



Tobacco Use and Young People: Factsheet

Tower Hamlets Joint Strategic Needs Assessment 2013 -2014

1. Executive Summary

This factsheet considers use of and exposure to tobacco products (including cigarettes, shisha and smokeless tobacco) in young people aged under 19

- The ‘national ambition’ to reduce rates of regular smoking among 15 year olds in England to 12 percent or less by 2015 (from a 2009 baseline of 15%) ([Healthy Lives, Healthy People: A Tobacco Control Plan for England](#), Department of Health 2011)
- Local survey data suggest that the prevalence of regular smoking may be higher at a younger age in young people in Tower Hamlets than nationally. This would be expected given the high prevalence of smoking in the adult (and particularly Bangladeshi) population;
- There is a need for better intelligence locally around smoking in young people (especially in light of the cessation of the Ofsted Tell Us survey);
- There are opportunities for linking information sources, for example on where children and young people obtain tobacco products and directing the enforcement response;
- The Tower Hamlets Tobacco Control Alliance has a wide ranging tobacco control strategy which works to prevent and denormalise smoking in children and young people across a number of fronts as recommended by national policy and guidance; the new White Paper reconfirms the importance of prevention in young people and suggests a greater focus on media and communication strategies to encourage healthy lifestyle choices.

This factsheet links to the JSNA Factsheet “Tobacco use in adults”.

Recommendations

Re-focus local efforts to direct and drive forward work to support children and young people to be smoke free in line with best practice;

- Strengthen and rationalise survey data collected by ASSIST smoking prevention programme in order to provide better local intelligence on smoking prevalence and young people’s attitudes towards tobacco;
- Engage young people in creating stop smoking and smoke-free social marketing messages for their client group;
- Given the perceived gaps by pupils of provision of smoking advice and support in schools (see section 6) an increased focus on supporting delivery and aligning approaches with NICE guidance needs to be

considered;

- Continue to work to increase the proportion of Tower Hamlets schools which comply with the tobacco control/smoking element of the Health Schools criteria;
- Provide school based smoking cessation programmes
- To continue to build on Trading Standards led initiatives to gather and act on intelligence around illicit tobacco and underage sales and to continue test purchasing and retailer education.
- Build knowledge on where children obtain tobacco products from and develop an appropriate strategy to address these sources.
- Maintain the test purchase programme
- Role out the responsible trader programme across the Borough
- Reduce instances of under age purchases to below 12%
- Engagement more young people in the promotion and implementation of a best practice smokefree policy in their schools.
- Promotion of tobacco use and health awareness events in schools, and youth organisations.
- Implement smokefree leisure centres, playgrounds, parks and open spaces
- Development of a working partnership between young people and adults in the smokefree homes /cars campaign

Tobacco use in Young People

- Smoking is the most significant cause of preventable illness and death in the UK.
- More than 200.000 young people aged 11-15 take up smoking each year in the UK (ASH, 2013), which means that nearly 570 children aged 11-15 are becoming smokers every day (Smoking, Drinking and Drug Use Among Young People in England survey, NHS Info Centre, 2012)
- According to the 'The Tell Us 4 Survey' (2008) 90% of children aged 11-12 who have never smoked compared to 60% of 14-15 year olds suggesting that this is a significant window for preventing uptake.
- Over 80% of smokers start as teenagers. Children and young smokers are less likely to give up than late starters and are likely to smoke more heavily¹. Someone who starts smoking at 15 is three times more likely to die of tobacco related cancer than someone starting in their mid twenties² and there is evidence that the lower the age of smoking initiation the higher the risk of lung cancer (independently of the amount smoked or the duration of smoking)³.
- Prevention of uptake of smoking in children and young people is hence an important public health measure to avoid the long term serious health consequences and premature death.
- Exposure to environmental tobacco smoke ('passive smoking') is a cause of bronchitis, pneumonia, coughing and wheezing, asthma attacks, middle ear infection ('glue ear'), cot death, and possibly cardiovascular and neurobiological impairment in children⁴.

