



ASH Scotland Young people & tobacco March 2010

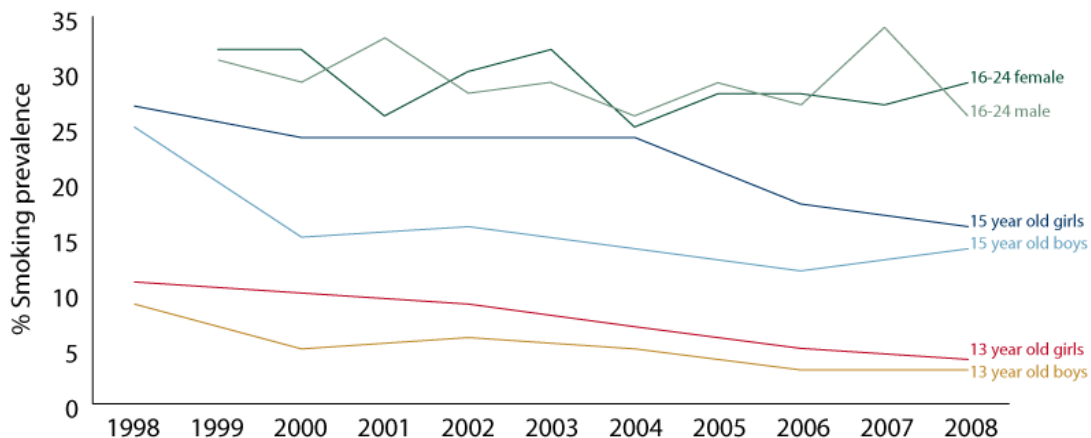
KEY POINTS:

- *smoking prevalence among 13 and 15 year olds in Scotland has been dropping consistently over the last ten years. For 16-24 year olds the smoking rates have risen and fallen over the same period, following no clear trend*
- *many individual, environmental and social factors combine to influence a young person's decision to smoke or not to smoke*
- *while many factors influence uptake, the addictive nature of nicotine acts to keep young people smoking once they have begun*
- *the use of tobacco products among young people is associated with a wide range of short term and long term, serious and cosmetic effects on the body, in addition to financial cost*
- *despite protestations of the tobacco industry to the contrary, documentation reveals a historic focus by the industry on the importance of recruiting young smokers*
- *successive governments have recognised the importance of controlling the tobacco industry through policy; these measures predominately target the industry, not smokers themselves*
- *despite their public commitment to corporate social responsibility in the developed world, tobacco company activity in the developing world shows frequent irresponsible operation, particularly around young people*
- *youth advocacy as a means to engage young people in issues surrounding tobacco control has only relatively recently come under close study, however several approaches show promise.*

1. Smoking prevalence among young people in Scotland

Data on 13 and 15 year olds who are regular smokers (at least one cigarette a week) is gathered through the Scottish Schools Adolescent Lifestyle and Substance Use (SALSUS) survey¹ carried out every two years, while data on 16 to 24 year old young adults is gathered through the annual Scottish Household Survey.² The graph below shows recent trends in smoking prevalence from these sources, by gender.

Scottish smoking prevalence for 13, 15, and 16-24 year olds, 1998/9-2008

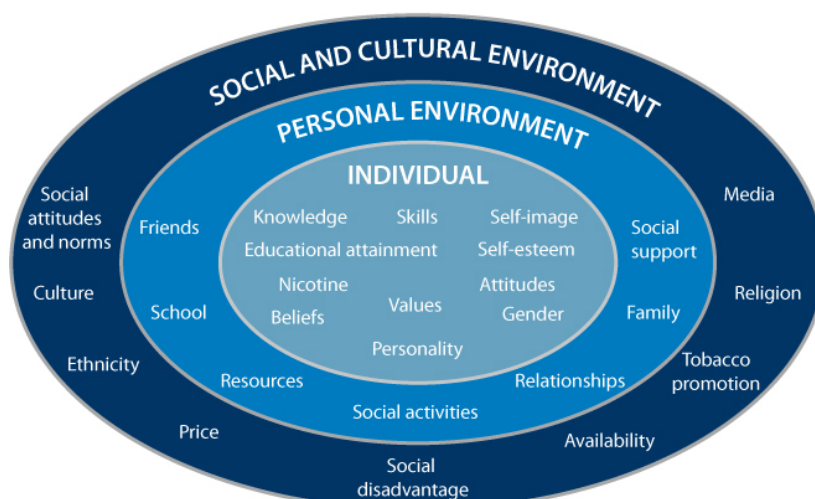


While smoking rates for both 13 and 15 year old boys and girls are in general decline, the pattern for 16-24 year olds is less clear, rising and falling around the 30% mark since 1999 for both sexes. If trends continue, smoking rates for 13 and 15 year olds are likely to meet their 2014 government targets³, however for 16-24 year olds significant year-on-year reduction will be required to meet the target of 22.9% prevalence by 2012.

