



Tobacco Prevention Research: Care Experienced Young People and Young People Affected by Homelessness

Report of findings by The Lines Between for



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"If someone goes for a smoke the first person to shout 'save us' gets the last few drags. I was at the most potent stage of a life-shortening addiction but the staff didn't care enough to tell us not to smoke. They provided us with a smoking area outside, I was twelve. If the adults don't care that a twelve-year-old boy is smoking, why should he care? In the same way, if the adults don't hug a child, why should he feel huggable?"

Lemn Sissay, My Name is Why

1. Introduction

- 1.1. In November 2019, NHS Lothian commissioned The Lines Between to undertake research on smoking among vulnerable young people. The research responds to evidence that tobacco use is particularly prevalent in more deprived communities and among 16-24-year olds. NHS Lothian wished to investigate this further, through research with young people who have fewer protective factors and higher uptake of smoking.
- 1.2. The research focuses on three groups: (1) young people with experience of residential and secure settings; (2) young people with experience of foster care, kinship care, adoption or being looked after at home; and (3) young people affected by homelessness.

Research approach and sample

- 1.3. A qualitative methodology was applied; we conducted a series of semi-structured interviews with participants¹. Conversations with young people covered their use of cigarettes, attitudes towards smoking, experiences with smoking prevention initiatives, and wider thoughts about the smoking culture in their social circle. Interviews with staff and stakeholders covered smoking behaviours among young people, and experiences, challenges and successes with smoking prevention and cessation initiatives. The research was also supported by a literature review².
- 1.4. The interview sample comprised:
- 54 young people through a combination of one-to-one interviews, paired interviews and focus group discussions. This figure comprises 20 young people in Edinburgh, 17 in West Lothian, 11 in East Lothian and 6 in Midlothian.
 - 27 staff and stakeholders from across the Lothians - for example, social workers, residential unit staff, team leaders at secure services, throughcare and aftercare nurses, homelessness services, and policy experts.
- 1.5. Information about the young people interviewed is shown in the table below, which covers the age, sex and smoking status of participants, by local authority.

Local authority	Age range (average age)	Female	Male	Non-binary	Smoker	Non-smoker
Edinburgh ³	16-22 (19.1)	13	7	-	20	-
West Lothian	16-22 (17.9)	3	14	-	12	5
Midlothian	16-21 (18.0)	2	3	1	2	4
East Lothian	16-22 (18.5)	7	4	-	8	3
TOTAL	18.5	25	28	1	42	12

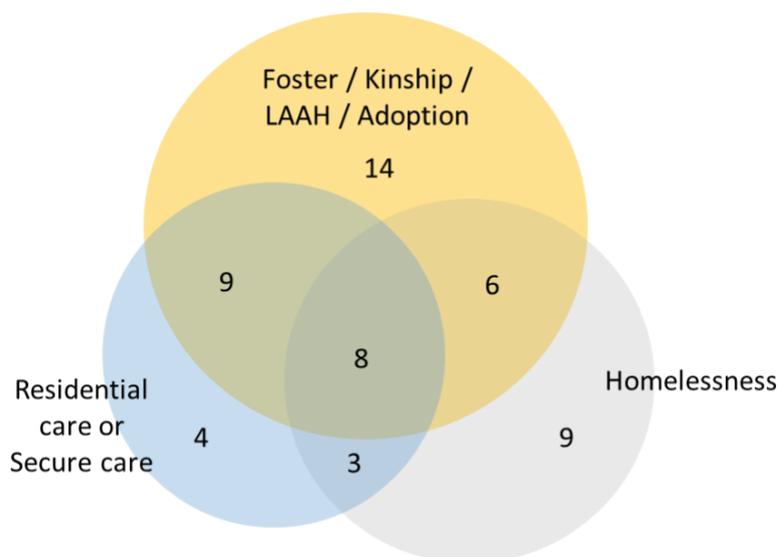
¹ Interview schedules are attached as Appendix 1

² Literature review is attached as Appendix 2

³ In Edinburgh, age data is unavailable for 1 young person.

- 1.6. We found that young people had multiple experiences across settings; the target groups were not discrete ⁴. Two thirds of the young people who participated (37 out of 54) had experience of foster care, kinship care, adoption or of being looked after at home. Just under half (24 out of 54) had experience of care in residential and secure settings, and a similar proportion (26 out of 54) had experienced homelessness.
- 1.7. Figure 1 presents the overlap within our sample; one third belonged to two of the three target populations, with 8 young people experiencing all three.

Figure 1: Overlap of experience of care and homelessness – number of young people per category

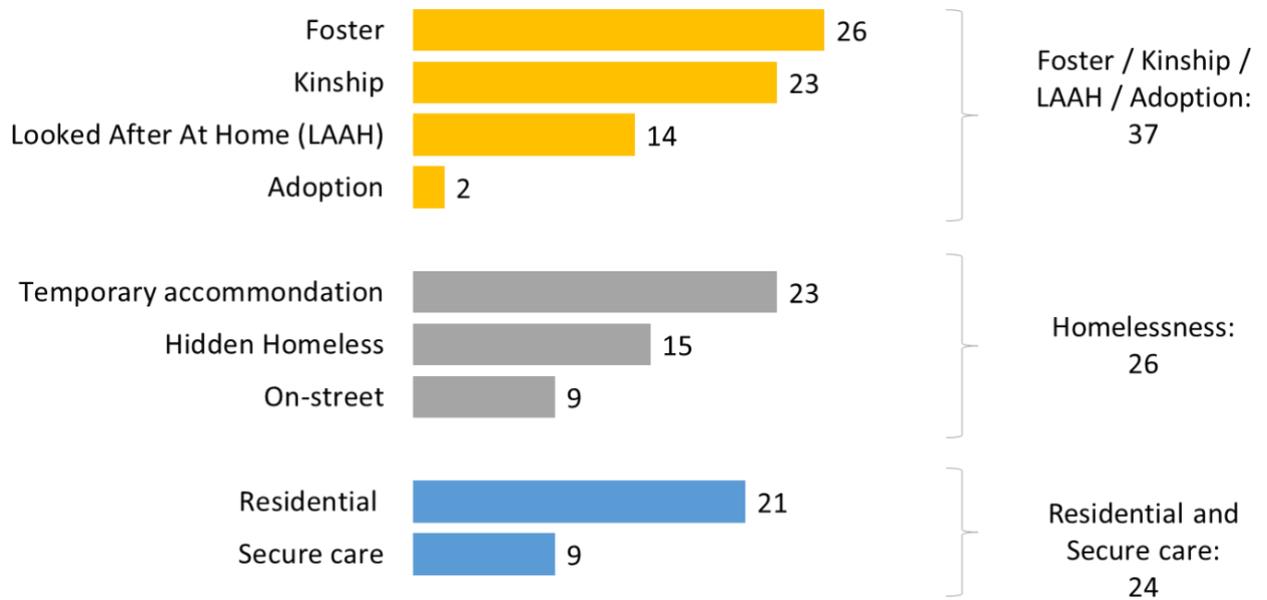


- 1.8. Overlap within each of the three core groups demonstrates the transitions that many young people experience within the care system; a disruptive process that, for some, includes homelessness. Of the 21 young people placed in residential settings, roughly one third (6 out of 21) had also experienced secure care. Similarly, 6 young people had experience of three types of care settings; beginning with being looked after at home, they had moved onto kinship care and then to foster care.

⁴ One young person did not disclose the exact nature of their care experience; they were interviewed at a drop in session run by a through and after care service.

1.9. The prevalence of types of care and homeless experience are shown in Figure 2.

Figure 2: Number of young people in sample with experience of different care settings and homelessness



2. Access, exposure to and use of tobacco and electronic cigarettes

- 2.1. This chapter presents data about tobacco use. It covers smoking rates among the research sample, by gender and target group. We set out the smoking frequency, age of first cigarette and where underage young people obtain their cigarettes.
- 2.2. While this research was primarily qualitative, young people were asked to provide a small amount of quantitative information. Based on our sample, this data highlighted differences in smoking behaviours among participants.
- 2.3. Over three quarters (42 young people within the sample) identified as smokers; 12 as non-smokers (78% and 22% respectively). This varied by gender, with 84% of young women smoking compared to 75% of young men.

Figure 3: % of each audience who smoke – by gender

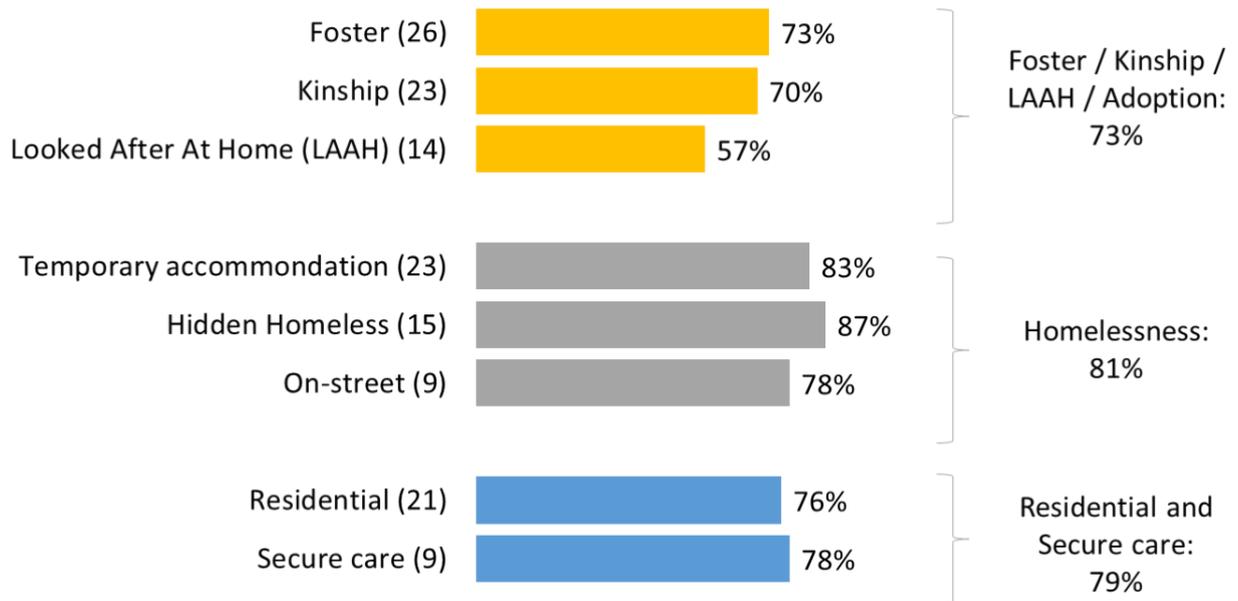
Base: All in each group (shown in brackets)



- 2.4. There were also differences across and within each of our core groups. Bearing in mind that young people could have experienced more than one setting, those experiencing homelessness were most likely to smoke (81%), particularly those who had experienced temporary or hidden homelessness (83% and 87% respectively).
- 2.5. Lower levels were recorded among those with experience of foster (73%) and kinship care (70%), with the lowest level among those with experience of being looked after at home (57%). This suggests likelihood of smoking increases as young people move away from familiar and secure environments.

