Smoking amongst the Youth

by Alberta Ghann

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Executive Summary

My name is Alberta Ghann and I belong to an organisation called Friends of Africa. Our aim is to fight against poverty, disease and corruption.

The reason I chose to do research amongst teenagers who smoke is because of my experience of working in the NHS for 37 years and my growing concern about the prevention of disease before people suffer and also to help those who are already addicted to smoking to quit. I have seen too much pain and tears of patients and would really like to address this issue.

Cigarette smoking increases the risk of many types of cancer, including cancer of the upper oral cavity, pharynx, oesophagus, pancreas, larynx, lung, uterine, cervix, urinary bladder and kidney.

Cigarette smoking reduces circulation by narrowing the blood vessels.

Cigarette smoking has many adverse reproductive and early childhood effects, including increased risk of infertility, pre-term delivery, still birth and sudden infant death syndrome.

It was in light of these concerns that the issue was researched.

After the completion of the primary research which involved, focus groups, interviews, and questionnaires of a sample of 15 teenagers aged between 13 and 19, spread amongst three different youth centres I found:

- That there was a positive correlation between teenagers whose parents/guardians smoke and teenagers who themselves also smoke.
- That 95% of my teenager sample who smoke have challenges with parents/guardians at home, school work and course work.
- That peer pressure is also a significant factor that influences teenagers to take up smoking.

However, 95% of my sample expressed a desire to want to quit smoking.
Chapter 1:

(i) Central aim

The broad overall research aim is to raise awareness of the consequences of smoking and look at possible ways, methods and solutions to reduce the problem amongst teenagers aged between 13 years to 19 years old.

I have worked in the NHS as a nurse since 1974 and have a passion to try to raise awareness that will influence attitudes and facilitate greater support from the community to address this issue.

From my work as a medical practitioner, I am aware of some of the consequences of smoking to the human body and the long term diseases it can bring.

I feel that it is important that young people should be made aware.

I would like to explore the reasons why teenagers smoke and also gain the perspective if possible of their parents or guardians.

I would like my research to be able to be used to inform young people and their parents/guardians about both NHS/Government Services and non NHS/Government Services that can help them.
(ii) The purpose of this research

The desired outcome is to raise awareness of the implications of smoking on health amongst our youth.

Research questions to explore include:

- How many people are estimated to be smoking between the age of 13 and 19 in the UK in 2011, 2010 and 2009?
- What services does the Government provide to create awareness and tackle the problem?
- What services does the NHS provide to raise awareness and tackle the problem?
- What are young people’s views on smoking?
- How successful has the Government been in solving this problem?
- How successful has the NHS been in solving this problem?
- How successful have other organisations been in addressing this issue and solving this problem?
- What other services or products could the Government, NHS or other organisations provide to reduce the problem?

(iii) Literature review

‘The UK Suffers thousands of deaths every year through road accidents, accidents at home and at work, murder and manslaughter, suicide, poisoning, overdose and HIV infection. Smoking kills around six times more people than all these put together.’ (Alder & Morris 2007)


Allen car explained his motivation for starting a non smoking clinic; he himself stopped smoking at the age of 23, but developed cancer from inhaling his patients smoke. He used a considerable amount of methods to help young people to stoop smoking, including cartoons, posters, to remind them of the dangers of smoking.
In the same publication, it continues to state that ‘our young children are targets for one of the most ruthless and best financial marketing machines in the world.’

According to this source they kill 110,000 young customers via their product each year in the UK. Tobacco companies target this demographic aggressively. From this literature scan it appears that we need to help our children to recognise the futility of smoking to ensure their health and wellbeing.

According to this source, research has shown that already three out of four children are aware of cigarettes before the age of five years old, whether their parents smoke or not. This again points to the evidence of strong undifferentiated marketing promotion by the tobacco companies, to reach all demographics including young people and children.

According to this source, studies have found that children whose parents smoke are four times more likely to smoke than children of non-smoking parents.

According to this source, if parents smoke their children are already at a terrible disadvantage.

None of the initial sources advocated that smoking was beneficial for teenagers.

However a website containing the personal views of American author; Christopher Wanjek author of a book called bad medicine(2003) on his personal website advocated benefits associated with smoking, however the scientific validity of his claims are unsubstantiated and he also asserts that his book is merely humorous. There is therefore no scientific evidenced based research or advocate of the benefits of smoking in the UK.
(iv) Methodology

My research is a combination of quantitative and qualitative research. I was very interested in primary research methods such as focus groups, interviews and closed and open questionnaires; however I was equally keen to explore secondary sources of information to strengthen my understanding of what has been researched already.