Children living in the poorest households have the highest levels of exposure to secondhand tobacco smoke. One third of children live with at least one adult smoker, rising to 57% among low income families.⁵

2. What is the local picture?

- 37% of Tower Hamlets adult smokers began smoking when they were under 16 years old. 6% of respondents aged 16-24 say they smoke a shisha. Around one in five households have children who are exposed to smoke most days (21%)¹³.
- Rates of underage sales of tobacco products from retailers in Tower Hamlets are broadly in line with the national average (15%*) but lower than the average for London (20%).
- Research suggests that differences in influences and motivation for smoking in young people also relate to the cultural differences between the Bangladeshi community and that of white British people. Male smoking is a social norm in Bangladeshi culture¹²
- Rates of illicit underage sales of tobacco products are higher in Tower Hamlets than the average for London. In 2013 15.5% of attempted purchases resulted in a sale, compared to 15% for London as a whole, (Tobacco Control Survey, England and Wales 2010/11).

3. What are the effective interventions?

School-based interventions to prevent the uptake of smoking among children and young people

The national context on young people; The 'Smoking kills' white paper set targets to reduce the number of children aged 11–15 who were regularly smoking. The targets were: to reduce the total smoking from 13% (in 1996) to 11% by 2005 and to 9% by 2010¹

Nice guidance recommendations:

- **Deliver interventions** that aim to prevent the uptake of smoking as part of PSHE (drugs education) and activities related to Healthy Schools or Healthy Further Education status.
- Offer evidence-based, peer-led interventions aimed at preventing the uptake of smoking such as the ASSIST (A Stop Smoking in School Trial²) programme.
- Adult-led interventions. Integrate information about the health effects of tobacco use, as well as the

¹ DOH, *Smoking Kills* (1998) Available at

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006684

² Campbell R, Starkey F, Holliday J et al. (2008) An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. *Lancet* (371) 9624: 1595–602.

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legal, economic and social aspects of smoking, into the curriculum.

Further effective interventions for work around young people and tobacco are recommended below: (REF 19,20,12)

- Local enforcement of tobacco legislation (particularly on age of sale)
- Work with national media to raise awareness of the risks in exposing children to secondhand smoke
- Engagement with young people to support them to make healthy lifestyle choices¹⁹
- Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people'
- Each school or educational establishment needs to have a widely consulted and publicise smokefree policy
- Partnerships with local smoking cessation organisations and parents will also effectively support the prevention of smoking and provide the cessation activities for young people smoking
- The full range of issues from health to economic and social aspects of smoking should be integrated throughout the curriculum in a wide range of subjects as well as in specific activities such as PSHE;

4. What are we doing locally to address this issue?

- From 2010 D.A.S.L was commissioned to provide a pilot smoking cessation service to pupils aged 12-16 in 4 schools across Tower Hamlets. The project was named 'Bright Sparks' and offered 1:1, groups, workshops, satellite clinics and football sessions incorporated with health messages (latter in partnership with Air Football). We hope to provide in school cessation groups based on this model
- Some school personnel have been trained to deliver stop smoking support to pupils
- **ASSIST** (informal school based peer-led intervention for smoking prevention).¹⁵ Commissioned through NHS EL&C Tower Hamlets Public Health and delivered by LBTH Youth & Connexions Services in 12 secondary schools in Tower Hamlets
- **You're Welcome** is a national Department of Health scheme, aimed at making health services young people- friendly and funded locally by NHS EL&C Tower Hamlets Public Health. 9 pharmacies are currently participating and promote non smoking behavior and provide stop smoking support for young people who are currently smoking.
- Tackling smoking in young people as a standalone intervention is likely to have little impact. Locally work is linked to the other work areas of the Tower Hamlets Tobacco Control Alliance [Tobacco Control Strategy](#).
- Illicit tobacco (contraband and counterfeit cigarettes) and underage sales are enforced by LBTH Trading Standards. Trading Standards raise awareness of the age of sale for tobacco during routine visits to retailers and are introducing a 'Responsible Trader' scheme including the voluntary adoption of a 'Challenge 25' policy. Trading Standards officers also carried out 123 underage sales test purchases in 2012-13, 15.5% of which resulted in a sale and are dealt with by a variety of sanctions including warnings, undertakings, licensing reviews and prosecutions. 173 advisory visits were carried out during which Illicit tobacco was searched for, resulting in 7 seizures.

