In 2013, Hopkinson et al (2013) reported that around 207,000 11-15-year-olds in the UK start smoking every year. A report by Action on Smoking and Health (2019a) shows the picture is improving and summarises findings that demonstrate that the proportion of children who have ever smoked continues to decline. In 2018, 16% of young people aged 11-15 years in England had smoked at least once (NHS Digital, 2019a), compared with 23% in 2012 (NHS Digital, 2013). The proportion of young people smoking has reached its lowest level since the first survey was undertaken in 1982 (ASH, 2019a). Over the past decade, the proportion of children who have ever smoked has halved, from 32% in 2008 (Health and Social Care Information Centre, 2009) to 16% in 2018 (NHS Digital, 2019a).

The HSCIC (2015) survey conducted in 2014 also asked youngsters for their views on why young people smoke; those who were non-smokers believed their peers smoked to look cool in front of their friends (85%), because their friends had pressured them into it (around 72%), or because they were addicted (70%). Young people who were regular smokers said they smoked to help them cope with stress (89%), because smoking gave them a good feeling (81%) and because they were addicted (79%) (HSCIC, 2015).

This insight into the reasons why young smokers start, and keep on, smoking is important for nurses whose role includes giving stop-smoking advice to their young patients. Understanding tensions at home or at school may help guide the intervention in a way that resonates with the young person and does not feel like a lecture.

Globally, it has been recognised that the younger the person is when they start smoking, the more serious the harm is likely to be because early initiation into smoking can lead to heavier smoking (Pust et al, 2008) and greater dependency (Huang et al, 2008). Young people who smoke risk developing serious respiratory health problems and are more susceptible to coughs, wheeziness and shortness of breath than those who do not smoke (Centers for Disease Control and Prevention, 1994).

Stop-smoking interventions need to be delivered in a way that resonates with the young person

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In this article...
- What motivates some young people to start, and to continue, smoking
- Managing stop-smoking conversations in a way that resonates with young people
- How to approach the issue of vaping

In this article...
- Smoking among young people is declining in the UK, but is more common in disadvantaged groups
- People who start smoking at a young age are more susceptible to the long-term harms of tobacco than those who start smoking in later life
- Stop-smoking interventions need to be delivered in a way that resonates with the young person
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Keywords Smoking/Smoking cessation/Young people/Cigarettes/Cannabis

This article has been double-blind peer reviewed

Smoking cessation 4: young people

Author Louise Ross was stop-smoking service manager at Leicester City Council and is now a freelance smoking cessation consultant.

Abstract Nurses working in schools or settings in which young people attend for healthcare treatment should be alert to the possibility that their young patients smoke. They need to know how to open up a conversation about tobacco use in a way that resonates with the young person. This article, the fourth in a five-part series on the nurse’s role in smoking cessation, looks at which young people are more likely to smoke and how to manage stop-smoking conversations.

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Globally, it has been recognised that the younger the person is when they start smoking, the more serious the harm is likely to be because early initiation into smoking can lead to heavier smoking (Pust et al, 2008) and greater dependency (Huang et al, 2008). Young people who smoke risk developing serious respiratory health problems and are more susceptible to coughs, wheeziness and shortness of breath than those who do not smoke (Centers for Disease Control and Prevention, 1994).

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cigarettes, as well as their circumstances at the time; influencing factors can include stress at school and college, changing friendship groups, developing an interest in sport or wanting to appear more attractive to others.

Results from stop-smoking services in England show that under-18s have a lower success rate when it comes to quitting (37%) than for the population as a whole (52%) (NHS Digital, 2019b). An evidence review of stop-smoking programmes among adolescents observed that, while some programmes showed promise, there was no strong evidence that any particular method was effective in helping young people to stop smoking (Fanshawe et al, 2017).

This does not mean that nothing can be done. Nurses and other health professionals can tackle the issue by giving young people accurate stop-smoking information. This should not necessarily be about the long-term harms of smoking as, in general, young people tend to not be particularly concerned about what will happen to them in middle age. Instead, it may be better to focus on matters closer to young people’s hearts, such as how smoking affects sporting ability, looks, teeth, skin, attractiveness to others and finances. This can form the start of a stop-smoking conversation, and can be worded so it is not patronising or causes a young person to stop listening. Useful guidance is available on the NHS’s Quit Smoking webpage (Bit.ly/NHSQuit18). The National Centre for Smoking Cessation and Training (ncsct.co.uk) also has a wide range of resources to help nurses and other health professionals.

Children with family members who smoke are up to three times more likely to become smokers themselves (NCSCT, 2015), so the most effective means of tackling smoking among young people is likely to be to reduce smoking among adults in the wider community. Nurses in contact with a young person who smokes may be in a good position to ask parents about their smoking, particularly if the child in question is already unwell, such as living with asthma. The benefits of parents stopping smoking include making it less likely that their children will start smoking and creating a smoke-free home for the whole family. The NCSTT has a free training module on how to raise the subject of smoke-free homes (Bit.ly/NCSCTSecondSmokeTraining).

