

Smoking cessation in young people

*Many young people start smoking at a young age, increasing the chances of adult smoking.
This article looks at the issue of smoking cessation in young people aged 11–18 years,
in a mixed boarding school environment.*

There are many reasons why young people start to smoke and then continue to do so despite the negative health effects, financial costs, and punishments in school if caught smoking. The main methods of cessation will be considered and their effectiveness to devise an effective strategy and service development plan to help reduce the number of smokers among this population.

The first step was to establish how widespread smoking was. Many staff and pupils were asked on an informal basis and the feedback indicated that approximately one third of the pupils were smoking. However, it did seem to be more prevalent among the students aged 15 years and older. Evidence has shown (Department of Health (DH), 2003) that 39% of smokers start before the age of 16 and research suggests that one third of all children have tried smoking by 11 years and two thirds by age 16 years.

The service provision to help those that wanted to quit was considered, but there was no strategy in place. Those that were caught smoking were punished with detention or a fine and those that showed an interest in giving up were offered very little in the line of advice and support. They were advised to make an appointment with the doctor to obtain 'patches' to help them stop, but no support or follow-up was offered. Therefore many were unlikely to ever succeed.

There was no information on how many wanted to quit and whether they ever succeeded or not. Around a quarter of the population in the developed world regularly smoke (DH, 2003) so it is necessary to look at the reasons why, despite the many consequences, people start smoking in the first place and then continue to smoke. Most adult smokers appear to begin smoking in their adolescent years, therefore greater emphasis on the prevention of uptake and reduction in this group should be an area to focus more attention on. People start smoking for many reasons and the most common age for experimenting appears to be in the early teenage years, with few taking up smoking after the age of 25 years (Piasecki, 2005).

This appeared to be the case among the group studied, most appearing to have taken up the habit after coming to school; however, a minority had started smoking at a much earlier age. Many start as a way of demonstrating maturity, independence, being part of a group, or even as a form of rebellion.

Among the school population peer influence also appears to be an important factor, with most young people starting smoking after being encouraged by friends at school. Research carried out by the Royal College of Physicians (1992) showed that in Britain about 450 young people start smoking every day—this is equivalent to more than half of the school's population, and demonstrates the scale of the problem among this age-group. Smoking may become established quickly and can soon become part of everyday activities and a habit. Addiction to nicotine occurs, requiring a certain level of nicotine for normal brain function, and this leads to continued smoking. Some young people then smoke to avoid the fear of withdrawal symptoms, for a perceived pleasure or to relieve stress. Peer pressure and acceptance make quitting very difficult (Royal college of Physicians, 1992).

Many young people underestimate the addictive nature of smoking, believing they can stop whenever they want. They often intend to stop at some point in the future, as appears to be the case in the study group. Based on the informal discussions with pupils that took place at the start of this study, many said that they were not yet ready to quit, but would do at some point, and most said they wanted to stop before leaving school.

Impact of smoking

Over the past 20 years the proportion of young people smoking has remained fairly constant, with 7% of boys aged 11–15 years being regular smokers and 10% of girls (DH, 2003). Among the study group, however, boys appeared to be in the majority.

Smoking is the single greatest cause of preventable illness and premature death in the UK and has a major impact on health and the economy (ASH, 2008). Smokers are at greater risk of illness than non-smokers and many illnesses have a higher incidence among smokers—there are more than 50 illnesses with higher incidence in smokers, including cancer (ASH, 2004). Smoking exacerbates the symptoms of many illnesses

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including the common cold, where symptoms are likely to persist for longer and be more severe. Young people who smoke are more susceptible to coughs and increased phlegm, wheeziness and shortness of breath, than those that don't smoke (Royal College of Physicians, 1992).