2. Why do young people smoke?

Current thinking and research indicates that there is no single reason why young people take up smoking. The 2006 report from a Scottish expert working group *Towards a future without tobacco*⁴ describes these factors and how they influence youth smoking at the *individual, personal environment* and *social and cultural environment* levels. A diagram from the report illustrating how each factor sits within the three areas is reproduced below.

Factors associated with smoking from *Towards a future without tobacco: The report of the Smoking Prevention Working Group*



Clearly, the factors cover a wide range of variables, some of which are relatively easy to understand and act upon (like price), others (like social norms or personal beliefs) are widely acknowledged to be more challenging to change.

3. Nicotine addiction and young people

While many social or environmental factors, like those above, can increase the likelihood of a young person experimenting with tobacco products, the physiological effects of nicotine on the brain act to keep an individual smoking.⁵

Research in Scotland found that most young people were unsure or ambivalent about whether or not they were dependent on smoking⁶ with only a minority of teenagers feeling they were genuinely addicted. One review of published literature examining youth tobacco use⁷ found that adolescents seemed generally aware of the addictive nature of nicotine, however their views of dependence varied with their age and stage in their smoking career. At a younger age and earlier on during the

initiation into smoking, dependence was seen to be less personally relevant by the young people interviewed.

Very few young people use NHSScotland's stop-smoking services.⁸ This observation raises the question of whether the current model of adult stop smoking services is effective for young people, and if not, what is?

A review of the scientific literature⁹ concludes that there is still not sufficient evidence to be able to recommend any one particular approach as being the most effective in helping young smokers stop for sustained periods of time.

An evaluation of a series of youth-focussed stop-smoking pilot programmes carried out in Scotland between 2002 and 2005¹⁰ documents that, although overall validated quit rates fell short of expectations, learning from the project design and delivery could be useful in informing future developments.

4. The impact of tobacco use on young people

The long-term impact of tobacco use on health is well-documented, increasing the risk of coronary heart disease and stroke by 2 to 4 times, causing approximately 90% of all lung cancer deaths in men and 80% in women, causing 90% of all deaths from chronic obstructive pulmonary disease¹¹ and causing 24% of all deaths each year in Scotland.¹²

Tobacco use also has an impact in the short term for young smokers: adolescent smokers report that they are significantly more likely than non-smokers to experience shortness of breath; experience coughing and wheezing; have a resting heart rate faster than that of adult non-smokers; and be less physically fit than non-smokers.¹³

Smoking during pregnancy amongst pregnant young people is the largest single preventable cause of neonate ill-health, increasing the risk of ectopic pregnancy, miscarriage, low birth weight and cot death.¹⁴ Smoking rates during pregnancy are particularly amongst young women (38% of women under 20 smoked at booking in Scotland in 2008, compared with 19% of those aged 25-29¹⁵).

Tobacco purchase has obvious financial costs as well as health costs for young smokers, with a typical pack of 20 cigarettes costing £6.13 (in January 2010).¹⁶ Survey data from Scotland shows that 11% of 13 year old regular smokers (those who smoke at least once per week) spend more than £20 on cigarettes per week, with 17% of 15 year olds spending more than £20.¹⁷ Anecdotes from individuals who work with young smokers often describe cigarettes sold amongst peers being done so with considerable mark-up over and above retail price (often retail packs are broken up and sold as single sticks), benefitting the seller while increasing the financial cost on the young smoker who purchases in this way.

5. The tobacco industry and young people

Tobacco is in a unique position when compared to other major causes of disease and disability. As a World Health Organisation report analysing tobacco industry documentation concludes:

“Infectious diseases do not employ multinational public relations firms. There are no front groups to promote the spread of cholera. Mosquitoes have no lobbyists.”¹⁸

Analysis of tobacco industry documents released through litigation demonstrate that tobacco companies viewed the issue of youth smoking (including underage smoking¹⁹) as critical to their future success. Without new smokers, tobacco companies have a shrinking market as existing smokers quit or die off through disease or old age.

Documentation from R.J. Reynolds tobacco company²⁰ (the manufacturers of Camel cigarettes) in the 1980s, shows that the company was keenly aware of the importance of youth smokers to their business, acknowledging that *‘younger adults are the only source of replacement smokers’*, *‘only 5% of smokers start after [the] age [of] 24’* and *‘[i]f younger adults turn away from smoking, the Industry must decline, just as a population which does not give birth will eventually dwindle.’*

In a 1972 marketing proposal suggesting new concepts for youth cigarettes for Brown & Williamson Tobacco company²¹ it is proposed various flavours be added including apple (as *‘[a]pples connote goodness and freshness and we see many possibilities for our youth-oriented cigarette with this flavour’*) and sweet (as *‘[i]t’s a well known fact that teenagers like sweet products. Honey might be considered.’*)

6. How tobacco control affects young people

Tobacco control attempts to limit the ability of the industry to create and expand markets for its product in knowledge of the harm that these products cause. The target of tobacco control policies is typically the tobacco industry and its product, not young people or smokers themselves.

