



TOPIC: "A RESEARCH ON THE CAUSES OF SMOKING IN ADULTS (18-30) LIVING IN THE UK AND DETERMINISATIONS of MOST EFFECTIVE PREVENTION STRATEGIES."

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Declaration

I hereby, declare that the research on the title ***“A RESEARCH ON THE CAUSES OF SMOKING IN ADULTS (18-30) LIVING IN THE UK AND DETERMINISATIONS of MOST EFFECTIVE PREVENTION STRATEGIES”*** is my own research. I have completed this research of my own and have not used any third-party application or AI tools for the completion of this research. Moreover, I also have acknowledged each of the resources that I have utilised during the research.

Sign Pathan Sadabkhan Isararkhan

Date 02/02/2026

Acknowledgement

I am thankful to my professors and supervisor for helping me during each step of this research. I am also thankful to my classmates for showing interest in my research and helping me out to gain confidence during the research. I am also thankful to my family for believing in my capabilities, as without their trust in me and blessing I would not be able to complete this research.

Thank you.

Abstract

Background: The individuals belonging to lower-income groups are often having higher exposure to tobacco outlets, limited access to cessation support and greater psychosocial stress; these collectively heighten vulnerability for smoking. The explanation is critical for structural determinism as it underestimates individual agency. The increase in the smoking prevalence has developed a challenging phase for the UK healthcare practitioners. Therefore, the rationale behind conducting this research has been to evaluate the specific strategies to address the extensive smoking habits among young adults (18 to 30 years).

Aim/Objective: The research aims to analyse factors influencing smoking behaviour among young-adults within the age range of 18-30 years old in the United Kingdom in order to understand effectiveness of smoking-prevention intervention.

Methods: The methodology is determined to focus on understanding the expected values within evaluating the causes and the reasons that elevate the adoption of smoking habits within young adults 18-30 years. This chapter ensures the use of effective approaches and strategies that are beneficial for conceptualising the causes of smoking habits within younger duties within the UK.

Findings and Results: The results have highlighted the key findings gathered from the four themes, while it further addresses smoking cessations strategies. Key findings of the research involved that UK-based young adults have been susceptible to smoking behaviour due to living in an environment that encourages smoking. Furthermore, smoking cessation campaigns have shown effectiveness in encouraging young adults to quit smoking.

Conclusion: The research has concluded that smoking behaviour among UK-based young adults has been stemmed due to a combination of psychological, cognitive and socioeconomic factors. Additionally, low-awareness on the implications of smoking has threatened engagement with smoking-cessation interventions of the young-adults. Lastly, the research has addressed the objectives by highlighting that digital-based campaigns have higher effectiveness in reaching young smokers compared to traditional campaigns.

Table of Contents

Chapter 1: Introduction	9
1.1 Background of the research	9
1.2 Problem statement and rationale	12
1.3 Research Question, Aim and objectives	13
1.4 Significance of the research	14
1.5 Thesis structure	14
Chapter 2: Literature Review	15
2.1 Chapter introduction	15
2.2 Main determinants shaping smoking behaviours within young adults aged 18-30 in the UK	15
2.3 Examining and assessing the effectiveness of current UK smoking-prevention and cessation interventions targeted at young adults in the UK ageing from 18-30	17
2.4 Key barriers impacting young adults' engagement with smoking prevention interventions in the UK	18
2.5 Evaluating the effect of integrating strategies for reducing smoking intervention among young adults.....	20
2.6 Theoretical perspective.....	22
2.7 Conceptual framework.....	24
2.8 Literature gap.....	24
2.9 Chapter summary	25
Chapter 3: Methods & Methodology	26
3.1 Introduction	26
3.2 Research philosophy /paradigm	26
3.3 Ethical Considerations	26
3.4 Requirement for ethical approval	27
3.5 Research approach	27
3.6 Research strategy.....	28

3.7 Study design	28
3.8 Method of data collection.....	29
3.9 Search strategy.....	29
3.10 Framing the research question.....	31
3.11 Database search procedure	31
3.12 HAND search	31
3.13 Grey literature:	32
3.14 INCLUSION /EXCLUSION	32
3.15 Approach of article selection	33
3.16 PRISMA chart	34
3.17 QUALITY ASSESSMENT (QA).....	35
3.18 Data characteristics /extraction	35
3.19 DATA SYNTHESIS	35
3.20 Summary of the chapter	36
Chapter 4: Results	37
4.1 Introduction	37
4.2 Systematic Review of Databases.....	37
4.2.1 Systematic search of databases	37
4.2.2 PRISMA Framework.....	38
4.2.3 Data characteristics.....	40
4.3 Data extraction and synthesis	50
4.3.1 Data extraction for quantitative studies.....	50
4.3.2 Data extraction for qualitative studies	50
4.3.3 Development of Themes	50
4.3.4 Thematic Findings	50
4.4 Summary of Main Findings.....	54
4.5 Conclusion	58

Chapter 5: Discussion.....	59
5.1 Introduction	59
5.2 Discussion.....	59
5.2.1 Evidence Synthesis	59
5.2.2 Comparison across studies.....	60
5.2.3 Theoretical implications.....	62
5.3 Discussion of themes and objectives	63
5.4 Implications and future research needs	64
5.4.1 Implication of theory and practice	64
5.5 Strengths and Limitations	64
5.6 Conclusion	65
References.....	66
Appendix 1: CASP tools for quality assessment.....	78
Appendix 2: Data Extraction table for quantitative studies	79
Appendix 3: Data Extraction table for Qualitative studies.....	82
Appendix 4: Development of Themes	89

List of Figures

Figure 1.1: Smoking prevalence all over the UK	10
Figure 1.2: Reducing smoking cessation among the UK's adults	11
Figure 1.3: Thesis Structure	14
Figure 2.1: Conceptual framework	24
Figure 3.1: PRISMA Framework	34
Figure 4.1: PRISMA Framework	38

List of Tables

Table 3.1: Boolean Operator	30
Table 3.2: PICO	31
Table 3.3 Inclusion and exclusion using the PICO framework	32
Table 3.4: Study selection	33
Table 4.1: Systematic search of databases	37
Table 4.2: Data characteristic	49
Table 4.6: Key Themes	91

Chapter 1: Introduction

1.1 Background of the research

Smoking prevalence varies significantly by region and demographic, but globally it has been declining overall, though not in every country. It has been estimated that 1 in every 10 cigarettes and tobacco products consumed globally is illicit (Who, 2025). Additionally, the tobacco epidemic is considered to be one of the biggest public health threats that is responsible for over 7 million deaths per year (Who, 2025). On the other hand, about 185 billion dollars are lost or expensed from smoking-related illnesses and health conditions (Cdc, 2024). As per the report of the Office for National Statistics (ONS), approximately 11.9% of the UK male adults belonging to the age group 18 and above are smokers in the year 2023 (Gov, 2025). This signifies that about 6 million of the country's population are habituated to smoking in the present time. However, the percentage of smoking among the 18-year-old population has reduced to 12.9% as compared to the year 2022 (Gov, 2025). Apart from this, Jackson *et al.* (2024) have argued that the prevalence of non-smoking among adults in the UK has increased from 2.6% to 4%. The increase in the smoking prevalence has developed a challenging phase for healthcare practitioners in terms of providing treatment to cardiovascular diseases that occur due to extensive smoking habits.

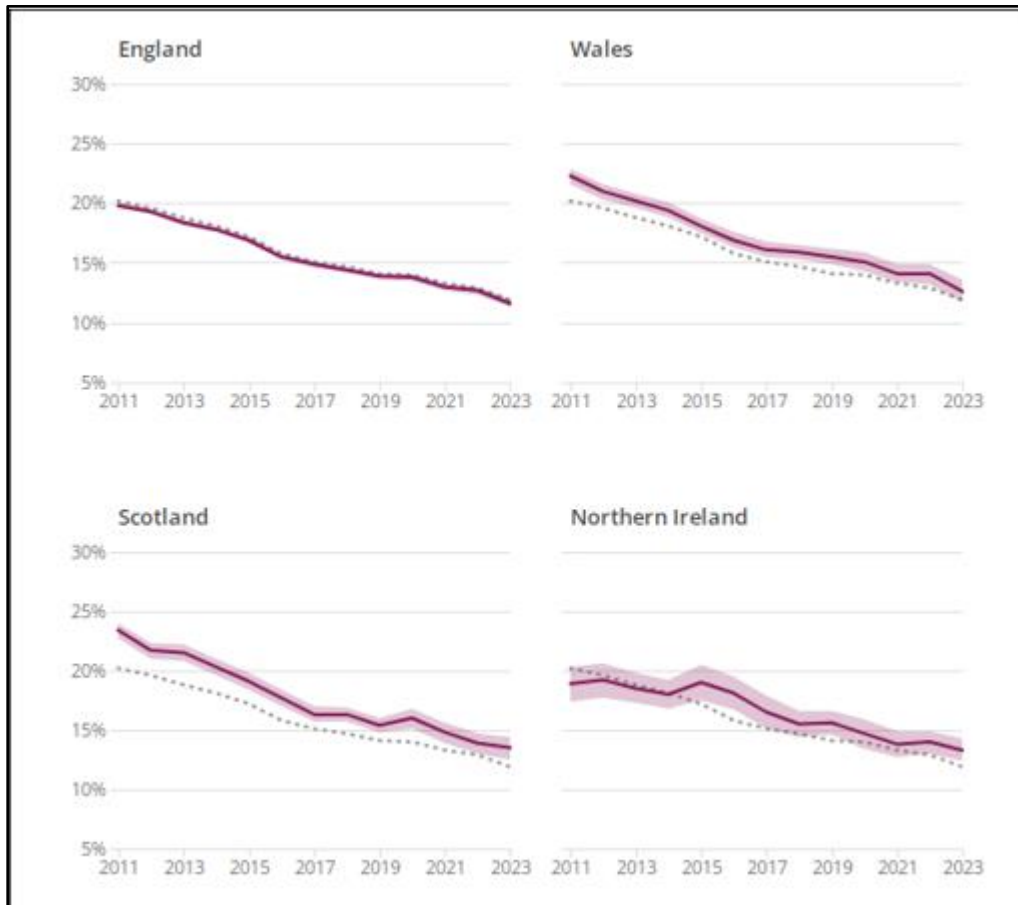


Figure 1.1: Smoking prevalence all over the UK

(Source: Gov, 2025)

The above-mentioned figure highlights the prevalence of smoking habits within the different regions of the UK. Approximately, 13.5% of Scotland's population are addicted towards smoking at the present time (Gov, 2025). Apart from this, the healthcare profession such as pulmonologists, cardiologists, and oncologists in the UK has stated that cancer is the significant cause of excessive smoking habits for an individual (Warnock, 2024). Additionally, the market size of the UK's tobacco industry was estimated to 4.32 billion USD as further expected to enhance by a CAGR of 4.3% by the end of 2030 (IBISWorld, 2025). The increase in tobacco sales signifies the high addiction of smoking habits among the UK population.

Prevention strategies in the UK include raising prices, mass media campaigns, smoke-free public and workplace legislation, and effective health warnings on cigarette packs. For instance, the government has established "The smoke free 2030 ambition for England" resulting in reducing the smoking prevalence by 5% in recent times (Balogun, 2023). Apart from this, the UK's

healthcare system has established the NHS Long-Term Plan in terms of preventing smoking cessations within the country. Additionally, the Tobacco Control Delivery Plan has been established within the UK in terms of reducing the prevalence of smoking cessation from 8% to 3% by the end of 2022 (Gov, 2025). The presence of such initiatives has reduced smoking cessation among adults within the country.

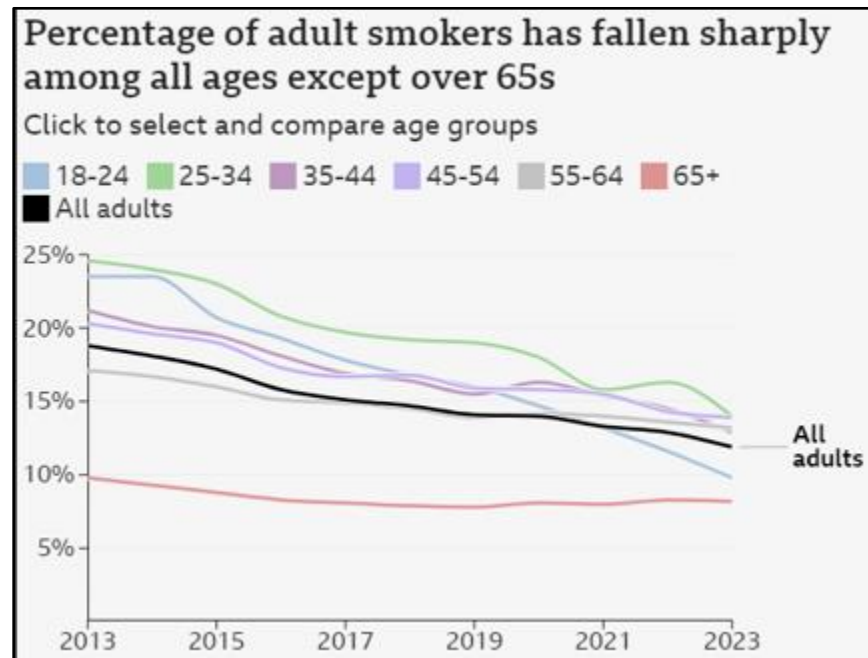


Figure 1.2: Reducing smoking cessation among the UK's adults

(Source: BBC, 2025)

The government of the UK has also focused on tackling illicit trade as well as raising the legal age for tobacco purchases in terms of preventing initiation, particularly among the young and adult population. It has been recognised that smoking prevalence among the UK's adult population is reducing at a rapid rate. Approximately, 20% of the UK population has stopped smoking in recent times due to the occurrence of cardiac disease (Campbell, 2021). The figure 1.2 mentioned above highlights the downfall of smoking habits among different aged populations except the population belonging to the age group over 65 years. Thus, the presence of such prevalence within the country is required to be addressed in terms of addressing the potential effect of smoking among the adult population. The increase in the smoking prevalence has developed a challenging phase for healthcare practitioners in terms of providing treatment to cardiovascular diseases that occur due to extensive smoking habits.

1.2 Problem statement and rationale

- **Problem statement**

The prevalence of smoking leads to diseases such as cancer, COPD, and chronic bronchitis that affect physical and mental wellbeing of a country's population. Despite a steady decline in smoking prevalence across the United Kingdom, significant disparities and persistent rates of smoking exist especially among young adults aged 18–30.

- **Rationale**

The excessive smoking cessation is considered to be the main cause behind health inequalities in the UK that has raised several cardiac diseases (Park *et al.* 2023). Smoking kills almost 80,000 people in a year as well as being responsible for one in four of all deaths from cancer (BBC, 2025). This signifies that the intensity of smoking cessation among the UK's population has been a turning factor of the healthcare practitioners. For instance, approximately, 408000 patients were admitted to the UK hospitals due to the extensive habit of smoking among the population that has increased by 389000 in 2022 (NHS, 2025). However, as per the survey report of Cancer Research UK, 101,960 adults in the UK have reduced smoking cessation by 0.3% on a regular basis (UCL, 2025). On the other hand, the smoking cession has been observed to be increased within the UK population belonging to the age group 18 to 24 years. This signifies that the habit of smoking has reduced in some of the age groups, however, increased in adults.