Figure 4: % of each audience who smoke – by experience of different settings

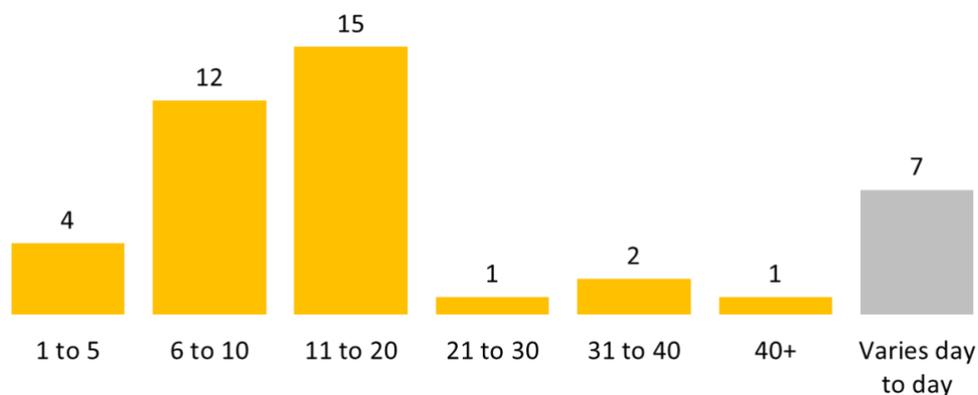
Base: All in each group (shown in brackets)



2.6. Young people were asked about their current smoking behaviour. One in five said it varied from day to day; the remainder were able to provide a range or a specific value. Two thirds (65%) smoke between 6-20 cigarettes a day, with an average of 15 cigarettes smoked each day.

Figure 5: Number of cigarettes smoked per day

Base: Smokers (42)



2.7. A preference for cheap tobacco was evident when young people described what they smoke. While the majority of smokers use cigarettes, some use rolling tobacco; a small number said they switch between both, usually using rolling tobacco as a cheaper alternative to cigarettes. Those who highlighted a brand preference often smoked JPS

(or Players), again because of its comparatively lower cost. Other brands were mentioned, but only by very small numbers.

Rollies are cheaper and cigarettes are sort of like a special thing. So it's like 'oh, I'm really like celebrating cause I've done good at college' I'll go out and buy myself fags cause fags are nicer to smoke than rollies are. (Female, 18)

Rollies when I've not got any money, and when I do have money I'll buy cigarettes. (Male, 20)

I smoke Players, which everyone smokes. (Female, 18)

- 2.8. Around four fifths of those who commented on vaping said they had tried it (31 out of 37). Only a very small number were positive about electronic cigarettes and used a vape on a long-term basis. Many expressed a dislike of using them, or described concerns such as headaches, sore throats, and exacerbating asthma. A few said they had heard stories about vapes exploding; some mentioned a fear of becoming addicted to e-cigarettes. The lack of knowledge around the long-term health impacts of vaping was a recurrent theme and one specifically mentioned a fear of developing 'popcorn lungs'.
- 2.9. When asked when they first smoked a cigarette, young people recounted a wide range of experiences and ages, shown in Figure 6. Nearly half had their first cigarette early in secondary school, aged 11-13. A quarter tried their first cigarette when they were aged 10 or younger; one was five years old. The average age when young people first started smoking was 12. This differed slightly by age, with girls starting at 11 and boys at 13.
- 2.10. In many instances, after young people tried their first cigarette, some time passed before they became regular smokers. It was common for young people to report smoking regularly by their early-to-mid teens.

Figure 6: Age of first cigarette (number of young people)

Base: All young people (54)



- 2.11. Frontline staff talked about tobacco use among care experienced young people and young people affected by homelessness. Their comments reinforce the data gathered from young people; they described high rates of prevalence and an awareness that some of the young people they support start smoking at a very young age.

2.12. While frontline staff were confident that they knew exactly who smoked, the discussion on patterns varied; some did not feel able to comment on broader trends; others reflected across the changes they had observed in recent years. A picture of uncertainty about the broader scale of the issue emerged. Many commented on a lack of specific research about tobacco use by vulnerable young people; they frequently expressed interest in the findings of this research, which aims to provide insights into young peoples' perspectives on tobacco use.

2.13. A small number of frontline staff suggested that smoking used to be more common among young men, but that there had been a shift, and they believed young women were now more likely to smoke; this is reflected in the analysis of data gathered in our research sample, where 84% of females are smokers compared to 75% of males.

It's a difficult one to sort of establish I suppose. I believe that the girls are more likely to be the smokers. Because I've been to houses and there's guys there and they're more interested in their games and consoles and they don't smoke, while a lot of the girls at that age would be, well, maybe not be smokers but they would nip out for a cigarette at bedtime or in the morning or sort of, as a part of their routine. (Frontline practitioner)

2.14. One observed that smoking rates had decreased among care experienced young people in the past decade; another, who worked with homeless young people, said all the young people he worked with smoked:

I would say my case load is probably, a bit kind of half and half. Whereas, maybe if we were having this conversation about 10 years ago, I would think probably more of them would be smokers. Again, that's an observation. (Frontline practitioner)

I don't think personally I've ever met anybody within the homeless services who did not smoke. I can't think of an example from the top of my head of somebody that did not smoke. Cigarettes anyway. (Frontline practitioner)

2.15. Staff told us that high rates of smoking endure across the target groups, even as smoking had decreased in the wider population. This amplifies the extent to which care experienced young people and those affected by homelessness who smoke, find themselves marginalised.

Access to cigarettes

2.16. Young people told us that they found it very easy to access tobacco from a young age. They described a variety of ways to obtain cigarettes, including:

- Cigarettes bought for them by family members.
- Helping themselves to family members' own supplies.
- Buying directly from shops, from shopkeepers who sell individual or packets of cigarettes 'under the counter'.
- Asking general members of the public to purchase cigarettes.

- Specifically recruiting vulnerable people to buy cigarettes; several young people described asking drug users to buy cigarettes for them; one said her friends would offer to share a packet of cigarettes with a homeless person, if they would buy cigarettes for them.
- Obtaining cigarettes from friends.
- Buying and/or selling individual cigarettes at school.

My mum was smoking around me and eh she left a fag out and I stuck it in my mouth when I was very young. (Male, 16)

Well, it's easier to get your hands on it, you find a lot of shops don't actually ID you, get like your corner shop, most of them don't ID you. (Female, 19)

It's really quite easy. I remember the times that I couldn't get any of my friends to buy me a packet of fags, a few of the girls in the unit would go and stand up outside the local shop and we'd just ask people walking past. (Male, 19)

- 2.17.** It was often reported that smaller shops are more likely to serve young people who are underage compared to larger supermarkets. For example, one young person described their own approach to buying cigarettes:

I always go to buy something before I ask for fags because I like to suss who's about. If it's the old guy I don't bother asking, but if it's his son then I'll ask him. He's seen his son selling me. I went to him once and he asked me for ID and then his son was like, "I'll take you over here." (Male, 16)

- 2.18.** In a small number of cases, young people described particular risks associated with obtaining cigarettes. One young person had raised money to buy cigarettes by taking part in illegal fights. Another reflected that, when she was underage, there was an understanding among her peers that a local shopkeeper was happy to sell cigarettes to young girls who wore short skirts.

A culture of smoking

- 2.19.** Young people described a striking culture of smoking among the people around them. The majority told us their whole family - parents, grandparents, aunts, uncles or siblings were regular smokers. Many said, as a result, that smoking felt 'completely normal' for them, from a young age.

When I was growing up my parents smoked and ma siblings all smoked and all my friends, like everyone I knew always smoked. (Female, 18)

My Mum is a smoker and she used to smoke in the house, so did all her pals. And my Nana. I've came across photos of me sitting in my Nana's bedroom and I was like one year old, and my Nana's sitting beside me with a fag hanging out her mouth, there's a big cloud of smoke. (Male, 16)

My Ma smoked all my life. I never had like asthma or nothin so there was never any really effects that we didna ken about so. Dunno. I used to pretend to dae it when I was wee, like

wi thae wee white stick sweeties – I used to walk about with one of those in ma mooth pretendin it wis a fag cos I seen ma Ma smoking. (Male, 17)

Erm, it's a bit morbid, but I was five, the first time I had a draw of a cigarette, so...I've known about smoking from a really young age... It was just normal. It wasn't really like, 'oooh smoking's bad'; it had always been about and my grandma smoked at the time too, you know like, everybody smoked. If people didn't smoke I'd be like; 'where's your cigarettes?' (Female, 18)

My daughter's actually picked up on the fact I smoke now, she's like 'you went for a fag' and I caught her, like I left a fag on my kitchen table, like I've got a baby gate but she's old enough now she can open it and I caught her sitting at the kitchen table wi it in her mouth, obviously nae lit, and I was so shocked I said, 'gimme that' and I was just that shocked and that's cos she sees obviously me, and she'll see people in the street... (Female, 22)

- 2.20.** Frontline staff reinforced this finding, describing smoking as common among many of the families that care experienced or homeless young people have lived in.

Kids as young as five and six years old smoking, like, that was horrifying to me. Like, how could that actually happen? But if you're sitting in a house with mum and dad, they're no interested, and there's a cigarette, they're gonna do it- that's that. They learn that, they see it, that's normal. (Frontline practitioner)

Parents tend to smoke; I would say most members of the family when you speak to them tend to smoke. (Frontline practitioner)

- 2.21.** Several young people said most of their peers smoked; either their friends at school or other young people in residential units. In most cases, memories of the first cigarette were linked to social situations, with friends or older siblings.

My friends were smoking at the time, so I decided to join along with them and I though oh yeah, this isn't bad at all. I didn't mind it. I don't remember like screwing up my face or coughing or anything like that, I just liked it. Cos like, I was quite young and I got like the niccic [nicotine] rush and obviously I liked it. (Female, 17)

*I started smoking when I was about 12. I was at school in first year and me and ma two pals went doon to ma pal's auntie's and he already smoked and he got a fag off his auntie and he was like 'do you want to try it' and I was like 'ah f*** it' and I was like coughing ma lungs oot and then I just started doing it all the time. (Male, 17)*

It was skiving from school, you have your friends that are smoking around you 'oh, can I have a draw', see what it's all about and just once your friends all starting smoking, it's that small circle, I was the only one basically that lasted, and that's when smoking, I just got dragged into it. I just started thinking, 'oh, cool, I can smoke a fag and inhale it'. (Male, 18)

- 2.22.** In some cases, young people recalled their foster families smoking around them; several said they were aware that residential staff smoked.

