

## Wales Tobacco or Health Network Webinar

### Teenagers and Smoking: Have we taken our eye off the ball?

21 March 2021

#### 1. Overview

Around 6,000 children take up smoking every year in Wales and 8% of 15 to 16-year-olds smoke weekly – a figure that has not fallen since 2013. Three out of 4 of those children will go on to be long-term smokers.

Smoking is an addiction that begins in childhood; a recent ASH Wales YouGov survey found 81% of current smokers tried their first cigarette before the age of 18<sup>i</sup>.

People who start smoking earlier are often the heaviest smokers later in life. They are also the group likely to be the most dependent and with the lowest chance of quitting.

Research shows the earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease, which often lead to early death<sup>ii</sup>.

#### 2. Wales Tobacco or Health Network

The Wales Tobacco or Health Network (WTHN) is an independent forum that brings together individuals and organisations with an interest in tobacco and health inequalities in Wales. The network is well informed and provides a platform for knowledge sharing from a broad spectrum of stakeholders. The role of the WTHN is to educate, inform and influence.

On 22 March 2021 more than 70 individuals from across Wales took part in a webinar and panel event that included Members of the Senedd, public health practitioners, local authorities, schools and further education colleges, policy and third sector representatives.

#### **Speakers and Members of the Panel:**

**Baroness Finlay** *Deputy Speaker, Deputy Chair of Committee, House of Lords; Baroness Finlay is an Independent Crossbench Member of the House of Lords. She was responsible for bringing the first private members' bill that eventually led to smoking being banned in public places in Wales in 2007. She is also Chair of the Alcohol Harms Commission and Chair of Cardiff Metropolitan University.*

- Baroness Finlay started the meeting by describing her own experience as a doctor, of seeing the impact of smoking, particularly **smoking in pregnancy**. She spoke about how children's brains develop and how this can be affected by **early nicotine addiction** making them susceptible to other addictions in later life.

**Professor Graham Moore & Dr Nick Page, Centre for Development & Evaluation of Complex Interventions for Public Health Improvement (DECIPHer) Cardiff University** *DECIPHer are responsible for producing the School Health Research Network in Wales survey that is produced every two years. 120,000 students take part, which is 94% of eligible schools across Wales.*

- From this presentation we learnt that smoking prevalence has **plateaued since 2013**, and that rates remain highest for young people from **the most deprived backgrounds**. We also explored the correlation between smoking rates flatlining and increased cannabis use, and the possibility that the **rise in cannabis use has offset any decline in youth tobacco smoking** prevalence. Regular smoking with cannabis increased the risk of becoming addicted to nicotine.

**Dr Britt Hallingberg, Lecturer in Health & Wellbeing, Cardiff Metropolitan University** *Dr Hallingberg is an interdisciplinary researcher with experience in applying psychological theory to public health and criminological research. Her research explores how both psychological and societal influences shape young people's health behaviours, as well as identifying opportunities for intervention development and evaluation.*

- Dr Hallingberg commented that we need to consider a broader holistic solution that looks at what young people are using as coping mechanisms, the wider context of their lives, their family environment, the **co-existence of other issues such as gambling, cannabis use, drinking** etc.
- Dr Hallingberg also suggested that when looking at the school environment we need to **create other opportunities for young people to bond**, interact, and provide distractions.

**Mr Andrew Cooksley MBE, Chief Executive ACT Training** *ACT delivers traineeships, apprenticeships and higher apprenticeships to help over 6,500 learners a year. Andrew has realised that far too many young people engage with ACT at age 16 with deficient skills and are unprepared for a successful transition from school into the 'real world'.*

- Andrew described taking a class of 14 learners and discovering that the majority of them smoked. The young people at ACT face many challenges. He gave details of a recent ACT survey of **400 young people** which found **43% of learners smoke**. The survey also showed they are not getting enough sleep or eating good food. As a result, ACT have made improving the **health and wellbeing of learners a priority**.

### 3. What did we learn?

**Tailored messages:** Denormalisation is no longer having an impact on youth smoking rates at a population level. Health messages are often not seen as 'relevant' by young people, messages need to be tailored. Employment, training opportunities, financial impact, environmental impact and mental health were all cited as being 'important' and influential on the decisions of young adults.

Information should suggest 'wanting the best for yourself' and allowing young people to have their own voice heard. The majority of young smokers say they want to stop (now or in the future) but do not recognise how difficult this might be to achieve in the future. They know the risks to their health, but they believe they can stop whenever they choose.

**Access to tobacco:** Trading Standards reported that illegal tobacco is a key driver behind youth smoking prevalence and the role illegal tobacco plays in youth smoking rates is underestimated. There was broad agreement that young people find it easy to obtain cheap cigarettes and from local sources including shops. It's not possible to enforce the problem away; reducing demand and additional measures such as raising the age of sale from 18 to 21 should be considered.

