

## 4.1.08 Childhood Tobacco

### Introduction: why is this important?

Smoking is a behaviour largely taken up in childhood and adolescence therefore, it is important to reduce the number of young people smoking in the first place. Among adult smokers almost two-fifths started smoking regularly before the age of 16, whilst two-thirds report that they took up smoking before the age of 18 and over 80% before the age of 20. Whilst the rates of smoking among young people have reduced considerably in recent years, the uptake of smoking by young people continues to be a serious problem.

The earlier someone starts smoking, the more likely they are to smoke for longer and to die earlier from a related condition or disease. Beyond the direct health impacts of tobacco use, tobacco use in adolescence is also associated with behaviours that can adversely affect health, including the misuse of alcohol or other drugs. Regular smoking is also more prevalent among young people who have truanted or been excluded from school compared with those who have not.

Across the population of England, some of the highest rates of smoking are in young people and although this has reduced, recent research estimated that every year more than 207,000 children aged 11-15 start smoking in the UK.

Smoking during pregnancy increases the risk of spontaneous preterm birth. The health risks for babies are substantial. Babies born to women who smoke are on average 200 to 250g lighter than those born to mothers who do not smoke, with the more cigarettes smoked, the greater the probable reduction in birth weight. This can increase the risk of death and disease in childhood. Infant mortality rates are 40% higher amongst pregnant women who smoke and more than a quarter of the risk of sudden unexpected death in infancy are attributable to smoking.

### What do the facts and figures tell us?

#### Public Health Outcomes Framework

The Public Health Outcomes Framework now includes indicators around smoking prevalence in 15 year olds taken from responses from the What About Youth (WAY) survey.

Bradford has a higher prevalence of current, regular (smoke between one and six cigarettes per week) and occasional (I sometimes smoke cigarettes now but don't smoke as many as one a week) smokers than the average for England.

WAY survey response	Bradford	Yorkshire and the Humber	England
Current smokers	9.5%	8.7%	8.2%
Regular smokers	6.5%	6.2%	5.5%
Occasional smokers	3.0%	2.5%	2.7%

Source: Public Health Outcomes Framework

#### Bradford Children and Young People's Health and Lifestyle Survey (2013)

Bradford's Children and Young People's Health and Lifestyle Survey (2013) revealed that young people in the district are less likely to smoke than their peers across England. Smoking prevalence was 1% amongst the younger age groups surveyed (8-9 year olds and 11-12 year olds). Amongst the 14-15 year olds surveyed, 10% reported that they smoked regularly and more than 34% had tried smoking.

30% of the children and young people surveyed who had smoked in the week preceding the survey reported that they had smoked an average of at least five cigarettes a day. The average number of cigarettes smoked a week by 11-12 year olds who reported to be regularly smoking was 9.5. By the age of 14-15 it was 23.4

As part of the survey pupils were asked about second-hand smoke and although nearly 40% had parents or carers who smoked, half of these children reported that they were not exposed to smoke at home. Children of smokers were twice as likely to be exposed to tobacco smoke at home if they were from deprived parts of the district.

### Exposure to second-hand smoke amongst children and young people in Bradford

2012-13

	Year 4	Year 7	Year 10
Do your parents/carers smoke?	37%	34%	39%
Does anyone smoke indoors at home in rooms that you use?	15%	12%	20%
Does anyone smoke in a car when you are in it too?	21%	14%	22%

Source: *Every Child Matters in Bradford District:  
A report of the Health and Lifestyle Survey for Children and Young People 2012-13*

The Survey also revealed that:

- 14-15 year olds were the most likely to smoke, with the same smoking for both boys and girls.
- Young people from a White ethnic background were the most likely to be current smokers
- 14-15 year olds in the middle deprivation quintile were least likely to have tried smoking; those in the most deprived and the least deprived quintiles reported lower rates
- The most common sources of cigarettes reported were shops (5.4%) and friends (3%)
- Most smokers reported that they do so only when with friends, rather than when alone or with family