As per the report of the NHS, excessive smoking leads an individual towards vision and hearing loss, dementia, damaged joints and digestive issues (NHS, (2025). The above-mentioned figure 1.3 highlights the impacts of smoking on mental health condition population in the UK. It has been observed that people with high smoking addiction can have mental health issues in coming times. Additionally, 100000 smokers in the UK have used treatments to aid smoking cessation. This signifies that the financial burden is primarily a result of a patient's continued spending on tobacco and the long-term expense of treating smoking-related diseases. Apart from this, 42% of the UK population having a smoking addiction have faced mental health problems after a certain age (Pcrs-uk, 2025). In this respect, the UK's healthcare system has recommended the commissioners to ensure that service specifications are required to include a requirement for providers to stop smoking services. The influence of this offers harm-reduction approaches to smoking to people who are unwilling or not ready to stop smoking. Apart from this, the direct cost to the NHS for treating smoking-related illnesses was estimated at 17.04 billion Euros, which further represented 5.5% of the total NHS budget (Ash, 2022). This signifies that, smokers are

more likely than non-smokers to become ill while of working age increasing the likelihood of being out of work as well as reducing the average wages of smokers.

It has been recognised that the majority of the working staff are more addicted towards smoking, resulting in deteriorating their health condition to great extent. As per the opinion of Thompson *et al.* (2025) the influence of staff smoking has cost the NHS about 206 million Euros each year as well as comparison 101 million Euros from sickness absence. Additionally, the working staff generally belong to the age group of 18 to 30 years within the UK. Thus, the rationale behind conducting this research can evaluate the specific strategies to address the extensive smoking habit among adults belonging to the age group between 18 to 30 years. Taylor and Treur (2023) expanded this argument through demonstrating the longitudinal studies as the individuals with chronic anxiety are much more likely to initiate and sustain the smoking habits because of nicotine's short-term anxiolytic effects. Thus, the self-medication hypothesis further faces criticism that ensures the relief experienced from smoking is temporary and is often reinforcing dependencies creating a cyclical pattern of addiction and psychological vulnerability.

1.3 Research Question, Aim and objectives

- **Research Question**

What factors influence smoking behaviours among young adults aged 18–30 in the UK, and how effective are current smoking-prevention interventions for this population?

- **Reviewed Aim:**

This review aims to identify the key factors that influence smoking behaviours among young adults aged 18–30 in the UK and to assess the effectiveness of current smoking-prevention interventions targeting this population.

- **Reviewed Objectives:**

- To identify the main determinants shaping smoking behaviours among young adults aged 18–30 in the UK.
- To assess the effectiveness of current UK smoking-prevention and cessation interventions targeted at young adults aged 18–30.
- To identify and analyse the key barriers and enablers that influence young adults' engagement with smoking-prevention interventions in the UK.
- To suggest recommendations for strengthening future smoking-prevention strategies for young adults in the UK.

1.4 Significance of the research

The significance of the research depends upon the key evolution of the findings regarding the pivotal strategies that are crucial for reducing smoking habits among the UK adult population, belonging from the age group between 18 to 30 years. The evaluation of the thesis can be beneficial in analysing the key strategies established by the UK's healthcare system in terms of addressing the negative impact of smoking cessation. The research has positive impacts on lifestyle change of the country's population as well as spread awareness of the risk factors of smoking. Thus, the evaluation of the research can be beneficial in spreading awareness among the UK population for avoiding the habit of smoking in coming times.

1.5 Thesis structure

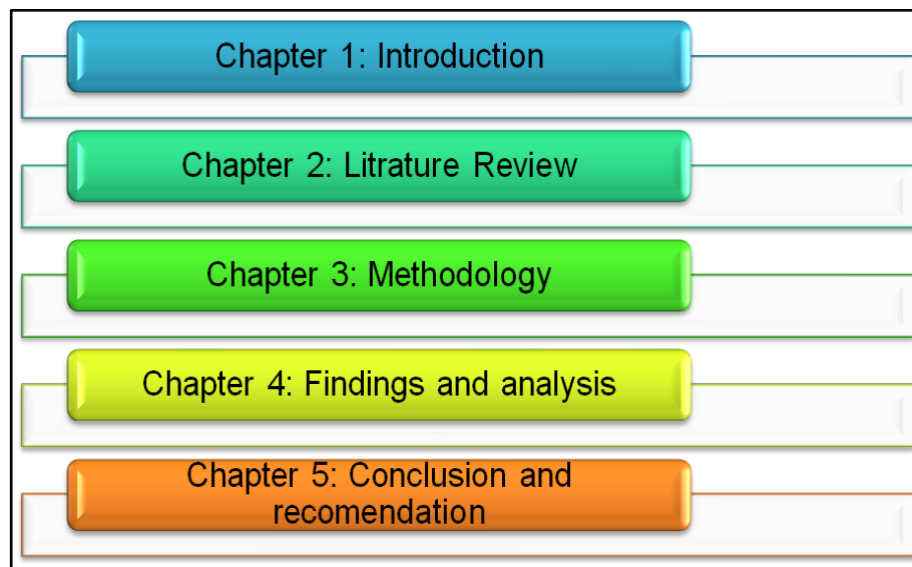


Figure 1.3: Thesis Structure

(Source: Self-developed)

Chapter 2: Literature Review

2.1 Chapter introduction

The current chapter is critically reviewing the existing literature on the causes of smoking among adults aged 18-30 in the UK and it also evaluated the psychological, social and the environmental triggers impacting smoking behaviours. The review of literature further explains theoretical and empirical perspectives for identifying key factors sustaining smoking habits within this age group. Therefore, the review sets the foundation for identifying gaps within current prevention strategies and establishing evidence-based approaches for reducing smoking prevalence among the young UK adults.

2.2 Main determinants shaping smoking behaviours within young adults aged 18-30 in the UK

- ***Psychological factors***

Psychological determinants include stress, anxiety, depression and also self-esteem that plays a central role within motivating young adults to smoke. Khorrami *et al.* (2021) asserted that smoking served as a coping mechanism for relieving emotional distress, especially among the individuals facing work-related or any academic pressures. However, this also claims that it can be critiqued for oversimplifying the relationship that is between the stress and smoking as it is not all stress stressed individuals adopting this behaviour.

Subsequently, low self-esteem has been found to be contributing towards smoking initiation among the young adults seeking social acceptance. Herke, (2025) contended that individuals with diminished self-worth might perform smoking as a symbol of maturity as well as confidence, particularly within transitional life stages such as entering university or any employment. This notion further aligns with social identity theory that suggests young adults internalise smoking as a part of group belonging. However, Littlecott *et al.* (2023) argued that self-esteem is not only sufficient for explaining smoking uptake but also interacting with the peer reinforcement and the cultural narratives of independence. Therefore, these are making psychological explanations incomplete without considering broader social dynamics.

Cognitive biases also influence smoking persistence within the individual. According to Lazuras *et al.* (2024), several young smokers underestimate the long-term health risks associated with tobacco usage because of the optimism bias. Therefore, psychological interventions must be

focusing on altering cognitive appraisals and the emotional regulation rather than solely emphasising health risks.

- **Social factors**

Social influences are particularly peer relationships, family dynamics and the cultural norms that remain among the strongest predictors of smoking initiation within young adulthood. Seemadevi *et al.* (2025) highlighted that peer pressure is significantly increasing the likelihood of smoking experiences. Hence, the direction of peer impacts depends on prevailing social norms within the reference groups.

Family behaviour equally contributed to smoking patterns. Thomas *et al.* (2025) observed that parental smoking has been shown to normalise the habit for young adults shaping early attitudes towards tobacco. Nonetheless, the impact of family diminishes the individual gains autonomy, suggesting that early exposure is less predictive of adult smoking than ongoing peer interaction. Furthermore, Wei *et al.* (2025) argued that social isolation intensifies smoking tendencies by limiting access to supportive networks. Therefore, these findings undergird the significance of social capital within smoking prevention as individuals embedded within strong, health-conscious communities are less likely to smoke.

- **Environmental factors**

Environmental determinants, for example socio-economic conditions, accessibility as well as policy enforcement exert substantial impacts over smoking behaviours among the young UK adults. Liu *et al.* (2025) countered that deprivation increases the risk, cultural context as well as personal resilience mediate outcomes. Therefore, meaning not all economically disadvantaged young adults become smokers. The built environment is also influencing smoking patterns for the age group or 18 to 30 years old. According to Escobar-Farfán *et al.* (2025), proximity to retail stores selling tobacco products increases the purchasing convenience as well as impulse consumption. Despite legislative restrictions within advertising and display covert marketing and also availability of e-cigarettes continues to attract young consumers. Hughes *et al.* (2025) argues that e-cigarettes serve as the harm reduction tools that vaping often acts as a gateway for conventional smoking among young adults. Therefore, the environmental landscape of smoking is paradoxical with regulation aiming to control exposure of commercial adaptation perpetuated with new forms of nicotine consumption.

2.3 Examining and assessing the effectiveness of current UK smoking-prevention and cessation interventions targeted at young adults in the UK ageing from 18-30

The accessibility to resources for smoking or prevention is a significant aspect for addressing the issues of increased smoking rates among the young adults in the UK. Poole *et al.* (2022) have outlined that UK healthcare and regulatory bodies such as NICE guidance have been established in the care setting in the UK for ensuring resource accessibility. Shelton *et al.* (2025) outlined that smoking prevention resources assist in spreading awareness of the issues and its long-term health impact including the risks of cancer, liver and lung damage. For example, the NHS has integrated the “NHS Quit Smoking app” in the UK that facilitates interaction of the individual with care providers in a safe environment (Sezgin *et al.* 2023). The interaction is associated with identifying the internal root cause of the behaviour among individuals aging from 18 to 30 through conducting communication and collaborative approach.

Having a good level of knowledge regarding unhealthy behaviour such as smoking is also crucial that is facilitated through accessibility of the individual to required resources. Alrabai *et al.* (2025) have outlined that only 35% of individuals have basic knowledge and understanding of smoking and its impact on overall health as compared to 59% with poor knowledge. As mentioned in the above figure, the knowledge level of the individual regarding the impact that smoking has on the overall health is lower as compared to non-smoker. Ünal and Kaya (2024) analysed that providing resources such as educational infiltration on the impact of smoking on individual health, risks of liver and lung cancer need to be provided to expand knowledge level. Accordingly, diverse landscaping and health care programs have been established in the healthcare setting in the UK for expanding awareness of the issues and enhancing the overall healthcare outcome of the individuals (Jaiswal *et al.* 2024). In contrast, Kamni *et al.* (2021) outlined that men’s knowledge level as compared to women regarding smoke-free environments is lower, responsible for leading to 0.9 million annual deaths. Thus, expanding knowledge and understanding of the issues through smoking prevention programmes in UK healthcare among individuals aged from 18 to 30 is significant for improving healthcare outcomes.

The aforementioned figures define the significant role that the NHS is providing regarding smoking prevention among young adults through 28 days of advice and tips. Pipe *et al.* (2022) have outlined that smoking prevention programs enable individuals with smoking behaviour issues to access the required resources such as education regarding smoking’ impact on individual health. Organisation and charities in the healthcare sector of the UK have been approaching different initiatives and programs that are aimed at strengthening the collaboration and engagement with

the young people for reducing the risks of smoking. On the other hand, Mahmoud *et al.* (2022) have outlined that resources can be effective for strengthening smoking prevention measures through mass awareness campaigns, tobacco control and cessation measures. The measures are implemented by the Action on Smoking and Health charitable organisations in the UK to strengthen the prevention and awareness of smoking among young adults aging from 18 to 30. The NHS is operating a leading role in providing resources and activities along with therapies that are efficient and significant to strengthen the smoking prevention measures and approaches in the UK. For example, NHS nicotine replacement therapy (NRT) to the individual experiencing excessive issues and especially for pregnant women to reduce the risks of healthcare issues (Thomson *et al.* 2024). The NRT is an effective support and resources that can be provided to the individual with smoking behaviour for addressing the internal smoking behaviour and improving healthcare outcomes. Moreover, Thomas *et al.* (2021); Mollica *et al.* (2025) have also identified that Varenicline and nicotine replacement therapies are most effective, assisting the individual to reduce the smoking behaviour and improve healthcare outcome. The implication of such therapies and prevention approaches are efficient resources that allow individuals to identify the root cause of the issues and improve self-behaviour. On the other hand, Talbot and Branley-Bell (2022) outlined that Better Health campaign by public health organisations in UK provide resources for addressing smoking behaviour including weight management and smoking cessation. Thus, accessibility to the required resources is effective and significant that strengthens the individual experiencing excessive smoking behaviour to address the underlying issues.

2.4 Key barriers impacting young adults' engagement with smoking prevention interventions in the UK

The process implicated by the UK public health is to reduce the smoking among the young adults to improve the condition across the UK by smoke free law and age restriction. As highlighted in the report of Matthes *et al.* (2025), the application of Tobacco and Vapes Bill 2023 has reduced the appeal and availability of tobacco and nicotine products to children and imposed a high tax on e-cigarette liquid. Moreover, the increase of tax by the UK healthcare legislature on the smoking sprouts has created an impact on the rate of smoking among the adults of 18 to 30 years old. As illustrated by Mabhala *et al.* (2025) in the report, the decline in smoking prevalence is based on standardised packaging, limiting the availability of tobacco products and restricting tobacco advertising that decreased the sales of tobacco products. Therefore, the application of

regulations in UK public health has reduced the rate of smoking habits among the adults of the UK.

- ***Restrictions on marketing the flavoured vapes***

The application of smoke-free process and management is associated with bans on smoking in the public place and workplaces that helps to create a "smoke-free generation" within the population of the UK. As demonstrated in the report of Fell *et al.* (2021); Hasan *et al.* (2025), the smoke-free legislation in the UK is based on the individual-level observation that helps in reducing the reduced orofacial cleft incident in the UK. Moreover, the application of smoke-free legislation has implicated legal age to buy tobacco and restrictions on marketing the flavoured vapes among the adults of the UK. As illustrated in the report of Semple *et al.* (2022), the smoke-free legislation has reduced the increase of passive smoking and orofacial cleft incidents in the UK. Thus, the application of this process has reduced the sales of the tobacco products in the UK due to promotion of the health impacts.

- ***UK PH reduced smoking through restricting sales***

The UK PH has implicated a ban on vape to reduce the smoking intake among the adults and to have sound health conditions. As highlighted in the report of Jackson *et al.* (2025) Innab and Kerari, (2022), the ban on disposable vapes is to tackle youth vaping across the UK as announced in January 2024 based on the rapidly evolving policy landscape. Thus, the extinction of the product sales has reduced the smoking among the young adults that helps to improve the health condition.

