

**Brighton & Hove City Council**

Young people and  
smoking cessation: a  
pack for community  
pharmacies providing  
smoking cessation to  
under 16 year olds in  
Brighton and Hove

Susan Stewart  
11/25/2016

# Contents

Part 1 – Young people and smoking .....	3
Introduction .....	3
Smoking prevalence .....	3
Impacts of smoking .....	4
Factors that influence children to start smoking .....	5
Addiction .....	5
E-cigarettes .....	5
Other tobacco products .....	6
Cannabis .....	7
Part 2 - Service delivery .....	7
Service standards .....	7
Gillick competency .....	7
The HONC .....	8
Stop smoking medications .....	9
PharmOutcomes .....	10
Linking with other services for young people .....	10
Minimum requirements for smoking cessation advisors to deliver the service to young people .....	11
Further reading .....	11
References .....	12
Appendices .....	13
Appendix A – Gillick competency and Fraser guidelines checklist (used for young people under 16 years) .....	13
Appendix B – Hooked on Nicotine Checklist .....	14

# Part 1 – Young people and smoking

---

## Introduction

This pack provides useful information for pharmacy smoking cessation advisors to support smoking cessation for young people under 16 years of age in Brighton & Hove.

In the 2015 Brighton and Hove Safe and Well at School (SAWS) survey 46% of regular smokers (4%) told us they would like to give up smoking (Brighton & Hove City Council, 2015).

Currently access to smoking cessation services in Brighton & Hove for under 16 year olds is limited to GPs and the Health Improvement Specialist for smoking cessation in schools. Inclusion of service provision in a community pharmacy setting aims to make smoking cessation more accessible for this age group.

NICE guidance supports smoking cessation in young people through local smoking cessation services and access to behavioural support and pharmacotherapy. Service provision for young people under 16 years of age aims to close the gap in smoking cessation support and meet NICE guidance.

The smoking cessation pathway for young people will be established linking local pharmacy with GPs, schools, youth settings in the community, commissioned public health services for young people and linked via the public health schools programme and the healthy child programme.

## Smoking prevalence

According to the national What about Youth survey Brighton and Hove has the highest rate of current<sup>1</sup> 15 year old smokers in England (15%) (NHS Digital, 2015).

Older students are more likely to smoke with 95% of 11-12 year old students saying they have never smoked. This falls to 49% for 15-16 year old students (Brighton & Hove City Council, 2015).

For pupils aged 11-14, there is not much difference between girls and boys who have tried smoking (girls 13%, boys 12%). However this changes with age and for pupils aged 14-16, girls are more likely to have smoked (49%) compared to boys (39%). Also for pupils aged 14-16, girls are more likely to be regular smokers (12%) compared to boys (7%) (Brighton & Hove City Council, 2015).

---

<sup>1</sup> Current smokers include regular and occasional smokers

## Box 1 – Groups of young people more likely to have smoked

**The following groups are more likely to have smoked**

 older students - 95% of 11-12 year old students had never smoked, falling to 49% of 15-16 year olds	 those who need extra help
 for younger pupils there is little difference, but for 14-16 year olds girls are more likely to have smoked (49%) compared to boys (39%)	 those who have truanted or been excluded
 LGB students, but not those unsure of their sexual orientation, and students who do not always identify as the gender they were assigned at birth	 those who have been bullied or bullied someone else
	 those who say they are not happy
	 have tried alcohol or
	 tried drugs

Reference: (Brighton & Hove City Council, 2015)

## Impacts of smoking

Most adult smokers will tell you they started smoking as a teenager. The younger the age of uptake of smoking, the greater the harm is likely to be because early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality (Action on Smoking and Health, 2015).

Children and adolescents that smoke are more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those that don't smoke. Smoking impairs lung growth and initiates premature lung function decline which may lead to an increased risk of chronic obstructive lung disease later in life. The earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease

## Factors that influence children to start smoking

Smoking initiation is associated with a wide range of risk factors including: parental and sibling smoking, the ease of obtaining cigarettes, smoking by friends and peer group members, socioeconomic status, exposure to tobacco marketing, and depictions of smoking in films, television and other media (Action on Smoking and Health, 2015).

Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households. It is estimated that, each year, at least 23,000 young people in England and Wales start smoking by the age of 15 as a result of exposure to smoking in the home.