My foster carer actually told me not to smoke. But I didn't take it seriously because she was smoking herself and so you can't tell me not to smoke if you're smoking. (Male, 18)

When I was small, I stayed with my foster carer, once I left and moved into a non-smoking house I actually went to the doctors and I had what they called smokers lungs when I was about 8 or 9, I had black lungs basically because I had been passive smoking. And to me that was horrible. (Female, 21)

3. Why vulnerable young people smoke

- 3.1. This chapter presents themes in the discussions with staff and young people about why smoking rates among vulnerable young people remain high. It covers care settings and normalisation of smoking, mental health, regrets about smoking and non-smokers' perspectives on why they are in a minority that do not smoke.

Home, care and community influences

- 3.2. The young people we spoke with often directly attributed their smoking to experiences of care. This was discussed particularly in the context of residential care, where smoking was described as common.

There's a lot of pressure on a kid if they're different, or if they come from a different situation. If a kid comes into the unit and she didn't smoke, like myself, you are alone and viewed as weird. You're just looked at like you're a freak. And you're just sitting there thinking 'so do I have to smoke to stay here, or what?' (Female, 22)

Because we've been abandoned throughout life and been rejected and then you see this one opportunity to be accepted because you if you just dae this one wee thing, you'll be accepted, because I'm a smoker. Something as small as that can just trigger that you know. (Male, 20)

If you're coming into the group and you don't smoke, you're a wuss. You feel excluded so you do what you do to feel like you have friends. Like you are a part of something. (Male, 20)

- 3.3. There were frequent references to smoking as 'something to do' and many young people talked about smoking to alleviate boredom. They reflected on the planning, effort and excitement involved in obtaining cigarettes when they were underage, the social element of smoking with others and smoking as a means to 'go outside', when living at a residential unit. For example, one described smoking as their 'hobby'.

I'll have a fag just out of sheer boredom. (Male, 17)

Once you get into it, it just becomes a habit. I have at least 4 when I wake up, on the way to the bus stop I have one, get to the bus stop I have one. Any time you stop or you're not doing anything. (Male, 20)

- 3.4. Many frontline staff acknowledged the influence of peers in initiating or sustaining a smoking culture within care settings.

There have been times in the past we've had young people that have come in, haven't touched anything, don't smoke, don't drink, don't anything, but because of the peer pressure they end up having to deal with that addiction when they leave. (Frontline practitioner)

- 3.5. Others described smoking as a way to make friends in new places outwith care settings; due to chaotic family or care experiences, they had frequently moved schools and smoking was part of a strategy to form new social connections. They recounted the

social element of sharing and borrowing cigarettes. One young person described enjoying the feeling of being able to give cigarettes to people who wanted them.

I think there's also other things in there about forming relationships, cigarettes are good transactions to have. (Frontline practitioner)

- 3.6.** Some young people, staff and stakeholders reflected on the correlation between smoking and the high levels of poverty in the communities that many vulnerable young people are raised in. Staff talked about a challenge of introducing conversations about smoking with young people who perceive criticism of smoking as judgemental, and a slur against their family or community.

If you're a smoker you're probably poor, which is ironic because cigarettes are so expensive, but the thing is, when you've got money, when you're earning a wage, you don't have to buy cigarettes, you can go and play golf. You can go to the gym. You can fill up your time with more constructive things. But that comes at a price. (Female, 22)

I sort of felt like I was representing like the schemey background that I came from, you know, I'm quite proud to be a bit ae a chav, like, I'm not gonna lie. Like, from Muirhouse and I love it. So like, smoking's kinda part of that whole culture, like, it's not, people that are in care tend to kinda be chavs. And the correlation isn't between young people and care, but it's between chavs and smoking, you know. So like, poor people smoke, is what I'm trying to say. And care experienced people are poor. In my opinion. (Female, 18)

I do see the need, definitely, for more kind of structured intervention but I'm yet to see something that I think would appeal or work without feeling like they are being judged or targeted. (Frontline practitioner)

- 3.7.** The discussion with frontline practitioners included comments on the changing context in relation to care and smoking. Young people can no longer smoke in their rooms; and staff are not permitted to smoke in front of young people.

When I started in residential childcare 30 years ago, all of the young people smoked in the first unit that I worked in. All of them. And just about all the staff. Now, at my most recent unit which was a year ago, less than half of the young people smoked, and less than half of the staff smoked. (Frontline practitioner)

- 3.8.** Staff also reflected on the powerful influence of the smoking culture that young people have experienced with families before entering the care system; factors that normalise and reinforce smoking behaviours. For example, one recounted that a young person had been supported to stop smoking; but resumed their tobacco use following family contact, where all members of the family smoked.

Mental health

- 3.9.** Young people frequently reflected on smoking in relation to their mental health. Some said smoking helped them to cope with general stress in everyday life - for example, going to college or work. For others, smoking was linked to the particular stress of being in care, homelessness or experiencing trauma.

When I went into care like I would say to my pals like, why do you do it [smoke]? And they'd say, because see when you're stressed and that like, smoking a fag, it's just so good and that. So I tried it. I smoked a fag one day, and I just felt the stress actually like release for me. I was like, what...this is so good. (Female, 22)

That's why I think it's related to my stress cos if I'm out and about I suffer from anxiety and depression so when I'm out and about I'm constantly on edge and this kind of takes the edge off it for me. (Female, 21)

I think that's why most kids smoke in the units. Because it's like a break from reality. It's like normal. I think that's the most normal thing about being in the unit is smoking with the people that you live with. (Female, 22)

- 3.10.** Some young people and staff described smoking habits in connection to alcohol or other substances. For example, a cannabis user said they started smoking when they joined a new school, because they felt smokers were more likely to know people who could source marijuana. While some said they were more likely to smoke when they drank alcohol, for others, cigarettes were a gateway drug. For example, for one young person, said they started smoking cannabis as 'smoking didn't do what it once did' for them.

The behaviours they learned from their parents, their carers, carry on throughout the years. And then eventually, when they do end up on their own, smoking is a comfort thing. So that carries through... But a lot of the times they did say that it brings them comfort [if they] can't sleep, or often that they have anxieties or feel insecure or are unsafe. And they will lock themselves in their rooms and chain smoke. And that's sort of gives them an idea of safety and the nicotine obviously does its job at that time as well. (Frontline practitioner)

Regrets

- 3.11.** Comments from young people illustrate the pervasive influence of tobacco; some had become smokers despite an initial revulsion to cigarettes.

I saw her [mum] having a fag and I thought, 'well I'm not going to end up like that', but I am, so. Aye. Like I thought it was going to be a bad idea. (Male, 18)

At first, I was like 'that's absolutely disgusting' then obviously I used it as a stress reliever and got hooked on the nicotine after that. (Male, 18)

Before you start really smoking yourself you dinnae really like it do you. I thought 'oh, that's no something I'll do'; but then when you dae it, you dae it eh? (Female, 21)

I probably woulda still done it. Yeah, I think I was just no really kinda strong enough to say no. Cause I didn't wanna have no friends. (Female, 19)

She [mum] told me once when I was three, I chewed up her cigarettes and spat them in the toilet cos that's how much I didn't want her to smoke. (Female, 18)

- 3.12.** Each smoker was asked to reflect back to the time when they started smoking; knowing what they did now, would still make that choice? Almost all expressed regret at having

started smoking. Most commonly, they disliked financial impact of smoking; some were unhappy with their dependency on smoking as a stress reliever.

What do you think the difference would be, if you hadn't started smoking? (Researcher)

I'd have a lot more money, haha. (Male, 20)

I hate it. Obviously everyone in my house smokes, if they walk past me after they have a fag, I can smell it and I'm like 'oh that's stinking!'. And I've also started to notice like, like the bottom of my teeth like going a wee bit yellow as well. And my teeth are a big thing for me. I really love my teeth. So, I'm like, I wish I could just go back and not start it. I think it's a disgusting thing, but it's something that I'm just so used to doing now. (Female, 20)

I don't like smoking. But I feel like I need it to keep me going. To keep me stress free, really. (Female, 21)

It's so expensive, right. And I always leave myself skint. Like I always get what she needs [my toddler] before I even buy one packet of fags. But then I went skint. And I didnae have like money to do things during the month and that. And I dinnae, when she's like walking and that and actually knows things, I don't want to be stuck in the house all month where I want to be able to go out and do things with her. (Female, 22)

4. Prevention

- 4.1. This chapter presents themes in the discussions with staff and young people about prevention, and relevant findings from the literature review. Smoking prevention strategies and interventions seek to increase the number of people choosing not to use tobacco; to prevent smoking behaviour before it begins.

Government controls and information campaigns

- 4.2. In line with its five-year tobacco control action plan (2018), the Scottish Government has passed a range of legislation to reduce the overall attractiveness and visibility of smoking. This includes removing tobacco products from display, printing visuals of the harmful effects of smoking on cigarette packets, and removing all branding from packets. A recent study of smokers in Glasgow and Edinburgh found that printing the message 'Smoking Kills' on cigarettes was likely to deter young people from smoking.⁵
- 4.3. When probed on the effectiveness of the controls and campaigns which have been implemented in recent years, young people who took part in our research expressed dismissive views. Mostly, the efforts by Government were rejected out of hand; often with laughter. For example, many said warnings and imagery of smoking harm on packets made no difference, nor did removing visible branding or cigarette displays. Two young women said they smoked more cigarettes because of the elimination of ten-packs.

I'm gutted that they got rid of 10 decks, it stopped me from smoking - so much. You go through a 20 deck so fast, where for a 10 deck you go slowly cos you can see you only had the 10. (Female, 17)

*[On the removal of branded packets]. To be honest, I miss the yellow amber leaf pack just because it was so bright. But do you know, I still buy it. I was really annoyed when they took 12.5's away because ... And I found myself going for more tobacco, because when it was 12.5 it was like, right this has to last. When you are getting a 20 deck. There's no more 10 decks. You're going to smoke more. People ask you for more fags. So, you're, alright, cool. You're probably feeding the f***** whole college. (Female, 22)*

You've got one [cigarette packet] where you've got a baby on it, and the cigarette's hanging out the baby's mouth. And literally I could joke about with my pals, like 'aw, the baby's getting its twos, where's my twos?' and that. Like, you don't take them seriously and you just take the mick out of them. (Male, 18)

There's like pictures on it this is a person smoking right next to a bed or whatever and it shows you ken like the pictures of open throats and lungs and like amputated legs and that's like obviously tae try and say that this could potentially happen to you if you smoke long term and smoke a lot or whatever but I dinna think it's made a difference. Cos we know that potentially later in life these things could happen tae us. (Female, 21)

⁵ C Moodie, R O'Donnell, J Fleming et al, 'Extending health messaging to the consumption experience: a focus group study exploring smokers' perceptions of health warnings on cigarettes'. *Addiction Research & Theory* (2019).

