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Tobacco use in children and young people



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Introduction

Evidence shows that the younger an individual starts to smoke, the more likely they are to be an adult smoker, the heavier they are likely to smoke during adulthood and the more likely they are to fall ill and die early as a result of smoking¹.

Each year more than 200,000 young people in the UK start smoking. Young people who smoke can rapidly develop high rates of nicotine dependence and are more likely to continue the habit into adulthood. Around two-thirds of smokers in the UK started smoking under the age of 18 and over a third (39%) started under the age of 16.

We also know that young people from the most deprived areas progress to regular smoking more rapidly than those in the least deprived areas². Smoking rates are also disproportionately high amongst certain groups of young people, such as, looked after children and young offenders³. Supporting young people to choose not smoke will therefore have both health and inequality benefits.

There is no single reason why a young person starts to smoke. Evidence suggests that there are three levels of influence associated with a young person starting to smoke:

- individual
- societal (peer pressure, wanting to be part of a crowd), and
- environmental (living in a smoking household)

Facts and figures

The **Tobacco Control Plan** (2011) set out the Government's aim to reduce the prevalence of smoking among both adults and children and included a national ambition to reduce rates of regular smoking among 15 year olds in England to 12% or less by the end of 2015.

Data from the What about YOUth? Survey, 2014⁴ provides local authority estimates on the smoking behaviour of 15 year olds and shows:

- Blackpool has significantly more regular smokers than the regional and national average ([Figure 1](#))
- The proportion of occasional smokers is similar to the national average
- The proportion of current smokers ranges from 15% in Brighton and Hove down to 3.4% in Redbridge ([Figure 2](#))
- Blackpool has the 4th highest proportion (13.4%) of 15 year olds who smoke in the country

Figure 1: Percentage of current smokers (15 year olds), 2014/15

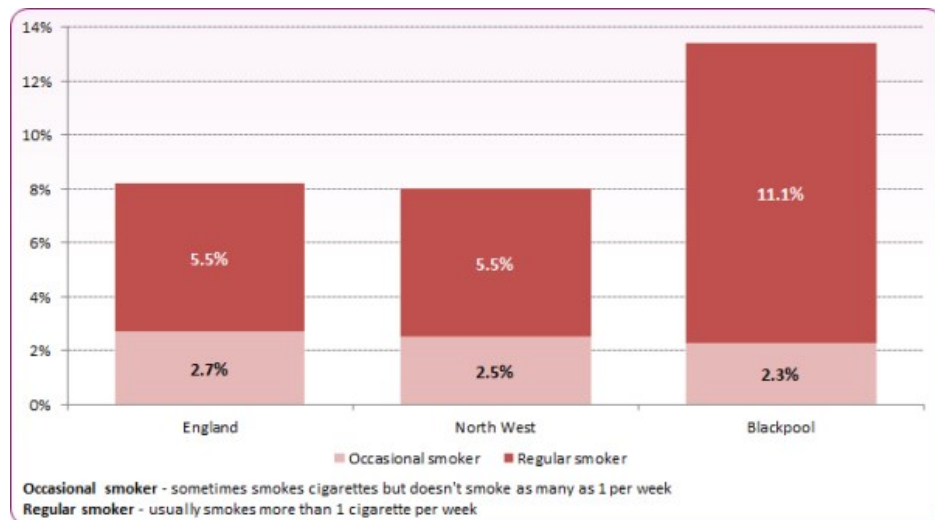
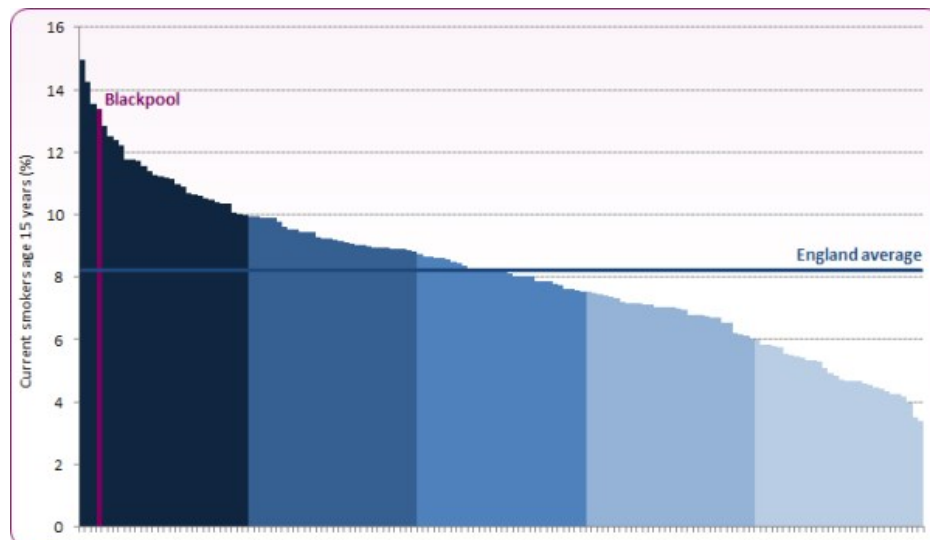