- ***Prohibitions for e-cigarettes***

The prohibitions for e-cigarettes in the UK public health has implicated the flavour restrictions and suggested plain packaging to reduce its sales. Hammond *et al.* (2022), Bashatah *et al.* (2023) has illustrated that use of flavoured e-cigarettes has increased across the UK as it changes the appeal of tobacco products that directly increase its sales. Therefore, the comprehensive bans on flavoured cigarettes containing tobacco to improve the health conditions across the UK specifically among the young adults.

- ***Evidence-based support and integrated lifestyle to implement ban on smoking***

The NHS has implicated Stop Smoking Services (SSS) for the UK population to have free support and advice to quit smoking that is available in the local pharmacies and GP practices. As per the view of Thomson *et al.* (2022), the NHS's SSS has transferred from NHS to local government as the advisers offered evidence-based behavioural support in this programme. The local HP has commissioned a specialist SSS to help people stop smoking based on the evidence-based support and integrated lifestyle for a better future. Thus, the NHS has implicated the SSS supports

by engaging the local authorities in the UK for the betterment of the adults through up-to-date assessment.

- **Integration of the NRT program and regular monitoring**

The NRT is the NHS program that helps the people to quit smoking by behaviour support, stop smoking medication and regular monitoring by the local community. As highlighted in the report of Jones *et al.* (2022), the nicotine replacement therapy (NRT) delivered through stop smoking services might be linked to high relapse rates and having the physiological side-effects. Therefore, the integration of the NRT program has supported behavioural aspects of smoking although it might have a psychological aim at the people in the SSS program.

- **Smoking cessation interventions for the people under NHS**

It is the combination of behavioural support from NHS services and nicotine-based aids based on the medication to quit smoking by the adults in the UK. According to the opinion of Hartmann-Boyce *et al.* (2021), the behavioural interventions for smoking cessation influence the likelihood of achieving abstinence within the UK population by integrating pharmacotherapy. Thus, the application of intervention plans for smoking cessation has created an impact on the behavioural change in the person to reduce the risk of smoking.

- **Increased health warnings in packaging of tobacco products**

The UK public health has restricted the promotion of the tobacco and nicotine products across the UK to reduce the sales among the UK adults. As per the view of Moodie *et al.* (2021), the UK has implicated standardised packaging for the tobacco products under the Framework Convention on Tobacco Control to reduce misleading consumers. It is determined that standardised packaging has helped the people to quit smoking by discouraging smoking uptake and encouraging cessation to reduce relapse among adults across the UK (Virmani *et al.* 2022). Therefore, the standardised packaging of tobacco and nicotine products across the UK is associated with increased warning salience and effectiveness, and reduced appeal

2.5 Evaluating the effect of integrating strategies for reducing smoking intervention among young adults

- **Tobacco and Vales Bill**

Increasing tobacco taxation for young adults is effective in reducing tobacco consumption and initiation, with some studies showing a higher impact on young people compared to adults. The initiative of creating Smoke-Free Generation is taken by the UK government and the “Tobacco and Vales Bill” 2025 is designed (Matthes *et al.* 2025). It has been recognised that this bill or act has fixed the GBS as well as taking the aim of reducing NP apparel and lowering the availability

of smoking items to children. This is because higher prices make tobacco products less affordable, encouraging smokers to quit and deterring non-smokers from starting. On the other hand, the Tobacco and Vapes Bill of the UK has provided guidance to the manufacturers for introducing reusable devices of disposable vapes for reducing the average cost of vaping (Jackson *et al.* 2025). This regulation has inspired the smokers of the UK in using vapes for smoking at a lower-price range and reducing the high impact of consuming cheap nicotine products.

- ***Advertising and packaging***

Promoting awareness of young adults in the UK, its government has fixed the rule of standardised advertising and packaging (Chauhan *et al.* 2024). Based on the views of Moodie *et al.* (2021), the standardised packaging of tobacco includes the warning of smoking in long terms, the visual of the pain and harm. 65% of the display in packaging of the tobacco is needed to include the physical harm of smoking which is fixed by the UK government. The initiative of mitigating the smoking habits from the young adults of the UK is taken through this standard advertisement and packaging procedures. On the other hand, the standardised packaging of tobacco in the UK is directly related to the minimum excise tax. Hiscock *et al.* (2021) has stated that the manufacturing budget of tobacco forms has been balanced through the tax regarding standardised packaging. The supply of tobacco in the market has been controlled through this advertisement and packaging regulation in the UK that supports in balance smoking habits from the young and adult age group.

- ***Prohibiting smoking in public places***

The policy can disproportionately affect low-income young adults, as tobacco products represent a larger portion of their budget. Addressing smoking habits among the UK young adults, the government has taken the initiatives of prohibiting smoking in public places that is following the Act Smoke-Free legislation. Based on the views of Fell *et al.* (2021), smoke-free legislation in the UK has the aim of reducing passive smoking. Furthermore, prohibiting nicotine conduct in public places is the only way of achieving the objective of passive smoking. On the other hand, the municipal principles such as prohibiting smoking on school grounds, and public properties have reduced the level of smoking (Ali *et al.* 2024). Similar to this context, the UK government has lowered the availability of smoking by creating the rules of smoke free legislation. The degree of smoking freedom has been reduced in the UK environment and the adult smokers can get more aware about their nicotine consumption habits under this environment. Fewer young people starting to smoke, and current smokers quitting, leads to a reduction in smoking-related diseases

and deaths over time. Thus, the increased revenue from tobacco taxes can be used to fund public health initiatives, such as those to combat cancer and other diseases.

- ***Therapeutic strategy (NRT)***

Increased smoking habits in the UK adult group is becoming a wide level of public health problems in the present environment. The government of the UK has undertaken several policies and regulations for lowering the smoking habits that also includes therapeutic strategies. Nicotine Replacement Therapy (NRT) is medically approved by the NHS and it offers some specific products (without chemical or harm) as a substitute for smoking items (Thomson *et al.* 2024). The key fundamental of NRT is to reduce the number of cigarettes per day and stop smoking completely after some time. It has been recognised that 95% of the participants under the NRT situation successfully quit smoking using NRT products. On the other hand, the NHS trusts are recognised to highly prioritise the NRT for addressing smoking habits from pregnant women (Thomson *et al.* 2024). The UK government is also prioritising the public health campaign aspect in order to increase the awareness level among the young to adult age group. Based on the views of Chan *et al.* (2022) and Abdelkader *et al.* (2024), online health campaign research **helps** to target segments easily. Similar to this context, NHS trusts use online channels for designing and implementing addressing smoking habits from the population. For instance, “Stoptober” and “No Smoking Day” are two campaigns for quit smoking in the UK by NHS and governmental research campaigns (Van den Brand *et al.* 2024). All these campaigns are conducted supporting the smoking prohibition rules and **regulation**. Thus, the success of these campaigns has ensured reduced smoking of young adults in the UK.

2.6 Theoretical perspective

- **Social determinants of health – can be used to explain the first objective**

- ***Theory of Planned Behaviour (TPB)***

The Theory of Planned Behaviour, which assumes that intention is the immediate predictor of behaviour, and is influenced by three constructs: attitude, subjective norms, and perceived behavioural control. The social determinants of health (SDoH) ensure operating the background factors of health behaviours indirectly with TPB’s core constructs that is attitude, subjective norms and also perceived behavioural control (PBC). SDoH focuses on systemic factors that shape the conditions of daily life that facilitate impede health behaviours. The positive attitudes towards smoking are more likely to have intentions of smoking. The intentions of young adults to start or to persist in smoking are largely influenced by the subjective norms or the perceived pressure

from their peers or their family. Meta-analytic findings have supported that TPB variables are significant predictors of smoking behaviour and intentions, including meta-analytic structural equation modelling (Topa and Moriano, 2020). TPB-based interventions that address these constructs have moderate success in changing smoking behaviour; approximately 42 -50% of studies show significant effects of TPB constructs and behaviour (Lareyre *et al.* 2021). Good predictions of smoking cessation intention are made by adding self-identity and past behaviour to TPB models in particular populations (Karimy *et al.* 2025). In young volunteer soldiers, friend norms and PBC are significant predictors of smoking cessation intention using TPB pathways (Liu *et al.* 2021). TPB can give a straightforward concept by changing attitudes and changing perceived social norms of the UK adults.

➤ **Health Belief Model (HBM)**

The Health Belief Model (HBM) suggests that individuals who smoke or quit smoking show their perceived threat, benefits, barriers, and self-efficacy (Hwang, 2023). Social determinants of health (SDoH) align well with HBM due to SDoH focuses on income, education as well as environment that can significantly impact HBM's core components such as perceived threat and barriers. Perceived susceptibility belief of being at risk of smoking-related disease) and perceived severity belief of the serious consequences can both affect the motivation to avoid smoking in the context of UK adults (aged 18-30). According to Asharani *et al.* (2021), current smokers in comparison with former smokers had a greater risk perception but less perceived benefits of quitting; it is not clear whether risk awareness is enough to create the effect of change. In a study conducted by Panahi *et al.* (2022), HBM constructs were measured, and it was found that perceived barriers and self-efficacy were positive predictors of intentions to adopt smoking prevention behaviours among university students. The perceived costs (withdrawal symptoms, loss of social bonding) are viewed as significant barriers by many young adults, although they may report the severity of harms. HBM perceived barriers and low self-efficacy were significantly related to fewer quitting attempts and less smoking intensity (Oo *et al.* 2025). In the case of the UK 18-30 age group, an effective HBM-based prevention initiative should reinforce the perceived benefits, minimise barriers, and develop self-efficacy through explicit message support interventions.

2.7 Conceptual framework

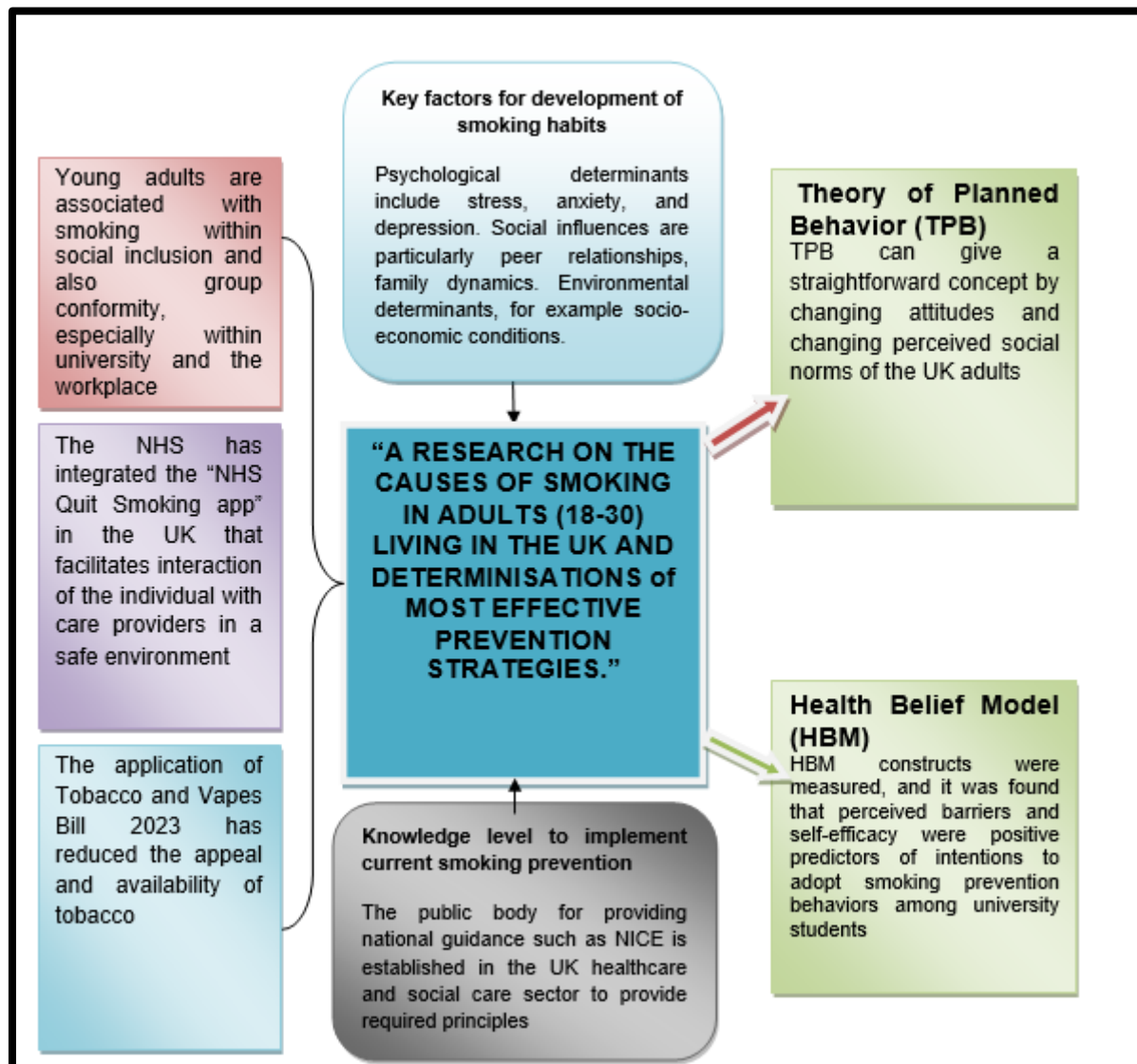


Figure 2.1: Conceptual framework

(Source: self-created)

Social, psychological and environmental factors are particularly responsible for the increasing habit of smoking. Integration of the Tobacco and Vapes Bill 2023 has a strong result in the reduction of smoking among young adults. According to this framework, the social, cognitive, and environmental determinants of smoking behaviour are connected. Attitudes and social norms (TPB) are influenced by social norms and peer influence.

2.8 Literature gap

The review of the literature has illustrated the smoking habits of the UK adults managed by the UK healthcare to improve the health outcome. However, the review of the pre-existing literature has limited the area of research as it has only focused on the UK rather than the global perspective.

2.9 Chapter summary

In summary, the chapter has discussed the significance of smoking prevention programmes in the UK for understanding the cause of smoking and its effective prevention. It has been identified that behavioural and psychological factors including stress, anxiety, depression and also self-esteem are a major issue that is associated with increasing smoking related behaviour among people.

Chapter 3: Methods & Methodology

3.1 Introduction

The methodology chapter is going to evaluate the overall data accumulation procedures that have been used within this research. The evaluation of this chapter helps in acknowledging the various strategies used for accumulating information. The chapter is going to evaluate the data interpretation approach that has been beneficial in fulfilling the research aims as well as objectives. Apart from this, the approach of maintaining ethical practice while conducting the thesis is going to be evaluated within this chapter. The evaluation of this chapter can be significant in analysing the findings' value.

