

# Educational and psychosocial interventions to prevent uptake of smoking by young people

Evidence briefing prepared for the Norfolk and Waveney Clinical Commissioning Groups

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## **Executive summary**

### **Introduction:**

More than 200,000 UK children aged 11–15 years start smoking each year and up to 50% of children who try smoking will become regular smokers within 2–3 years. Given the high personal, social and economic cost of smoking, intervening to prevent children and young people from beginning to smoke is an important public health goal. Whilst rates of smoking uptake have decreased significantly in recent years, the social gradient in young people taking up smoking remains marked, contributing to health inequalities.

### **Methods:**

Using National Institute for Health Research (NIHR) Research Capability Funding (RCF) from a pooled fund contributed to by the Norfolk and Waveney Clinical Commissioning Groups, a team at the University of East Anglia undertook a comprehensive literature review and programme of public and patient involvement (PPI) in order to gather current evidence about the educational and psychosocial interventions that are effective in preventing smoking uptake, and improve understanding of current smoking prevention practice. The aim was both to provide evidence to inform commissioning decisions and to facilitate the development of an application for research funding for a trial of an intervention to support young people to choose not to start smoking.

### **Results of review:**

The literature review identified a large number of educational and psychosocial interventions that have been found to be effective in reducing smoking uptake. Most of the identified interventions are universal, classroom-based interventions, designed to be delivered in mainstream schools. There is evidence that approaches to smoking prevention that combine elements designed to help young people refuse offers to smoke by improving general social competence, with elements aimed at increasing awareness of the social influences that promote smoking, may be most effective. However, it is important that smoking prevention interventions are tailored to the developmental stage of the age group targeted: interventions effective in one group may be ineffective, or even detrimental, in other populations. The ASSIST approach, involving training influential children to encourage their peers not to smoke, was the only approach identified with recent, UK evidence of both effectiveness and cost-effectiveness. Despite a clear rationale for targeting smoking prevention at high-risk groups, few interventions specifically targeting such groups have been trialled to-date.

### **Results of PPI work:**

The PPI work carried out suggests that teaching in science lessons and/or Personal Social and Health education are the most common approaches to smoking prevention in Norfolk secondary schools. Providing information about the health

threats of smoking was perceived by both teachers and pupils to be the most effective means of preventing smoking uptake. Given that research findings suggest that simply providing information about smoking is not the most effective means of preventing young people from taking up smoking, this may point to the need to provide schools with evidence-based information about optimum smoking prevention strategies. The use of peers to discourage smoking initiation was rarely reported as a currently used strategy in Norfolk, but most teachers and pupils responded that they believed this to be a good idea when specifically asked about this approach. Whilst all teachers and majority of pupils reported that their school had a policy in place in the event that pupils are found to be/suspected of smoking, fewer had a similar policy for pupils found to be/suspected of vaping (using e-cigarettes). Teachers reported awareness of school policies to also support smoking cessation where applicable (e.g. referral to specialist services), but pupils were generally unaware of such policies.

### **Conclusions/recommendations:**

A range of evidence-based educational/psychosocial interventions for preventing uptake of smoking by young people are available, most of which are designed to be delivered within the school environment. The implementation of these interventions within schools has the potential to significantly reduce smoking prevalence, contributing to improvements in public health. However, it appears that many Norfolk schools may not be implementing these evidence-based interventions at present. Schools should be provided with information about the most effective strategies for preventing uptake of smoking by children and young people and encouraged to implement evidence-based smoking prevention initiatives. Equally, further research is needed to identify interventions that are effective in targeting groups of young people at high-risk of smoking uptake.