4.4. When we asked young people for their suggestions on how to achieve a smoke-free Scotland by 2034, they offered various proposals:

- **Using shocking information:** a few felt the messages young people received at school were not strong enough to prevent them from taking up smoking. For example, one said:

[Explain] you're going to kill yourself by smoking. You're going to cause yourself cancer, you're going to be in the hospital...and then your body is just going to shut down... they could say that, but they just don't, because they want to put it in a nicer way. (Male, 18)

- **Preventative focus on children of a younger age:** a small number suggested that schools could work with children in primary settings to prepare them to withstand the peer pressure they may face as they get older: These young people remembered their prevention sessions took place in secondary schools.

Probably like primary age. Just like let them know about it before it goes into when they start it from peer pressure and stuff like that. (Male, 19)

- **Access:** a small number felt that more could be done to prevent young people gaining access to cigarettes. Their suggestions included a focus on tackling agent purchasing, or banning tobacco sales altogether:

If you really want to get at that, there should be bigger law on something like that and make people aware like, if you're caught buying for the younger generation, there will be you know, consequences. (Male, 20)

But if smoking was such this – I know it's a big problem right – but if the government and that really cared then they'd just ban smoking. You know what I mean, we made cannabis legal/illegal, back and forth, we've done it with drugs. (Female, 22)

- **Pricing:** a small number suggested that higher prices might reduce availability of cigarettes, leaving young people less exposed to smokers and less likely to start smoking:

Literally people are still buying so much fags, they need to find another way to stop people making it, making fags and that. See in my opinion I would put them £20 a packet. (Male, 21)

4.5. However, a contradictory picture emerged when we tested the ideas listed above with other young people. There was no universal support for the ideas that others had put forward. Themes of fatalism and the right to choose to smoke, if you want to, were strong in the conversations with young people who rejected the prevention approaches put forward by others.

Prevention in school settings

4.6. The young people we spoke to recalled smoking prevention activities they had attended or taken part in. These included group activities, youth initiatives or cafes, assemblies and lessons at school, and conversations with health professionals.

- 4.7. Some young people said these interventions had had a short-term impact; they had learned things and it had made them think at the time. Ultimately though, this did not prevent them from taking up smoking in most cases; often linked the variety of strong social pulls described in Chapter 3.

Aye, you get told so much in primary school, 'don't start smoking, it's really bad for you'. And then even like you've been told for seven years to dinnae smoke, you still try it anyway because your parents probably do it so it must mean it's ok. (Male, 16)

- 4.8. The literature review highlights that frequent changes to a young person's care setting often means changing schools. This, in turn, leads many looked after children to miss out on medical checks and health promotion initiatives (like smoking prevention work) in school.⁶
- 4.9. Key components to the development of a smoking prevention policy or programme for looked after and/or homeless young people were also highlighted in the literature review. These include: care-givers acting as positive role models for young people; involving young people in shaping tobacco policies; providing education and training to care-givers by linking up with organisations such as ASH Scotland where possible; providing young people with accurate and up-to-date information on tobacco use; encouraging the use of nicotine replacement therapies; and gathering data on smoking and enabling data-sharing between stakeholders.⁷

Non-smokers

- 4.10. There were markedly common themes in responses among the small number of young people in our sample who did not smoke. Most of these had never tried a cigarette; many said from a very young age the idea of smoking had disgusted them, even though adults and others around them smoked. They often mentioned disliking the smell of tobacco and many of them were strongly negative about the cost of smoking and the health implications.
- 4.11. This group perceived their choice not to smoke as a personal matter, not linked to the influence of any particular smoking prevention strategy or initiative. Nevertheless, they were informed about the harmful impacts of smoking; knowledge which is likely to have been reinforced through prevention initiatives.

Cos my mum, my dad, my grandad, they all smoke so it's just something that I wouldn't ever do cos I've seen how they turned out. (Male, age 17)

⁶ J Scott and M Hill, *The Health of Looked After and Accommodated Children and Young People in Scotland* (2006), pp. 4-5.

⁷ Care Inspectorate and ASH Scotland, *Creating a tobacco-free culture*; ASH Scotland, *Report on the mapping of existing tobacco control policies*; ASH Scotland, *Smoke-free policy for looked after children and young people (LAACY) (Scotland)* (October 2014); Tucker, Shadel, Golinelli et al, 'Reducing cigarette smoking among unaccompanied homeless youth'.

5. Cessation

- 5.1. This chapter presents themes in the discussions with staff and young people about cessation, and relevant findings from the literature review. Smoking cessation strategies and interventions seek to support people using tobacco to stop or reduce their smoking behavior. The chapter covers triggers, experiences of receiving or delivering cessation services, role models and authority figures, fatalistic views and the service delivery context.
- 5.2. Although most of the young people we spoke to smoked and were not considering stopping smoking, they were happy to discuss ways to reduce or support people to stop smoking. Common themes in these conversations was that cessation was a matter of (1) wanting to stop and (2) having the willpower to do so. There was a sense that ‘if you want to stop, you’ll stop’.

I don't think it's the services that actually help people. I think it's the people that have to themselves. If you don't want to stop smoking, no matter how many people tell you, or how many kids you've got to help you stop. You can't stop if you don't want to. It's also that mentality, like, you know you want to stop. But either you do it or you don't do it. There's not that many things you can say to someone. It's just about sheer will. You know what I mean. (Male, 20)

Triggers

- 5.3. Several had attempted to stop smoking at least once in the past. Stress or a specific crisis were typically cited as reasons for smoking or returning to cigarettes. Experience of loss, upheaval, harm and trauma were recurrent themes across the conversations with the young people we spoke to.

If they want to quit, the help is there but it also depends on what's going on for them at that time and a whole bunch of other stuff that's a bit more complicated than smoking and wanting to quit and I think that's what a lot of people don't realise, like being in care - it can cause a lot of traumatic memories. So some people in care use smoking as a way to cope with it and even when they leave it, because there's still those memories. So, a lot of people don't actually realise that it's not just smoking for the sake of it of trying to fit in, it's a coping mechanism. (Male, 19)

*If I make a decision to do something like, that's it, it's final, you know, but like cigarettes I did stop them but the kind of like, the build-up, and the craving was always there. When I wasn't smoking, like I get really stressed and I'd be like - ugh, I could really do with a cigarette right now you know? And at one point I just went, f*** it, like I could do with a cigarette and I went and got one you know. (Female, 18)*

I'm not happy with it [smoking] but because I'm stopping everything else that I was doing [drug use] and everything like that, like, I don't wanna stop too much at the same time because it might be a bit too risky. But I do plan to stop sometime by the end of the year. (Male, 20)

I have more panic attacks than normal and I think because when I was younger I used smoking as a way to not self-harm, when I try and quit, it does bring up a lot of feelings of wanting to self-harm and stuff. (Male, 19)

If I get stressed or if I'm upset or something goes wrong, I'll go and have a fag. It'll be fine. Do you know what I mean? And it's like if I dinnae have fags on me and I realise I dinnae have fags on me, I then get really really stressed out and I'm like oh my god I need fags, I need a fag now. But see if I've got fags on me and I don't even think about it, sometimes I can go hours without having a fag. And it's just that knowing that I've got them there. (Female, 21)

I think the problem for a lot of people is that they're not in the right environment. If you're in an environment where it's a really nice house and you've got all your food in your cupboards and you've got things keeping you occupied every single day... you're not around anybody who's a smoker, you feel more happier to not smoke. (Male, 20)

- 5.4. Many said the people around them had hindered their efforts to stop, either indirectly, by providing ongoing exposure to cigarettes; or by specifically offering them a cigarette as a means of stress relief at difficult time.

Attempts to stop smoking and experiences with cessation services

- 5.5. We heard examples of young people wanting and/or trying to stop for a range of reasons, including financial pressures, health scares, pregnancy or raising children, and wanting to play sports or get fit.

It's made my asthma worse. Say I'm running for a bus, I'm extremely out of breath, even just going up one flight of stairs. I do feel really unfit with it. But it is just really difficult to stop but like I do want to stop. It's trying to find the way that's best for me to stop. (Male, 20)

- 5.6. The phrase 'cold turkey' was used frequently; some young people tried to stop without a specific plan or support; others described a range of strategies for smoking cessation:
- Some used props, finding something to put in their hand or mouth to replace a cigarette. For example, one young person ate sweets, another carried elastic bands to "ping" off their hands to reduce cravings. One young woman carried a bottle of water with her; she estimated she could drink the bottle in the time it took her friends to smoke a cigarette; providing her with a valuable distraction.
 - A few said they had substituted tobacco for Vapes; however, they were described as ineffective. Vapes were either disliked, easily lost, broken or simply not effective in staving off cravings.
 - Use of nicotine patches. In this discussion some recounted allergic skin reactions to the patches; others attributed effects such as headaches, which may have actually been caused by cigarette withdrawal.

5.7. Discussion of resources that may help young people to stop smoking typically focused on use of nicotine replacement therapies. Many were aware that GPs and pharmacies offer smoking cessation support but had not used these resources.

5.8. While a few felt that nicotine replacement therapies such as Nicorette patches, gums or Champix would be helpful, some had already tried these in the past without success, or described having heard about others' poor experiences with them.

I went to my GP, so I did, he suggested nicotine patches. He also suggested a wee pill I could take, but I don't want the pill cause ma pal done that and she ended up wi really bad nightmares an aw that, like wakin' up in sweatin' in her sleep an aw that. (Female, 22)

5.9. Most young people said they envisaged stopping smoking at some point in the future but had no plans to do so anytime soon. Often young people said they had or would need a specific, relevant reason to stop. A few talked about a staggered approach of cutting back, then ceasing altogether. Some said they did not feel able to think about cessation while their lives remained chaotic, or not 'sorted'. One said a fear of gaining weight discouraged her from attempting to stop smoking.

Probably what I'd do is try and cut down rather than stop, but I smoke way too much and then once I've cut down and managed that for a month or two then like try stopping, cos nae point, ye canna go from smoking 20 fags a day to then smoking nothing, that's no realistic. I would go mental eh, I'm like I get stressed very easily (Female, 21)

In an ideal world it would be counselling or therapy, combined with something like the pharmacy to give you some sort of substitute cos going cold turkey, you end up relapsing. It's inevitable. It's a combination of something physically to keep you off them and talking through what's going on up here, cos it's a psychological thing. As human beings, we don't need to smoke. It's our decision, we make the decision to buy that packet of cigarettes and put it to your mouth, ken, it's a psychological thing. It's no a physical thing. (Male, 22)

When our bairns are at school and we can get a job and our lives are a bit calmer and our lives are actually on a nice smooth path. We're at the start of what we want to be doing. (Female, 22)

5.10. We asked young people where they would go for support if they wanted to stop smoking. The first port of call for most was either a chemist or GP. They talked about seeing posters and leaflets that could point them in the direction of support. However, of the young people that had sought support from these places, success with cessation was often short-term.