3.2 Research philosophy /paradigm

The research has applied interpretivism philosophy that assumes that reality is socially constructed and best understood through the subjective interpretation rather than objective measurements. Ontologically, interpretivism recognises that smoking behaviours among young UK adults are influenced by personally, psychologically and the social circumstances unique for each individual (Poole *et al.* 2022). Epistemologically the knowledge is further generated through the understanding of the meanings, motives and also the contextual factors instead of numerical generalisation. Positivism is not adopted due to the objective view risks overlooking emotions and the behavioural complications. Therefore, Interpretivism is suited for the study as it enables an in depth exploration of the underlying causes of smoking and the effectiveness of those which are aligned with prevention strategies from several perspectives.

3.3 Ethical Considerations

The ethical considerations ensure that research maintains integrity, fairness as well as responsible handling of information. The study complies with the Data Protection Act 2018 that provides legal guidelines for securing processing, storage and the usage of personal information (UK Government, 2025). The secondary research does not involve any direct participant contact; ethical responsibility remains critical within protecting the identities of the individuals representing within secondary studies. Furthermore, only the ethically conducted peer-reviewed articles are involved and all authors are acknowledged for avoiding plagiarism and to ensure academic honesty, therefore data extracted from the reviewed sources would be handled with confidentiality and are used strictly for the academic purposes without any misrepresentation or manipulation.

3.4 Requirement for ethical approval

The ethical approval was not needed for the current study as it relied solely within secondary sources rather than any primary data collection involving human participation. No interviews, surveys or experimental tasks were conducted that could be posing issues in privacy, psychological or the physical risks for participants. Moreover, all the studies obtained prior ethical approval from the respective institutions, meaning ethical safeguards were already within place (Sivasubramaniam *et al.* 2021). However, ethical awareness remains crucial as the information is needed to be responsible. The interpretation is required to be fair and sensitive to the topics for example addiction that is aligned with communication without agreement or any stigma. Therefore, the ethical clearance was not mandatory as ethical compliance gilded the study throughout.

3.5 Research approach

The research follows qualitative approaches that focus on interpreting the perceptions, behaviours and the motivations. The study is adopting the qualitative approach as the purpose is not to generate any numerical cause-effective relationships but is determined to synthesise the narrative evidence explaining that adults aged 18 to 30 in the UK begin and continue smoking. The secondary qualitative approach is ideal as it is structured for extraction, comparison and also thematic analysis; those are aligned with multiple published studies mitigating the research topic (Cheong *et al.* 2023). The qualitative analysis of previously documented findings, the study is determined to identify the behavioural, social and the environmental smoking determinants that help to evaluate the existing prevention strategies. Therefore, the approaches are determined to ensure the depth, contextual understandings and also evidence-based insights rather than relying within generalised statistics alone.

➤ Strengths of SLR

The major strength of the SLR is rigorous as well as transparency methodology that reduces the bias through using predefined criteria for searching and also choosing studies, enhancing the reliability. The SLR systematically evaluates the evidence from several sources, allowing researchers to integrate qualitative data across diverse research designs. It further highlights the research gaps and the strengths that support the evidence-based conclusions anoint causes and prevention strategies. The SLRs often use qualitative appraisal tools that develop the certainty of the conclusions drawn.

➤ **Limitations of SLR**

The limitations are within the time-intensive and the resource-heavy, requiring access to multiple databases and the careful screening of the large number of articles. The publication bias is also concerned based on the studies with significant findings as these are more likely to be published, potentially skewing outcomes. SLRs rely on the quality of existing research if primary studies are weak, synthesising outcomes becomes difficult.

3.6 Research strategy

The research strategies are determined to be described as deductive or inductive; the study used a deductive strategy that tends to focus on existing theories and further examines to understand available evidence that supports or contradicts the findings. The study is determined to adopt the deductive strategy as this helps in evaluating the smoking causes and the prevention through the lens of pre-existing behavioural (Hoeks *et al.* 2024). The post-psychological and the social theories are related to addiction, peer influence and also public health interventions. Furthermore, the published evidence against the established theoretical concepts, the deductive approaches support the meaningful interpretation of the intentions, motivations and the behavioural change patterns among the young adults. The indicative strategy is not chosen as it does not aim at theory generation but theory confirmation and further interpretation using a previously validated conceptual framework. Therefore, deductive reasoning supports a deeper theoretical analysis in achieving the research aim.

3.7 Study design

The secondary research with systematic review design is used for ensuring a comprehensive, organised and unbiased synthesis of the evidence. The systematic review that summarises studies' narratives, a systematic review follows a structured protocol for identifying, evaluating as well as synthesising research findings. The systematic review design further enables the precise description of smoking, the determinants and also prevention strategies without subjective bias (Moafa *et al.* 2022). The systematic review element is further suitable due to the aims in presenting factual explanations rather than causal testing or even intervention implementation. The systematic review designs are not adopted, which could lead to speculative interpretations or the need for primary data. The secondary research might be time-intensive as well as restricted by the available literature. Therefore, the key advantages ensure rigour, transparency as well as

replication that have strongly supported the research, providing a reliable basis for understanding and evaluating the smoking behaviours among the UK young adults.

3.8 Method of data collection

Data have been collected through analysis of secondary sources, including peer-reviewed journal articles, academic reports and published health studies. The procedure includes retrieving full-text studies that explore smoking determinants and also prevention interventions for adults aged from 18-30. The screening as well as assessing eligibility those are relevant findings aligned with the extraction within started tables capturing the authors, test methodology, sample characteristics, causes of smoking, and the prevention strategies. The secondary data method further supports the credibility by allowing cross-comparison of several independent findings and also reduces the risk, cost and ethical complications that are associated with the primary research (Paek and Zhang, 2024). Therefore, it ensures interpretations as grounded within high-quality and also verified academic evidence.

3.9 Search strategy

The structured search strategy is implemented by using Boolean operators (AND/OR), instructions, and the Medical Subject Headings (MeSH), synonyms for smoking and young adults that are combined to widen search sensitivity. The inclusion criteria involve peer-reviewed studies that have been published between 2021 and 2025, focused on UK adults aged 18-30 which help in examining smoking determinants with prevention approaches. The exclusion criteria removed non-UK samples, non-English texts, studies outside of the age range and also non-empirical papers. Thus, the consistency strategies ensured irony, transparency and also replication within identifying the most relevant sources.

➤ Step 1: Initial Screening

The first step includes developing search terms related to smoking causes, determinants and the prevention strategies among UK adults aged 18-30. Boolean operators and the keywords such as smoking, tobacco use, determinants, causes, prevention and the intervention, young adults, 18-30 are used. Databases such as PubMed, CINAHL, Google Scholar will be searched. The inclusion criteria will specify power-reviewed articles published within 2021 and 2025 that focus on UK context and target specific age groups.

➤ **Step 2: Full-Text Review**

Full text of studies that pass the initial screening are obtained. These are reviewed within detail against the inclusion and exclusion criteria as studies must directly mitigate the causes of smoking in young UK adults or evaluate prevention or cessation strategies to be included. The articles lack empirical evidence or methodological clarity; those are excluded at this stage.

➤ **Step 3: Quality Assessment**

The chosen studies undergo quality appraisal; by using established checklists using CASP for qualitative research. Each study is further evaluated based on the study for design, sample size and also bias risks. The only studies are meeting a minimum quality threshold; those are retained aligned for synthesis.

➤ **Step 4: Final Inclusion**

After the quality assessment, the eligible studies are compiled within the final SLR dataset. The data extraction is focusing on determinants of smoking as well as effectiveness of the prevention strategies. These findings would be synthesised for identifying consistent evidence about the causes and the best-practices prevention approaches.

Boolean Operators	“AND”	“OR”
“Young adults”, “UK smoking causes”	“Young adults” AND “UK smoking causes”	“Young adults” OR “UK smoking causes”
“Smoking prevention programmes”, “behaviour change interventions”	“Smoking prevention programmes” AND “behaviour change interventions”	“Smoking prevention programmes” OR “behaviour change interventions”
“Quit smoking”, “cessation success”	“Quit smoking” AND “cessation success”	“Quit smoking” OR “cessation success”

Table 3.1: Boolean Operator

(Source: Self-Created)

3.10 Framing the research question

PICO	Search Terms
Population	- Adults aged 18-30 living within UK "Young adults", "18-30 years", "UK adults"
Intervention	- Prevention strategies and also cessation interventions "Smoking prevention", "cessation programme", "behavioural intervention"
Comparison	- No interviews or any alternative smoking-related programmes "No intervention", "standard intervention", "alternative programme"
Outcome	- Reduced smoking prevalence and the behavioural changes "Reduced smoking", "quit success", "behaviour change"
SETTING	"United Kingdom", "UK"

Table 3.2: PICO

(Source: Self-Created)

3.11 Database search procedure

Database searches were completed on Google Scholar within 2021 and 2025 years. The MeSH was used due to its standardised terminology and the groups that are related to medical concepts under the uniform indexing terms, which improves accuracy as well as sensitivity of the retrieval (Inau *et al.* 2023). In total 16 peers reviewed articles and journals that are proactively used along with the health reports within mitigating the specific objective conveniently.

3.12 HAND search

The hand search was performed through screening the reference lists of every included study for identifying additional eligible research that were not captured by the database searching. The titles and the abstracts have been reviewed for relevance to the UK adult smoking behaviour and

also prevention strategies. Thus, the hand search processes have increased the credibility, consistency and also depth of the evidence-based research.

3.13 Grey literature:

Grey literature is material produced by organisations outside of traditional publishing, such as government reports, white papers, and conference proceedings. Thus, no grey literature has been used by this researcher. It is often not indexed in standard academic databases, but it can be valuable for research because it's often more current and can provide unique perspectives.

3.14 INCLUSION /EXCLUSION

<i>PICO Element</i>	<i>INCLUSION CRITERIA</i>	<i>EXCLUSION CRITERIA</i>
Population	Adults aged 18-30 living within the UK	Excluding the population over 30 years of age
Intervention	“Smoking prevention”, cessation programme”, behavioural intervention”	Intervention not related to smoking cessation
Comparison	Home-based interventions such as active parental engagement, household smoking restrictions and behavioural counselling.	Articles with no intervention are excluded
Outcome	Reduced smoking prevalence and the behavioural changes	Articles not related to smoking cessation
SETTING	UK Population	Other than the UK population

Table 3.3 Inclusion and exclusion using the PICO framework

(Source: Self-developed)

Database	Search Dates	Inclusion Year	Search Result	Excluded	Included
EMBASE	24/11/2025	2016-2025	350	348	2
CINAHL	23/11/2025	2016-2025	692	690	2
PubMed	19/11/2025	2016-2025	958	954	4
PubMed Central	24/11/2025	2016-2025	454	451	3
Google Scholar	26/11/2025	2016-2025	1758	1754	4
HAND SEARCH	28/11/2025	2016-2025	80	79	1
TOTAL ARTICLES					16

Table 3.4: Study selection

(Source: Self-developed)

3.15 Approach of article selection

The articles were selected based on the inclusion and exclusion criteria. For instance, articles published beyond the year 2016 have been excluded. This has helped in maintaining the research validity. Additionally, significant databases have been utilised within this research, such as Google Scholar, PubMed, SagePub and others. The accumulation of information from such sources has helped in making the research findings more valuable. It has been recognised that inclusion and exclusion criteria have been crucial for research as it has ensured the integrity, safety as well as validity of a study by defining who is eligible to participate. Thus, exclusion criteria have been used to prevent information accumulation that may be at a higher risk of adverse reactions or harm due to their health status or other factors.

3.16 PRISMA chart

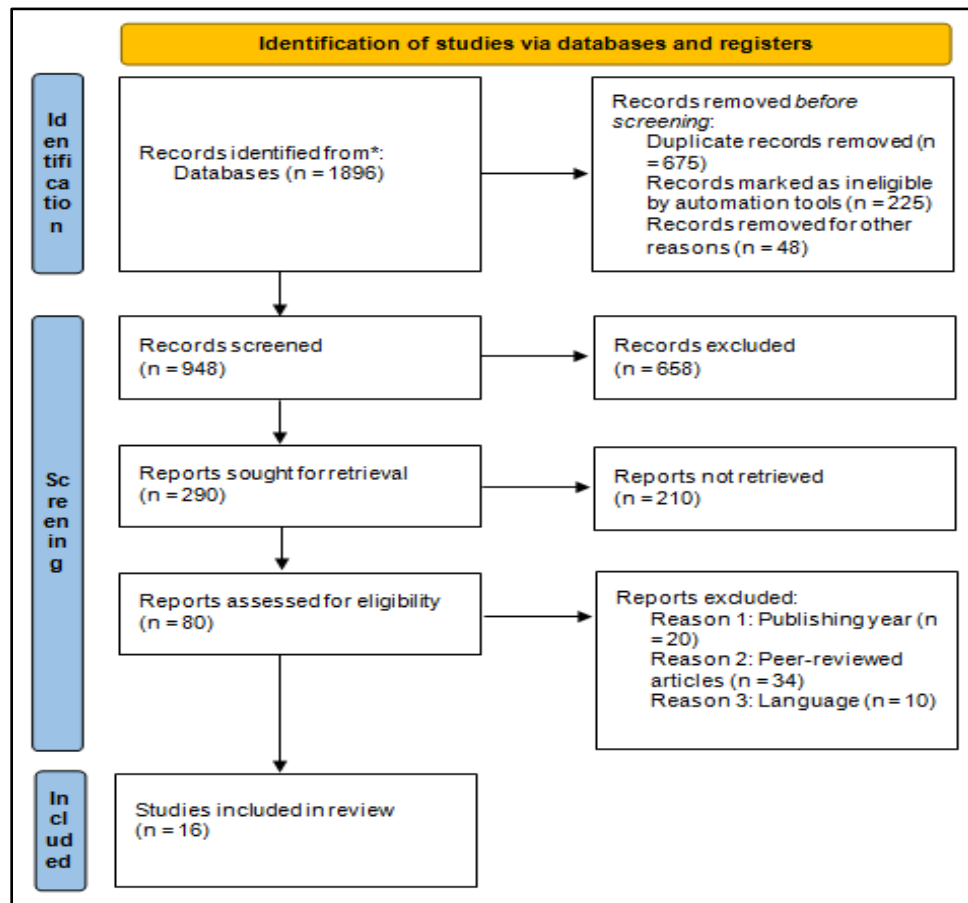


Figure 3.1: PRISMA Framework

(Source: Self-developed)

The above-mentioned figure has highlighted the PRISMA Framework that signifies the overall screening procedure used for selecting the peer-reviewed articles. The PRISMA Framework has been important for its role in harmonising and improving the management of psychosocial risks in the workplace by providing a comprehensive model for assessing and preventing work-related stress, harassment, and violence. It has been recognised that the research has selected 16 peer-reviewed articles in terms of fulfilling the thesis aims and objectives. The evaluation of the Prisma Framework can help readers as well as reviewers trust the results and make it easier to reproduce the study's process. The comprehensive and unassailable record of methods and processes created by following PRISMA provides a strong audit trail for regulatory bodies.