Among the school population there are many asthma sufferers and many of these, despite advice, smoke. As part of the cessation plan, these students need to be identified by questioning them when they have routine asthma check ups. There is evidence to suggest that exposure to tobacco smoke increases asthma symptoms and attacks in smokers and non-smokers. Research carried out by the National Asthma Campaign (1996; 2006) found that tobacco smoke is a trigger of asthma attacks in almost 80% of people with asthma. Asthmatics that smoke were found to have worse symptoms and lung function than non-smoking asthmatics. Inhaled steroids are the most effective treatment for asthma. However, smoking appears to impair the response to these drugs, possibly by preventing the anti-inflammatory action of the steroid owing to increased mucus production and airway restriction (Asthma UK, 2006).

A study of 11–16 year olds showed that asthma was more common among those that smoked, but the onset preceeded the uptake of smoking (Royal college of physicians 1992). Smokers are also known to be less fit than non-smokers (Royal college of physicians, 1992), an important fact for pupils and staff to be aware of in a school where sport is high on the agenda. All pupils have physical education on several occasions a week and sport features highly as an extra-curricular activity for most. Smokers are known to have worse aerobic fitness and more shortness of breath, increased heart rate, increased phlegm and more chest infections than non-smokers (Royal college of physicians, 1992).

There is evidence to suggest that young people who smoke are 3 times more likely to have time off school

because of illness (Royal College of Physicians, 1992). In the population studied, many of those with less well-controlled asthma symptoms and recurrent sore throats did appear to be smokers. Most pupils were aware of the consequences of smoking, not only regarding the school's punishments, but also the negative effects of smoking on health. Interestingly, some felt the punishments at school did not deter them from smoking, and believed that a fine had more impact than a detention. Most of the young people were able to name cancer and heart disease as being more prevalent among smokers and also knew that it reduced fertility. They were also aware of many of the other undesirable effects such as yellowing of teeth, premature ageing, drying of the skin, bad smell of hair/breath and clothes. Some young people also mentioned the financial costs.

The real cost of smoking is very high, not only in terms of health and mortality, but financially. A person with a 20-a-day habit will spend in excess of £1000 a year on cigarettes. Pupils in the study were quite shocked at how expensive smoking is because many of them smoke the less expensive roll-up cigarettes, or get supplies from friends and family at home.

Benefits of quitting

The earlier children become regular smokers and the longer they continue to smoke, the greater the risk of dying prematurely. The health risks of smoking may be difficult for young people to appreciate because clinical problems are not often seen before middle age. However, there is evidence that negative effects begin soon after smoking is started and increase with the length and intensity of exposure. The shorter the period of smoking, the less damage done, so the earlier a smoker can stop the better. This is the message that should be conveyed to young people—the sooner they can quit, the better for their long-term health.

Difficulties quitting

Smoking is a complex behaviour involving addiction, habit and dependence. Nicotine is a powerful and fast-acting drug, and even after a short period of continued smoking, changes in the brain take place until a certain level of nicotine is required to maintain normal brain function (Royal College of Physicians, 1992). Nicotine withdrawal can cause unpleasant symptoms (which are usually temporary) during the first few weeks after stopping (West, 1996). It does appear to take a great deal of willpower for some to be able to cope with withdrawal and this appears to be why some give in and relieve symptoms with a cigarette (Education for Health, 2006).

Many young people underestimate the addictive nature of smoking and think they can stop whenever they want. Most appear to want to stop at some point, as was indicated in the author's research, because many pupils said they did not want to be smoking at 20 years of age; even if they were not yet ready to quit, they said it would be good to stop before leaving school.

The desire and decision to quit must come from the smoker. Motivation is a key element in the quitting process and an individual cannot be forced into making this decision—it is the first step in the quitting process. Even smokers who recognize why change is necessary may not be ready to quit and need to be given the confidence to succeed.

Physical dependence develops over time and support is often needed with this aspect of quitting—people have to realize that giving up smoking requires a change in behaviour. Providing information can be helpful in persuading people to think about quitting, and information should be given in a non-judgemental way. The use of specifically targeted information, e.g. for teens or asthmatics, may be even more convincing and help to reinforce the many positive reasons for quitting.

Every contact with a smoker should be used to encourage quitting and give further information/education about the dangers of continuing to smoke, current legislation issues, because this will help those that are not yet motivated to receive information and change their minds about trying to quit. The author has also discovered that positive contact with teens prompts others to come forward for help and advice. Many young people worry about fear of failure, dealing with cravings, weight gain, friends/peers' opinions, and physical and psychological dependencies. This is why a support network is important, as they can help minimize the effects of quitting.