Well there's loads of these like, [smoking cessation] leaflets and you can just pop into the chemist and get ken, the wee white sticks wae the nicotine on them and you sook on them. I've got loads of them, so that's one of them you're still getting that nicotine but yer no smoking a fag. You can get the patches, chewing gum. I've heard the patches have been pretty good to be honest. [Interviewer: apart from the GP/chemist to get the patches, do you know about any other support?] No, just the chemist. (Female, 22)

Honestly if we did ask the people here [at the residential unit] they would direct me to the right place, the chemist, GP whatever. (Male, 18)

- 5.11. A range of suggestions for what could help young people stop smoking were offered. Group support, meetings and check ins were discussed frequently. A few young people felt something informal, like a text or phone call service could help them to maintain motivation.
- 5.12. Some young people reflected on the need for replacement activity to assist efforts to stop smoking. This links to the notion of smoking as a pastime. They felt that going to the gym, playing sports or having other hobbies would help to keep their mind off cigarettes and enable them to 'sweat it out'.

Give them an opportunity that doesn't work well with smoking. Like singing. Rapping, you know. Maybe something like rock climbing, football. You know when you get a person into a sport or into an instrument or something that actually they need their lungs for, they start to care more about their body. (Male, 22)

- 5.13. While not specifically targeted at vulnerable young people, there are smoking cessation services elsewhere to learn from. For example, in England, the NHS Stop Smoking Services provides a combination of pharmacotherapy and face-to-face support. It has been suggested that this support should be embedded within homeless centres to reduce smoking rates among this particular group.⁸ However, other research suggests that young people are less likely to successfully stop smoking through a formal smoking cessation service compared to older smokers.⁹

Role models and care giver attitudes

- 5.14. Some young people remembered being discouraged from smoking by care-givers and staff who smoke themselves and this effort to dissuade them was ineffective. This exchange was often described as ending with an understanding young people are free to make their own choices and/or the care-giver being perceived as hypocritical, given that they were still smoking. Frontline staff reinforced this view, explaining that some parents struggle to establish boundaries with their children; one young person described a staff member who actively engaged with their smoking.

I worked with this woman, she was really nice, she was more like a mother figure in the care home and every time I would go off she was like, 'here's a cup of tea, go have your fag and come through in a better mood' (Female, 17)

Mum, for a few years, didn't know but then when she did find out she wasn't angry or that, she used to just go to the shop and get them for me then. (Female, 18)

It's that lack of like, parenting basically, they're not really getting the correct parenting. So their parents might want to be their friends, and be like, 'ok if you want to try that that's fine; I'd rather know'. (Frontline practitioner)

Nobody actually cares. [My family] were kind of sceptic at first. After a while they just kind of got used to it like, you're at that age. They can't tell you what to do. (Male, 20)

⁸ Dawkins, Ford, Bauld et al, 'A cross sectional survey of smoking characteristics'.

⁹ L Bauld, K Bell, L McCullough et al, 'The effectiveness of NHS smoking cessation services: a systematic review', *Journal of Public Health* 32:1 (2010), pp. 71-82.

If you've got a worker saying to you, 'oh you should cut smoking' but then you smell the nicotine off them it's hypocritical. They're no going to listen to you. Just keep doing what you're doing. (Female, 22)

It sounds sad, but no one was really around to care. Like, my Mum didnae care, she used to gie me cigarettes whenever I wanted them. Dad didnae care either. I spoke to my Nana about it and she was a bit disappointed but she said 'it's your life, you do what you want.' (Male, 20)

5.15. One young person described an intervention by her foster carer that had been effective:

They werenae happy [when they found out I smoked], cause obviously they're worried about ma health and stuff, and the impacts it can cause, and yeah I don't think I even really wanted to smoke, it was just about fittin' in. So I think I stopped smoking quite- not long after I left school. She was tellin' me like about, cause like, unfortunately her dad died fae cancer, and I mean he did smoke when he was younger but he'd stopped smokin' for about thirty years and then he got cancer and she was like you know, it can bring cancers and stuff like that. And then the price ae cigarettes as well... so she just tried to tell me aw the bad things that can happen. (Female, 21)

5.16. A few staff and young people with experience of residential care settings suggested that their efforts could be hampered if parents had given their children permission to smoke:

Well, if the parents consent to it then we wouldn't go out and purchase [cigarettes] or anything but we wouldn't go out and stop [young people] from smoking, we would just say like, 'not in the house'. So we do have an issue ...trying to get the young people to adhere to the rules of no smoking in the rooms, no smoking in the house. There's a designated smoking area. But we're a bit limited on what we can do, I feel. As practitioners in our roles, it's a bit of a grey area, like what can we do if they're not following our rules, our hands are tied a bit. (Frontline practitioner)

I think one mum complained about her child not being able to smoke because she wanted them to be able to smoke. So the unit kind of just changed the rules...once you've changed the rule it's kinda hard to just change it back. (Female, 18)

5.17. In some cases, young people simply did not want to be told to stop smoking by an authority figure. For example, one young person said being told to do something would 'put their back up'; it was important to 'always leave young people to think it's their idea to stop smoking'.

5.18. Other young people explained they would need smoking cessation support to be delivered by someone they know and trust – and that this person must also have smoked, to be credible.

I think like, people that have stopped smoking and they're willing to admit that they were a smoker are probably the best people to like, you know, talk to people about smoking. I haven't listened to anybody that told me to stop smoking if they 1) hadn't ever been a smoker or 2) - hadn't stopped smoking, because you're not gonna get where I'm coming from. (Female, 18)

5.19. A few young people described hiding their smoking from others who would not condone their behaviour. While this generally related to smoking at a particularly young age, some hid their smoking as adults; for example, one hid their smoking from peers on their sports team. Another had received cessation support from a nurse while she was pregnant; she had been unable to stop but did not tell the nurse, because she did not want to disappoint her.

5.20. Among former smokers, support from trusted professionals or family or friends combined with interventions like patches and vapes, had helped them to quit smoking.

I'm currently on medication for my mental health, so at the time when I was with my local pharmacy and I seen a thing in the window, it was like 'free stop smoking service' and I thought, right, and the staff in there were really quite approachable so I thought, right, I'm gonna get myself in the right place, get myself in the right frame of mind, I'm gonna go and ask for some help. And I did. And they were really, really helpful. (Male 23)

Fatalism

5.21. Themes of pointlessness and destiny arose in some discussions about cessation and prevention with young people. A small number of staff also suggested that they did not think it would be possible to significantly reduce smoking rates among the target groups.

I wouldnae change it. I'm a big believer in that you're gonna die a something one day, so why not just do what you want? It's not going to affect you in the long run. I mean, at the end of the day we're all gonna have health defects, we're all gonna suffer from something, so why not just do what you want to do. (Male, 20)

I'm not quite sure how you're going to get round it, when there's a will there's a way at times isn't there. So if they don't have cigarettes they're going to ask people for cigarettes, while they're at school or wherever. So will we ever get round it? That I'm not sure of. (Frontline practitioner)

Service provider context

5.22. One practitioner described efforts to reduce the numbers of young people in residential and secure settings in recent years; reflecting that those currently placed there often face particularly complex challenges. In this context, a few staff suggested that smoking was 'the least' of the problems that young people were being supported to address.

It's probably not the main thing we tackle, we probably tackle the alcohol misuse, the drug misuse, the neglect – there will be so many other things that we tackle, that probably smoking will be lower down the line for us. (Frontline practitioner)

Of all the potential ways that they could find relief, I think it is seen that smoking is one of the least harmful, as compared to, I suppose, alcohol or other drugs. (Frontline practitioner)

5.23. Staff told us that smoking cessation was understood to be important; but that it did not feel backed up in practice. They mentioned limited time and resources to tackle smoking; confusion about who to approach to access resources; and also fears that smoking cessation efforts could undermine relationships with young people, damaging

other aspects of their work. Lack of knowledge about the overall approach and priority that should be afforded to cessation was a recurrent theme.

- 5.24. Some felt that their efforts have little impact in reducing smoking rates; that the wider forces leading young people to smoke are insurmountable.

[When asked if they had engaged in any smoking cessation support]. Nah, when I try and stop smoking am just gonna say nuh tae fags and am just gonnae smoke ma vaper, I'm no gonnae get all these patches and stuff. Just need ma Ma to gie me a hand. She'll actually help me stop. Well she's the one that gies me the fags right? So I can just go – dinna give me a fag. (Male, 17)

- 5.25. A small number of staff reflected that smoking behaviours are most entrenched when young people are in their teens; but with support they may be more amenable to the notion of stopping or engaging with cessation support in the future. However, this pattern was not evident in the small sample of young people who participated in this research; three-quarters of those aged 16-19 smoked, compared to 82% of 20-22 year olds.

[On cessation interventions] I wouldn't say the success is great; but you're kinda planting a seed for the future so the hope is that when their life becomes a wee bit more stable they kinda look back on what they've been through and they've had that kinda education and more ready to come to services I would've said. (Frontline practitioner)

- 5.26. One staff member highlighted a practical problem with the introduction of vapes as an alternative to tobacco use:

We tried introducing vaping as a sort of a lesser evil, but we found that the smoking alarms within the property weren't very keen on it. (Frontline practitioner)

- 5.27. Our literature review identified a lack of tobacco policy within the care sector and among homeless organisations. A 2014 study by ASH Scotland suggests that only half of all local authorities in Scotland have comprehensive tobacco policies in place for young people in residential units, foster care or adoptive care, and that there were significant variations in terms of policy scope.¹⁰ To address this gap, ASH Scotland recently developed a specific training pack¹¹ on developing a tobacco free culture for children and young people who are looked after.

¹⁰ ASH Scotland, *Report on the mapping of existing tobacco control policies within looked after and accommodated children and young people (LAACY) services in Scotland* (May 2014).