In terms of secondary source information, I utilised relevant Office National Statistics data.

I utilised resources in the NHS Library to review and consult NHS Statistics of young people suffering from smoking relates illnesses and diseases.

I organised a small representative sample of parents and guardians of teenagers to participate in a focus group to gain their views on these issues of teenagers and smoking.

A focus group is a group of people brought together to discuss a particular topic designed to explore their points of view. In my case, I brought students and parents together in two separate focus groups and they shared this characteristic, i.e. being a young person and being parents. It is led by a moderator to ensure the conversation stays on track and prevent dominant personalities taking over.

A focus group was a good tool as it allowed me explore the research issues and across the group to share their views. As it was the same age group, they were able to express to themselves more easily. They identify with each other. The young people especially found it exciting and appreciated getting attention. All of the young people were smokers.

It was difficult to ensure that all the young people/ participants turned up. Managing dominant personalities was also a challenge.
I organised a small representative sample of teenagers aged between 13 and 19 years old to gain their views on the issue of smoking.

I designed open ended questions and organised in-depth interviews with a few parents/guardians of teenagers who smoke to gain their individual perspective.

An interview is a one to one or small group situation where you ask a series of questions designed to explore their opinion. The questions can be open or closed.

It was appropriate to my research as it allowed me to get deeper on the topic and allowed me to probe ideas deeper by building trust. It is even better than a focus group as it allows people to really open up and be honest. Challenges included that some felt I was being nosey and wondered why I was asking such questions.

I obtained consent from the headmasters or community youth leaders, and those who will participate in the focus groups of permission to report their views in this research project.

I designed and distributed closed ended questionnaires to be answered by a representative sample of teenagers.

A questionnaire is a frame of questions, in my case on paper. It involves a specific topic and is designed to gain a point of view. It is for multiple people and usually a sample frame is used. I went through a youth centre to gain access to my sample.

A questionnaire is easy for the researcher and for the youth. This was therefore an appropriate tool for my research aims. There were no challenges for this apart from some didn't fill it in properly.

I also observed teenagers smoking and recorded observations. Observation is a research tool where the researcher watches the habits of the participants, studying
behaviour. This was positive for my research as it added depth to my research. It was appropriate because it allowed me to gain more data. Observation is a straight-forward tool and doesn't have a cost. It can be challenging as you can't get that much information from it and you need to use other tools too.

I obtained permission and consent from the NHS PCT and patients to take down life histories from patients suffering from smoking related illness.

I did a case study on a man who had smoked his whole life and looking at how his children had started smoking too. A case study is a tool to tell a story of a research participant to illustrate a point. It was appropriate for my research as I could give evidence/ highlight my point. This was a strong tool and makes it clearer to the reader about what is happening. Not everyone is able to tell their story like this (issues of confidentiality).

I didn't manage to interview to interview somebody from the NHS PCT on the topic of raising awareness of the consequences of smoking and the benefits of reducing or giving up smoking. This would have been better for my research.

Ethical considerations

Three important issues when undertaking research amongst teenagers are: safeguarding and consent and data protection.

I have been advised that it will be necessary to undertake a criminal record bureau check, before being permitted to go into a youth centre and distribute questionnaires and orchestrate the focus groups and one to one interviews.

I have been advised that the process could take in excess of 4 weeks to process, so have decided work with the youth workers at the respective centres and permit the youth workers who have already been CRB checked to distribute the questionnaires amongst the sample and orchestrate the focus group discussion questions.

They will then pdf protect and email the results for analysis.
Chapter 2: Research findings

- Primary research
- Secondary research

Primary source research findings:
I carried out research in three youth centres, and in my sample multiple choice questions were poised:

Figure 1: 95% stated that they smoke because their parents /guardians smoke.

![Pie chart showing 95% smoke because parents/guardians smoke, 5% do not smoke because parents/guardians smoke.]](image_url)
Figure 2: 73% indicated that they smoke because they believed that it made them look mature.

On a specific multiple choice question a combination for motivations for smoking included:

![Motivations Graph]

Figure 3:

A> 98% of sample respondents expressed a desire to quit smoking.

B> 90% of sample respondents stated that they felt challenges at school with coursework and this influenced them to smoke.

C> 90% of sample respondents stated that they smoked due to peer pressure.

D> 73% of sample respondents stated that they smoke because it relaxes them.