**Box 1. Shisha: an overlooked cause of respiratory problems**

Smoking shisha (water pipes) is often not viewed as smoking because it can involve fruit-flavoured tobacco and has a social, family-oriented aspect. This means it may not be picked up as the cause of asthma exacerbation or other respiratory conditions. Even if tobacco is not used, the charcoal burned in the shisha equipment gives off considerable quantities of smoke, which is inhaled directly into the lungs.

Tests on shisha users by stop-smoking services tend to show high levels of carbon monoxide in their exhaled breath, but treatment is usually not provided, as daily dependence is unusual and there are no evidence-based treatments. Nonetheless, nurses treating young people with breathing difficulties or repeated respiratory infections who are shisha users need to educate young people, and their families, on the risks.

Smoking in disadvantaged groups

Young people in poorer communities are particularly susceptible to smoking initiation, as they are more likely to see others smoking and accept it as a normal thing to do (Tjelta et al, 2017). Smoking with their peers can also help protect against bullying, as it confers membership of a group with a tough image and gives sense of belonging. This can be appealing to young people who feel like outsiders or are vulnerable to the condescension of their peers.

Huddlestone et al (2016) found certain other disadvantaged groups also have higher smoking rates than the general youth population, including users of child and adolescent mental health services, young offenders, and looked-after children (children in the care of their local authority). Their study showed that, although frontline staff knew about smoke-free policies, they had poor knowledge of how to address tobacco-related harms; these were not limited to health issues, but also included exploitative relationships (‘a fag for a shag’ as was reported by one residential care officer).

Also observed by Huddlestone et al (2016) was a pessimistic attitude about the ability of these young people to cope without a cigarette. Nurses working with doubly disadvantaged young people – smokers who also have a mental health disorder or are in care – should raise the issue with their managers and ask what is being done locally at a strategic and policy level. Changing one young life at a time is not enough to improve the outlook of these young people, who deserve better than to become heavy smokers by default.

**Shisha and cannabis use**

When asking young patients about their smoking status or habits, it is worth including a question about the use of shisha (water pipes) in cafes and at home, as this can often be an overlooked cause of respiratory problems (Box 1).

Cannabis use should also be explored using information from the NHS website (Bit.ly/NHSCannabisFacts).
Case study

Jason Brownlow, 16, came to his local stop-smoking service (a nurse-led one-to-one clinic at the GP practice) because he really wanted to give up smoking. He was keen to use patches as he had tried to stop smoking without support and could not manage to go for more than a couple of days before lighting up a cigarette.

For the first week, he did really well and told his nurse he had already saved some money to put towards some new trainers. By the second week, he said he had noticed that, when playing football, he could run for longer without getting breathless. He was glowing with pride and a sense of achievement. However, on his third visit Jason was downcast and would not make eye contact. On careful questioning by the nurse, he said his dad, a heavy smoker, had been in a terrible mood and made the whole family’s life a misery. After a big family row, his dad had grudgingly apologised and given Jason a cigarette as a peace offering. He took it to keep the peace and, after that, he smoked another, and another.

The nurse talked with empathy about how easy it is to reignite the need for a cigarette, even after a period of abstinence. She coached him in ways to deflect the offer of a cigarette without inflaming his father, for example by saying, “Not right now Dad, thanks, but let me make us a cup of tea”. After this, Jason got back on track, succeeded in not smoking again and was able to buy his new trainers.

The patient’s name has been changed

Vaping

Any nurse working with young people is likely to be asked about vaping. It has been argued that e-cigarettes could act as a gateway to smoking cigarettes for young non-smokers, but a study by Bauld et al (2017) does not support this. In addition, youth smoking rates continue to decline and, in the UK, regular use of e-cigarettes by young people who have never smoked is between 0.1% (ASH, 2019b).

Although the legal age at which a person can buy e-cigarettes is 18 years, some younger people are switching to vaping to stop smoking – this may be encouraged by their parents, who would prefer them to vape than smoke. Vaping is displacing smoking among young people in the same way as it is in adults (Ash, 2019b). Nurses should take the young person’s smoking and vaping history, and advise people who are vaping that they should never go back to smoking.

Guided reflection

● If a young patient rolls their eyes about smoking advice, what tailored intervention could you make to attract their attention?
● How would you approach a parent who is a heavy smoker, whose son or daughter is experiencing repeated respiratory illness?
● How can you make the resources referred to in this article available for your team?

Recently in the USA, safety concerns followed cases of sudden illness and a small number of deaths linked to vaping, but these were shown to have been caused by street-bought vape products containing tetrahydrocannabinol or vitamin E acetate. Tests have since confirmed these are not present in e-cigarette products in the UK, where all vape products are regulated for safety and quality (Nyakutsikwa et al, 2020). Any adverse events that might be linked to vaping should be reported using the Medicines and Healthcare products Regulatory Agency’s Yellow Card scheme (bit.ly/MHRAYellowCard).

Conclusion

Nurses working with young people should be alert to the possibility that they may be smokers who require education and advice. Young smokers require a different approach to adults, partly because their behaviour and dependence may not have been firmly cemented. Clear messages about the harms of smoking and the benefits of a smoke-free life, delivered in a way that resonates with the young person’s reality, may significantly contribute towards helping the young person to make the decision to stop smoking, rather than leaving it until later life.

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