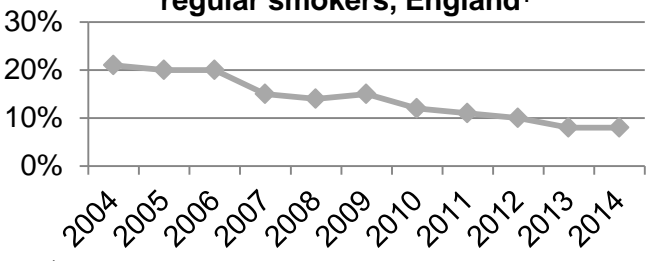


# Young smokers

Risk of disease is related to the length of time a person has smoked, therefore young people who start smoking before the age of 18 face a greater risk of developing ill health if continuing to smoke as an adult (NICE guidelines PH14).

**Smoking prevalence age 15 years - regular smokers, England<sup>1</sup>**

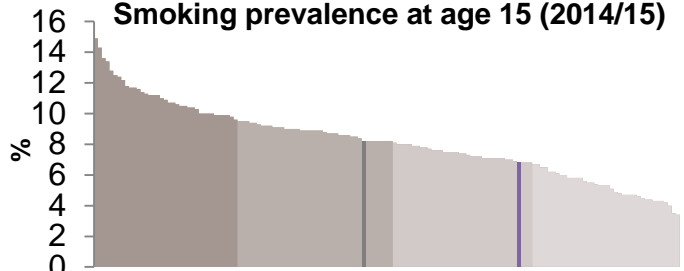


<sup>1</sup>Source: The NHS Information Centre for Health and Social Care

National studies have shown that smoking prevalence in young people has fallen drastically in England over the last ten years, from 21% of 15 year olds smoking regularly in 2004, to 8% in 2014.

Smoking prevalence estimates at age 15 are available at local authority level from the 'What about youth' survey (2014/15). In Cheshire West and Chester it is estimated that 6.8% of 15 year olds are current smokers. This is lower than the national average of 8.2%. Breaking down the 6.8%, 5.1% smoke regularly and 1.7% smoke occasionally.

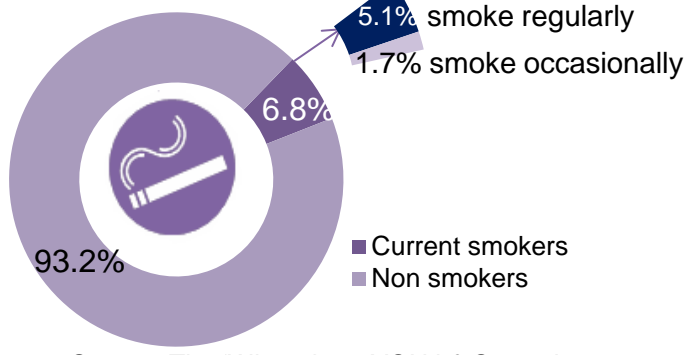
**Smoking prevalence at age 15 (2014/15)**



English Local Authorities with local geographical areas  
 ■ Cheshire West and Chester ■ England

