

Smoking and Modelling Briefing Paper

This briefing paper focuses on the impact of modelling smoking by influential adults on children and young people. This includes all young people, including those who are care experienced.

The largest influence on children in the early years are their parents, with wider family and community often also playing a significant role. Therefore all influences on the child should contribute towards positive outcomes¹.

In Scotland, 44% of care experienced young people smoke². This is significantly higher than the overall regular smoking prevalence of Highland 15 year olds, which is 6%⁸.

The two strongest factors associated with smoking initiation in children and young people are parental smoking and parental nicotine dependence³.

If a child's parents smoke, they are three times more likely to begin smoking².

Other factors can also influence smoking initiation, including;

- Peer and family influence³
- Low levels of parental monitoring³
- The perception that peers smoke³
- Easy access to tobacco³
- Older age at parental smoking cessation⁴
- Low socioeconomic status⁵
- Lack of parental support⁵
- Low levels of academic achievement and school involvement⁵
- Lack of skills required to resist influences to use tobacco⁵
- Relatively low self-efficacy for refusal⁵
- Relatively low self-image⁵
- Perceptions by adolescents that tobacco use is normative, usual or acceptable behaviour⁵
- Belief that tobacco use is functional or serves a purpose⁵
- Adverse Childhood Experiences⁶
 - People who have experienced four or more ACEs are almost 4 times more likely to smoke⁷
- Depression or mental health conditions⁹

What children and young people see, hear and experience about smoking influences their attitudes about smoking. It is therefore important that influential adults avoid saying and doing things that might lead to smoking being seen as the norm or desirable.

To support this ethos, influential adults in children and young people's lives could do the following:

- Avoid smoking in front of children and young people. If you need support to temporarily refrain from smoking at such times contact <https://www.smokefreehighland.scot.nhs.uk/> for support.
- Only smoke outdoors, every time they smoke. The Smoke-free Homes and Smoke-free Cars programme can help you with this, for more information visit <https://www.smokefreehighland.scot.nhs.uk/homes-and-cars/>
- Hide tobacco and associated products from the site of children and young people
- Refrain from buying tobacco and associated products in front of children and young people
- Not buy tobacco and associated products for children and young people (proxy purchasing)
- Avoid implying benefits of smoking and perpetuating myths around smoking (for example stress relief, weight loss)
- Try to stop smoking as soon as possible. You're four times more likely to successfully stop smoking if you get support from the Highland Smoke Free Service. Visit <https://www.smokefreehighland.scot.nhs.uk/> for more information, including contact details for your local adviser.

References:

1. Scottish Government. The Early Years Framework. 2009. Available online <https://www.gov.scot/publications/early-years-framework/pages/14/> [02/04/2020]
2. ASH Scotland, FastFacts, Young people and Tobacco <https://www.ashscotland.org.uk/media/5862/5youngpeople.pdf> [02/04/2020]
3. Moyer. Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement. Pediatrics [Internet]. 2013 [cited 2nd April 2020];132(3),560-565. Available from <https://pediatrics.aappublications.org/content/132/3/560.long>
4. den Exter Blokland et al. Lifetime parental smoking history and cessation and early adolescent smoking behaviour. Preventive Medicine [Internet]. 2004 [02/04/2020];38(3),359-368 . Available from <https://www.sciencedirect.com/science/article/pii/S0091743503003116?via%3Dihub>
5. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA. (2012) Cp4. Social, Environmental, Cognitive, and Genetic Influences on the Use of Tobacco Among Youth. Available from <https://www.ncbi.nlm.nih.gov/books/NBK99236/> [02/04/2020]
6. Harvey and Chadi. Preventing smoking in children and adolescents: Recommendations for practice and policy. Paediatric Child Health. 2016;21(4)209-221 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4934164/pdf/pch-21-4-209.pdf> [02/04/2020]
7. Bellis et al., Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Journal of Public Health [Internet]. 2013[02/04/2020];36(1)81-91 <https://bit.ly/345RnLa>
8. Scottish Government and National Statistics. Scottish School Adolescent Lifestyle and Substance Use Survey (SALSUS)2018 . Summary findings for NHS Highland. 2019. Available online <https://bit.ly/3aQjMaM> [02/04/2020]
9. Audrain-McGovern et al. Adolescent smoking and depression: experience for self-medication and peer smoking mediation. Addiction. 2009 [02/04/2020];104(10)1743-56 <https://www.ncbi.nlm.nih.gov/pubmed/19549056>