3.17 QUALITY ASSESSMENT (QA)

The development of the inclusion and exclusion criteria has helped in selecting articles as well as further integrated within the CAPS tools in terms of understanding the relevance of the article for this systematic review. The articles were selected from databases such as Google Scholar, PubMed and others. Quality assessment tools are considered to be crucial in systematic reviews as it helps to evaluate the credibility, validity, and risk of bias in included studies, ensuring the review's overall evidence strength is trustworthy (Shaheen *et al.* 2023). The use of such tools has helped this research to incorporate high-quality articles. This has helped in enhancing the quality of research findings. Based on this aspect, the use of CAPS tools has helped in selecting 16 peer-reviewed articles for this thesis that are relevant to the research topics [*refer to the appendix*].

3.18 Data characteristics /extraction

The information has been further interpreted through a thematic analysis based on the thesis objectives. Nwokeji and Matovu (2021) have evaluated that data extraction is considered to be crucial as it automates collecting, transforming, and centralising raw data from diverse sources. Thus, the use of such a technique has helped to provide a foundational step for unlocking value from data, turning disparate information into actionable intelligence for innovation.

3.19 DATA SYNTHESIS

Thematic analysis has a step-by-step approach:

Thematic analysis has been utilised within this research, followed by Braun and Clarke (2006) six-step thematic analysis framework in terms of interpreting the secondary information that is based on prevention strategies regarding smoking cessation. As per the opinion of Ahmed *et al.* (2025), thematic analysis is considered to be a significant aspect as it provides a flexible and accessible way to identify, analyse, and interpret patterns of meaning in qualitative data.

- **Data orientation:** 16 peer-reviewed journals have been selected for conducting thematic analysis. Thus, the influence of such a data interpretation approach has been effective for fulfilling the thesis aims as well as objectives.
- **Development of initial codes:** This has helped to gain a deep understanding of people's experiences, views as well as beliefs. It has been recognised that four themes have been developed based on the research objectives in terms of conducting thematic analysis.
- **Themes creation:** The codes were further grouped into wider categories in terms of representing repetitive ideas or concepts across the thesis.

- **Reviewing themes:** In this stage, the themes have been reviewed and compared with the data to ensure meaningful and coherent themes.
- **Defining the themes:** In this stage, the themes were well defined in terms of understanding their relevance to the research topic.
- **Final report development:** This stage has helped in illustrating how smoking impacts population health conditions and evaluated prevention strategies that help in addressing such issues.

Limitations of the Research/Risk of Bias:

The research has been conducted using secondary existing information. However, lack of empirical evidence has hindered critical analysis of the thesis variables. Additionally, the lack of primary data has developed bias regarding the accumulated secondary information.

3.20 Summary of the chapter

The methodological chapter has concluded that interpretivism philosophy assumes reality is socially constructed as well as best understood through subjective interpretation rather than objective measurements. The ethical consideration of this research has been ensured through integrating the principles of the Data Protection Act. No interviews, surveys or experimental tasks were conducted that could pose issues in privacy, psychological or physical risks for participants. It has been recognised that the research strategies are determined to be described as deductive or inductive. The study used a deductive strategy that tends to focus on existing theories and further examines to understand available evidence that supports or contradicts the findings.

Chapter 4: Results

4.1 Introduction

Identification of the reasons behind the smoking habit is necessary to deal with the challenges observed in the UK. Evaluation of determinants to predict the challenges is necessary to gain reliable outcomes in dealing with the barriers. This chapter has made evaluation of sources (systematic literature review) to develop valuable insights on the topic. Understanding the reason behind the smoking habit of adults is necessary to implement practical measures of prevention. Strategic measures provides opportunity to deal with the existing challenges and achieve success. Systematic search databases and search results are analysed to determine the scope of success in the context of study. PRISMA Flow Diagram has been drawn to understand the relevance of data collection and achieve practical insights. It provides an opportunity to deal with the issues and accomplish success in achieving targeted outcomes.

4.2 Systematic Review of Databases

4.2.1 Systematic search of databases

Databases	Search results	Left after exclusion	Inclusion results
Research Gate	150	20	5
PubMed	200	40	5
Google Scholar	230	30	6

Table 4.1: Systematic search of databases

(Source: Self-developed)

The above table highlights the total number of articles included in the peer-reviewed research to identify the most effective prevention strategies. Coordination in the process of data collection helps in dealing with the issues observed in the process. It has helped to identify the causes of smoking among the adults of the UK in the age group of 18-30. Thus, the need is to address the research gap with the selection of relevant articles, and the consequences are observed in dealing with the challenges observed.

4.2.2 PRISMA Framework

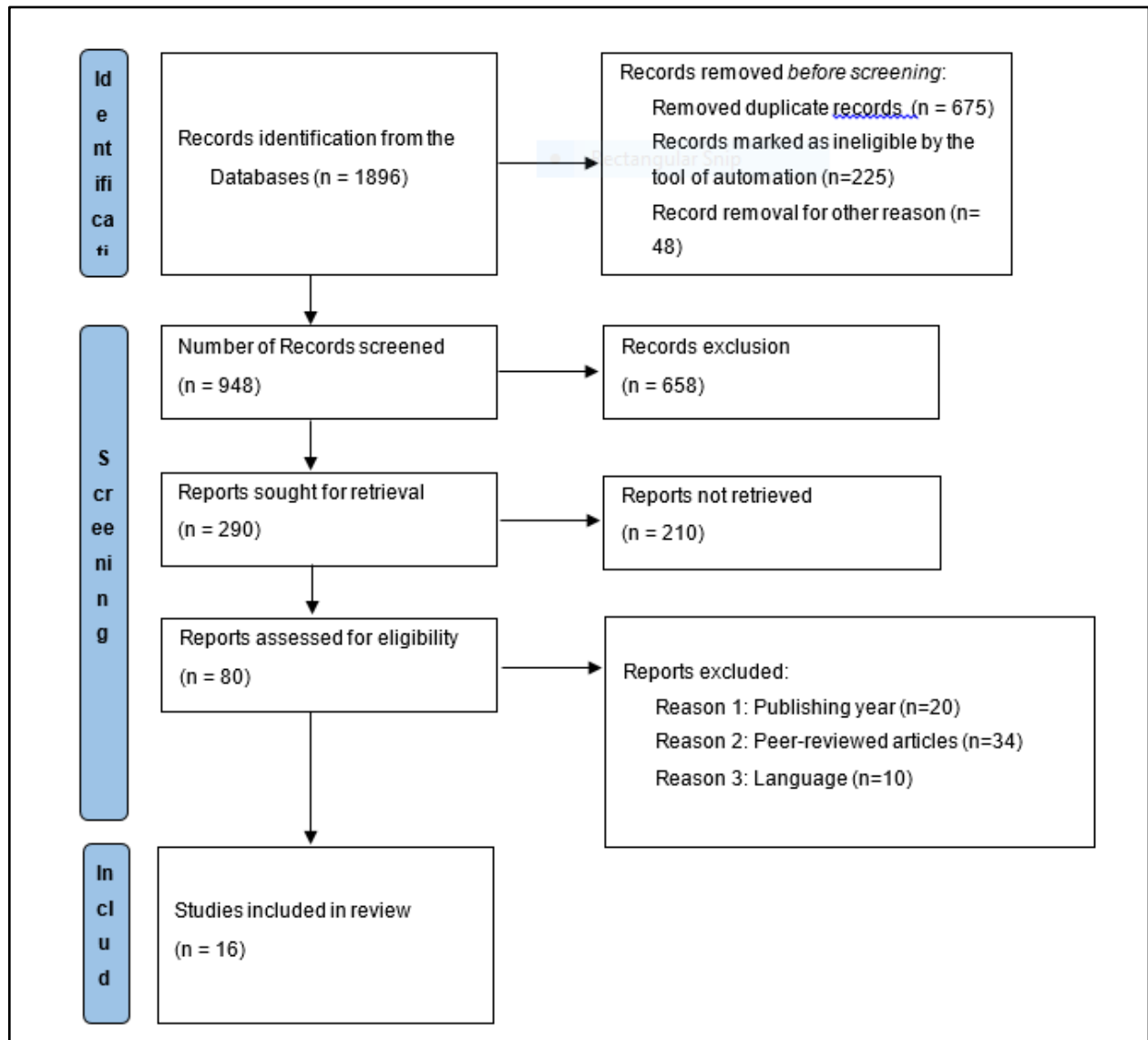


Figure 4.1: PRISMA Framework

(Source: Self-developed)

The PRISMA Framework provides an opportunity to manage the transparency and accountability of research with a reliable, evidence-based approach for data collection. For example, peer-reviewed articles are included in the study in order to increase the authenticity of the findings. Improvement of research coordination and enhancement of the practical findings of the research has become beneficial. Thus, it is important to deal with the issues observed and the consequences are observed in dealing with the challenges.

4.2.3 Data characteristics

Author's name	Purpose	Setting	Methodology	Strength	Weakness	Results	Conclusion	Data extraction criteria	Data extraction criteria	Themes per article
Alanazi <i>et al.</i> (2025)	Developing insights into effective smoking prevention strategies	Peer-reviewed articles are included	Scooping Review	Reviewing opinion	Absence of primary data	Understanding the barriers to smoking cessation	Implementing preventive measures	Supporting evidence for objective 3	Supporting objective 3	Theme 3
Assari <i>et al.</i> (2025)	Lifecycle management strategy to increase practical outcome.	Purposive sampling strategy followed	Qualitative analysis	Evaluation of different perspectives	Lack of insights regarding dynamics	Preparing roadmap for Tobacco endgame	Development of preventive measures	Supporting the insights of objective 3	Evaluating objective 3	Theme 3
Bartłomiejczyk <i>et al.</i> (2025)	Smoking Cessation Intervention	Strategy of random sampling	Qualitative analysis	Dealing with the	Absence of coordination	Smoking Cessation	Practical implementation measures	Addressing objectives 4	Article supports objective 4	Theme 4

				challenges observed	nation in the strategy	Intervention for Young Adults				
Graham <i>et al.</i> (2016)	Creation of adequate awareness regarding the smoking cessation	Strategy of purposive sampling	Quantitative data analysis method	Evaluation of strategic measures for success	Lack of presence of secondary qualitative data	Creating adequate awareness regarding strategic intervention	Adoption of practical measures to determine success.	Research objective 2 has been addressed	It has provided opportunity to address objective 2	Theme 2
Flor <i>et al.</i> (2021)	Evaluation of the practical effect of the tobacco control policy	Dealing with the challenges observed in terms of planning	A purposive sampling strategy is followed	Inclusion of different perspectives of participants	Absence of quantitative information	Identification of barriers observed in the strategy	Dealing with the issues observed in value creation	Connecting with objective 2	Fulfilled objective 2 of the research	Them 2

				pants.						
Do <i>et al.</i> (2021)	Identification of determinants to enhance coordination in the process of value creation.	Addressing the barriers of planning	Qualitative data collection	Enhancement of the strategy to deal with the issues	Absence of quantitative data	Improvement of coordination in the strategy of progress	Implementation of measures to deal with the issues	Analysing the context of objective 1	Addressing objective 1	Theme 1
Gördük <i>et al.</i> (2024)	Practical evaluation of the importance of the smoking prevention strategies	Purposive sampling has been followed to deal with the issues	The qualitative data collection method has been included	Development of coordination in the strategy.	Lack of presence of diverse source of information	Addressing the strategy to increase coordination in this practice.	Identification of barriers observed in the practice.	It has addressed objective 2	Objective 2 has been successfully achieved	Theme 2

Vallone <i>et al.</i> (2017)	Increasing coordination in healthy behaviour is an integral part	Development of strategic approach	Dealing with the challenges observed in process coordination	Qualitative analysis of data	Absence of quantitative findings	Development of strategic coordination	Increasing scope of coordination	Alignment with objective 1	Increase coordination with objective 1	Theme 1
Littlecott <i>et al.</i> (2023)	Habit of adolescent smoking and the strategy to deal with the issue	Improvement of coordination in the strategy to prevent habit of smoking	Purposive sampling strategy	Qualitative data collection method has been adopted	Absence of extensive sources of information.	Prevention of the habit of smoking and determining optimal output.	Development of strategy to deal with the issues	It has provided opportunity to address objective 3	Objective 3 has been accomplished	Theme 3
Mgamma I, (2024)	The purpose of this article is	Cross-sectional data have	The applied method	An effective	The lack of practice	There is a significant	A global policymaking approach	Supportive evidence for the Objective	Supporting objective 1	Theme 1

	to analyse the impact of tobacco taxes, VAT, and affordability in terms of the developing human index by considering the global perspective on future economic trends.	been used in this article	ology is secondary	review of existing articles is the key strength of this article	al evidence is the key weakness of this article	nt correlation between different types of taxation, usage, price, HDI or Human-Development-Index, affordability, and GDP or Gross Domestic Product per capita.	should be developed	1		
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Peckham <i>et al.</i> (2025)	The purpose of this article is to explore the individual-level interventions in terms of helping the young generation to stop smoking	Scoping review data have been used in this article	The applied methodology is secondary	Descriptive knowledge is the key strength of this article	A limited theoretical explanation is the key weakness of this article	Most of the articles found for the inclusion	There are several numbers of digital-level interventions for smoking	Supportive evidence for the objective 2	Supporting objective 2	Theme 2
Poole <i>et al.</i> (2022)	The purpose of this article is to investigate the way young adults describe	Peer-reviewed data have been used in this article	The applied methodology is secondary	Strong theoretical knowledge is the key strength of	Limited practical evidence is the key weakness	The presence of alcohol with the intention of accepting	Social aspects of addiction should be improved	Supportive evidence for the Objective 3	Supporting objective 3	Theme 3

	their personal level of use of tobacco with identification of smoking and pathways into and out of regular smoking understand future smoking prevention and harm reduction interventions			this article	ess of this article	something new is an influential aspect of smoking				
Sánchez-Franco <i>et al.</i>	The purpose of this article is	Focus group-based data	The applied method	Over-focusing on	Limited theory	Tobacco risks can be	Improved strategies in the	Supportive evidence for the objective	Supporting objective4	Theme 4

(2024)	to understand the working process of smoking prevention interventions among adolescents	have been used in this article	ology is primary	the personal aspects of participants instead of theoretical knowledge is the key strength of this article	tical alignment is the key weakness of this article	influence d by the environmental aspects	intervention plans are required	4		
Passey <i>et al.</i> (2016)	Dealing with the challenges observed in	Qualitative analysis of interview responses	Primary data collection	Development of practice	Over reliance upon	Absence of secondary	Improvement of coordination in the	Supportive evidence for the objective 4	Supporting objective 4	Theme 4

	determinatio n of success	to get success.	method	al insight s regard ing detecti on of issues	the primar y sourc e of informati on	qualitativ e informati on source	practical research context			
Sweileh, (2024)	The purpose of this article is to highlight the concept and effectivenes s of technology- based intervention s for tobacco use	Scopus data have been used in this article	The applied method ology is second ary	Theor etical under standi ng is the key streng th of this article	Limite d practic al eviden ce is the key weakn ess of this article	Tobacco use is a global public health issue	Technology- based interventions can reduce the risk of tobacco consumption	Supportive evidence for the objective 4	Supporting objective 4	Theme 4
Tinner <i>et</i>	The	Grounded	The	Theor	Poor		Using	Supportive	Supporting	Theme 4

<i>al.</i> (2021)	purpose of this article is to develop knowledge of adolescent health risk behaviour along with socioeconomic position by considering a grounded theory-based study among the UK young adults	data based on previous data review aspects have been used in this article	applied methodology is secondary	ethical understanding is the key strength of this article	practical knowledge is the key weakness of this article	Individualistic choices are affecting the interventions of risk behaviour	personal responsibility is supportive in enhancing behavioural aspects at the personal level	evidence for the objective 4	objective 4	
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Table 4.2: Data characteristic

(Source: Self-developed)

4.3 Data extraction and synthesis

4.3.1 Data extraction for quantitative studies

[Refer to Appendix 2]

4.3.2 Data extraction for qualitative studies

[Refer to Appendix 3]

4.3.3 Development of Themes

[Refer to Appendix 4]

4.3.4 Thematic Findings

- ***Theme 1: Social determinants and psychological factors influencing smoking behaviours among young adults***

According to the research findings, smoking behaviour among young adults emerges from behavioural changes and external environment such as observing behaviour of family members, peers and experiencing stress. A quote extracted from Poole *et al.* (2022) mentioned that “my whole family smoked, I was brought up with it, I had to almost”. This implies that young adults brought up in an environment that encourages smoking almost pick up the similar behaviour. On a different note, Tinner *et al.* (2021) found participants mentioning peer influence as a factor to adopt smoking behaviour, especially stating “*peer pressure*” and “*wanting to look cool*”. As per the research findings, peer pressure often emerges from young adults, who are involved with social circles that encourage poor health behaviour such as smoking. This negative health behaviour of adults further led to issues including poor cardiovascular health. Therefore, the social factors further influence the psychological mindset of young adults that combined with low educational awareness results in smoking habits.