**Role models:** Those in education feel there is increasingly a high level of stigma attached to smoking and the habit has been pushed into the **margins of our society**. We need to look at the **root cause** of the problem and in particular, **poverty** and **family circumstance**. 70% of learning is done outside the classroom and family influence has a huge impact. Young people need to be empowered to educate their parents, and the **families** of these young people must also be **supported to improve their health and wellbeing**.

The **demise in youth clubs** and limited access to extra-curricular activities has created the 'perfect storm' in which young people take up smoking due to a lack of organised activity and focus. Their lives can be complicated and stressful and young people are heavily influenced by their **peers and media role models** (children are still exposed to significant amounts of smoking on screen).

We need new imaginative solutions to engage young people, particularly now that figures have stagnated and the impact of the pandemic on mental health is expected to be significant. The panel described '**a poverty of enthusiasm**' and '**a poverty of role models**' for young people. Harnessing the community spirit that we have seen throughout the pandemic to support young people was cited as a solution to reaching those most in need. Inequalities gaps are increasing and opportunities for them to thrive continues to be threatened.

**Cannabis use:** Young people are increasingly using cannabis and this is hindering attempts to reduce youth smoking. Cannabis can act as a gateway to smoking. There was a call for more integrated policies that can help to address the co use of tobacco and cannabis among adolescents.

**Education:** It was acknowledged that education has a significant role to play in reducing youth smoking. The new curriculum offers more opportunity to take a whole school approach, however for schools in the more affluent areas, smoking is not perceived as being an issue. Deprived children attending these schools are likely to be facing different issues and it's important they are not marginalised.

Details of the outcomes from the discussions of the webinar can be found below.

(Appendix 1)

## 4. Recommendations

### Acceptability

- Include young people's voices in new solutions
- A national education programme with a revised approach to prevention and the impact of smoking - including smoking during pregnancy
- Tailored intervention and support programme for Pupil Referral Units and further education colleges
- Extension of smokefree policies for higher education settings
- A cross governmental approach to address the co use of tobacco and cannabis, given the strong links between the two substances
- Cessation and prevention programmes for young people needs to adopt a whole family approach to break the intergenerational cycle of smoking

### Availability

- The full implementation of the Public Health Wales Act (2017) making it illegal to hand over tobacco products to under 18's and a retail register for Wales
- Raise the Age of Sale from 18 to 21
- An enforcement and media campaign to crack down on the illegal sale of tobacco to under 18's
- Direct action to cut the supply of illicit cigarettes to young people
- Tougher penalties for law breakers
- Public health action to address the purchase of tobacco and cannabis

### Attractiveness

- Ensure young people have positive 'role models'
- Use messages that resonate with 'high risk young people' linking to subject such as jobs, housing and the environment
- Public health messages for young people to include the impact of tobacco and cannabis



**Wales Tobacco or Health Network**

**Teenagers and Smoking; Have we taken our eye off the ball?**

**Discussions and Recommendations**

<b>What are the figures for youth smoking in Wales?</b>
The 2019 SHRN Survey of almost 120,000 young people told 'who had every smoked a cigarette' in yr 7 - 2% of boys and 1% of girls – increasing in year 11 21% of boys and 27% of girls
The number of young people smoking regularly by year 11 is 8% (both boys and girls) – this figure has not changed since 2013.
Less affluent students are twice as likely to smoke as their more affluent peers 6% v 3%
The rates of cannabis use have increased from 2.7% to 4.4%
The figures suggest that adolescent cannabis use has offset any declines we might have made in tobacco smoking.
A child with two parents who smoke is three times more likely to take up the habit
Peer influence is still a primary factor – whether from friends or smoking on screen
Regular use of e-cigarettes remains uncommon

<b>How can young people afford to smoke?</b>
The average age for starting to smoke is 15
Illegal tobacco enables young people to start smoking
Young people buy fags from their local shop at £3 a packet
Young people say it's an easy option when you have little/no money
Young people go without food to buy fags
Young people don't care about the health impact
Young people say it's easier to buy than alcohol
Reducing access to illegal tobacco is essential to reducing tobacco consumption in deprived areas

<b>Is denormalization the answer?</b>
Smokefree spaces are a welcome measure but are unlikely to impact youth smoking rates
Young people in PRUs could be criminalised by the latest smokefree spaces legislation
Pushing smoking into the margins of society identifies as deviant behaviour – can make it more attractive in the long run

Young people know the health risks so those messages don't work
Multiple factors linked to smoking; need to understand the reasons before identifying the solutions
Young people feel more stressed now and need ways to cope

<b>What new measures do we need to start winning the battle?</b>
Raising the Age of Sale from 18 to 21 would take smoking away from school settings completely
Listen to young people; include them in the solutions
Tailored support programme for Pupil Referral Units and further education settings
A national education programme with a new approach to prevention that includes smoking during pregnancy
Implement a Retail Register for Wales that will aid enforcement and offer another deterrent against under age sales

The biggest effects on youth smoking result from policies such as high tobacco prices, smokefree laws and bans on tobacco advertising.

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<sup>i</sup> [ASH Wales YouGov 2020](#)

<sup>ii</sup> [Going smoke-free: the medical case for clean air in the home, at work – RCP London](#)