E> 95% of sample respondents stated that they smoked because of challenges at home.
Smoking amongst the Youth

It was sad to discover that over 90% of a 15 group sample, stated that they believed that the Government, the NHS, the tobacco companies did not care about this issue and care about them.

Also, many of my research group also reported that they started smoking young (60% said they had tried cigarettes as young as 10).

Young people said that they didn't realise how serious smoking was (until the moderator told them).

There are many interesting statistics here. One that stands out the most is that 95% felt challenged at home. (Figure 3<e>) They all smoked. From some of the qualitative accounts it seems that there is a link between social problems and smoking.

Peer pressure is very strong here too. (Figure 3 <c>) If most of peer pressure happens outside the home and at school, schools need to be aware of this and take steps to reduce this. Similarly, schools have a role to play because this group found their school work stressful and said smoking helped them.
That smoking makes young people feel mature and that peer pressure plays such an important role is very worrying (Figure 3 <c>). There needs to be some kind of targeted campaign to tackle this. Perhaps an exploration of ideas, views and perspectives surrounding this issue could take place within the personal tutorial classes that form part of the curriculum.

What is also interesting and positive is that basically all of the youth participants said they wanted to quit. (Figure 3<a>)

**Other responses to the question of young people’s views on smoking, taken from the focus groups and interviews included:**
- It’s a cool lifestyle
- Peer Pressure
- Their Parents smoked and they picked up the habit
- It makes them feel grown up and mature
- Challenges with schools, exams, stress
  - It helps them to concentrate
- Helps them to relax
- gives them pleasure
- Stops them from putting on weight

**Parents**

All the parents were keen for their children to stop smoking. In this instance, only 1 in 4 of the parents smoked. This person said she was very keen to quit if it stooped her kids smoking. The parents admitted that they were not entirely aware of the dangers of their smoking on their children.

The parents said that their children who smoked were very rebellious and prone to tantrums. They felt that cigarettes affected their behaviour.
Smoking amongst the Youth

They really wanted them to stop and wanted any help they could get. They wanted more intervention. They said they did not know how to go about making their children stop.

Secondary source research

1. **How many people are estimated to be smoking between the age of 13 and 19 in the UK in 2011, 2010 and 2009?**

   5% of boys between the ages of 11-15 in 2009 were smoking, this fell to 4% in 2010 whilst 7% of girls were smoking in 2009 which fell to 6% in 2010.

   SOURCE: Act on Smoking and Health

2. **What services does the Government provide to create awareness and tackle the problem?**

   Smoking was banned in public places on 1st July 2007. This includes:
   - Cafes
   - Restaurants
   - Shopping Centres
   - Railway Stations

   All cigarette boxes are clearly labelled with warnings about the dangers of smoking and how it can affect your health.

   It is illegal to sell cigarettes to anyone under the age of 18.

   SOURCE: DirectGov: Smoking and Giving up
3. What services does the NHS provide to raise awareness and tackle the problem?

The NHS runs a smoking helpline that gives support to people wanting to quit. The calls are free and operate from 7am to 11pm.

The NHS can provide a free Quit Kit which contains patches and gum to support people in the goal to quit smoking.


4. How Successful has the Government been in solving this problem?

In 2010 around 150,000 children aged 11-15 were regular smokers, 30,000 fewer than in 2009.

SOURCE: Act on Smoking and Health Factsheet 2011

This is an improvement but there is a need for more work on this.

5. How Successful has the NHS been in solving this problem?

The number of attempts by people to stop with NHS help in England has tripled on a decade ago. 788,000 quit dates set in 2010/11 compared to 227,000 in 2001/02

SOURCE: NHS Information Centre

This, once again, can be seen as successful but there is still more work to be done.

6. How successful have other organisations been in addressing this issue and solving this problem?

UK based Allen Carr’s Easy way stop-smoking initiative has sold over 10 million stop smoking books in 57 countries.

SOURCE: http://allencarr.com/

Allen Carr’s clinics are widely held to be very successful including for teenagers and others.
There are now even clinics in libraries and some companies now offer support to give up smoking. Most youth organisations do some work on preventing smoking, particularly the ones I spoke to. There is a mixture of support available.

7. What other services or products could the government, NHS or other organisations provide to reduce the problem?

The government could make it a criminal offence for shopkeepers to knowingly and repeatedly sell cigarettes to under 16’s. New rules regarding the positioning of cigarettes vending machines could come into effect so that they are not accessible to children.

The Development of a proof of age card would help to stop children buying cigarettes

Giving up smoking causes stress but this stress is not specific to giving up smoking - it is the same as other stress. People who are giving up need education on this.

