a short survey of key stakeholders, including commissioners, academics, public health professionals, third sector and not-for-profit organisations. The survey, which ran in November 2016, was designed to provide a snapshot of opinion, further inform debates around young people and tobacco and to provide a platform for further research and policy deliberations.

Responses were received from across the UK with representation from England, Wales, Scotland and Northern Ireland – from a total of 143 participants.

Notable findings include the following:

### Organisational priorities

84%

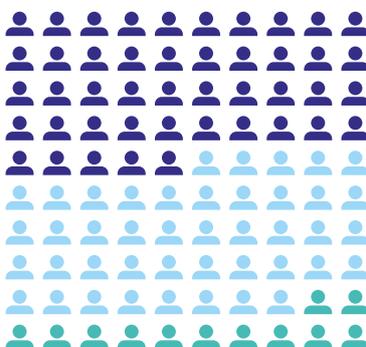


of responses either “strongly agreed” or “agreed” that preventing the uptake of smoking among young people was a key priority in their organisation, with 82 per cent identifying it as a key priority for their current job role



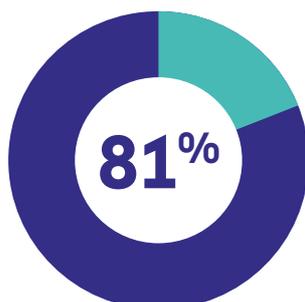
of responders (74 per cent) currently work with or commission services related to young people and smoking prevention

### NICE guidelines



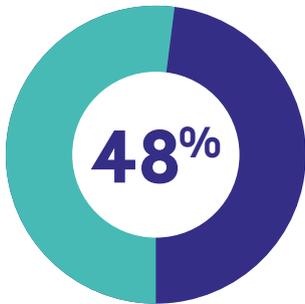
45% of stakeholders believed that the NICE guidelines adequately support commissioners and organisations working with young people and tobacco. 42 per cent neither “agreed” or “disagreed”. A small proportion (12 per cent) felt the guidelines didn’t offer adequate support

### Current interventions



When asked if they had a good understanding of current smoking prevention interventions for young people, 81 per cent either “agreed” or “strongly agreed”, only a small proportion (6 per cent) felt they didn’t have that understanding

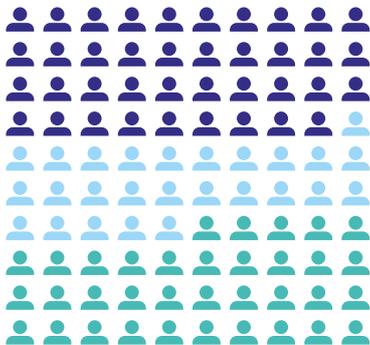
## Current interventions (continued)



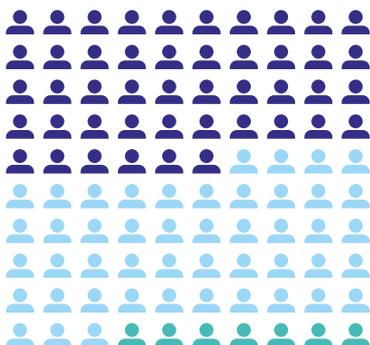
Nearly half of the survey participants (48 per cent) felt that alcohol and drug youth interventions are more important priorities than tobacco, with 36 per cent offering no agreement or disagreement either way



When asked whether there is sufficient current evidence to be able to commission smoking prevention services for young people, the response was polarised: less than half felt there was sufficient evidence. 30 per cent felt that there wasn't and 24 per cent had no opinion either way



When asked whether local authority public health teams are easily able to compare youth smoking prevention interventions and their effectiveness, 39 per cent indicated it wasn't easy to compare. 26 per cent indicated they thought comparison was easy and 35 per cent had no opinion either way



Following on from this question, we wanted to find out if participants agreed or disagreed whether a standard evaluation framework was available. 46 per cent were unable to give an opinion either way, and 47 per cent felt that there wasn't a standard framework to measure youth smoking prevention interventions. Only 7 per cent felt such a framework was available



**We still have high tobacco taxes, but current investment in mass media is very low and has been since 2010. Novel programmes like Roy Castle's Cut Films programme may have a particularly important role to play in today's context - giving young people accurate information about the harms from tobacco but also providing them with new skills around media and film-making.**

Professor Linda Bauld, Deputy Director of the UK Centre for Tobacco and Alcohol Studies



**Lack of capacity within our Public Health team and severe budget constraints mean young people and tobacco is not a priority currently.**

RCLCF survey participant (anonymous)



When I started in 2014, a new stop smoking service had just been commissioned. It was for three years so I was fortunate enough to escape the cuts being made across the PH budget during this time. The new stop smoking service however will see quite a substantial cut.

A London public health commissioner



The current legislative framework for e-cigarettes in the UK, introduced following the EU Tobacco Products Directive from May 2015, is far from perfect. It tries to strike a balance between protecting children and non smokers from e-cigarettes (by banning broadcast advertising, introducing limits on nicotine content and adding health warnings, for example) while still allowing access for smokers.