Pharmacological interventions like nicotine replacement will help to minimize the symptoms of withdrawal for those who are committed to quit and can be used for those smoking 10 or more cigarettes a day. It provides controlled levels of nicotine and doubles the success rate of quitting (Royal College of Physicians, 1992) and the dose should be gradually reduced. However, irregular use and stopping nicotine replacement therapy too early is common and reduces the chance of success. This study showed that many people fail to apply patches regularly and on average

seem to give up trying after about only 1–2 weeks.

Main methods of cessation and effectiveness

Many smokers do want to quit and it has been estimated that 66% of smokers want to quit (DH, 2003), most because of health concerns for themselves/family/children—some worrying about the effects of passive smoking on others. Every year thousands of people try to quit, but the majority fail within days because of the difficulties experienced; some experts consider dependence a chronic relapsing disease (Jarvis and Bates, 1999).

The role of the health professional

Health professionals have an important role to play in smoking, although many patients who see their GP report very little advice is given with regards to quitting (according to previous informal discussion). Every time contact is made with a smoker, brief information should be provided about the risks to health and the dangers of smoking, to encourage even those who do not seem to have a desire to quit may eventually be persuaded (Coleman, 2004). Giving up smoking requires a change in behaviour and great effort by the smoker. Some may find it relatively easy to quit and others may find it a lot more difficult. Helping the smoker to understand the reasons why they smoke and why behaviour change is necessary is essential to help them understand the benefits of quitting.

Young people may find the health risks associated with smoking hard to appreciate and may underestimate how addicted they are; therefore any attempts to quit should be seen as a positive action. Recognizing a desire to quit is the first step; deciding to do something about it and actually making the effort to do it are the next steps.

Smokers usually need support to sustain the change and effective coping strategies can be useful in managing these difficult times. A staged approach to quitting is often found to be helpful as it is seen as a manageable approach (Miller and Rollnick, 2002). Setting realistic goals motivates and allows quitters to realize they are making progress; they can see where they are in the quitting process and visualize the next step as being manageable, e.g. review the person after one week and praise them for the number of smoke-free days. The ideal outcome is for smokers to quit completely; however, a proportion of smokers either do not want to quit completely or have been unable to do so despite several attempts, as was the case in this study, as some people enjoy the social side to 'going for a smoke'.

Harm-reduction strategies can be used to reduce the adverse health effects of tobacco while letting the individual feel they are completely in control. Cutting down the number of cigarettes smoked each day is a common strategy used as a step towards quitting and the financial benefits are quickly seen (McNeill, 2004). This proved to be a popular method among the target group in this study, as the young people felt they were cutting down



(therefore reducing the harm and saving money), but they still felt they could smoke when they really felt a need to satisfy their cravings. There does not appear to be any evidence to suggest that those who cut down the amount they smoke actually reduce their health risks, as it is likely that those who merely reduce the amount of cigarettes smoked compensate by inhaling more deeply (McNeill, 2004); this then results in a smaller proportional reduction in intake of nicotine, tar and other toxins. Cutting down in conjunction with the use of nicotine replacement therapy to maintain nicotine levels and help satisfy cravings may be one useful strategy as it may increase the smokers confidence and ability to quit.

Many also change to 'low' tar cigarettes or 'roll ups' believing that these are less dangerous than ordinary cigarettes. However, the ratio of tar to nicotine produced in the smoke of low tar cigarettes is similar to that of conventional cigarettes and smokers then tend to compensate by changing smoking pattern. This study has shown that roll ups are a popular choice because they are relatively cheap, and students think they may not become addicted and will be able to quit more easily. An alternative theory used to help is based on the theory of catastrophe (West and Sohal, 2006). Quitting in the year an illness is diagnosed is a strong predictor of success, an unplanned quit attempt triggered by previous beliefs/experiences is often owing to a build up of motivation to change (Twardella et al, 2006), e.g. if a relative is diagnosed with a serious illness this may prompt the smoker to attempt to quit.