Figure 2: Percentage of current smokers (15 year olds) comparison of upper tier local authorities, 2014/15



Source: PHE, Health behaviours in young people - What About YOUTH? Profile

Modelled estimates from Public Health England Local Health Indicators show smoking prevalence by age group for children under 18 years (figure 3). The proportion of children in Blackpool who have never smoked falls from 86% at age 11-15 to 72% at age 16-17. In comparison, 76.5% of 16-17 year old children in England are estimated never to have smoked. By the age of 16-17 almost a fifth (19.1%) of children in Blackpool are regular smokers compared to only 14.8% across England.

Research suggests children who smoke just one cigarette by the age of 11 are around twice as likely to take up smoking over the next few years than those who do not experiment with smoking.

Figure 3: Estimated smoking prevalence by age group (%), Blackpool and England, 2009-12

		Never smoked	Non-current smoker	Occasional smoker	Regular smoker
England	Age 11-15	88.8	95.1	1.5	3.1
	Age 15	76.6	86.9	4.0	8.7
	Age 16-17	76.5	79.3	5.9	14.8
Blackpool	Age 11-15	86.4	93.7	1.2	4.3
	Age 15	72.3	83.4	3.4	11.6
	Age 16-17	72.1	74.5	5.0	19.1

1 Those who have never smoked, have only smoked once or twice or used to smoke.

2 Those who smoke sometimes but not every week

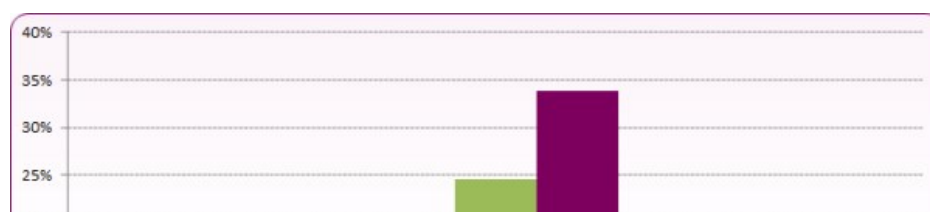
3 Those who smoke at least one cigarette every week

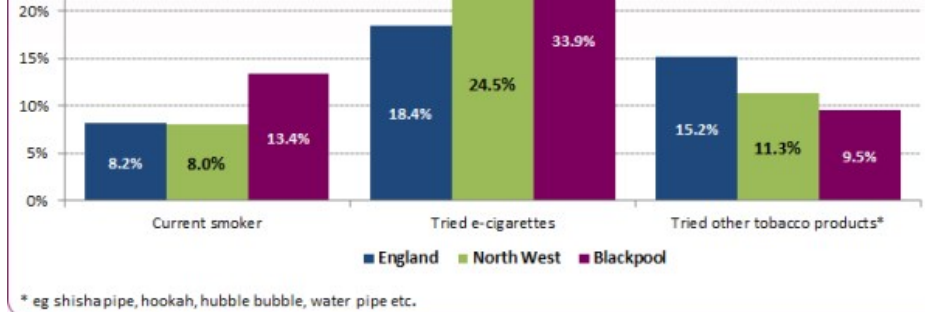
Source: PHE, Local Health Indicators

The use of other tobacco products is also of concern. These products also carry health risks and tobacco legislation applies to them too. There are a number of initiatives that have been carried out to raise awareness of these health risks and the legislation which also applies to these products.