- Smokefree Schools policy – LBTH Smokefree Officers enforce the smokefree legislation in which a school is required to have a smokefree policy. Schools are encouraged develop a best practice comprehensive smokefree policy which will provide support for those who want to quit smoking and the promotion of a tobacco free lifestyle. The policy earns the school a smokefree award and makes available to the school support services for the pupils, staff and parents from NHS EL&C Tower Hamlets. There are 120 schools including faith schools in the borough.
- Shisha initiative – LBTH Smokefree officer inspect all shisha premise in the borough to ensure they operate legally, use the opportunity to educate those who run and/or attend it. A shisha place is one of the places where young people access tobacco. This initiative is delivered in partnership with other services such as Trading standards, police, planning, etc. Ensuring effective enforcement has reduced considerably the number of such places where young people access tobacco in the borough. Each year between 20 -36 shisha premises are reported in Tower Hamlets
- Smokefree leisure centres playgrounds, parks and open spaces– LBTH Smokefree team working with GLL a company responsible for all the leisure centres in the borough to make their centres smokefree as well as put in place a comprehensive smoke free policy to receive the business award. All play areas for young children is smokefree and the rest of the centres to follow suite. Building on this play grounds, parks and open spaces will be made smokefree and this will be used to raise awareness of the risks in exposing children to second hand smoke. There are 8 leisure centres in the borough and over 40 parks and open spaces in the borough.
- Smokefree homes/ cars – a project that was initiated by LBTH Smokefree Team to local areas to encourage smokers to change their behaviour so that they do not smoke in their homes or family cars get residents in the borough to pledge to make their homes/ cars smoke free. Those who pledge will receive a fire risk assessment by the LFB, and support for those who want to quit smoking. The young people are engaged in their schools as advocates in their homes/cars of making it smokefree. There are over 33000 residential properties provided by over 30 registered social landlords [RSL] or housing associations in the borough.

5. What evidence is there that we are making a difference?

Prevention/Education

Analysis of pre and post **ASSIST** questionnaires in 7 participating schools and 1 control school suggests that the intervention had the following effects;

- A preventative effect on the adoption of pro-smoking attitudes;
- Led to a decrease in the amount of smoking that young people thought was going on around them
- Made it more possible for pupils to hang on to their convictions that they could resist when offered cigarettes

There was no significant increase in reported levels of smoking in the intervention schools compared to a significant increase in the control school . If widely implemented is likely to have a positive effect on the uptake of smoking amongst young people¹⁶

Cessation

From 2009 – 2012 the 'Bright Sparks' project run by DASL supported 327 young people to set a quit date with 122 of these recorded four week s quits. The project also delivered a number of assemblies to whole year groups and classroom based P.H.S.E lessons reaching more than 3440 students across 7 secondary schools.

Young people are also accessing the mainstream services

Under age sales

LBTH Trading Standards report that the rate of underage sales in the Borough has fallen incrementally from 38% in 2008/09 to 15.5% in 2012-13. This brings the Borough in line with the national average (15%*) and below the London average (20%) suggesting that the policy of advice and test purchasing/prosecution appears to be working (Tobacco Control Survey, England and Wales 2010/11).

Smokefree Schools policy

Of the 120 schools in the borough, 37 have been smokefree policies, 8 have the comprehensive best practice policy that support cessation service in the school, 13 have signed up for to mark their main entrance a smokefree zone and 8 are smokefree award winners.

Shisha initiative

From 2009-2012, there were 73 shisha places were attended, 56 closed voluntarily, 17 were prosecuted resulting in closures. Over 305 people with an age range of 16-20 were identified during this period at shisha premises and were sent a written warning and health advice. In 2012/13 there 16 shisha premises were reported and investigated, interventions and enforcement actions reduced the number to 1 legal and 1 illegal premises with prosecution pending.

Smokefree leisure centres playgrounds, parks and open spaces

Mile End Leisure Centre and Park is exemplary as the site is smokefree, it's a smokefree award winner.

Smokefree homes/ cars

The young people are engaged in their schools in promoting and supporting the campaign to make their homes/family cars smokefree. 40 pledges have been achieved to date.

6. What is the perspective of the public on services?

NHS Tower Hamlets commissioned research in 2008 in order to inform how to reduce uptake of smoking in young people¹⁷. 6 focus groups were conducted 3 with young people, 1 with parents and young people, 1 with parents and 1 with teachers.