According to this research findings, a slight decline of smoking prevalence has been observed recently among the UK-based young adults. However, death risk for smoking and alcoholic consumption behaviour is comparatively higher among the UK’s adults. As found by Vallone *et al.* (2017) branding shapes consumers’ insights on the product, as effective branding efforts by tobacco manufacturers often promote smoking. However, the statement lacks clarity, as often warnings by tobacco manufacturers are neglected by young adults. In contrast, population sampling of Do *et al.* (2021) involves 90.3% of African-American, in which 26.9% parents reported smoking. In this regard, social determinants such as residing with smokers often influence smoking behaviour among adolescents and young adults, especially ones residing in multi-unit

housings. Hence, social determinants associated with smoking behaviour of young adults involve family conditions, neighbourhoods and stress.

- ***Theme 2: Tobacco cessation strategies and programmes increasing knowledge awareness on negative consequences among young adults***

According to the research findings, tobacco cessation strategies and programmes to control smoking behaviour of the UK's young adults are effective by increasing public awareness. As per the findings of Flor *et al.* (2021), "an accelerated implementation of a set of strong tobacco control practices" is highly needed as a strategic option to control tobacco among the people with smoking habits. In addition, advertising positive health behaviour and using health warnings on negative consequences of smoking have been effective in spreading awareness. Advertisements have been highly effective in reaching young adults, as appealing messages and visual representation of health consequences increases motivation to quit. In contrast, the findings of Gördük *et al.* (2024) highlighted support of 92% research participants for laws to "banning tobacco use" or purchase where 78% adults try tobacco before 18 for the very first time. In addition, the article highlighted enacted laws that prohibited smoking in indoor areas that helped decrease the number of smokers by 32.5%. This implies that initiatives by policymakers on developing laws to ban indoor smoking help further reduce exposure to second-hand smoke and affect the mindset of young adults influenced by negative role models. Hence, the overall research findings supports that comparing the insights advertisements on smoking cessation programmes and government-induced bans are effective in developing knowledge among young adults on consequences of smoking.

Effectiveness of smoking interventions among individuals often depends on behavioural changes. As highlighted by Sánchez-Franc *et al.* (2024) advertising of e-cigarettes and social accessibility of e-cigarettes often deters young adults from entirely disengaging from smoking habits. This implies that peer and family influence often reduce effectiveness of the smoking cessation campaigns, which leads to relapse and low motivation to change. On a different note, Graham *et al.* (2016) conducting forty randomised trials and systematic review found that 95% of studies have shown wider engagement of smoking cessations through internet intervention. A key strength of the research involves using data gathered from RCTs to make comparisons on people behaviour while engaging in internet inventions strategies to smoking cessation. Thus, despite having a significant impact on reducing prevalence of smokers, the current cessation programmes often face challenges in sustaining the behavioural change.

- **Theme 3: Low motivation, self-efficacy and peer influence affecting engagement of young adults in smoking cessation activities**

According to the research findings, low motivation, self-efficiency and peer influence can affect the progress in UK's young adult's engagement in smoking cessation activities. As per the findings of Alanazi *et al.* (2025), "time constraints, financial limitations, low self-efficacy, and social smoking norms" are the common key challenges that university students experience during accessing smoking-related cessation support. Furthermore, barriers such as cultural norms along with gender expectations, such as perceived masculinity by society discourages individuals to engage in smoking cessation programmes. Thus, engagement with smoking control strategies and activities are being affected by the social and other mentioned challenges while the motivation of adults also are reduced. As per the findings, individuals willing to access support and help for smoking cessation are often demotivated by society and face peer pressure to continue smoking. Similarly, it has been found from Littlecott *et al.* (2023) that girls often demonstrate higher effectiveness in resisting smoking due to low-acceptability of society. This implies that smoking cessation differs among each gender as societal pressure and gender norms threatens engagement rates among men and women with smoking cessations. Thus, barriers often emerge from individuals negatively affected by low motivation, while social expectations associated with smoking among genders cause hindrance in avoiding the habit.

According to the findings, tobacco control is a dynamic approach as it is focused on the global agreements and national legislation with the media outreach to increase engaging behaviour among the UK's young adults. Assari *et al.* (2025) identified that communication campaigns have generated 16 million quit attempts among different generations. A driver that has increased effectiveness of communication campaigns in boosting behavioural intention of young adults involves its ability to highlight personalised risks. Furthermore, Passey *et al.* (2026) mentioned that smoke-free homes reduce exposure to second-hand smoke, which increasing knowledge-based awareness helps in reducing smoking behaviour. Social support in forms of campaigns and personalisation helps smokers tackle negative beliefs that stems from fear of disappointing family members and peers. Hence, barriers identified involve a lack of self-efficacy and societal norms, while facilitators involve engagement with personalised campaigns.

- ***Theme 4: Adoption of digital interventions to increase feasibility and accessibility of smoking cessation programmes***

According to the findings, digital intervention has gained prevalence in recent years due to its impact on strengthening accessibility of medical services. As per the findings of Bartłomiejczyk *et al.* (2025), “Smokwit is a novel gamified ambient intervention” that allows individuals in controlling smoking through gamified mobile application process. Additionally, the smokers can control their smoking habit by registering their personal data with gamified cessation programmes. It is a self-reflective prompts enabled individual analysis on smoking habits. Results from the study, has highlighted that a gamified and digital-based intervention has led to young adults showing interest in self-help prompts and reflecting on personal behaviour while answering. On the other hand, findings of Mgammal (2024) highlighted that smoking cessation is linked with applications of VAT and tobacco taxes, as it is notable for cutting down consumption by 4%. In this regard, policies regarding reducing accessibility of smoking products help reduce consumption of tobacco. Addressing the strategies, taxation along with digital interventions such as mobile-based applications to engage smokers often helps in self-reflection.

According to the research findings, pharmacological and non-pharmacological interventions can significantly influence the altering of biochemicals to engage UK’s young adults in smoking. Peckham *et al.* (2025) highlighted a growing “individual-level smoking cessation interventions” among the young adults. In addition to this, have discussed that smoking cessation programmes including population-level interventions often fails to gather specific results. This explains that addressing concerns of smokers on an individual level, while focusing on cessation involves increasing intention to quit. On a different note, Sweileh (2024) discussed that technological interventions using mobile phones and social media platforms improved cessation rates by 6 months. Mobile-based resources effectively increase engagement rates due to the majority of young adults being active in social media platforms, while increasing awareness especially helps in educating smokers. Comparing the insights, digital interventions have a higher rate of efficacy in reducing smoking prevalence, whereas traditional methods of taxation often present fluctuating results. Thus, adoption of extraction rates in smoking products provides short-term results as smoking prevalence remains higher in people belonging to high socio-economic backgrounds, while mobile-based interventions allow the UK government to rapidly increase awareness.

4.4 Summary of Main Findings

- ***Theme 1: Social determinants and psychological factors influencing smoking behaviours among young adults***

The research findings showcase significant influence of social determinants and psychological factors such as smoking behaviour among the UK's young adults. According to Poole *et al.* (2022), smoking in young adults was a common stress coping behaviour that helped them handle emotional and life changes, such as joining higher education or work. Additionally, smoking also served as an identity formation and social connection instrument. These results correspond with the Theory of Planned Behaviour, since the influence of peers and the family smoking determine the subjective norms and the stress-related coping expresses the attitudinal beliefs about the smoking (Littlecott *et al.*, 2023). This observation contributes to the theme by showing that cognitive framing of smoking as a method of stress relief strengthens the continued use. Furthermore, smoking was evidently considered normal in the social setting among young adults in the UK. Littlecott *et al.* (2023) assert that peer relationships had a strong impact on smoking perceptions, and smoking was linked to identity, popularity, and group belonging, especially where the smoking norms were partly normalised. The finding supports the importance of social cognition in maintaining smoking behaviour even in a wider denormalisation policy.

Analysing the effects of second-hand smoke Do *et al.* (2021) mention that adolescents exposed to second-hand smoke in homes due to parental tobacco consumption, which increases health risks. The Health Belief Model describes the reasons why a person continues to smoke as low perceived vulnerability and normalisation of risk in both domestic and social settings (Tinner *et al.*, 2021). Social determinants that influence exposure to smoking behaviour among adolescents and young adults involve tobacco use among parents, peers, and residing in multi-unit housings. Hence, social determinants associated with smoking behaviour of young adults involve family conditions, neighbourhoods and stress.

The fact that psychological exposure occurred in domestic settings also helped to enhance smoking-related cognition. Do *et al.* (2021) assert that exposure to tobacco via the smoking behaviour of parents and the residential environment had a significant influence. Additionally, such behaviour is adopted by adults in their adolescence in the multi-unit housing, displaying elevated cotinine levels, thus cognitively normalising smoking behaviour as normal. This finding is associated with the theme by shedding light on early psychological coordination among young adults in the UK. The intersection between socioeconomic cognition and psychological processes has a significant impact on young adults. Tinner *et al.* (2021) define smoking as a behaviour

associated with the classification of classes, the narratives of personal responsibility were internalised by young adults, and these attributes determine the perception of risk and justify their behaviour. Altogether, these results impact the smoking behaviour by combining psychological, cognitive, and identity-based factors.

- ***Theme 2: Tobacco cessation strategies and programmes increasing knowledge awareness on negative consequences among young adults***

The recent empirical and review investigation on the effectiveness of smoking-prevention and cessation interventions has been associated with young adults in the UK. According to Sweileh (2024), the nicotine present in the cigarette releases dopamine and produces a rewarding sensation in the brain, projecting a habit-forming cycle. Additionally, this habit creates a challenge for the person to escape from nicotine dependence. Despite the challenge, the government and NGOs are executing awareness programs, such as the World Health Organisation (WHO) Framework Convention on Tobacco Control (FCTC) nationally or internationally, to mitigate the challenges of smoking. However, this is the first global treaty of the WHO that was negotiated to mitigate the problem of smoking control among young adults.

This fact confirms the fact that prevention-focused interventions are the core of minimising smoking initiation in young adults. According to Brown *et al.* (2024), indicated that the UK smoking-cessation services that involved the use of behavioural support and digital tools found better engagement and attempts to quit smoking among young adults than the usual advice services. A TPB-based approach would find that legislative prohibitions and social restrictions affect the regulation of behaviour and reform social norms against smoking (Gördük *et al.*, 2024). Additionally, the findings help to explore that lifestyle and social intervention in young adulthood is more likely to lead to successful quitting. The findings support the applicability of the adaptive and accessible models of cessation to make effective intervention through customised digital support.

Gorduk *et al.* (2024) have found that smoking attitudes, perceived social norms, and smoking readiness were significantly linked to the success of quitting smoking in young populations. These aspects differ from pure pharmacological methods by emphasising behavioural determinants. This theme is linked to the Health Belief Model because mass media campaigns and warning labels raise the perceived severity and the perceived benefits of quitting and thus encourage behaviour change (Moodie *et al.*, 2021). As a result, motivation and social context interventions were identified to be more sustainable and create a significance of holistic intervention design. Additionally, Bartłomiejczyk *et al.* (2025) revealed that gamified physical-digital cessation was

effective in engaging young adults, though short-term abstinence opposes traditional programs. These strategies were observed to enhance the motivation and compliance among digitally active groups of adults.

- ***Theme 3: Low motivation, self-efficacy and peer influence affecting engagement of young adults in smoking cessation activities***

The interaction among psychological, social, and contextual variables determines the engagement of smoking prevention interventions among adults. Smith *et al.* (2024) found that low motivation, low self-efficacy, and scepticism about the effectiveness of cessation support were eminent barriers, as well as social isolation and stigma motivated engagement. The finding illustrates that personal beliefs and the perceived social evaluation might restrict involvement in prevention and cessation programs. Alanazi *et al.* (2025) reported that time constraints, financial, and positive social norms of smoking were common among university students, resulting in a reduction in the adoption of cessation interventions. However, low-cost service and flexible digital delivery were common among the age group. The finding ensures the applicability of socially integrated interventions among young adults, and the key facilitation factors are flexibility and cost-effectiveness.

The findings further help to evaluate that another focus on prevention settings has also been on contextual and social mechanisms. Sanchez-Franco *et al.* (2024) have shown that the strategies of knowledge acquisition, skill development, and social influence provided an opportunity to engage, whereas different local resources and norms served as obstacles. The results are greatly consistent with HBM and TPB since low engagement is associated with poor self-efficacy and high perceived barriers, which are the key constructs of HBM (Alanazi *et al.*, 2025). The finding reveals that context may support or weaken intervention mechanisms, so that identification with local social environments is necessary for successful implementation of the strategy. Peckham *et al.* (2025) also claim that young adults were less responsive to traditional services and were more responsive to digitally delivered and one-on-one interventions. The fact that psychological exposure occurred in domestic settings also helped to enhance smoking-related cognition. Do *et al.* (2021) assert that exposure to tobacco via the smoking behaviour of parents and the residential environment had a significant influence. Additionally, it can be derived from the findings that such behaviour is adopted by adults in their adolescence in the multi-unit housing, displaying elevated cotinine levels, thus cognitively normalising smoking behaviour as normal.