In the literature review, 30% of women who had given up smoking reported an increase of stress (Alder and Morris, 2007). One particular woman reported that as a result of giving up, she would beat her children as she got so stressed. Stress-relieving measures are clearly needed.

Case Study

My Brown was born into a family whose members all smoke. Mr Brown was 45 years old and diagnosed with the cancer of the lung. According to him, he said that he started smoking as early as eight years old into his teenage years.

He stated that he tried to give up at thirteen but found it difficult. At the age of thirty five years he gave up smoking, and at the age of forty, he was diagnosed with Cancer of the Lung due to years of smoking. He is in the third stage of the disease and has been admitted to a hospice for terminal care.

Mr Brown has four children and a wife. I interviewed his children and they said they do not want to suffer like their father. All the children were smoking as well, but they stopped due to what their father was going through, and have regretted greatly that smoking was allowed in the family.
Discussion

The desired outcome of this study was to raise awareness of the implications of smoking on health amongst our youth.

It is very clear that despite being hugely glamorised in the media, movies and other conduits of youth culture, smoking has no positive attributes and in particular detrimental consequences on the health of young people.

Even when participants reported that it helped them with stress, it is important to note that this stress could be tackled using other methods such as (hobbies, extra curriculum activities, exercise, and entertainment).

From all of my research tools and literature analysis, it is clear that there have been some improvements in smoking levels as there has been an overall decrease (in NHS and government statistics) and there is evidence to suggest that the NHS is trying to raise awareness via the NHS’s smoke free campaign and awareness. (http://smokefree.nhs.uk/)

Below outlines the following benefits of not smoking:
> You will reduce your risk of developing illness, disability or death caused by cancer, heart or lung disease.
> You will reduce your risk of gangrene or amputation caused by circulatory problems.
> You will protect the health of those around you by not exposing them to second-hand smoke.
> You will reduce the chances of your children suffering from bronchitis, pneumonia, asthma attacks, meningitis and ear infections.
> Quitting makes a huge difference to you & your family.
> You will improve your fertility levels and your chance of a healthy pregnancy and baby.
> You will improve your breathing and general fitness.
> You will enjoy the taste of food more.
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Publicised Testimonials include:

"I've given up for 17 weeks now. I'm proud of myself and the best thing is being able to do more exercise and not waking up with a sore chest anymore."
  - Sian-Marie, 20-30 a day for 13 years

The smoke free campaign also seeks to address how quitting smoking can improve lifestyles by making the following assertions:

> You will save money - as much as several hundred pounds a month, if you're a heavy smoker. (There are Cost Calculator resources available to enable the smoker to find out exactly how much their habit is costing them.)
> You will no longer smell of stale tobacco.
> The appearance of your skin and teeth will improve.
> You will feel more confident in social situations - you won't be worrying about the second-hand smoke you create anymore.
> As a non-smoker, you may even find you get approached more often by potential new friends and partners when out socialising.
> Your home and car will smell fresh and is likely to maintain its value for a longer time.
> You will reduce the risk of fire in your home and may pay lower insurance premiums.

From my observations, you can see steps that have been taken to try and stop youth starting smoking from other organisations apart from the NHS, e.g. supermarkets can now not display cigarettes, publicity on the side effects is publicised on all marketing material, the success of Allen Carr's giving up smoking books etc.

However, from my primary research and observations, young people are still smoking. They find it 'cool' and say it helps them to relax.

Those who have parents who smoke are much more likely to be smokers themselves. They think it is a lifestyle choice and as young people they don't know any better.
Parents wanted who their kids to stop said their kids who smoked were rebellious and that they did not know how or were unable to make them stop.

Young people who were stressed or reported some kind of problem or school, in my research, seemed more likely to smoke.

In light of these observations, it appears that organisations that promote anti smoking need more help and support to tackle root causes. There must be more education for parents or guardians on how to address this issue, perhaps in situations where parents and guardians smoke, it may be useful to exploring why they continue to smoke and the influence that this may be having on the youth within their care.

Stories such as my case study should be widely promoted in order to understand the long term reality of smoking.

There is still much work to be done. This needs to come from parents, youth groups, continuing from NHS and government and non governmental organisations such as the British Lung foundation, Cancer research UK and the British heart foundation. However, much more is more is needed from school - it must be part of health education in every school. It ought to be part of the curriculum.

The Independent scientific committee on drugs goes part way in providing harm reduction advice, but institutions such these are a rich source of evidenced based information that can be utilised by the education community and embedded into educational programmes.

