

Fact sheet no. 2

Young people and smoking

Since the late 1990s smoking among 11-15 year olds has been steadily falling after two decades of little change. Children are more likely to smoke if their parents smoke and parental attitude to smoking is also an important factor. March 2018.

WHAT FACTORS INFLUENCE CHILDREN TO START SMOKING?

Smoking initiation is associated with a wide range of risk factors including: parental and sibling smoking, the ease of obtaining cigarettes, smoking by friends and peer group members, socioeconomic status, exposure to tobacco marketing, and depictions of smoking in films, television and other media.⁵

Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households. Among regular smokers, 99% have friends who smoke, compared to 46% of non-smokers, and 83% of regular smokers have family members who smoke, compared to 65% of non-smokers.

SMOKING PREVALENCE

It is estimated that each year around 207,000 children aged 11-15 start smoking in the UK.¹ In 2014, 77% of smokers aged 16 to 24 said they began smoking before the age of 18.²

The annual Government survey of smoking among secondary school pupils in England defines regular smoking as smoking at least one cigarette a week. However, most pupils who do smoke, smoke considerably more than this and in 2016 pupils classified as regular smokers smoked a mean (average) of 26.1 cigarettes a week.³

The proportion of children who have ever smoked continues to decline. In 2016, 19% of 11-15 year olds (23% in 2012) had smoked at least once, the lowest proportion compared to 53% in 1982 when the survey began.³

The decline in smoking has been most marked among older pupils. The proportion of 14 year olds who smoked regularly fell from 13% in 2006 to 4% in 2016, and among 15 year olds fell from 20% in 2006 to 7% in 2016. However, overall prevalence of regular smoking increases with age, from less than 0.5% of 11 year olds to 7% of 15-year olds.

Percentage of regular smokers aged 11-15 by sex: 1982 - 2016, England³

Years	1982	1986	1990	1994	1998	2002	2006	2010	2011	2012	2013	2014	2016
Boys	11	7	9	10	9	9	7	4	4	4	3	3	2
Girls	11	12	11	13	12	11	10	6	5	4	4	4	3
Total	11	10	10	12	11	10	9	5	5	4	3	3	3

Note: There is no data for 2015 due to funding cuts.

Percentage of 15 year old regular smokers: 1982 - 2016, England³

Years	1982	1986	1990	1994	1998	2002	2006	2010	2011	2012	2013	2014	2016
Boys	24	18	25	26	19	20	16	10	11	10	8	6	6
Girls	25	27	25	30	29	26	24	14	11	10	8	9	7
Total	25	22	25	28	24	23	20	12	11	10	8	8	7

SMOKING PREVALENCE (CONTINUED)

Cigarette smoking prevalence among 16-18 year olds: 2007 - 2016, England⁴

	Years	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
F	Percent	25.2	19.6	18.8	19.8	18.1	17.0	17.4	14.1	15.7	14.5	11.6

Note: This data is gathered from the Smoking Toolkit Study (STS), which is a national programme which has tracked key indicators of smoking and smoking cessation in England since 2006. Research is conducted by UCL and funded by Cancer Research UK.

EXPOSURE TO SECONDHAND SMOKE

In 2016, about half (48%) of children reported having some level of exposure to secondhand smoke in the last year. 14% experienced secondhand smoke in homes (theirs or others') every day or most days, and a much smaller percentage (4%) experienced secondhand smoke in a car at the same frequency.³

OTHER FACTORS ASSOCIATED WITH SMOKING

In 2016, those who had ever been excluded from school were nearly three times as likely to smoke regularly compared to those who had never been excluded.³

ATTITUDES TO SMOKING

The proportion of pupils who think it is ok to try smoking has decreased since the question was first asked in 1999. In 2016, 24% believed it was ok to try smoking to see what it is like compared with 54% in 1999. Only 9% thought it was ok to smoke once a week.³

In the 2016 survey children were asked for their views on why young people smoked. Children who were non-smokers believed their peers smoked to look cool in front of their friends (82%), because their friends pressure them into it (67%) and because they were addicted (69%). Young people who were regular smokers said they smoked because it helped them cope with stress (91%), because they were addicted (83%) and because smoking gave them a good feeling (70%).³