TPB underlies the lower level of quit intention by having effective subjective norms and social expectations that support smoking behaviour, especially among young men (Littlecott *et al.*, 2023;

Assari *et al.*, 2025). This finding is associated with the theme by shedding light on early psychological coordination among young adults in the UK. The intersection between socioeconomic cognition and psychological processes has a significant impact on young adults. This is contrary to conventional strategies that focus on convenience and relevance to facilitate delivery engagement. Therefore, the finding ensured that flexibility, digital support and digital accessibility enable greater engagement among young adults by reducing psychosocial, structural, and contextual barriers.

- ***Theme 4: Adoption of digital interventions to increase the feasibility and accessibility of smoking cessation programmes***

To enhance smoking-prevention measures against young adults in the UK in the future, it is essential to adopt practices that capture modern behavioural, social, and technological conditions. Sweileh (2024) elaborates, technology-based interventions, which involve smartphone applications, text-messaging programmes, and social media-based strategies, have been progressively effective in preventing smoking initiation and aiding smoking cessation among young adults in the UK. Digital interventions facilitate TPB because they assist in increasing perceived behavioural control, allowing young adults to self-control quitting behaviour using available platforms (Sweileh, 2024). The finding points out that digitally mediated prevention measures are especially well-adapted to younger cohorts because of widespread engagement and scalability, hence presenting a long-term prevention prospect. Smoking behaviours of the young adults are further influenced by the socio-structural factors. The socioeconomic position, psychological stress, and social marginalisation are the strong predictors of smoking prevalence and cessation rates, which diminish the effectiveness of the generic preventive strategies among the disadvantaged young adults (Assari *et al.* 2025). The findings indicate the necessity of equity-oriented prevention strategies, which is consistent with the future practice, focused on the social gradient in smoking in the UK.

Prevention of smoking in the early stage is necessary for effective reduction of the habit and maintaining a successful, sustainable practice for a healthier future. Flor *et al.* (2021) described that smoking initiation is frequent in late adolescence and transitions into young adulthood, which demands prevention programs to overcome the limitation between school-going student-based and the young-adult-based interventions. Additionally, The improved engagement and the long-term motivation in mobile-based cessation interventions could be attributed to the increased cues to action and enhanced self-efficacy constructs (Peckham *et al.*, 2025). This finding promotes the life course pathway towards integrated prevention and also the need for policy-level

reinforcement. Mgamal (2024) describes the effectiveness of multifaceted tobacco-control initiatives, such as targeted media campaigns and the application of regulations, that are mainly youth-focused. These initiatives enhance the effectiveness of the prevention efforts and are accompanied by behavioural intervention. The evidence suggests that digital innovation, social equity, continuity of life, and supportive policy frameworks should be included in the UK smoking-prevention strategies among young adults in the future.

4.5 Conclusion

It can be concluded from the above evaluation that the need is to deal with the challenges observed in the accomplishment of a successful outcome. Determination of long-term vision is associated with the strategy of value creation, and consequences are observed in gaining practical outcomes. Evaluation of perspectives created an opportunity to deal with the barriers and consequences found in the determination of practical output. Implementation of practical measures is necessary to deal with the challenges and achieve success to determine desired outcome. It creates opportunities to deal with the issues and consequences observed in reaching the structured outcome. A table highlighting data characteristics provided insights regarding the strategy to reach a structured vision and gain progress in reaching the desired vision. Thus, it is important to address the barriers and consequences observed in achieving success.

Chapter 5: Discussion

5.1 Introduction

The discussion chapter is going to evaluate a summary of the research key findings in terms of addressing the thesis aims as well as objectives. The evaluation of this chapter is considered to be a crucial aspect, as it has helped to interpret the research key findings by explaining its meaning and significance. Dealing with the issues observed is the most notable part to achieve success in terms of decision-making. Additionally, it creates opportunities to increase coordination and achieve progressive results. Apart from this, the chapter is going to evaluate the process of connecting the information accumulated within the existing literature. The chapter is going to discuss the information's implications, acknowledge limitations as well as suggest future research goals. Thus, the evaluation of this research can be beneficial in discussing the research strengths as well as weaknesses.

5.2 Discussion

5.2.1 Evidence Synthesis

The identification of psychological and cognitive determinants was made to be the key factors influencing smoking behaviour among young adults in the UK. According to the results, smoking was often discussed as one of the stress coping strategies and emotional processing, as well as identity construction in early adulthood, especially in educational and employment-related settings (Poole *et al.* 2022). The importance of low awareness rates, weak risk perception, and the lack of knowledge about long-term effects of smoking in the sustainability of smoking behaviour among adults aged 18-30 (Alrabai *et al.* 2025; Unal and Kaya, 2024). Weak self-efficacy (HBM) and high perceived barriers are reflected in low quit intentions whereas subjective norms and lack of perceived behavioural control in peer settings support persistent smoking (Alanazi *et al.*, 2025). The results also support the suitability of Health Belief Model and Theory of Planned Behaviour in the explanation of smoking behaviour among young adults. However, it can be derived from the findings and the existing literature confirm the perspective that cognitive framing and psychological vulnerability support smoking discontinuation among young adults. Hence, it can be said that the implementation of effective interventions for preventing smoking behaviour is required in the UK.

Social and environmental cognition also had an effect on smoking normalisation in young adults. The results also show that peer pressure and conventionalised smoking culture strengthened

identity, popularity, and group membership, even in a more extensive framework of denormalization policy (Littlecott *et al.* 2023). The availability of smoking-related resources and social exposure undermines prevention efforts, especially when education-based interventions do not adequately oppose the social norms (Poole *et al.* 2022; Shelton *et al.* 2025). This implies that the availability of smoking resources is a reason for the increasing smoking behaviour among the young generation with individualistic choices. Therefore, social cognition is a collaborative process that supports smoking behaviour in both empirical evidence and existing studies.

5.2.2 Comparison across studies

The results indicate that smoking by parents and exposure to second-hand smoke in multi-unit houses were factors that increased cotinine levels and the premature normalisation of smoking-related psychology (Do *et al.* 2021). Similarly, the lack of smoke-free areas and the lack of preventive laws raise long-term smoking risk among the youth groups (Fell *et al.* 2021; Semple *et al.* 2022). The digital and policy-based interventions act as cues to action according to the Health Belief Model and increase behavioural intention according to the TPB as they restructure the attitudes, increase control beliefs, and decrease structural barriers to cessation (Gorduk *et al.*, 2024). Therefore, early exposure can be discovered, a reinforcing determinant to mitigate the adversity of smoking behaviour among young adults. On the other hand, the smoking habits of parents unintentionally influenced the young adults due to environmental influence, which is a serious and challenging aspect for smoking prevention practices in the UK.

The social and environmental factors are decisive in the normalisation of smoking in young adults in the UK by strengthening psychological weaknesses and undermining the preventive actions. It is found that peer influence and traditionalised smoking culture enhance identity development, social integration, and perceived popularity, even in the larger denormalization policy frames (Littlecott *et al.*, 2023). Environmental exposure, such as parental smoking, smoking in multiple housing units and lack of smoke-free areas also adds strength to this social reinforcement and increases cotinine concentrations and early internalisation of smoking-related norms (Do *et al.*, 2021; Fell *et al.*, 2021; Semple *et al.*, 2022). Although interventions based on education do counter such influences, their efficacy is compromised by the fact that social norms and the availability of resources are not challenged (Poole *et al.*, 2022; Shelton *et al.*, 2025). Contrastingly, the interventions of digital and policy type serve as efficient stimuli to action within the Health Belief Model and positively influence the behavioural intention within the Theory of Planned Behaviour by reforming the attitude, boosting perceived control, and minimising the structural obstacles to quitting (Gorduk *et al.*, 2024). Moreover, this ongoing impact of parental and environmental smoking reveals a severe constraint of the individual-based prevention strategies and

emphasizes the necessity of the interventions that are able to impact on social norms, household exposure, and regulatory environments at the same time.

The socioeconomic cognition showed that smoking is a behaviour that is the classification and discourse of individual responsibility, which determines risk rationalisation and persistence of smoking (Tinner *et al.* 2021). Similarly, the findings also highlight that poor socioeconomic status, financial strain, and social disenfranchisement lower the efficacy of generic prevention initiatives (Assari *et al.* 2025; Mabhala *et al.* 2025). Therefore, smoking behaviour in young adults is entrenched in wider structural and psychological disparities. Altogether, the smoking behaviour among young adults in the UK is maintained by a complex of interrelated psychological, cognitive, social, and socioeconomic factors, which supports the importance of theory-based and context-specific prevention strategies. Moreover, the socio-economic aspects of smoking behaviour need to be considered to improve the behavioural aspects of the young generation towards smoking and tobacco use.

The relationship between socioeconomic factors and smoking persistence was consistently found to depend on young adults, but the magnitude and the mechanism of this relationship was different among studies. Tiner *et al.* (2021) formulated the notion of smoking as a discourse of personal responsibility and claim that the aim of smoking among young adults living in disadvantaged settings can be explained by the need to cope with structural stressors, which is rationalised, but not stopped. Conversely, Assari *et al.* (2025) showed using large-scale quantitative studies that financial strain and social marginalisation had significant effects of lowering the level of engagement with generic prevention programs, indicating that structural disadvantage limited behavioural agency and not only influenced attitudes. Additionally, Mabhala *et al.* (2025) pointed out that the deprivation of the area and unequal availability of cessation resources undermine the success of universal public health interventions in the UK. Although these findings are generally comparable, the methodological variations, including qualitative discourse analysis and survey-level population-wide, do not allow direct comparison of effects and causal pathways. However, the cross-sectional evidence in different contexts suggests that smoking behaviour among young adult people is inculcated in broader socioeconomic and psychological disparities. This confirms the necessity of context-specific prevention models with a solid theoretical foundation that would go beyond single-responsibility models and interact with structural impediments as well as behavioural modification. The literature gap demonstrates that directly compare the effectiveness of interventions in socioeconomic groups and longitudinal research that looks at longer-term cessation which is more than a year. The literature gaps imply that theory-based interventions have a conceptual approval, but still,

their practice has to be refined. Future studies need to focus on longitudinal and mixed-method studies to measure behavioural change in the long-term and assess how HBM and TPB constructs change over the long-term in reaction to integrated digital and policy interventions.

5.2.3 Theoretical implications

The overall research findings and logical arguments supported the need for implementing effective intervention plans for the reduction of smoking behaviour by considering various fields. The socio-cultural and socio-economic aspects, with the knowledge of environmental influential aspects, are highly required to understand and act accordingly to improve the behavioural approach of the UK's young generation. Hence, the purpose of this research has been met by addressing the focused research questions with theoretical knowledge. Moreover, it has been found that the smoking habits sometimes grow among the young generation based on their parent's habit of smoking or tobacco use. Hence, substance use is a typical behavioural approach of individuals, which can be influenced by multiple key aspects that should be recognised while planning for prevention interventions.

Additionally, interventions based on digital and policy are highly engaging as compared to traditional information-only and pharmacological interventions. Gorduk *et al.* (2024) described digital-based cessation interventions enhanced quit attempts by around 25-35% in young adults in comparison with conventional brief advice, and that engagement rates were over 60% when cessation interventions involved social support and behavioural feedback. Although there were some large-scale quantitative studies that proved a substantial decrease in smoking prevalence in response to combined policy and digital interventions, there were reports on short-term behavioural intention changes with no definite results of long-term abstinence. Such inconsistency can be largely explained by the variation in methodology in the duration of the follow-up period, outcome measures, and sample characteristics. Cross-sectional studies, such as those that measured intention and engagement, but not sustained abstinence, are an example of studies that can provide only causal interpretation. Smoking behaviour is not merely maintained by individual choice but that structural exposure and social reinforcement undermine the major constructs of the Health Belief Model and the Theory of Planned Behaviour in a systematic manner. Perceived susceptibility, self-efficacy, and high levels of subjective norms were always lower in those environments that were characterised by parental smoking, peer normalisation and socioeconomic deprivation. The overlapping of qualitative and quantitative research enhances the validity of the theory even though there is inconsistency in the reporting of effect size.

5.3 Discussion of themes and objectives

The objectives reviewed were described in four themes that are interrelated and which explain smoking behaviour and prevention among young adults in the UK. Describing the first objective, the results revealed that psychological and cognitive predictors, such as stress coping, identity formation, social normalisation, and socioeconomic positioning, are decisive in influencing smoking behaviour. The findings further conflicted that smoking is not a mere individual decision but is entrenched in emotional, social and structural frameworks in early adulthood. Based on the objective-based thematic analysis, it can be said that smoking belongs to the negative behavioural aspects of the young generation. However, the negligence of cognitive and socio-economic aspects can increase the risk of poor behavioural aspects among the young generation of the UK. The thematic findings and literature-based theoretical knowledge supported the need for effective prevention-based intervention plans to reduce smoking and other tobacco use behaviour among the young adults in the UK. In order to describe the second objective, the results provided demonstrated that interventions used to prevent and cease smoking in the UK were most effective when behavioural, digital, and motivational factors were combined. The combination of behavioural support, digital access, and social engagement proved to have high engagement and quit attempts as compared to the traditional methods of advising only and pharmacological methods, which underline the relevance of adaptability among young adults. This reveals the ways' themes have met each objective.

For instance, to show or describe the third objective and the way it has been met by thematic findings, the results demonstrate that participation in prevention interventions is limited by barriers, such as low motivation, stigma, time crunch, and scepticism. However, these barriers are facilitated by enablers, including flexibility, low-cost access, and support delivered digitally. These results show that both psychosocial and contextual factors have a significant impact on intervention uptake.

Finally, the fourth objective demonstrates by the result that highlighted the necessity of future policies to focus on digital innovation, equity-seeking strategies, continuity in life-course and enabling policy frameworks. Altogether, the themes indicate that prevention of smoking among young adults needs combined, context-sensitive, and behaviourally knowledgeable efforts that are in line with the current social realities.

5.4 Implications and future research needs

5.4.1 Implication of theory and practice

The research has significant practical implications for making the UK public health policy and reshaping the existing practice, especially in the formulation of smoking-prevention programs to be applied to young adults. The research has shown strong theoretical foundation by accumulating smoking prevention strategies or demonstrating smoking awareness by giving a clear outlook of impact of smoking. The evidence associated with the necessity of interventions that combine psychological, social, and digital elements instead of using pharmacological or information-based interventions has made this research theoretically sound.

In terms of practical implication, the policies must place emphasis on flexible, digitally accessible and equity-based programmes that can be used to combat socioeconomic disparities and enhance the engagement of various young adult groups.