- 34% of Blackpool's children have tried e-cigarettes compared to 18% nationally (Figure 4)
- Less than 10% report having tried other tobacco products

Figure 4: Use of tobacco products by children age 15 years: 2014/15





Source: PHE, Health behaviours in young people - What About YOUth? Profile

A healthy lifestyle survey⁵ was carried out by the Schools Health Education Unit (SHEU) in primary schools (children aged 8-11 years) and secondary schools (children aged 12-15 years) in Blackpool in 2015 and found:

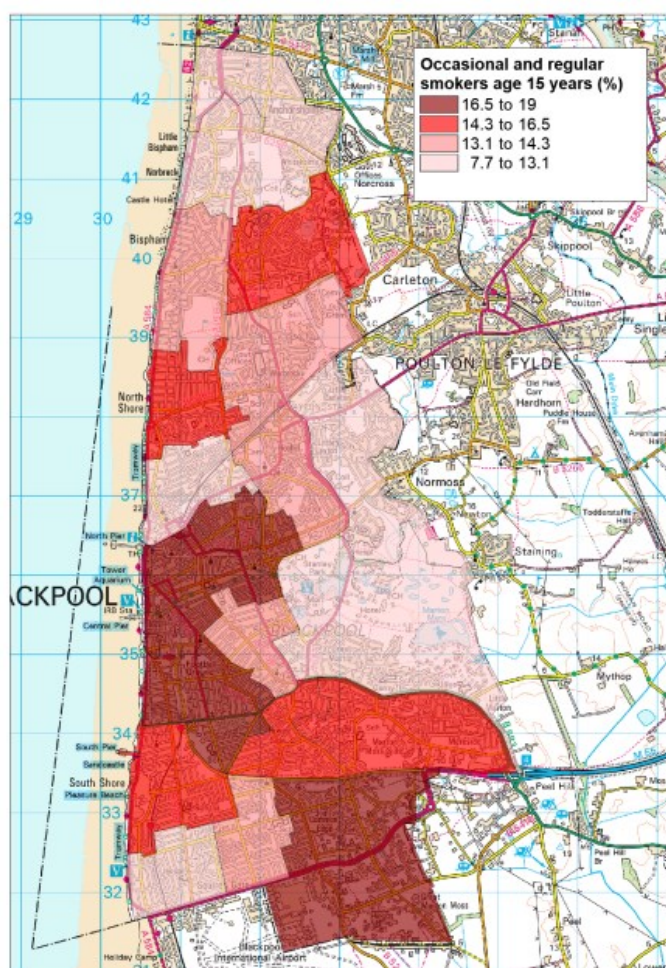
- 96% of pupils said that they had never smoked at all, 3% said they had tried smoking once or twice
- 1% of pupils said they had smoked at least 1 cigarette in the 7 days before the survey
- 85% of pupils said that they wouldn't smoke when they are older; 12 % said 'maybe' and 3% said they would smoke when they are older

Local variation

It should be noted that some marked differences exist between different neighbourhoods in Blackpool. Estimates indicate that smoking prevalence is two and an half times higher in some of the most deprived wards when compared to some of the most affluent parts of the borough.

At age 15, estimates of smoking prevalence at ward level range from 7.7% in Park to 19% in Bloomfield. At ages 16-17, almost a third (30.6%) of Bloomfield children are smokers compared to 12.4% in Park. Figure 5 shows the prevalence of occasional and regular smokers at age 15 by ward in Blackpool. The majority of wards in Blackpool have rates above the national average.

Figure 5: Smoking prevalence at age 15 by ward, 2009-12



Source: PHE, Local Health Indicators

Second hand smoke (SHS) - the impact on children

Since the introduction of the smoke free legislation, the major source of tobacco smoke exposure for young children is smoking in the home and in vehicles by parents and other household members. Maternal smoking is usually the largest source of SHS because

of the cumulative effect of exposure during pregnancy and close proximity to the mother during early life. Blackpool has one of the highest rates of smoking during pregnancy in the country (link to SATOD page)

According to the 2009 Smoking-Related Behaviour and Attitudes survey, 77% of smokers report that they would not smoke at all when they are in a room with children, with a further 14% saying they would limit their smoking in the presence of children. The same survey found a high level of knowledge about the impact of second hand smoke: 92% of adults were aware that exposure to SHS increases a child's risk of chest infections and 86% were aware of an increased risk of asthma. However, fewer respondents (58%) were aware of the risks associated with cot deaths while only 35% were aware of the association between SHS and ear infections⁶.