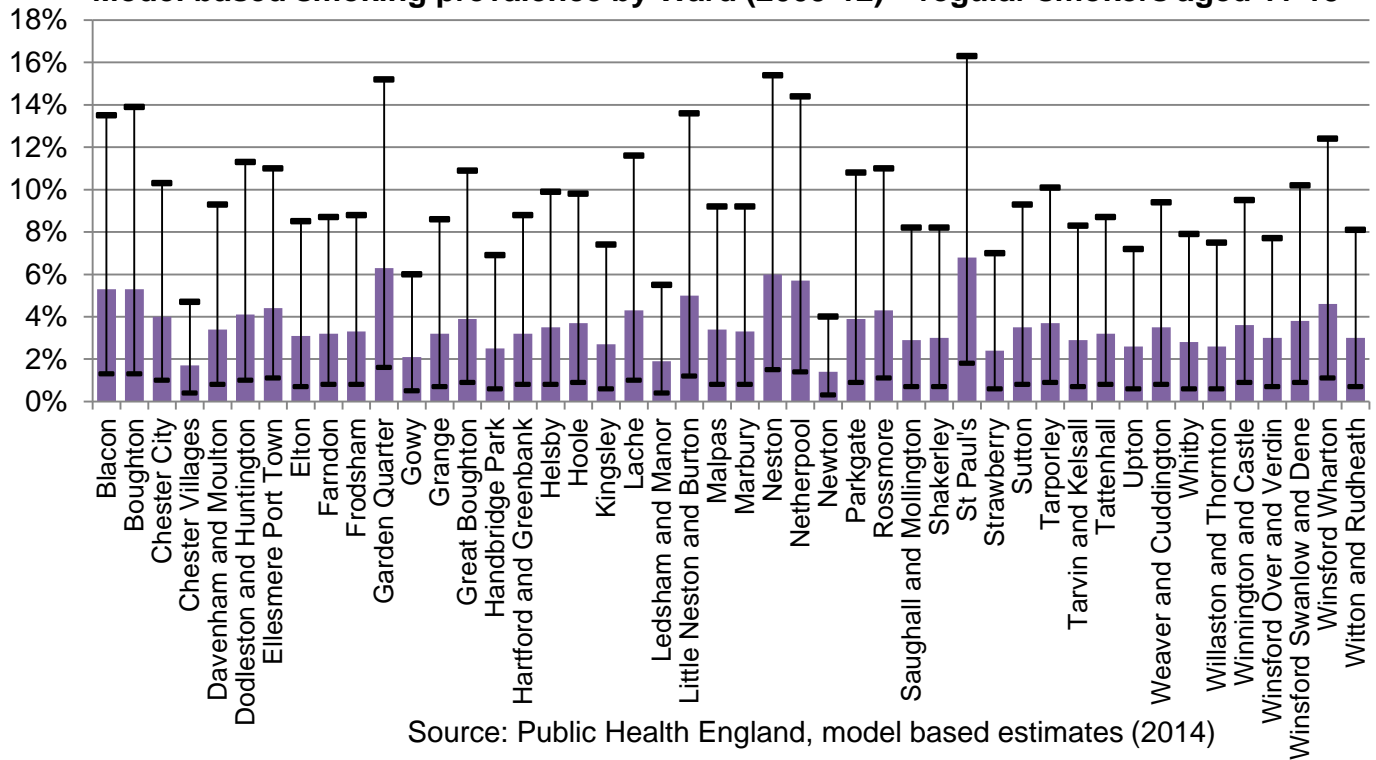
In Cheshire West and Chester, around 1 in 15 young people aged 15 smoke

**Smoking prevalence at age 15 in Cheshire West and Chester**



Source: The 'What about YOUth? Survey' 2015

**Model based smoking prevalence by Ward (2009-12) – regular smokers aged 11-15**



Source: Public Health England, model based estimates (2014)

Public Health England, model based estimates of smoking prevalence at ward level for 11-15 year olds suggest variation in smoking prevalence across the borough (note: differences are not statistically significant). St Paul's ward and Neston ward in Ellesmere Port locality, and Garden Quarter ward in Chester locality, have an estimated prevalence of over 6% regular smokers aged 11-15.

Research indicates that young people with family members who smoke are more likely to become regular smokers themselves. Around 20% of children in the UK live in homes where at least one person smokes; in Cheshire West and Chester this would equate to approximately 11,700 children aged 0-15 years with an increased risk of becoming a smoker.

As well as children from smoking households, those most vulnerable to uptake include children in care, those truant or excluded from school, lesbian, gay, bisexual or transgender (LGBT) children, those with mental health issues and young offenders.

### Evidence of what works

The earlier children become smokers, the greater the risk of developing life-threatening conditions such as lung cancer or heart disease. Those who start smoking before the age of 16 are twice as likely to continue to smoke; therefore it is imperative to intervene as soon as possible.

One of the best ways to reduce the number of young smokers is to influence the adult world in which they grow up, so they do not see smoking as a social norm. Some of the factors which influence whether children take up smoking include tobacco price and availability, restrictions on smoking in public places, advertising (including point-of-sale) and other promotional tactics such as product placement e.g. in films.

No single intervention or programme can prevent children from taking up smoking, a comprehensive approach is required. It is generally recognised that prevention efforts will be most effective if they begin in primary school. School-based prevention programmes, whether they prevent or delay the uptake, are likely to be cost-effective. However, the effectiveness of brief advice in children and adolescents is unknown.

There is good evidence that a specific peer led approach (known as the ASSIST<sup>1</sup> programme) can prevent children and young people from taking up smoking.

<sup>1</sup> Campbell R, Starkey F, Holliday J et al. (2008) An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. *Lancet* (371) 9624: 1595–602

### Recommended actions

1. Schools and colleges should develop an organisation-wide smoke-free policy. This would include making information on local Stop Smoking Services freely available.
2. Schools and colleges should operate a zero tolerance to smoking across the whole campus
3. One of the main aspects of the policy would be to offer combined interventions to stop children taking up smoking by improving their social competence and awareness of social influences (e.g. resisting influences from peers, family and media and increasing self-control/esteem, coping strategies and general social and assertive skills).
4. Head teachers and support staff should integrate information about the health and other effects of tobacco into the curriculum.
5. Trading standards and partners should identify and take action against all retailers who sell tobacco products to under 18s.

Further data on smoking is available in the Smoking JSNA, which forms part of the Living Well section of Cheshire West and Chester's JSNA available at [www.cheshirewestandchester.gov.uk/jsna](http://www.cheshirewestandchester.gov.uk/jsna)