¹¹ <https://www.ashscotlandmoodle.org.uk/course/index.php?categoryid=3>

Effective approaches

Young people and staff shared examples of approaches that had had some success in cessation or prevention. Features of these approaches include positive reinforcement, clear messaging about the gains, ongoing interaction, incentives and a holistic approach



An app

Ma bairns' Dad tried tae stop and he lasted about two months, which is still pretty good. He'd uploaded an app on his phone. Aye, and like every day you woke up it gave you a 'day two-well done!' so it would praise you and that. I might even upload that you know - cos it tells you each and every day, ken as the weeks pass... you've saved this amount of money and it gies ye daily reminders that yer dain so well, keep it up. Aye and the milestones of what your body will have fixed. (Female, 21)

Alternative activities

We've done things like that in the open units; we'll say like you can get your nails done, you can go to go karting, if you stay off it. We use a lot of incentives for a lot of things, but smoking certainly would be - if they came to us and said, right I want to stop smoking, we would do everything we could do, get whatever patches they need, get whatever distractions they need, and we would do incentives, because it would work. Again it's when they're ready. (Frontline practitioner)

A long-term, trauma-informed approach

We've got quite a few different sessions we would go through with them. So just going through things like chemicals, physical health, mental health, looking at all different sides, smoking and what it does, not just to the body but mental health as well cos that's quite important for these kinda young people cos they tend to have been through some sort of trauma as well so we look at that. We look at how smoking might be ingrained into their habits because families have smoked and it's kinda all they've ever seen so we have a look at kinda a history of smoking in their families as well. When we're doing the cessation, I would say it's more about, especially young people when it's in units and things, it's more about working with them for a wee while and building up a relationship and a bit trust with them because they're not quick to buy in. It's no like when you're asked to come into schools; run of the mill kids are quite happy to sit down and talk to ya but kids in units and things, have been kinda passed from pillar to post a bit eh? I would say it's definitely about building up a relationship so we would go in and work more frequently. Kids at school we tend to go in and see once a week, whereas homeless kids or kids in units or kids who have experienced trauma then we would go in to or three times a week, just to kinda build up a relationship a wee bit and become a familiar face with them as well eh, cos once they start to trust you they'll tell you a lot more because often their smoking behaviour is caused by other issues that have happened in their life so it's maybe just a way of dealing with stress and things eh, a coping strategy. (Frontline practitioner)

A smoke free culture, reinforced with incentives

It's something that's built into what we do, rather than specific pieces of work. So we have a tobacco-free culture, if that's the right terminology; we don't necessarily have a piece of work every day or every week, it's inbuilt into what we do. We are a completely non-smoking organisation, so that's for children, adults that work here, visitors. There's quite a culture across Scotland that kids in care will smoke, and I suppose we want to be very clear that for the kids that live with us, that we look after, it absolutely isn't – they don't have to fit into that cultural acceptance. We really promote the fact that their home is somewhere that smoking isn't the norm. Just to try and have a different culture for them, because it does seem to be that kids in care will smoke, or they've often come from places where it maybe is okay and it's the norm... if the kids do something beneficial to their health, so that could be physical or emotional or their mental health, so it could be for example going for a cycle, going for a walk, if they smoke not smoking, if they smoke, trying to stop, it could be going to a youth club and making friends so they're not so isolated, anything that's going to benefit their health. If they do – it depends again on each kid, because some of our kids are a lot more active than others and it comes quite naturally to them, but for example some that are physically active might be less inclined to go make friends at a youth club or something similar, so really it depends, but then they get their £10 incentive for their little goals, and it could be tiny little goals every week, and they get that basically paid into their bank accounts. It works really well. (Frontline practitioner)



6. Recommendations

Given the variety of powerful factors that drive and reinforce decisions about tobacco use, it is important to recognise the challenges involved in preventing or reducing smoking among vulnerable young people. Although there is no “one size fits all” approach to tackling the issue, a range of suggestions have been made for NHS Lothian to consider

The complex culture and contributory factors identified in this report cannot be tackled by one agency. In order to achieve a tobacco-free Scotland, input from many partners is required. The table below links key findings to recommendations and outlines the roles of stakeholders in the short, medium and long term.

- At a national level, commitment and resourcing are required; with clear signalling that addressing tobacco use among vulnerable young people is a priority.
- Local authorities will need funding from the Scottish Government to implement change. They play a crucial role in managing social services, care services and homelessness support. Local authorities are also responsible for trading standards, which can ensure legislation related to buying/selling tobacco is enforced.
- National bodies such as Public Health Scotland have expertise in data collection and research which will enable Scotland to track progress in achieving change, and identify effective practice to build upon. They can influence the work of important cross-sector forums such as the Scottish Tobacco Alliance.
- Locally NHS Lothian can implement change in prevention and cessation approaches. This will involve funding, coordination of and engagement with third sector organisations who work with the target population; building on their expertise in engaging with young people.
- Schools, social work services or other agencies that engage with families have the necessary relationships to support lifestyle changes.

Finding	Recommendation	Responsibility	Short - term	Medium-term	Long - term
Strategic Recommendations					
Vulnerable young people in the Lothians are surrounded by a culture of smoking, which undermines prevention work	Recognise that smoking cessation approaches are required as part of a prevention strategy	NHS Lothian.	X		
Population level approaches to reducing smoking levels have had a limited impact on vulnerable young people in the Lothians.	Recognise that new approaches are required; a whole system strategy which provides leadership, allocates resources, reinforces a smoke free culture, enables measurement and supports those working with young people to tackle the issue effectively	NHS Lothian Scottish Government/National and local authorities.	X		
Operational Recommendations - current					
Young people are surrounded by a culture of smoking in family settings	Continue approaches that address the wider smoking culture around children e.g. grandparents at the gate	NHS Lothian, local authority (social work, children’s centres, parenting classes etc).	X		
Young people find it easy to obtain tobacco	Advocate the firm implementation of existing powers to tackle underage or agent purchasing	NHS Lothian, local authorities (trading standards), third sector (#notafavour).	X		

Finding	Recommendation	Responsibility	Short - term	Medium-term	Long - term
Young people are surrounded by a culture of smoking among peers in residential and secure care settings	Request that the Care Inspectorate share or publish inspection findings about tobacco use and other relevant information	NHS Lothian, local authorities (council care) third sector.	X		
Staff feel that they do not have the resources to tackle smoking	Provide information about resources available, for all staff and care givers working with target groups	NHS Lothian , third sector (ASH etc).	X		
Some young people start smoking at a very young age	Continue to implement approaches that engage children in messages about smoking at a young age	NHS Lothian, schools.	X		
Operational Recommendations - for development					
Young people are surrounded by a culture of smoking in family settings	Expand approaches that address the wider smoking culture around children, for example: <ul style="list-style-type: none"> • develop consistent messaging about tobacco use, and support for cessation and prevention • provide support for cessation and prevention to vulnerable families 	NHS Lothian, local authorities (family support, social work etc).		X	
	Reduce exposure to tobacco use and sales in community settings, to tackle the normalisation of smoking	NHS Lothian, local authorities (trading standards) community-based groups, third sector.		X	
	Deliver ongoing support to sustain prevention or cessation progress, if young people who have been removed from the home return to family settings	NHS Lothian and others.		X	

Finding	Recommendation	Responsibility	Short - term	Medium-term	Long - term
There are examples of effective practice	Disseminate examples and identify scope to build capacity to expand effective approaches	NHS Lothian, national work, Scottish Tobacco Alliance, Public Health Scotland.		X	
Parents and care givers feel unable to challenge young people on their smoking; especially if they smoke themselves	Adopt tools or approaches that support adults to handle complex or difficult parenting matters	NHS Lothian, local authorities, schools.		X	
Cessation approaches have greater success if delivered by a trusted adult young people have an ongoing relationship with	Develop care plans to establish who will be working with a young person to support cessation. Implement widespread prevention and cessation training for staff across the workforce, so the adult most trusted by a young person is able to deliver this	NHS Lothian .		X	
Confusion and challenges around delivering cessation interventions. Some staff believe parents can consent for their children to smoke, or be reluctant to raise the issue with young people who may feel they or their family are being judged	Cessation training to provide clarity and guidance for staff. Include work on this issue with staff during induction training, particularly among those in early stage careers, to establish clear understanding from the outset, that elimination of tobacco use is a service priority	NHS Lothian, third sector, and local authorities.		X	
Young people are surrounded by a culture of smoking among peers in residential and secure care settings	Engage with corporate parents across the Lothians to develop a consistent approach to tackling smoking in residential and secure settings	NHS Lothian, corporate parents, local authorities,		X	

Finding	Recommendation	Responsibility	Short - term	Medium-term	Long - term
Young people are aware of existing information, cessation services; but describe limited long-term impacts	Explore alternatives to information campaigns; tailored strategies and intensive work required	NHS Lothian, Scottish Government, Public Health Scotland, Scottish Tobacco Alliance.		X	
Young people believe that smoking cessation is a matter of will power	Develop campaign messages that engage with this perspective	NHS Lothian, Scottish government, local authorities.		X	
Young people hold fatalistic views about avoidance of harm	Shape campaign messages that engage with this perspective	NHS Lothian, Scottish government, Scottish Tobacco Alliance.		X	
Smoking rates appear higher, the more trauma a young person has experienced	Consider an allocation of resources to reflect the greater intensity of work needed with young people who have multiple adverse experiences	NHS Lothian, Scottish Government, local authorities.		X	
Smoking not viewed by staff as a priority in the context of the range of risk and harm vulnerable young people experience	Work with partners to develop a corporate parenting strategy that reinforces the message that this is a priority, and bolstered by resources and clear communication	NHS Lothian, Scottish Government, local authorities, third sector.		X	
Smoking is seen as a hobby by some young people	Provide attractive activities, resources and personal development opportunities as part of a prevention and cessation strategy	NHS Lothian, local authorities, third sector.		X	
Cessation tools (nicotine patches, vapes, varenicline) seen as harmful by some young people	Develop information tools to offer young people clarity about the risks and benefits of these tools, compared to tobacco use	NHS Lothian, pharmacies.		X	

Finding	Recommendation	Responsibility	Short - term	Medium-term	Long - term
Smoking is bound up in wider considerations about wellbeing and in particular, mental health	Identify and allocate resources to reflect the linked services young people will need access to as part of an approach to prevent or reduce smoking	NHS Lothian, Scottish Government, Scottish Tobacco Alliance, local authority, third sector.		X	
There is no readily available baseline to measure changes in smoking rates among key target groups at the local level.	Develop methodology for collecting and assembling data about smoking rates among target groups	NHS Lothian, Public Health Scotland, Scottish Government.		X	
	Implement measurement system and publish results	NHS Lothian, Public Health Scotland, Scottish Government.			X

Appendix 1: Interview Schedules

Interviews with young people

DRAFT INTERVIEW SCHEDULE

Introduction

Thank you for taking the time to speak to me today.

I work for The Lines Between, a research company, and NHS Lothian have asked us to do some research into young people and smoking. In particular, we are focusing on care-experienced young people and young people affected by homelessness.

When we say 'smoking', we mean both cigarettes and e-cigarettes.

NHS Lothian will use our research to help young people who want to smoke less, stop smoking, or avoid starting smoking in the first place.

I'd like to have a conversation with you to hear about your views and experiences of smoking. Our chat will take around 30 minutes.

I have some questions that I would like to go through with you, but please be aware that this is just a guide for me; there are no right or wrong answers. You don't have to tell me anything you don't want to. If you want to skip a particular question or take a break, or stop the conversation altogether, that's not a problem and we can do that any time.

We are speaking to lots of young people and might use some of your comments in our final report. However, if we do that, please know that everything you say will be made anonymous; this means that we won't use your name anywhere and nobody reading the report will be able to identify you.