National and local policies

The Blackpool Tobacco Alliance has developed the Blackpool Tobacco Control Strategy 2014-2016 on behalf of the Blackpool Health and Wellbeing Board, which sets out a range of actions across three priority themes:

- Prevention - creating an environment where (young) people choose not to smoke
- Protection - protecting people from second hand smoke (SHS)
- Cessation - helping people to quit smoking

The Blackpool Tobacco Control Strategy will pursue the following ambitions to reduce the impact of smoking on children and young people:

- Reduce rates of regular smoking among 15 year olds in Blackpool to 12% or less by the end of 2017
- Reduce rates of smoking at the time of delivery (SATOD) in Blackpool from 30.8% to 25% or less by the end of 2017

NICE guidance [PH14] [Smoking: preventing uptake in children and young people](#) (November 2014) focuses on mass-media and point-of-sales measures. These should be combined with regulation, education, cessation support and other activities as part of a comprehensive strategy

NICE guidance [PH23] [Smoking prevention in schools](#) (February 2010) is for commissioners, managers and practitioners who have a direct or indirect role in, and responsibility for, preventing the uptake of smoking by children and young people. This includes those working in the NHS, local authorities, education and the wider public, private, voluntary and community sectors.

Action on smoking and health (ash) have compiled a selection of [resources for young people and schools](#)

Services

Smoking and Nicotine Addiction Prevention and Treatment Service

[Smokefreelife Blackpool](#) is a free stop smoking service, commissioned by Public Health, Blackpool Council, supporting Blackpool residents to stop smoking and other forms of nicotine addiction and lead a healthier smoke free life. This service is open to anyone of any age. Nicotine Replacement Therapy (NRT) can be provided from the age of 12 years old.

GP Practice Led Smoking Cessation Service

The GP Practice led Smoking Cessation Service is an additional model for delivery of effective smoking cessation treatments. GP practices will recruit smokers opportunistically during routine medical care, removing the need for direct marketing. The success rate is expected to be about half that of the specialist service but the reach could easily be double. It does not replace the specialist service nor alter the ideal pathway for a smoker. This service is open to anyone of any age. Nicotine Replacement Therapy can be provided from the age of 12 years old.

Recommendations

The effectiveness of youth-focused health education is limited and at best appears to delay the age of starting to smoke. It appears that the best way of reducing youth smoking is to have comprehensive tobacco control policies in place that apply to the whole population. The Blackpool Tobacco Control Strategy identifies the following aims to deal specifically with the very unique problems faced by the town:

- Reduce the promotion of tobacco
- Make tobacco less accessible by considering licensing sales/local initiatives and reduce the flow of illicit and illegal tobacco products into Blackpool
- Effectively regulate tobacco/nicotine containing products
- Help tobacco users to quit

- Reduce exposure to second hand smoke
- Effectively communicate for tobacco control
- Protect tobacco control policy from industry influence
- Reduce health inequalities through reduced tobacco consumption
- Ensure that tobacco control is prioritised in cross-cutting policies, education, guidance and funding
- Work with communities to change the cultural norms around smoking

[1] Office for National Statistics. 2012. General Lifestyle Survey Overview: A report on the 2010 General Lifestyle Survey

[2] The Scottish Public Health Observatory (2016)

[3] Meltzer, H, Lader, D, Corbin, T, Goodman, R & Ford, T (2004) The mental health of young people looked after by local authorities in Scotland, London: TSO

[4] HSCIC, Health and Wellbeing of 15-year-olds in England - What about YOUth? (WAY?) Survey, 2014. Health and Social Care Information Centre, December 2015

[5] Blackpool Council/SHEU. Supporting the Health and Wellbeing of Young People in Blackpool, 2015

[6] ASH Research Report. Secondhand Smoke: the impact on children. Action on Smoking and Health, March 2014

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