Young people acknowledge smoking is a problem for young people their age. They see the link between smoking and ill health but are more concerned with the social aspects and physical appearance. They see it as facilitating social interaction – a social norm. Those excluded from social groups associated with smoking are crowded out of space like parks and even street corners; smoking is associated with a tough image that both boys and girls see as protective. Their main anxieties are about physical safety and those who smoke are seen as tough enough to be safe; smoking, which is prohibited to younger children, is a symbol of teenage identity for some; they live in 'the now' less concern for distant future. It is easy to get hold of cigarettes. some stores sell them to children outright, but the main source is older teenagers. Educational materials – particularly

those with gruesome images – were very influential for these young people.

DASL 'Bright Sparks' Project (2009-2012)

Service User Feedback (aged 14-15)

"I used to smoke before. I started at the age of 11. I never really thought about stopping smoking but then I joined Bright Sparks. Since I joined that I really wanted to stop. I set a quit date for the 1st of January 2011 and I succeeded. Bright Sparks really helped me. The lady gave me lots of ways I could stop, such as;

- While my mates are smoking, so something else to distract me.
- Stay away from my mates while they are smoking."

"This has helped me hugely and made me a non smoker. We get on really well, she doesn't just help me quit she helps me with my confidence and we have a nice little chat about a smoke free week."

7. What are the priorities for improvement over the next 5 years?

What are the Key Insights?

- There is a need for better intelligence locally around smoking in young people (especially in light of the cessation of the Ofsted Tell Us survey);
- The Tower Hamlets Tobacco Control Alliance has a wide ranging tobacco control strategy which works to prevent and de-normalise smoking in children and young people across a number of fronts as recommended by national policy and guidance; the new White Paper re-confirms the importance of prevention in young people and suggests a greater focus on media and communication strategies to encourage healthy lifestyle choices;
- There is scope for an asset based approach¹⁸ to 'resilience' building amongst children and young people across a number of risk behaviours in Tower Hamlets.

What are the Key Recommendations?

- Empower children and young people to make informed healthy lifestyle choices though providing comprehensive education they can fully engaged with and widely accessible young people friendly stop smoking services.
- Re-focus local efforts to direct and drive forward work to support children and young people to be smoke free in line with best practice. which could be achieved through creating a forum for young people agencies where close collaborative working would be established and carried on.
- Work closely with schools in order to integrate tobacco issues into school wider curriculum through various projects undertaken not only in PSHE lessons but potentially also in: English, ICT, Media Studies, Art and Design, Drama, Biology, Health and Safety lessons as well as outside of school hours, e.g. in after school clubs

- Commission education programme to prevent the uptake of smoking amongst children and young people which would focus on the following elements:
 - Direct engagement with schools and other youth settings
 - Delivery through young people friendly channels, such as new media technologies
 - Youth participation and peer education
 - Wider benefits for young people, such as development of transferable and employable skills and rising aspirations and self-esteem, especially in lower achieving and disaffected young people
- Commission be-spoke smoking cessation service for young people in youth settings including secondary schools
- Strengthen and rationalize survey data collected by ASSIST and any other smoking prevention or cessation programmes taking place in schools and other youth settings in order to provide better smoking prevalence and attitudes intelligence for Tower Hamlets;
- Continue to work to increase the proportion of Tower Hamlets schools which comply with the tobacco control/smoking element of the Health Schools criteria especially looking at 'school gate smoking';
- To continue to build on Trading Standards led initiatives to gather and act on intelligence around illicit tobacco and underage sales and to continue test purchasing and retailer education.
- Build knowledge on where children obtain tobacco products from and develop an appropriate strategy to address these sources
- Address local tobacco issues eg. Shisha smoking and smokeless tobacco, ensuring the right balance and main focus on cigarette smoking
- Ensure parental engagement in raising parents' awareness of a broad range of tobacco issues through workshops, coffee mornings and supporting them to become smoke free with on-site cessation service in schools

8. What more do we need to know?

Pending intelligence

- While initial evaluation suggests that local prevention programmes are beneficial a more rigorous evaluation process is being developed (including 1 year post intervention surveys) to assure commissioners of cost effectiveness of intervention.

Gaps in our knowledge

- With the cessation of the annual Ofsted Tell Us survey the ASSIST intervention survey questionnaire is the sole source of smoking related information on the attitudes, beliefs and participation of young people in Tower Hamlets;
- How effective smoking education, prevention and cessation is across schools community.

9. Key Contacts & Links to Further Information

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