We would also like to record our chat with you. Again, don't let this put you off. We only want to do this so that we don't miss anything important that you say. After our chat, we will transcribe the recording, which means that we will type up our conversation, and we will delete the recording once we have done this. However, we will only record the conversation with your permission.

Are you happy for me to record this conversation?

Do you have any questions before we begin?

About you

1. Could you begin by telling me a little bit about yourself?
 - How old are you?
 - Where do you live?
 - What do you like doing in your spare time?
2. Could you tell me which care settings you have experienced?
 - You might have been in residential care. This means that you have lived in a children's unit with other children and young people.
 - You might have been in secure care. This means that you have lived in a secure unit with other children and young people.
 - You might have been in foster care. This means that you have lived with another family who are known as your 'foster family'.
 - You might have been in kinship care. This means that you have lived with a relative who is not your mum or dad, such as a grandparent.
 - You might have been looked after at home. This means that you have lived at home with the help of social work.

Questions about smoking

3. Have you ever tried a tobacco cigarette (if yes then go to next question, if no go to page 6)
 - Do you smoke cigarettes at all nowadays?
 - How often do you smoke? Daily, two or more days per week, weekly, less than weekly
4. Have you ever tried an electronic cigarette or vaping¹²?
 - Never
 - Tried once or twice
 - Use sometimes but less than once a week
 - At least weekly
 - Daily
5. When did you first become aware of smokers around you? Can you tell me a little about this?
 - How old were you?

¹² Questions taken from

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821179/Vaping_in_England_an_evidence_update_February_2019.pdf

- Who smoked around you? (family/carers/siblings/friends/staff)
 - Where did they smoke? (car/home/residential unit/outside spaces)
 - What did they smoke? (cigarettes/vaping)
 - How did this make you feel?
6. (If not covered above) You said you've been in (X care type). Who smoked around you there?
- Where did they smoke?
 - What did they smoke?
 - How did this make you feel?
7. **For former-smokers:**
- Ask questions re: frequency
 - How long smoked for?
 - What helped them stop – (prompts: interventions and motivation?)
 - (Then go to 'Your experience of smoking')

Your experiences of smoking

8. Tell me about the time when you first started smoking.
- How old were you?
 - Who were you with?
 - Where were you?
9. Where did you get your cigarettes or e cigarettes from, that first time?
10. Why did you start smoking? (Prompts: pressure from friends/siblings; just to try it/managing stress/family or carer influence or other adults)
- If you could go back to that moment in time, would you have done anything differently? Would you still choose to smoke?
 - Why/why not?
11. Where do you get your cigarettes or e cigarettes from now?
12. How long did it take from having that first cigarette to smoking regularly?
13. How do you – and the people around you – feel about you smoking?

- What has made you continue smoking?
- How has smoking affected you? (Positively and negatively)
- How do others feel about you smoking? (Prompts: parents/carers; friends/peers)
- Has anyone tried to stop or discourage you from smoking?
- If yes, how did this make you feel?

14. For current smokers – We aren't here to tell you to quit smoking, but we would be interested to know if you have ever tried to quit?

- If yes:
 - What made you want to quit?
 - What help, if any, did you get in trying to quit smoking?
- If no:
 - Why not?
 - Do you want to quit?
 - Why/why not?

Attitudes towards/behaviour around smoking

15. In your opinion, how easy or difficult is it for a young person to smoke?

- Has this changed over time?
- Compared to when you were younger, do you think people feel differently about young people smoking nowadays? (e.g. staff/teachers/family and carers/friends)
- Why do you think this is? (Prompts: hiding cigarette displays/introduction of e-cigarettes and vaping?)

16. Young people with care experience can go through lots of difficult things. How do you think this relates to smoking?

- How do you think these difficulties affect their smoking habits?

Smoking prevention initiatives

17. Can you tell me about the range of people/services that have supported you through the care system? (Examples: looked after nurse, social worker, residential unit staff, aftercare)

- Have you had support from these people/services to stop smoking?

18. More generally, are you aware of there being any support in place to help young people stop smoking?

- If yes:
 - How did you find out about this?

- What support is there?
- Where is it available?
- Has it made an impact on you, or anyone else you know?
- Do you think this is a good idea?
- Why/why not?

19. What more do you think community organisations could do to help care-experienced young people/young people affected by homelessness stop smoking?

- If a smoker: what kind of help would you be looking for, if you wanted to stop smoking?

20. In your opinion, what might make it difficult for a care-experienced young person/young person affected by homelessness who wants to stop smoking?

Final reflections

21. Is there anything else that you would like to add that we haven't talked about already?

**Any questions?
Thank and close.**

Interviews with stakeholders

Introduction

Thank you for taking the time to speak to me today.

I work for The Lines Between, an independent research agency, and we have been commissioned by NHS Lothian to conduct research into smoking among vulnerable young people. In particular, we are interested in exploring smoking among young people affected by homelessness, care experienced young people in residential and secure care, and care-experienced young people who are in foster care, kinship care, adoption or who are looked after at home.

When we say 'smoking', we are referring to both cigarettes and e-cigarettes.

Our findings will be used by NHS Lothian to inform the development of a best practice model or intervention to reduce the take up of smoking among vulnerable groups of young people.

I'd like to have a conversation with you today to hear your views on smoking among vulnerable young people. Our conversation will last for around 30 minutes. Can I check if you have to stop in 30 minutes or if we can continue if needed?

I have some questions that I would like to work through, but please be aware that this is just a guide for me; there are no right or wrong answers. You don't have to tell me anything you don't want to. If you want to skip a particular question or take a break, or stop the interview altogether, that's not a problem and we can do that any time.

While we are speaking to a range of stakeholders and reporting on our findings at an overall level, we may use some of your comments in our final report. However, please be aware that everything you say will be made anonymous, we won't use your name anywhere, and we will report our findings in a way which means you can't be identified.

We would also like to record this conversation. This is so that we can accurately capture everything that you say and don't miss anything important. After our conversation, we will then transcribe the recording and we will delete the recording after this point. However, we will only record the conversation with your permission.

Are you happy for me to record this conversation?

Do you have any questions before we begin?

About you

1. Could you begin by telling me about your role work with [care experienced or homeless] young people?
2. Are you currently doing any work with young people to encourage smoking prevention or cessation? If so could you tell me a little bit about that?
3. In the past, have you used any other approaches of working with young people on smoking issues – what were they and how were they different?
4. How effective do you think this work is?

(Useful for introduction and context)

Attitudes towards/behaviours around smoking

5. It appears that smoking is much more prevalent among young people in secure and residential care/in foster or kinship care or adoption/experiencing homelessness than young people more generally. Why do you think this is?

(The literature suggests major discrepancies in rates of smoking among the target groups and the general population. This question will help us to further unpack these discrepancies while also establishing factors that influence smoking)

6. Based on your knowledge of the young people you work with, have you observed any trends in terms of who smokes and doesn't. This could be age, gender, level of risk or type of care experience/homelessness?
7. How could smoking rates among this/these group(s) be tackled or reduced?
8. What do you think would be the main barriers to stopping smoking among young people in secure and residential care/in foster or kinship care or adoption/experiencing homelessness?

(Again, this will enable us to establish the factors influencing smoking)

9. What changes, if any, have you noticed in the attitudes towards/behaviours around smoking among this/these group(s) and the staff supporting them?
 - (If any changes) In your opinion, what was the reason for this change?

Smoking prevention initiatives

10. Are you aware of any work taking place around smoking among this/these group(s), either within your own organisation or elsewhere?

- (If yes) What does this work involve?
- (If no) Why do you think this hasn't been explored?

(This will increase our awareness of any initiatives already in place to tackle smoking among the target groups)

11. (If not covered above) What do you think would be the main challenges involved in implementing a smoking prevention initiative aimed at this/these group(s)?

12. What implications, positive or negative, would a smoking prevention initiative have for your own work with this/these group(s)?

(This might unearth important considerations for the development of an initiative).

Final reflections

13. Are there any resources that you think we should be aware of in our research? This might be relevant literature or other online resources relating to smoking among care-experienced or homeless young people.

(This might lead us to literature not already covered in the literature review and, for example, to the most recent statistics)

14. Is there anything else that you would like to add that we haven't discussed already?

**Any questions?
Thank and close.**

Appendix 2: Literature review

Introduction

- i. This chapter outlines the key findings from our review of the literature on tobacco use among care-experienced young people and young people affected by homelessness.
- ii. We used a variety of methods to generate relevant literature. Using the Google search engine as well as the Mendeley, EThOS and OpenAthens databases, we entered a range of formal and informal search terms – for example, terms such as ‘care-experienced’, ‘homeless’, ‘looked-after’, ‘foster’ and ‘rough sleepers’. As well as searching for ‘smoking’ literature, we also searched for literature on ‘risk-taking behaviour’ among these groups. In adopting this approach, we obtained a wider range of literature, from blogs and newspaper articles to academic research papers.
- iii. To supplement the results of our literature search, we used the Idox ‘Ask A Researcher’¹³ service and we also asked our staff and stakeholder interviewees about any other literature of relevance to the topic.

Prevalence of smoking

- iv. Smoking is widely reported as being more prevalent among care-experienced young people and young people affected by homelessness compared to young people more generally. While in Scotland up-to-date statistics on smoking prevalence are wanting, one previous study showed that 44% of looked after children were regular smokers – a quarter of whom started smoking before the age of 11 – and that 67% of care leavers smoked.¹⁴
- v. Rates of smoking somewhat depend on the type of care setting. Arguably, smoking is of greater concern in residential units. In one study of residential units in Glasgow, 75% of young people were regular smokers.¹⁵ Another study in Glasgow highlighted the higher rates of smoking, alcohol use and drug-taking among children and young people in residential care compare to other care settings.¹⁶ Likewise, in England, an estimated 69% of young people in residential units smoke, compared to 3% of young people aged 11-15 within the wider population.¹⁷

¹³ ‘Ask A Researcher’ is an online literature search service provided by Idox. Idox has its own database of over 200,000 reports and articles.

¹⁴ Care Inspectorate and ASH Scotland, *Creating a tobacco-free culture: guidance for providers of residential care for children and young people* (2017).

¹⁵ I MacMillan, *Smoke Free Care Placements for Looked After and Accommodated Children and Young People* (2007), p. 5.

¹⁶ S Vincent and M Jopling, ‘The health and well-being of children and young people who are looked after: Findings from a face-to-face survey in Glasgow’, *Health and Social Care in the Community* 26:2 (2017), pp. 182-190.

¹⁷ L Huddleston, C Pritchard and E Ratschen, ‘Smoking and looked-after children: a mixed-methods study of policy, practice, and perceptions relating to tobacco use in residential units’, *International Journal of Environmental Research and Public Health* 13:593 (2016).