This dissertation has also faced a number of limitations that need to be addressed in future research. The result further helps to evaluate that Primary behavioural data and real-time lived experiences were limited due to the dependence on the secondary literature and the inability to obtain the primary data. Furthermore, there was a problem of comparison as different studies have different study designs and outcome measures. Additionally, the found journals differed among different demographics and sample sizes, which is not absolutely favourable for the research. As per methodological limitation, there is a need in this regard to conduct longitudinal and mixed-method research that looks specifically at young adults to analyse long-lasting behavioural change, test new digital treatments, and determine the effects of policies over time. Accordingly, doing multi-demographic primary research can be helpful in assessing more current data.

5.5 Strengths and Limitations

The potential strengths of the research lie within its validity, reliability as well as impacts that are achieved through rigorous methods and clear objectives. The research has focused on evaluating the effective preventive strategies that can address smoking cessation habits among adults. Evaluation of such strategies has strengthened the research findings, as it can help both the population and practitioners to address the potential issues of smoking habits. Apart from this, the research has clearly stated an overall research method that has been crucial for evaluating the key findings. The articles selected for this research have been potential strengths; however,

lack of empirical evidence has hindered critical analysis of the systematic review. The methodological section has critically evaluated the overall stages of methodology that have helped meet research aims and objectives. However, the research has only accumulated secondary qualitative information. Thus, the lack of primary and empirical evidence has been identified as the key research limitation.

5.6 Conclusion

The thesis concludes that low self-esteem contributes towards smoking initiation, especially among young adults seeking social acceptance. Environmental determinants, for example, socio-economic conditions, accessibility, as well as policy enforcement, exert substantial impacts on smoking behaviours among the young UK adults. Apart from this, the accessibility to resources for smoking or prevention is a significant aspect for addressing the issues of increased smoking rates among young adults in the UK. Identification of barriers observed in practical policy implementation is necessary to reach the desired vision. Implication of the issues is visible in reaching the targeted objectives and achieve success. Thus, the evaluation of this research has been beneficial in evaluating the potential strategies that have helped in addressing extensive smoking cessation among the UK's adults. Based on the overall findings and discussion.

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Appendix 1: CASP tools for quality assessment

Referenc es	Inclus ion criteri a	Stud y settin gs	Exposure measure ment	Standar d proced ure	Confoun ding factors	Strate gy to deal confo und factor s	Outco me	Statist ical analys is	Sco re out of 8
Do et al. (2021)	yes	yes	yes	yes	Not clear	Not clear	yes	yes	6
Poole et al. (2022)	yes	yes	yes	yes	yes	Not clear	yes	yes	7
Tinner et al. (2021)	yes	yes	Not clear	yes	Not clear	Not clear	yes	yes	5
Littlecott et al. (2023)	yes	yes	yes	yes	yes	yes	yes	yes	5
Sweileh (2024)	yes	yes	yes	yes	Not clear	yes	yes	No	6
Graham et al. (2016)	yes	yes	yes	yes	yes	yes	yes	No	6
Gördük et al. (2024)	yes	yes	Not clear	yes	yes	Not clear	yes	yes	6
Bartłomiejczyk et al. (2025)	yes	yes	Not clear	yes	yes	Not clear	yes	yes	7

Passey <i>et al.</i> (2016)	yes	yes	yes	yes	Not clear	Not clear	yes	No	5
Alanazi <i>et al.</i> (2025)	yes	yes	yes	yes	yes	Not clear	yes	No	6
Sánchez-Franco <i>et al.</i> (2024)	yes	yes	yes	yes	yes	Not clear	yes	No	6
Peckham <i>et al.</i> (2025)	yes	yes	yes	yes	Not clear	yes	yes	yes	7
Sweileh (2024)	yes	yes	yes	yes	yes	yes	yes	yes	7
Assari <i>et al.</i> (2025)	yes	yes	yes	yes	Not clear	yes	yes	yes	6
Flor <i>et al.</i> (2021)	yes		yes	yes	yes	yes	yes	no	6
Mgammal (2024)	yes		yes	yes	Not clear	yes	yes	yes	6

Appendix 2: Data Extraction table for quantitative studies

Details of study	Bartłomiejczyk <i>et al.</i> (2025)	Do <i>et al.</i> (2021)	Gördük <i>et al.</i> (2024)	Vallone <i>et al.</i> (2017)
Date of data extraction	27.12.25	23.12.25	24.12.25	26.12.25
Title:	“Gamified Physical-Digital Smoking Cessation Intervention for Young Adults: Mixed Methods Development and Usability Study”	“An examination of social and environmental determinants of second-hand smoke exposure among non-smoking adolescents”	“Smoking Prevention Strategies: Identifying Initiation and Cessation Reasons and Intervention Methods”	“The effect of branding to promote healthy behavior: reducing tobacco use among youth and young adults”
Source:	Google Scholar	Google Scholar	Google Scholar	Google Scholar
Purpose of study	The paper evaluates the effectiveness of digital smoking cessation intervention called Smokwit on young adults	To analyse second-hand smoke exposure’s impact on non-smoking adolescents	The aim of the study involves analysing the factors driving smoking habits and cessation	The study focuses on analysing the impact of positive brand equity and promotion on adopting smoking cessation
Study design	Field study with quasi-experiment	Survey	Face-to-face survey	Truth Longitudinal Cohort of youth and young adults
Population:	University students	Non-smoking adolescents	Adolescents and adults	Population aged 15 to 21 years old

Sample size	72 students completing the survey	105 adolescents aged between 11 to 17 years	309 individuals	TLC baseline sample included approximately 14,000 respondents age 15–21, with follow-up interviews occurring every six months.
Criteria for diagnosis, illness type etc	Smoking habits as per Level 1 to 10	Cotinine levels among adolescents	Regular smoking habits	Smoking habits
Any secondary characteristics such as diagnosis	Age and gender	Multi-unit housings and parent tobacco use	Peer influence and emulation	NA
Exclusion criteria	NA	NA	NA	NA
Inclusion criteria	NA	NA	NA	NA
Setting	University setting	SHS exposure at home and outside	NA	NA
Intervention	Smokwit digital intervention method	Increasing awareness on reducing second-hand smoke exposure among adolescents by reading tobacco consumption among parents	An intervention utilised within the study involves increasing smoking bans	NA
Comparator	NA	NA	NA	NA

Outcomes	Increased engagement with self-reflection process and Smokwit's engagement.	Parental tobacco uses increase SHS exposure	92% supported law banning tobacco and government initiatives	A few candidates responded positively to prevention interventions and campaigns
Adverse effects	NA	Rising cotinine levels among adults	NA	Effectiveness and engagement with the campaign varies

Appendix 3: Data Extraction table for Qualitative studies

Details of study	Alanazi <i>et al.</i> (2025)	Assari <i>et al.</i> (2025)	Graham <i>et al.</i> (2016)	Flor <i>et al.</i> (2021)	Littlecott <i>et al.</i> (2023)	Mgammal (2024)
Date of data extraction	28.12.25	29.12.25	27.12.25	25.12.25	28.12.25	25.12.25
Title:	"Barriers and Facilitators to Smoking Cessation Among University Students: A Scoping Review"	"Lifecycle Management as a Roadmap to the Tobacco Endgame"	"Systematic review and meta-analysis of Internet interventions for smoking cessation among adults"	"The effects of tobacco control policies on global smoking prevalence"	"Perceptions of friendship, peers and influence on adolescent smoking according to tobacco control context: a systematic review and meta-ethnography of qualitative research."	"The impact of tobacco taxes, VAT, and affordability on the human development index: a global perspective on future economic trends."
Source:	Google scholar	Google scholar	Google Scholar	Google Scholar	Google Scholar	Google Scholar

Purpose of study	The purpose of the study involves identifying barriers and facilitators	To analyse tobacco control process using Zachman enterprise architecture model	The aim of the study involves determining the impact of internet interventions in promoting smoking cessation	The paper evaluates the tobacco control policies along with taxes and smoking bans.	The paper focuses on analysing relationship between smoking and interpersonal influences	A key objective of the study involves understanding the relation between taxation, price of tobacco products on consumption
Study design	Systematic review and meta-analyses	Literature and policy review	Systematic review of randomised controlled trials	Eco-logical time series	Secondary data collection	Systematic data analysis
Population:	University students	NA	Randomized trials published from January 1990 through to April 2015	NA	NA	NA
Sample selection	NA	NA	NA	NA	NA	NA

Sample size (number)	6 studies included	NA	NA	NA	NA	NA
Age	18 to 30	NA	NA	NA	NA	NA
Education, years	University students	NA	NA	NA	NA	NA
Ethnicity/race	NA	NA	NA	NA	NA	NA
religion	NA	NA	NA	NA	NA	NA
Setting	NA	NA	NA	NA	NA	NA
Primary diagnosis at time of event	Low motivation to quit smoking	NA	NA	NA	NA	NA
Exposure	Smoking culture and low knowledge	Exposure to public campaign and cessation practices	Exposure to internet interventions for smoking cessations	NA	NA	NA
Outcomes	Low self-efficacy threatening	Addressing efficacy of smoking	Internet intervention are superior	A key outcome identified that the number of	Socioeconomic factors play a crucial role in	Tobacco taxes help reduce

	g interventi ons	cessation services	compared to traditional practices	smokers has increased in the USA and China	driving smoking habits among individuals	prevalence of smoking among young adults
Adverse effects	Difficultie s in engaging with cessation program mes	Tobacco deaths are still increasing across countries	Experimental internet interventions often distracts participants	An adverse effect involves healthcare challenges	Indirect influence and unspoken peer pressure negatively affects adolescents leading to development of smoking habit	Tobacco taxes often fail to sustain long-term changes in smoking cessation habits.

Details of study	Peckham <i>et al.</i> (2025)	Poole <i>et al.</i> (2022)	Sánchez-Franco <i>et al.</i> (2024)	Passey <i>et al.</i> (2016)	Sweileh (2024)	Tinner <i>et al.</i> (2021)
Date of data extraction	23.12.25	27.12.25	26.12.25	29.12.25	30.12.25	22.12.25
Title:	“Smoking cessation interventions for young adults—a scoping review”	“Tobacco use, smoking identities and pathways into and out of smoking among young adults: a meta-ethnography.”	“How do adolescent smoking prevention interventions work in different contextual settings? A qualitative comparative study between the UK and Colombia”	“Smoke-free homes: what are the barriers, motivators and enablers? A qualitative systematic review and thematic synthesis.”	“Technology-based interventions for tobacco smoking prevention and treatment: a 20-year bibliometric analysis (2003–2022).”	“Understanding adolescent health risk behaviour and socioeconomic position: A grounded theory study of UK young adults.”
Source:	Google Scholar	Google Scholar	Google Scholar	Google Scholar	Google Scholar	Google Scholar
Purpose of study	The purpose of the study involves analysing effectiveness on smoking cessation interventions	The study investigates the ways young adults define tobacco use and	The purpose of the study involves analysing the health risks associated	The article uses a thematic analysis reviews the barriers, motivators	The purpose of the study involves analysing the effectiveness of	The article focuses on identifying health risk behaviour among young adolescents

	on young adults	inform future smoking prevention	with adolescent smoking	, and enablers of developing smoke-free homes	tobacco prevention in tackling smoking habits and nicotine addiction	
Study design	Secondary data collection	Systematic data analysis	Comparative qualitative analysis	Secondary data collection of primary qualitative studies	Bibliometric methodology	Semi-structured interviews
Population :	Proposition of smokers within 25-34 years	Young adults aged 16-25 years	11-15 years old	NA	NA	Young adults part of The Avon Longitudinal Study of Parents and Children (ALSPAC)
Sample selection	Purposive sampling	Purposive sampling	Purposive sampling	Purposive sampling	Purposive sampling	Purposive sampling
Sample size (number)	NA	30 papers	79 participants have been recruited	NA	639 studies	25 young adults
Age	25-34	16-25	11-15	NA	NA	26-28 years
Education, years	NA	NA	NA	NA	NA	NA
Ethnicity/race	NA	NA	NA	NA	NA	NA
religion	NA	NA	NA	NA	NA	NA

Setting	NA	NA	NA	NA	NA	NA
Primary diagnosis at time of event	High consumption of tobacco	The study identified that individuals often take up smoking due to high stress	Smoking tendencies among adolescents	The primary diagnosis involves rise of premature deaths due to second-hand smoke	NA	NA
Exposure	Exposure to two kinds of intervention styles pharmacological and non-pharmacological cessation strategies	Exposure to intervention methods such as highlighting the negative implications of smoking	Exposing adolescents to intervention methods such as transforming self-perceived beliefs on smoking	Tobacco control strategies to build smoke-free homes.	The study has identified the implications of digital technology and interventions on smoking cessation among the population	The study has evaluated that adolescents often exposed to negative peer influence develop tendency of smoking
Outcomes	Key outcomes identified involves participants displaying	The outcomes found involve that rising health	Information about consequences and building self-	An outcome found involves that tobacco	A significant improvement has been identified	Outcomes identified that family influences along with personal

	urge to stop smoking	concerns motivates young adults towards quitting along with self-motivation and confidence .	efficacy reduce intention	control strategies and smoke free homes helps in building a safe environm ent for non-smokers	in the smoking cessation programm e using digital interventio ns	responsibilit y further influences smoking intentions
Adverse effects	NA	The study found that poor understanding of smoking and its implications increases the habit among young-adults.	External factors such as stress and peers affect self-efficacy to reduce smoking	An adverse effect found involves the impact of social determinants	Often lack of engagement along with barriers of digital accessibility threatens behavioural intentions of young adults	Adolescents part of smoking and drinking culture experience adverse health outcomes.

Appendix 4: Development of Themes

Outcomes	Page	Line	Data extracted	subthemes
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Theme 1: Social determinants and psychological factors influencing smoking behaviours among young adults	9	"Parental tobacco use has been associated with increased SHS exposure in adolescents and children"	Do <i>et al.</i> (2021)	Exposure to passive smoking, Impact of social factors, neighbourhood and peers
Theme 2: Tobacco cessation strategies and programmes increasing knowledge awareness on negative consequences among young adults	699	"Peer supporters increasing their knowledge about tobacco and health consequences, reducing their smoking intentions, and approaching classmates to communicate information about the risks of tobacco use"	Sánchez-Franco <i>et al.</i> (2024)	Behavioural changes through awareness, Building self-efficacy for smoking cessation among candidates
Theme 3: Low motivation, self-efficacy and peer influence affecting engagement of young adults in smoking cessation activities	8	"Facilitators included self-identifying as a non-smoker, which was associated with increased	Alanazi <i>et al.</i> 2025	Role of self-efficacy, Peer-influence affecting tobacco control

		motivation to quit"		
Theme 4: Adoption of digital interventions to increase feasibility and accessibility of smoking cessation programmes	8	"Whilst the results for smoking cessation outcomes varied across the included studies, digital technology was found to be acceptable to the participants and feasible to deliver"	Peckham <i>et al.</i> (2025)	Tackling structural barriers in accessing smoking cessation interventions, Mobile-based interventions to increase awareness

Table 4.6: Key Themes