Young people and tobacco
March 2015

Key points:

- smoking prevalence among 13 and 15 year olds in Scotland has been dropping consistently for more than 10 years. For 16-24 year olds smoking rates have risen and fallen over the same period, but the overall trend appears to show a decline
- 2034 is the target date for a tobacco-free Scotland
- many individual, environmental and social factors combine to influence a young person’s decision to smoke
- 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
- 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-led initiatives as a means to engage young people in issues surrounding tobacco control have only relatively recently come under close study, however several approaches show promise.
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) survey\(^1\). Data on 16 to 24 year old young adults is gathered through the annual Scottish Household Survey.\(^2\)

The following graphs show recent trends in smoking prevalence from these sources, by gender. They illustrate that smoking prevalence for 13 and 15 year is now at its lowest levels since the SALSUS survey began in 1982. For 16 to 24 year olds, the trend has been more mixed over the last decade or so with dips and rises. However, since 2007 a more consistent declining trend is apparent and the Scottish Government’s target of 23%\(^3\) smoking prevalence was successfully achieved in 2012.
In March 2013 the Scottish Government published a new tobacco control strategy for Scotland. This five year plan contains a range of actions on youth smoking prevention, protection from second-hand smoke, and smoking cessation. It also proposes an ambitious target for Scotland to be ‘tobacco-free’ by 2034 (tobacco-free is defined as less than 5% adult smoking prevalence).

**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 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.
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.6

Research in Scotland found that most young people were unsure or ambivalent about whether or not they were dependent on smoking7 with only a minority of teenagers feeling they were genuinely addicted. One review of published literature examining youth tobacco use8 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 NHS Scotland’s stop-smoking services.9 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 literature10 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 200511 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.

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 disease12 and causing 24% of all deaths each year in Scotland.13
A 2012 report by the US Surgeon General concludes that smoking early in life has immediate adverse health consequences. These include addiction, early cardiovascular damage, reduced lung function, impaired lung growth and wheezing severe enough to be diagnosed as asthma in susceptible young people.\textsuperscript{14}

Smoking amongst pregnant young women is the largest single preventable cause of neonate ill-health, increasing the risk of ectopic pregnancy, miscarriage, low birth weight and cot death.\textsuperscript{15} Smoking rates during pregnancy are particularly high amongst young women (39% of women under 20 smoked at booking in Scotland in 2013, compared with 18% of those aged 25-29\textsuperscript{16}).

Tobacco purchase has obvious financial costs as well as health costs for young smokers, with a typical pack of 20 cigarettes costing £8.47 (in March 2014).\textsuperscript{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.

**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.*’\textsuperscript{18}

Analysis of tobacco industry documents released through litigation demonstrate that tobacco companies viewed the issue of youth smoking (including underage smoking\textsuperscript{19}) 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 company\textsuperscript{20} (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.’

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 most often 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 actions 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 to smoke.\(^1\) 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.\(^2\) The effect of price increases can be undermined by illicit smuggled tobacco, so it is important Government policy addresses the 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.\(^3\)\(^,\)\(^4\) 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.\(^5\) Under the Tobacco and Primary Medical Services (Scotland) Act 2010\(^6\) tobacco displays have been prohibited in large shops since 29 April 2013 and in smaller
shops from 6 April 2015.

- **Prohibition of cigarette vending machines:** A ban on self-service tobacco vending machines came into force in Scotland on 29 April 2013. Prior to this, surveys showed that 6% of both 13 year olds and 15 year olds usually got their cigarettes from a machine. As no other age-restricted products (e.g. fireworks or knives) were sold in Scotland through a self-service machine, cigarette vending machines were an anomaly that the Government has resolved.

- **Reforms on age of legal sale and other aspects of tobacco sales law:** On 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 age, 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. On 1 April 2011 it became 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.

- **Plain packaging:** Regulations for plain, standardised tobacco packaging are due to come into force in the UK on 20 May 2016. Standardised packaging is not actually 'plain', but instead involves regulating the design characteristics of tobacco packaging (e.g. the branding, colouring, typography, size, shape and method of opening), so that tobacco products must be sold in a standardised form of packaging. This deprives tobacco companies of one of their last, very powerful, marketing tools to promote their products. The measure is intended to discourage young people from starting to smoke and to encourage current smokers to quit.
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 practices\(^{31}\) (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,\(^{32}\) 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 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).³³

**Youth-led initiatives**

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-led approaches.

In the UK, the chief example of a peer-led intervention programme is ASSIST (A Stop Smoking In Schools Trial³⁴), 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 schools³⁵. As part of its tobacco control strategy the Scottish Government committed to support a pilot of ASSIST in Scotland in order to consider its suitability for Scotland and whether it can be adapted for use with other risk-taking behaviours.³⁶

A smoking education project, piloted in north east England³⁷ 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 campaign³⁸ 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-led groups with a particular focus on tobacco that are seen in Scotland and the UK today (such as W-WEST and D-MYST). For young people, those who work with young people and service planners interested in the area, a 2009 review of young people and smoking in England (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 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 to the Curriculum for Excellence and to the national outcomes for young people in Scotland (‘our young people are successful learners, confident individuals, effective contributors and responsible citizens’) as set out in the Scottish Government’s national performance framework.

**Support to stop smoking**

Following a review by the Committee on Safety of Medicines for the Medicines and Healthcare Products Regulatory Agency in 2005 the licence for Nicotine Replacement Therapy (NRT) was expanded to allow the use of NRT by young people aged 12 to 17. Neither varenicline (Champix) nor bupropion (Zyban) are licensed for use by young people under 18.

People who smoke have a much better chance of giving up smoking if they get support to do so and there are lots of different ways to find support:

- pharmacies/local chemists are able to provide quit smoking advice and support. Where appropriate, the pharmacist can identify the most suitable form of nicotine replacement therapy (NRT) and some pharmacies run NHS-funded stop smoking services
- through the local doctor’s surgery
- phone free to Smokeline on **0800 84 84 84** (8am to 10pm, seven days a week)
• Smokeline advisers provide free advice and information for anyone who wants to stop smoking, or who wants to help someone to quit. Smokeline also provides information about the free stop smoking services provided by every health board in Scotland
• request stop smoking leaflets, a magazine and a DVD from Smokeline either by calling the helpline, or by texting ‘QUIT’ to 83434
• visit www.canstopsmoking.com and enter a postcode to find the nearest stop smoking service or use web chat support (8am to 10pm) at www.canstopsmoking.com/Web-Chat

References


[Accessed 10 March 2015]