- vi. Young people in kinship care are arguably less likely to engage in health risk behaviours than those in other care settings. This is because they are cared for by a familiar member of the family.¹⁸
- vii. Smoking is even more prevalent among homeless young people. In one Scottish study conducted in 2009, an estimated 94% of homeless young people aged 15-24 were deemed regular smokers.¹⁹ Arguably, the issue is particularly acute compared to other countries such as the USA, where a recent study found that 70% of unaccompanied homeless young people smoked.²⁰
- viii. While statistics are useful indications of the prevalence of smoking among young people, it is important not to lose sight of their reliability. It has been suggested that younger children are likely to overreport smoking behaviour, while older children are likely to underreport it. In this way, the combined use of statistics alongside personal accounts could be a more accurate method of establishing smoking prevalence.²¹
- ix. Among all young people, there has been a steady increase in the use of e-cigarettes in recent years. In the UK, between 2015 and 2019, the proportion of young people aged 11-18 who had tried e-cigarettes increased from 12.7% to 15.4%.²² Again, it has been suggested that rates of vaping are being underreported in the UK – this seems likely given that in the USA, 30% of high school children vape.²³
- x. E-cigarettes have potentially reduced the consumption of tobacco cigarettes. In the UK, they are often promoted as an aid to stopping smoking, while in the USA great strides have been made to cut down on – or ban – vaping.²⁴ However, one study of homeless adults in the UK showed that while many of them had tried an e-cigarette, they later switched back to tobacco cigarettes.²⁵ This suggests that e-cigarettes are likely to have a short-term impact, at best, in reducing rates of tobacco cigarette smoking.

Facilitators to smoking

- xi. There are a range of facilitators to smoking for vulnerable young people. A key factor is the smoking behaviours of other people in a young person's life. Some studies have emphasised the influence of foster carers' smoking behaviours on those in their care.²⁶ Others have focused on parental and sibling smoking behaviours; it is estimated that

¹⁸ B Gramkowski, S Kools, S Paul et al, 'Health risk behaviour in foster youth', *Journal of Child and Adolescent Psychiatric Nursing* 22:2 (2009), pp. 77-85.

¹⁹ ScotPHO, *Young Adult Smokers in Scotland* (press release, 2009), p. 13.

²⁰ JS Tucker WG Shadel, D Golinelli et al, 'Reducing cigarette smoking among unaccompanied homeless youth', *RAND Research Brief* (2015).

²¹ M Mair, A Barlow, SE Woods et al, 'Lies, damned lies and statistics? Reliability and personal accounts of smoking among young people', *Social Science & Medicine* 62 (2006), pp. 1009-1021.

²² ASH, 'Use of E-Cigarettes Among Young People in Great Britain' (2019).

²³ W Lenney, 'Vaping poses serious threat to children', *Guardian* (26 November 2019).

²⁴ S Boseley, 'The great vape debate: are e-cigarettes saving new smokers or creating new addicts?', *Guardian* (18 February 2020).

²⁵ L Dawkins, A Ford, L Bauld et al, 'A cross sectional survey of smoking characteristics and quitting behaviour from a sample of homeless adults in Great Britain', *Addictive Behaviours* 95 (2019), pp. 35-40.

²⁶ ASH and The Fostering Network, 'Foster care, adoption and smoking' (January 2016).

children who live with parents or siblings who smoke are three times more likely to become smokers.²⁷

- xii. Peer relationships are also key to facilitating smoking. Smoking is a way for young people in care to build relationships with peers and a key part of the social environment.²⁸ This is also the case for those experiencing homelessness, with recent studies emphasising the “communal act of smoking” among homeless smokers as being important in bringing people together.²⁹ At the same time, poor relationships with peers and experiences of bullying are associated with increased risk of substance use among young people in foster care.³⁰
- xiii. Other research has highlighted the importance of stable placements for the health and wellbeing of a child or young person in care. For example, frequent changes to a young person’s care setting often means changing schools. This, in turn, leads many looked after children to miss out on medical checks and health promotion initiatives (like smoking prevention work) in school.³¹
- xiv. Stress relief is often viewed as a facilitator to smoking among young people, with an estimated 95% of young people turning to smoking as a coping mechanism.³² While this applies to young people more widely, it is important to bear in mind the additional stressors faced by these vulnerable groups of young people.
- xv. Another key facilitator to smoking among young people in general relates to their curiosity around smoking, and e-cigarettes in particular. A recent study by ASH found that 52.4% of young people smoked e-cigarettes “just to give it a try”, while 14.4% liked the flavours.³³ Likewise, a study of secondary school pupils in Fife emphasised the wide variety of appealing flavours such as watermelon, cherry and toffee as leading many young people to experiment with vapes.³⁴

Smoking prevention, policies and programmes

- xvi. In line with its five-year tobacco control action plan (2018), in recent years, the Scottish Government has passed a spate of legislation to reduce the overall attractiveness and visibility of smoking – for example, by removing tobacco products from display, printing

²⁷ ASH, ‘Young People and Smoking’ (September 2019).

²⁸ MacMillan, ‘Smoke Free Care Placements for Looked After and Accommodated Children and Young People’, p. 5.

²⁹ Dawkins, Ford, Bauld et al, ‘A cross sectional survey of smoking characteristics’.

³⁰ SJ Long, RE Evans, A Fletcher et al, ‘Comparison of substance use, subjective well-being and interpersonal relationships among young people in foster care and private households: a cross sectional analysis of the School Health Research Network survey in Wales’, *BMJ Open* 7:e014198 (2017).

³¹ J Scott and M Hill, *The Health of Looked After and Accommodated Children and Young People in Scotland* (2006), pp. 4-5.

³² MacMillan, ‘Smoke Free Care Placements for Looked After and Accommodated Children and Young People’, p. 5; ASH, ‘Young People and Smoking’; ASH Scotland, *Tobacco-free Cultures for Children and Young People Who Are Looked After: A Training Course for Residential Staff, Kinship Carers and Foster Carers. Part One: Participants’ Pre-Reading Workbook*.

³³ Ash, ‘Use of E-Cigarettes’, p. 6.

³⁴ M de Andrade, K Angus and G Hastings, ‘Teenage perceptions of electronic cigarettes in Scottish tobacco-education school interventions: co-production and innovative engagement through a pop-up radio project’, *Perspectives in Public Health* 136:5 (2016), pp. 288-294.

visuals of the harmful effects of smoking on cigarette packets, and removing all branding from packets. Going one step further, a recent study of smokers in Glasgow and Edinburgh found that printing the message 'Smoking Kills' on cigarettes was likely to deter young people from smoking.³⁵

- xvii. Despite this high-level activity, there is a lack of tobacco policy within the care sector and among homeless organisations. A 2014 study by ASH Scotland suggests that only half of all local authorities in Scotland have comprehensive tobacco policies in place for young people in residential units, foster care or adoptive care, and that there were significant variations in terms of policy scope.³⁶
- xviii. For example, in Glasgow, one 2007 study indicated that there was no policy for residential units nor foster carers. Residential units followed Glasgow City Council's 'Smoke Free Workplace' policy which forbids smoking within residential homes among children and staff. However, in Dundee, a Family Placement Smoking Policy was implemented to all foster homes in 2006. It stipulated that carers should not smoke around foster children, that children should not be allowed to smoke within the foster home, and that children should be actively discouraged from smoking.³⁷
- xix. While not specifically targeted at vulnerable young people, there are smoking cessation services elsewhere to learn from. For example, in England, the NHS Stop Smoking Services provides a combination of pharmacotherapy and face-to-face support. The literature highlights a range of key components to the development of a smoking prevention policy or programme for looked after and/or homeless young people. These include: care-givers acting as positive role models for young people; involving young people in shaping tobacco policies; providing education and training to care-givers by linking up with organisations such as ASH Scotland where possible; providing young people with accurate and up-to-date information on tobacco use; encouraging the use of nicotine replacement therapies; and gathering data on smoking and enabling data-sharing between stakeholders.³⁸

Barriers to implementing smoking prevention and cessation policies and initiatives

- xx. There are a range of barriers which must be addressed in implementing new programmes or policies to reduce the rates of smoking among vulnerable young people, however formal or informal. Largely, these relate to the reluctance of care-givers to engage young people in smoking cessation activity. Due to the variety of stressors that young people in these groups experience in their everyday lives, there is often a

³⁵ C Moodie, R O'Donnell, J Fleming et al, 'Extending health messaging to the consumption experience: a focus group study exploring smokers' perceptions of health warnings on cigarettes'. *Addiction Research & Theory* (2019).

³⁶ ASH Scotland, *Report on the mapping of existing tobacco control policies within looked after and accommodated children and young people (LAACYP) services in Scotland* (May 2014).

³⁷ MacMillan, 'Smoke Free Care Placements for Looked After and Accommodated Children and Young People', pp. 7, 12.

³⁸ Care Inspectorate and ASH Scotland, *Creating a tobacco-free culture*; ASH Scotland, *Report on the mapping of existing tobacco control policies*; ASH Scotland, *Smoke-free policy for looked after children and young people (LAACYP) (Scotland)* (October 2014); Tucker, Shadel, Golinelli et al, 'Reducing cigarette smoking among unaccompanied homeless youth'.

perception among staff and care-givers that young people have “greater issues to deal with” than addressing their smoking.³⁹ This is despite clear evidence showing that many young people in these groups want – and need – help to stop smoking.⁴⁰

- xxi. Given the importance of smoking as a mean of maintaining relationships for looked after children and young people in particular, residential unit staff have voiced concerns about young people damaging their relationships with peers and staff if they quit smoking. This applies particularly to cases where nicotine withdrawal leads young people to become aggressive or agitated.⁴¹
- xxii. There are also practical barriers to address, namely service constraints and a lack of time or resources to work with young people on smoking issues or to train staff to do so. For example, in 2017, a process evaluation of the implementation of ASSIST – a school-based smoking prevention programme – found that the recent climate of budget cuts was a threat to the ongoing delivery and expansion of the programme, particularly as the programme targeted only one kind of risk behaviour.⁴² It is crucial that care-givers and others who work with young people are given flexibility in implementing smoking prevention programmes, to mitigate against these barriers.⁴³

³⁹ L Huddleston, *Tobacco use and looked-after children: developing a complex intervention to address smoking in residential care* (PhD thesis: University of Nottingham, 2019).

⁴⁰ Tucker, Shadel, Golinelli et al, ‘Reducing cigarette smoking among unaccompanied homeless youth’; ASH Scotland, *Tobacco-free Cultures for Children and Young People Who Are Looked After*.

⁴¹ Huddleston, *Tobacco use and looked-after children*.

⁴² F Dobbie, R Purves, J McKell et al, *A Process Evaluation of the Implementation of ASSIST in Scotland* (2017).

⁴³ Huddleston, *Tobacco use and looked-after children*; Tucker, Shadel, Golinelli et al, ‘Reducing cigarette smoking among unaccompanied homeless youth’