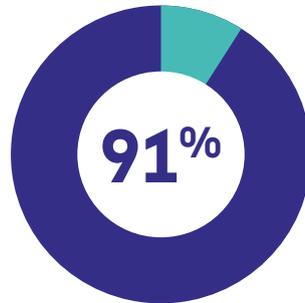
Professor Linda Bauld, Deputy Director of the UK Centre for Tobacco and Alcohol Studies

### Current interventions (continued)

86%



of survey participants would welcome a standardised evaluation template to compare youth smoking prevention interventions



Evaluation of interventions for young people was seen as a key issue. 91 per cent of survey participants agreed or strongly agreed (39 per cent) that such mechanisms merited sustained or increased investment. 73 per cent of respondents believe that despite changes in technology and education, longitudinal studies are still valuable for assessing effectiveness of impact

### Tobacco as a poverty issue

88%



Overwhelmingly, 88 per cent of respondents agreed with the statement “smoking prevalence among young people is also a poverty issue not just a health issue”, only three per cent disagreed

### Local authority budgets

73%



of survey participants believe that local authority budgets are not sufficient to be able to commission effective youth smoking prevention programmes

99%



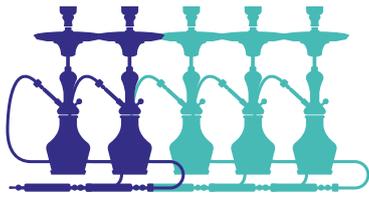
believe that effective youth prevention programmes could save the NHS money in the long term

78%



There is a concern within the tobacco control community that there is a lack of funding for youth interventions with 78 per cent highlighting this within the survey

## Tobacco themes



The impact of shisha or hookah split the survey participants in terms of how concerned they were, based on their job role. 40 per cent believed it is a concern while 32 per cent indicating they were not worried. Those who were concerned tended to be based in London or other urban cities

**68%**

of survey respondents do not believe that there is currently a sufficient focus on support for young people with mental health issues



When asked about young people, tobacco and cannabis, results showed that 41 per cent do not think that the connection of these issues is adequately addressed in NICE guidelines and, 46 per cent had no opinion – although this may be due to a lack of knowledge on the subject. 48 per cent also believed that the link is not addressed in current youth smoking interventions

**83%**

Illicit tobacco should be included as a focus in youth programmes (83 per cent endorsed this view). However, 69 per cent of responses agreed that explaining to young people what it is and its impact on local communities is challenging



Current policy measures regarding imagery of smoking and associated tobacco paraphernalia in TV, film and video games was not judged to be adequate by 60 per cent of participants



E-cigarettes were again polarising, with 53 per cent of respondents agreeing that they should be considered a positive aid to support young people to quit smoking, 30 per cent had no opinion and 16 per cent disagreed. 27 per cent believe e-cigarettes should be treated the same as tobacco, 50 per cent disagreed

**OVER 2/3**

Over two-thirds (77 per cent) of stakeholders do not believe there is adequate focus on working with young people from vulnerable communities or groups in smoking prevention

**69%**

Finally, although we understand that the UK youth population is different to the USA, we asked whether there should be a national UK youth focussed campaign like the Truth Campaign, 69 per cent agreed with only 6 per cent not supporting this statement

# Youth smoking: from challenge to opportunity

## CONCLUSIONS

**The findings of the survey paint a clear picture. Tobacco use among young people is evolving and the consequences of this continue to be felt amongst society's worst-off citizens. The work of the past has ensured that public health advocates and commissioners have a good understanding of these issues, but still require the tools and resources to tackle them in a meaningful way.**

A vision for how that can be achieved must be delivered from above, through the publication of a new comprehensive and ambitious plan for tobacco prevention and control. In addition to the issues already identified within this report, the survey makes clear that any future strategy should include consideration of:

- Changes to National Institute for Health and Care Excellence (NICE) guidance on smoking prevention in young people, to recognise the latest data on available intervention(s) effectiveness and make clear the relative merits of individual interventions and relative evaluation criteria
- Support for academic work to develop a universally applicable evaluation framework template for smoking prevention services
- Options for a set of financial system incentives which encourage prudent investment in prevention and cessation services, where these services can be shown to save money for other parts of the health system
- A UK-wide, youth-focused awareness campaign on the new face of tobacco in the 21st century, utilising the technologies and language used by young people themselves

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We need a broad and ambitious agenda setting out our aspirations. Without this, the UK will see an unravelling of the vital progress made to challenge the smoking epidemic in the past century. This is a pivotal time and action must be swift.

For more information on how you and your organisation can join the RCLCF in this cause and improve our approach to youth smoking, please contact:

[prevention@roycastle.org](mailto:prevention@roycastle.org)



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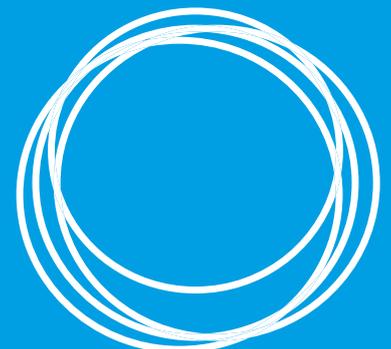
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## **About this report**

Roy Castle Lung Cancer Foundation would like to thank all those who took part in the Survey surrounding this Report. In particular, we thank Professor Linda Bauld and our anonymous London commissioner.

Our thanks also to Emma Wrafter and to MHP Health for bringing this document together and to the young people of our Cut Films project, for bringing it to life.



Roy Castle Lung Cancer Foundation is the ONLY UK charity  
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prevention project, Cut Films visit: [cutfilms.org](https://cutfilms.org)

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