SMOKING, ALCOHOL & DRUGS

An overlap has been noted between smoking and other substance abuse. The most recent survey showed that of those who recently smoked (in the last week for smoking and drinking, and last month for drug taking) compared to 1% of students who just smoked, 2% of students both smoked and took drugs, and 2% smoked, took drugs and drank alcohol.³

USE OF E-CIGARETTES

In 2016, and in common with other surveys, regular use of e-cigarettes was found to be negligible (2%) and strongly linked to smoking behaviour: 93% of regular smokers reported having ever tried e-cigarettes compared to only 13% of children who had never smoked.³

For further information about e-cigarette use among children in Great Britain see:

ASH Fact Sheet: Use of electronic cigarettes among children in Great Britain.



SMOKING AND CHILDREN'S HEALTH

The younger the age of uptake of smoking, the greater the harm is likely to be. Early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.⁵

Child and adolescent smoking causes serious risks to respiratory health both in the short and long term. Children who smoke are two to six times more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those who do not smoke. Smoking impairs lung growth and initiates premature lung function decline which may lead to an increased risk of chronic obstructive lung disease later in life. The earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease.

Children are also more susceptible to the effects of passive smoking. Parental smoking is the main determinant of exposure in non-smoking children. Although levels of exposure in the home have declined in the UK in recent years, children living in the poorest households have the highest levels of exposure as measured by cotinine, a marker for nicotine.⁹

Bronchitis, pneumonia, asthma and sudden infant death syndrome (cot death) are significantly more common in infants and children who have one or two smoking parents.⁹

For more information see:

ASH Factsheets: Secondhand Smoke in the Home; Smoking in Cars

ADDICTION

Children who experiment with cigarettes can quickly become addicted to the nicotine in tobacco. Children may show signs of addiction within four weeks of starting to smoke and before they commence daily smoking. ¹⁰ One US study found that smoking just one cigarette in early childhood doubled the chance of a teenager becoming a regular smoker by the age of 17. ¹¹ A meta analysis has suggested that smoking a single cigarette is a risk indicator for children to become regular smokers up to three years later. ¹²

In the 2016 survey of school-children in England, 47% of young people who have smoked for under one year say they would find it difficult to stop for one week compared to 70% for those who have smoked more than one year.³ During periods of abstinence, young people experience withdrawal symptoms similar to the kind experienced by adult smokers.⁷ 13

PREVENTION

Research suggests that knowledge about smoking is a necessary component of anti-smoking campaigns but by itself does not affect smoking rates. It may, however, result in a postponement of initiation.¹⁴ High prices can deter children from smoking, since young people do not possess a large disposable income: studies suggest young people may be up to three to four times more price sensitive than adult smokers.¹⁵

In Canada, when cigarette prices were raised dramatically in the 1980s and the early 1990s youth consumption of tobacco plummeted by 60%. ¹⁶ An American study has shown that while price does not appear to affect initial experimentation of smoking, it is an important tool in reducing youth smoking once the habit has become established. ¹⁷

The National Institute for Health and Care Excellence (NICE) has issued guidance on school-based interventions to prevent the uptake of smoking among children. ¹⁸ In 2016, 25% of regular smokers wanted to give up smoking, and 51% of children had attempted to give up.³



CHILDREN, SMOKING AND THE LAW

The Government has implemented many measures designed to deter children from smoking.

1 October 2007

The legal age for the purchase of tobacco in England and Wales was raised from 16 to 18. The measure was designed to make it more difficult for teenagers to obtain cigarettes, since, despite the law, children still succeeded in buying tobacco from shops and vending machines.¹⁹

The percentage of regular smokers who bought cigarettes from a shop decreased from 78% in 2006, the year before the law changed, to 58% in 2008, the year after the law changed. This number has steadily decreased to only 38% in 2016 alongside similar legislative changes over the past decade to prevent children from smoking.³

April 2009

An amendment to the Criminal Justice and Immigration Act includes banning orders for retailers who persistently sell tobacco to persons under the age of 18.20

1 October 2011

A ban on the sale of cigarettes from vending machines which entered into force in England.²¹

6 April 2012

The display of tobacco products in retail outlets was banned.²²

February 2014

Parliament passed an amendment to the Children and Families Bill allowing the Government to introduce regulations making it an offence to smoke in a private vehicle carrying children. This applies to England and Wales.²²