The culture of youth smoking needs to change.
It is refreshing to see organisations such as ASH (Action on Smoking and Health (ASH) was established in 1971 by the Royal College of Physicians) following a dual approach by:

Providing Information and networking: To develop opinion and awareness about the “tobacco epidemic” And by engaging in Advocacy and campaigning: To press for policy measures that will reduce the burden of addiction, disease and premature death attributable to tobacco.
Chapter 4

(i) Conclusions

After the completion of the primary research which involved, focus groups, interviews, and questionnaires of a sample of 15 teenagers aged between 13 and 19, spread amongst three different youth centres I found:

- That there was a positive correlation between teenagers whose parents/guardians smoke and teenagers who themselves also smoke.
- That 95% of my teenager sample who smoke have challenges with parents/guardians at home, school work and course work.
- That peer pressure is also a significant factor that influences teenagers to take up smoking.

However, 95% of my sample expressed a desire to want to quit smoking.

My personal and inferred conclusion is that smoking amongst teenagers is a problem that still needs to be addressed. Many sample responses in the focus group, highlighted a frustration amongst teenagers in relation to insufficient medical information about the scope of the medical consequences of smoking.

Many started smoking young, and were heavily influenced by peers.

If led and championed by the Government an interdependent, holistic way of addressing this issue amongst our teenagers is needed by all members of the community.

It was sad to discover that over 90% of a 15 group sample, stated that they believed that the Government, the NHS, the tobacco companies did not care about this issue and care about them.
Therefore, the Government and local authorities need to take the lead and evidence more proactive action to fight against these deadly habits, and could do so by engaging with teenagers to prove that they care.

(ii) Recommendations

1. There are so many ways and clinics to help teenagers to stop smoking. The qualitative data sourced from the sample suggests that smokers would greatly appreciate the opportunity to discuss their habits with professionals who care, and work towards a commitment of stopping. The majority of the sample showed awareness of the medical consequence of smoking.

2. Greater information should be available to the youth to make them aware of how much money they are spending on cigarettes. This may encourage a large proportion of the sample to stop because of their expressed concerns about job shortage and concerns about their health. This may also prompt them to contact a national helpline to smoking.

3. Another recommendation is that youth workers can send a card s that appreciate their progress and continue to encourage them to stop, or reduce smoking.

4. Provide leaflets that will provide education about cigarettes.

5. Congratulate them on every step that they take in order to stop.

6. The laws should be tightened to ensure that teenagers cannot get hold of cigarettes.

7. More promotional awareness/ advertisement on the dangers of smoking should be funded by the Government to see the consequences of smoking amongst our youth reduced.

8. Health education about the consequences of smoking can be included in the National curriculum.
9. Schools need to identify where there are social problems amongst young people that may contribute to them smoking and find help for these issues.

10. Parents already hooked on this habit, can be educated on health risks by using blended methods of communication.

11. To support young people to get more involved in relaxing hobbies/past-times to help them move away from smoking.

12. Media: needs to further document the real effects- young people respond well to TV campaigns. Real stories need to be used: seeing is believing.

13. Tobacco companies need to be lobbied. Government must not bow to such agencies.

(iii) The strengths and limitations of research

Some of the challenges that I faced include

- Respondents throwing away questionnaires
- Some questionnaires being partially completed by teenagers
- Multiple question boxes selected by respondents
- Not having a CRB with a particular youth centre to enable on site research
- Not having the opportunity to interview the local MP
- Conducting a telephone interview with an NHS manager but not getting permission for their views to be included in the research.
- Not being able to use the NHS Library
- Interviewing a parent adhoc meant I was unable to record the interview

Some of the strengths included:

- Very successful focus groups (participants - parents- enjoyed them)
- Parents and youth managers very happy about the research topic
- Using multiple tools with limited resources and time
- New solutions found in this research (e.g. smoking education in school curriculum)
What I have learnt and consider doing differently in the future:

- Possible provide a stronger incentive for respondents to fully complete questionnaire.
- Possible provide a stronger incentive for respondents to fully complete questionnaire. In conjunction with youth workers identify respondents with learning disabilities, and ask youth workers to aid or spend more time encouraging respondents to fully complete questionnaire.
- Train supervisors to observe and, support, explain and aid respondents in following questionnaire instructions.
- Apply at early stage of research for any necessary CRB checks, so that I will be in a better position to supervise the research process.
- Ask all external sources in addition to sample group for permission for their views to be included in the research project.
- Strengthen open ended interview data capture.
- Methods possibly use a Dictaphone.
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