However, although the target for tobacco control is predominantly the industry, clearly young people can be directly or indirectly affected by tobacco control action and policies. A description and rationale for some key UK tobacco control policies, and how they may affect young people, is given below.

- **Tobacco price increases:** Price increases of cigarettes and other tobacco products are a common tobacco control policy, not to penalise young people (or older smokers), but because price has been shown to be an effective tool in deterring young people from starting smoke.²² Price is also effective in reducing cigarette consumption for older individuals, but is particularly effective in the case of young people who, it has been suggested, are three to four times more price sensitive than older adults.²³ The effect of price increases can be undermined by illicit smuggled tobacco, so it is important Government policy addresses illicit trade thoroughly.
- **Bans on tobacco advertising:** Tobacco advertising and event sponsorship were banned throughout the UK in a staged approach from 2003 onwards. Despite the tobacco industry’s repeated assertions that advertising serves the sole purpose of encouraging existing smokers to switch between brands, many years of research shows that advertising and tobacco promotion encourages young people to experiment with smoking, and increases their chances of becoming smokers.^{24,25} Point of sale displays (large tobacco gantries in shops and supermarkets) of tobacco products have been shown to be a form of advertising that, likewise, can encourage interest in tobacco

products among young people.²⁶

- **Prohibition of cigarette vending machines:** Surveys show that around 10% of 13 and 15 year olds in Scotland usually get their cigarettes from a machine.²⁷ As no other age-restricted products (e.g. fireworks or knives) are sold in Scotland through a self-service machine, cigarette vending machines are an anomaly that the Government has banned in recent legislation. Venues that currently sell tobacco products through vending machines (like pubs or restaurants) will still be able to sell tobacco by stocking it at the bar, for example.
- **Reforms on age of legal sale and other aspects of tobacco sales law:** On Monday 1, October 2007 selling tobacco products to anyone under the age of 18 (previously 16) became an offence. Tobacco is increasingly recognised as a dangerous product, and as most smokers start smoking when they are under the legal age²⁸ (and are also able to buy tobacco from shops around 20% of the time when significantly under the legal age²⁹) the reform was intended to make clear to those who sell tobacco products that similar standards should be applied to tobacco as they are to alcohol. Recent legislation will make it an offence for under-18s to buy tobacco products, and also for an adult to buy tobacco products for an under-18, further increasing the similarities between tobacco and alcohol sales law. These two new reforms are likely to come into effect in 2011.

7. The impact of tobacco on young people in the developing world

While tobacco use causes a great deal of harm in Western nations, a relatively large amount of resource and expertise is dedicated to understanding the harm and limiting its impact through tobacco control measures, like those above. By contrast, countries in the developing world are less well positioned to resist the tobacco industry's advances. The tactics used by the tobacco industry to promote its product in the developing world provide insightful case studies, and often demonstrate that the industry's declarations of social responsibility in the 'developed' nations (where it is under closer scrutiny) are not borne out through its activities in the developing world.

British American Tobacco's aggressive advance into Nigeria, a country that has, since its independence in 1960 endured civil war, military coups, corruption and economic exploitation, shows an approach that is at odds with its publically professed corporate social responsibility values.

In the short time BAT has spent in Nigeria it has used the following marketing practices³⁰ (all of which would be banned in the UK):

- embarking on a large scale media campaign with highways, parks, and streets filled with billboards, and mass advertising in magazines and local newspapers
- sponsoring concerts, talent competitions and road shows – one of BAT's most successful promotions was sponsorship of a nationwide talent hunt through an *X-factor* style contest, with free cigarettes and other BAT branded products distributed at follow-up concerts
- sponsorship of an annual fashion show to increase exposure for its St Moritz brand, in collaboration with some of Nigeria's top fashion designers

- promoting branded products through raffle draws likely to appeal to young people, with prizes including branded t-shirts and school bags emblazoned with cigarette logos.

Local tobacco farmers in developing countries can struggle to break even,³¹ resulting in increased pressure to cut production costs and labour overheads. One means to achieve this is to utilise child labour, often working in exploitative and dangerous working conditions. A recent report by *Plan Malawi* describes how children working on tobacco plantations in Malawi carried out the work of adults despite their size, were underpaid, suffered physical, verbal and sexual abuse, and often showed symptoms of Green Tobacco sickness (nausea, vomiting, weakness, headaches, diarrhoea and fluctuations in blood pressure that occur when nicotine is absorbed through the skin).³²

8. How can young people take action?

In response to the activities of the tobacco industry, interventions, education programmes and projects designed to raise awareness among young people have become increasingly common. Some of these interventions are themselves designed or delivered by young people.