1 October 2015

2015 ushered in a new series of laws around smoking for England and Wales. It was made illegal for retailers to sell e-cigarettes or e-liquids to persons under 18; adults were prohibited from buying tobacco products or e-cigarettes for anyone under 18; and smoking in cars with children under 18 was banned.²³

20 May 2016

Plain packaging laws came into effect in the UK for cigarette and loose leaf tobacco products.²⁴

Legislation alone is not sufficient to prevent tobacco sales to minors. Both enforcement and community policies may improve compliance by retailers but the impact on underage smoking prevalence using these approaches alone may still be small.²⁶ Successful efforts to limit underage access to tobacco require a combination of approaches that tackle the problem comprehensively.

References:

- 1. Hopkinson N, Lester-George A, Ormiston-Smith N, Cox A, Arnott D. Child uptake of smoking by area across the UK. Thorax. 2013;69(9):873-875.
- 2. Department of Health. <u>Towards A Smokefree Generation: A Tobacco Control Plan for England.</u> 2017.
- 3. NHS Digital. Smoking, drinking and drug use among young people in England 2016. [Internet]. 2017. Available from: https://digital.nhs.uk/catalogue/PUB30132
- 4. West R, Beard E, Brown J. (upcoming) Electronic cigarettes in England latest trends (2018 Q1). Will be available from: http://www.smokinginengland.info/
- 5. Royal College of Physicians. Passive smoking and children. A report by the Tobacco Advisory Group. 2010.
- 6. Leonardi-Bee J, Jere M, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. Thorax. 2011;66(10):847-855.
- 7. Royal College of Physicians. Smoking and the young. Tobacco Control. 1992;1:231-235.
- 8. Seddon C. Breaking the Breaking the cycle of children's exposure to tobacco smoke. British Medical Association. 2007.
- 9. Royal College of Physicians. Going smoke-free: The medical case for clean air in the home, at work and in public places. A report by the Tobacco Advisory Group. 2005.



References:

- 10. DiFranza J, Rigotti N, McNeill A, Ockene J, Savageau J, Cyr D, Coleman M. <u>Initial symptoms of nicotine dependence in adolescents</u>. Tobacco Control. 2000:(9)3.
- 11. Jackson C, Dickinson D. <u>Cigarette consumption during childhood persistence of smoking through adolescence</u>. Arch Pediatr Adolesc Med. 2004;158(11):1050-6.
- 12. Fidler J. Vulnerability to smoking after trying a single cigarette can lie dormant for three years or more. Tobacco Control. 2006;(15)3.
- 13. McNeill A, West R, Jarvis M, Jackson P, Bryant A. Cigarette withdrawal symptoms in adolescent smokers. Psychopharmacology. 1986;90(4).
- 14. Reid D, McNeill A, Glynn T. Reducing the prevalence of smoking in youth in Western countries: an international review. Tobacco Control. 1995;4(3):266-277.
- 15. Hopkins D, Briss P, Husten C, Carande-Kulis V et al. Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. Am J Prev Med 2001;20(2 Suppl):16-66
- 16. HealthBridge Canada. Factsheet: Smuggling.
- 17. Emery S, White M, Pierce J. Does cigarette price influence adolescent experimentation?. Journal of Health Economics. 2001;20(2):261-270.
- 18. NICE. Smoking prevention in schools [Internet]. 2010. Available from: https://www.nice.org.uk/Guidance/ph23
- 19. Parliament of the United Kingdom. The Children and Young Persons (Sale of Tobacco etc.) Order 2007. 2007.
- 20. Parliament of the United Kingdom. Criminal Justice and Immigration Act 2008. 2008.
- 21. Department of Health and Social Care. Cigarette sales from vending machines banned. 2011.
- 22. Parliament of the United Kingdom. Health Act 2009. 2009.
- 23. Parliament of the United Kingdom. <u>The Smoke-free (Private Vehicles) Regulations 2015</u>. 2015.
- 24. Department of Health and Social Care. Rules about tobacco, e-cigarettes and smoking: 1 October 2015. 2015.
- 25. Parliament of the United Kingdom. The Standardised Packaging of Tobacco Products Regulations 2015. 2015.
- 26. Stead L, Lancaster T. Interventions for preventing tobacco sales to minors. Cochrane Database of Systematic Reviews. 2005.