Effective smoking cessation strategy and application to practice

The aim of this study is to reduce smoking among the school population and ultimately prevent and reduce uptake. All those involved need to realize this can be achieved with a positive approach.

The first action would be to explain to staff why this needed to be done, i.e. to abide by school rules and protect teenagers' health. All staff should encouraged be positive and proactive; punishments may be required, but those pupils caught smoking should also be referred to the school health centre for help and support. Identify those that want to quit—refer pupils to the school nurse in health centre to discuss a plan to assist quitting. The importance of opportunistic questioning should be explained, and brief information on the risks of smoking and the benefits of quitting should be provided. More involvement with Education for Living sessions is needed, and talking to younger students, promoting greater awareness of the confidential and non-judgemental help and support that is available in school would be helpful.

Action plan

It is important to help those that want to quit and persuade those less motivated that they may want to quit in the future. Specific groups should be targeted, e.g. asthmatics/sporty pupils, by requesting that they visit the health centre for an informal chat. Posters could be used

Key Points

- There are many issues involved in why young people between 11 and 18 years smoke
- It is important to devise an effective strategy to help reduce the numbers of smokers in the population
- If young people can be helped to quit, there is less chance on them smoking in adulthood

as well, advising that confidential help is available, and open invitations and drop-in sessions, group sessions or one to one consultations should be offered.

Opportunistic questioning

When pupils attend the health centre for other matters, there is an opportunity to question them about smoking.

Initial consultation

At the first consultation it is important to establish if the young person fully understands smoking and why people smoke. The school nurse can then assess the young person's motivation to quit. A plan for quitting smoking should be discussed, and nicotine replacement therapy should be considered. It is important to emphasize the need for total abstinence and commitment.

The school nurse should look at past failed attempts and why they failed, and identify triggers, developing strategies to help the individual avoid these.

Future sessions

On the next meeting, the school nurse could include discussion about the impact of smoking on health/finance, and the impact on non-smokers. As the sessions continue, it is vital that ways to maintain abstinence are looked at.

This study found that peer influence plays a big part in young people starting to smoke, but peer support for each other when trying to quit is equally as valuable. Most smokers are likely to make several attempts to quit before finally succeeding (Jarvis and Bates, 1999). Therefore relapse should not be seen as a failure, but as part of the quitting process.

Every attempt to quit should be seen as a positive part of the process. It gives reasons for further discussion as to why each attempt has failed. Any attempt to quit should be looked on as a positive effort and the smoker encouraged to try again. Behavioural change is often the part that many young people find difficult to cope with, so there appears to be a need to concentrate and place emphasis on this aspect of quitting. Many think they would not know what to do with their hands because, as a smoker, the hand to mouth action occurs numerous times a day. Different nicotine replacement products such as the inhalator have been experimented with, and this seems to have helped in the

early stages.

A lot of young people appear unable to avoid the situations that lead to smoking. There may be a need in the first few days to change routine to avoid temptation. The quitter could try taking up a new hobby or interest, something that does not involve smoking.

It has been encouraging for the author to see, over the past two terms, more pupils coming forward to discuss the issues surrounding smoking more openly, in a non-judgemental and supportive environment. As the legal age limit for buying tobacco has now been raised to 18 years the hope is that this will continue to influence young people in a positive way.

Conclusions

Smoking is the largest cause of preventable death and disability in the UK. One of the most cost-effective interventions is for health professionals to help people stop smoking. An understanding of why young people are taking up smoking and the difficulties in giving up need to be better understood.

As this study found, reducing smoking among young people can be a challenging process, so preventing uptake in the first place is the ultimate goal. There is a lack of evidence about the most effective ways of helping young people to quit, but raising awareness of the effects of smoking should be proactive and consistent.

Smoking cessation advice and support should be available in confidence being sensitive to the needs of this group. We must continue to highlight the problems and difficulties in giving up by continuing to offer advice and support and promoting the benefits of a smoke free society. **BJSN**

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