As this is an area which has only relatively recently come under close scrutiny by researchers and policy makers, there is no clear 'best practice' example to follow when considering involving young people as advocates to counteract the tobacco industry. However, in the last 10 years, there has been interest in, and detailed study of, several promising youth advocacy approaches.

In the UK, the chief example of a peer-led intervention programme is ASSIST (A Stop Smoking In Schools Trial³³), which used 12-13 year old students, nominated by their peers, given the task of providing support in everyday situations to discourage them from smoking. The 'peer supporters' were given intensive training off school premises by professional health promotion staff, and the programme was evaluated in a large trial involving 59 schools in South Wales and Bristol. The trial found that students in schools that took part in the programme had significantly reduced chances of being a smoker compared to the control schools.³⁴

A smoking education project, recently piloted in north east England³⁵ with 14-15 year olds used the theme of tobacco industry tactics to recruit and retain smokers, delivered through drama; although the project did not have formal follow-up at this stage, initial feedback was that it was well received with the exposition of industry behaviour striking a chord with the audience. This project itself drew from the Florida 'truth' anti-tobacco campaign³⁶ which emphasised tobacco industry manipulation and resulted in high rates of recall and significant changes in attitudes and beliefs around smoking.

These types of studies have informed the development of youth advocacy groups with a particular focus on tobacco that are seen in Scotland and the UK today (such as W-west³⁷, D-Myst³⁸, ATYC³⁹, Ffaith⁴⁰ among others). For young people, those who work with young people and service planners interested in the area, a recent review of young people and smoking in England⁴¹ (though still very relevant to Scotland) describes more of what is known about effective interventions with young people. A special edition of the Health Education & Behaviour journal on the

*Application of Youth Empowerment Theory to Tobacco Control*⁴² details more evidence and underpinning theory behind youth advocacy in tobacco control.

Many organisations working with young people view tobacco control as an important vehicle for positive youth development and youth achievement, linking work in tobacco control in to the national outcomes for young people in Scotland (*our young people are successful learners, confident individuals, effective contributors and responsible citizens*⁴³) as set out in the Scottish Government's national performance framework.

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² Scottish Government. Scotland's People - Annual report: results from 2007/2008 Scottish Household Survey. 2009. [Online]. Available from: <http://www.scotland.gov.uk/Publications/2009/09/01114213/0> [Accessed 10 February 2010]

³ Scottish Government Scotland's future is smoke-free: a smoking prevention action plan [Online] Edinburgh: The Stationary Office 2008. Available from: <http://www.scotland.gov.uk/Publications/2008/05/19144342/13> [Accessed 10 February 2010]

⁴ The Smoking Prevention Working Group. *Towards a future without tobacco*. [Online]. Scottish Executive. 2006. Available from: <http://www.scotland.gov.uk/Publications/2006/11/21155256/0>

⁵ Royal College of Physicians. *Harm reduction in nicotine addiction: helping people who can't quit*. A report by the Tobacco Advisory Group of the Royal College of Physicians. [Online] London: RCP, 2007. Available from: <http://www.rcplondon.ac.uk/pubs/contents/bbc2aedc-87f7-4117-9ada-d7cdb21d9291.pdf>

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¹¹ U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

¹² Health Scotland, ISD Scotland and ASH Scotland. *An atlas of tobacco smoking in Scotland: A report presenting estimated smoking prevalence and smoking-attributable deaths within Scotland*. [Online]. NHS Scotland/Scottish Public Health Observatory. 2007. Available from:

<http://www.scotpho.org.uk/nmsruntime/saveasdialog.asp?IID=3907&SID=3256> [Accessed 10 February 2009]

¹³ U.S. Department of Health & Human Services (HHS), Preventing Tobacco Use Among Young People: A Report of the Surgeon General, 1994.

¹⁴ British Medical Association Board of Science. *Breaking the cycle of children's exposure to tobacco smoke*. [Online]. BMA. April 2007. Available from: http://www.bma.org.uk/health_promotion_ethics/tobacco/breakingthecycle.jsp [Accessed 10 February 2009].

¹⁵ Information Services Division Scotland. Smoking at booking statistics from SMR02. [Online]. 2008. Available from: <http://www.isdscotland.org/isd/2911.html> [Accessed 10 February 2009]

¹⁶ Tobacco Manufacturers' Association. *Facts & Figures: UK Cigarette Prices*. [Online]. 2010. Available from: http://www.the-tma.org.uk/page.aspx?page_id=42 [Accessed 10 February 2009]

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ASH Scotland, 8 Frederick Street, Edinburgh, EH2 2HB.

0131 225 4725

E-mail: enquiries@ashscotland.org.uk

www.ashscotland.org.uk

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