#### Percentage of pupils who have never smoked and who are regular smokers, 2012-13

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Never																
Year 4	96%	93%	99%	95%	96%	98%	97%	99%	95%	95%	95%	97%	98%	97%	96%	96%
Year 7	94%	93%	96%	94%	93%	94%	96%	99%	96%	93%	93%	94%	98%	95%	96%	91%
Year 10	66%	67%	65%	69%	64%	73%	66%	72%	78%	64%	69%	57%	68%	60%	77%	52%
Regular																
Year 4	1%	1%	0%	1%	1%	0%	1%	0%	1%	1%	1%	0%	0%	1%	1%	1%
Year 7	1%	1%	1%	1%	0%	1%	0%	0%	1%	1%	0%	1%	0%	1%	0%	2%
Year 10	10%	10%	9%	14%	13%	10%	10%	5%	4%	10%	9%	12%	11%	12%	6%	15%

Source: *Every Child Matters in Bradford District:  
A report of the Health and Lifestyle Survey for Children and Young People 2012-13*

According to research conducted on behalf of NHS Stop Smoking Services, a new 'Smokefree Generation' of children say that they will never try a cigarette; they also think that smoking is 'really uncool' and are increasingly worried about the health of smoking parents.

Key findings of the research, which polled 1,000 children in England aged 8-13 years, include:

- Almost all (96%) children with a smoking parent wish that they would quit
- Nine out of ten children surveyed have never tried a cigarette, with 91% of these believing that they will never try one
- Nearly two-thirds (64%) of children whose parents smoke would rather their parents quit smoking than give them more pocket money
- More than nine out of ten children think that older people who smoke do not look cool
- One in four children (27%) believes that smoking could be extinct by 2030

The majority of children are clear on the risks of smoking, with nine out of ten (87%) children surveyed believing that people smoking around them is damaging to their health; three quarters (76%) recognised that people smoking around them increased their likelihood of developing cancer.

This emerging picture of the first 'Smokefree Generation' is substantiated by the latest NHS Information Centre statistics on tobacco which show that regular smoking among 11-15 year olds has halved since its peak in the mid-1990s.

**What strategies, policies and best practice have been developed locally and nationally?**

The Tobacco Control Plan for England 2011 set out a strategy for reducing smoking prevalence with a reduction in smoking identified in children:

- To reduce rates of smoking among 15 year olds in England to 12% or less by 2015

However the best way to reduce smoking rates among young people is to reduce adult smoking rates so additional ambitions include:

- To reduce smoking prevalence among adults in England to 18.5% or less by 2015
- To reduce rates of smoking throughout pregnancy to 11% or less by 2015

Tobacco Policy:

- Health Act (Smoke Free) 2006
- Health Act (2009)
- EU Tobacco Products Directive 2014
- Smokefree Private Vehicles Legislation 1<sup>st</sup> October 2015

Breathe 2025 is the overarching campaign brand for work and aspirations to eliminate tobacco-related harms and health inequalities in the Yorkshire and the Humber area over the next ten years. The vision is to see the next generation of children born and raised in a place free from tobacco, where smoking is unusual. Drawing on behavioural science, the campaign asks people to make public, practical and personal commitments to help inspire the next generation of young people to be smokefree. The approach is built around engaging as many people and organisations as possible to pledge to support the vision, making it as easy as possible for them to act.

Smokefree England (2006-2007) legislation was introduced to protect employees and the public from the harmful effects of secondhand smoke. Since children are often the main recipients of secondhand smoking this has had direct benefits to the younger generation. In 2009, the Health Bill was introduced to strengthen the protection of children and young people from the harm caused by smoking. The Bill's provisions relate particularly to advertising and sales from vending machines.

The interventions implemented by the government are comprised of measures that continue to strengthen the smoke free agenda. These include:

- Prohibition of tobacco sales through vending machines October 2011
- The introduction of standardised cigarette packs is currently being debated
- Fixed penalty notices for under-age sales.
- Price increases.
- Removal of retail displays due to come into force for large shops in October 2011 and small shops by 2015
- Prohibition of smoking in cars carrying children

### What challenges have been identified in a local context?

Children are more likely to become smokers if their parents smoke. Helping adult smokers to quit is vital in reducing smoking initiation to achieve a long term decline in smoking prevalence.

Smoking is concentrated among the most disadvantaged communities and is the main reason why people from poor and deprived backgrounds have lower life expectancy than the affluent. Reducing adult smoking will also help to reduce health inequalities and add to the disposable income of poor families across the district.

Infant mortality is a key corporate indicator for the Council and is one of the 18 key areas identified as part of the Health and Wellbeing Strategy and related Health Inequalities Action Plan. Central to this is reducing the number of women who smoke during pregnancy. All actions to improve infant mortality rates, also improve maternal and child health and in turn contribute to A Good Start in life in-line with the New Deal for the Council.

Schools are in a uniquely powerful position to play a major role in reducing the serious problem of smoking, with much of the peer pressure young people feel regarding whether or not to smoke experienced in school. For schools to effectively prevent and reduce youth smoking among their

students, they must create an environment that encourages smoke free behaviours. School smoke free policies that are clearly and consistently communicated, applied and enforced can reduce smoking among students supporting the Council priorities - Great start and Good Schools for all our children and Better Health Better Lives.

Comprehensive tobacco control interventions have been proven to be effective at reducing social and health inequalities, it supports giving every child the best start in life a priority for the district. In addition reducing smoking rates will impact on achieving Better Health Better Lives contributing to New deal for the Council.

Increasing the price of tobacco is, perhaps unsurprisingly, not a popular policy amongst smokers. However, current smokers tend to support measures that:

- Protect children
- Assist their own efforts to quit in other ways

In general, people feel that supporting smokers to quit is an appropriate policy response.

### What do our stakeholders tell us?

Health performance targets for Children's Centres include reducing smoking in pregnancy to further support partnership working and target inequalities in maternal and infant health. Children Centre staff have been trained to promote smokefree homes and provide support to pregnant smokers and their families to improve outcomes for young children and their families and reduce inequalities between families in greatest need.

Two projects delivered by our partners within West Yorkshire Trading Standards aim to protect young people from the harmful effects of smoking by reducing the availability of tobacco to young people. The 'Keep it Out' illegal tobacco programme is jointly funded by local authorities across West Yorkshire and aims to combat the damage illegal tobacco does to our communities. In addition enforcement of under-age sales legislation in identified areas is effective in reducing cigarette sales to minors.

### Recommendations: What do we need to do? How do we ensure this remains a priority?

Tackling tobacco use requires a comprehensive approach with a focus on protecting children and young people from the harm of smoking ensuring that a strategic approach to childhood tobacco is maintained:

- Stopping the promotion of tobacco
- Making tobacco less affordable
- Continue to restrict illicit tobacco distribution
- Effective regulation of tobacco products
- Continue to restrict under age sales
- Helping tobacco users quit
- Reducing exposure to second hand smoke
- Effective communications for tobacco
- Prioritise services and interventions based on the needs identified within the Tobacco Needs Assessment
- Continue to make tobacco usage socially unacceptable working with partners in health education and social care

Young people's health behaviour is driven by the world they grow up in. Sustained efforts to reduce smoking prevalence among adults, restrict availability and denormalise tobacco use all contribute to lower smoking rates among young people. Prevention approaches for young people are usually not tobacco specific but are focused more on reducing risks and increasing resilience. It is vital that all services work together to strengthen factors that promote resilience such as educational achievement, training and employment, good health, positive relationships and meaningful activities.

Evidence shows that school-based interventions are effective in reducing smoking uptake and that schools should look at adopting a whole school approach including promoting a positive ethos and environment, and engagement with parents and carers. With the impact of these interventions more

effective when delivered as a package of cross-cutting tobacco control measures aimed at adults in the community.

Smoking in pregnancy remains a key public health concern and is the single most preventable risk factor for adverse outcomes in pregnancy. Work led by the Every Baby Matters Steering Group to reduce the risk of babies dying during the first year of life continues to support the health of all mothers, infants and children across the district with recommendation 6 focused on reducing smoking during pregnancy.

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