## Addiction

Studies indicate that signs of addiction to nicotine can occur within four weeks of starting to smoke and before they commence daily smoking (Action on Smoking and Health, 2015). In the 2014 survey of school-children in England, 53% of young people who had smoked for under one year say they would find it difficult to stop for one week compared to 85% for those who have smoked more than one year (HSCIC, 2015). The survey also found that 29% of regular smokers said that they wanted to give up smoking, while 56% reported that they had tried to give up.

During periods of abstinence, young people experience withdrawal symptoms similar to the kind experienced by adult smokers.

## E-cigarettes

Cross-sectional studies conducted in the UK over the last few years tell us that regular use of e-cigarettes is concentrated within a small proportion of youths who also smoke (Bauld, 2015) whereas amongst this cohort awareness and experimentation are increasing (Action on Smoking and Health, 2016). These findings indicate that it is unlikely that electronic cigarettes are currently acting as a gateway, something which leads causally to smoking.

The ASH survey (Action on Smoking and Health, 2016) also found that:

- While two thirds of young people believe correctly that e-cigarettes are less harmful than cigarettes there is a growing proportion of young people who believe that electronic cigarettes are as harmful as smoking tobacco.
- Rechargeable tanks and fruit flavours are the most popular types of e-cigarettes among young people both for experimentation and regular use.

In Brighton & Hove current users of e-cigarettes (4.5%) amongst 15 year olds is higher than the national average (2.7%) made up of 1.4% of regular<sup>2</sup> users of e-cigarettes and 3.1% of occasional<sup>3</sup> users.

Locally and nationally there is no significant difference between boys and girls using e-cigarettes. Nationally young people from the most deprived areas were more likely to have ever used e-cigarettes compared to those in the least deprived. Young people from a White background were more likely to use e-cigarettes than a young person with a BME background. Among those from a BME background, young people from a Mixed ethnic background were most likely to have ever used e-cigarettes (NHS Digital, 2015).

## Other tobacco products

National data indicates that current use of other tobacco products, including shisha pipe, hookah, hubble-bubble and water pipe, amongst 15 year olds in Brighton & Hove is 2.3% higher than the national average at 4.9% (NHS Digital, 2015). Experimentation in Brighton & Hove is also higher than the national average at 24.2% (number of ever users of tobacco products). Girls were also more likely to have ever tried other tobacco products than boys. However boys that smoke are more likely to have tried other tobacco products than girls.

There were no clear differences in other tobacco use by the deprivation level of the area. Young people who received free school meals were slightly more likely than those who did not, to have ever used other tobacco products (18% and 15% respectively).

Young people from a BME background were more likely than young people from a White background to have ever used other tobacco products (18% and 14% respectively). Use of these products was highest among those from Mixed ethnic backgrounds and other ethnic backgrounds (both 22%). This may reflect the wider use of other tobacco products in these communities, including other types of tobacco which were not given as examples (e.g. chewing tobacco).

At a national level almost three in five of those who currently smoked had also ever used other tobacco products (59%), with nearly a third having used them only once or twice (32%), 8 per cent having used them in the past and 19 per cent currently using them.

---

<sup>2</sup> Regular = once a week or more

<sup>3</sup> Occasional = not using every week

## Cannabis

Brighton & Hove has the highest rate of cannabis use in young people (24.2%) in England. Nationally there was a small difference in the proportion of cannabis use across different levels of deprivation and gender. National data states that young people from Mixed ethnic backgrounds are more likely to have ever tried cannabis than other ethnicities with Asians the least likely.

According to the local SAWS survey White British pupils are more likely to have tried drugs as well as LGB pupils, pupils who have truanted, been excluded, bullied someone, tried smoking, had sex, gambled for money and those who are not happy often.

## Part 2 - Service delivery

---

### Service standards

The service should be delivered in accordance with the following –

- National Centre for Smoking Cessation and Training standard treatment programme [http://www.ncsct.co.uk/publication\\_ncsct-standard-treatment-programme.php](http://www.ncsct.co.uk/publication_ncsct-standard-treatment-programme.php)
- Russell Standard [http://www.ncsct.co.uk/publication\\_The-Russell-Standard.php](http://www.ncsct.co.uk/publication_The-Russell-Standard.php)
- NICE guidance PH10 Stop Smoking Services <https://www.nice.org.uk/Guidance/PH10>
- Brighton and Hove standard operating procedure for use of nicotine replacement therapy (refer to PharmOutcomes)
- Under 18s guide to quitting smoking <http://www.nhs.uk/Livewell/smoking/Pages/Teensmokersquit.aspx>

### Gillick competency

Adolescents over 16 years of age are presumed to have sufficient capacity to decide on their own medical treatment, unless there is sufficient evidence to suggest otherwise. Therefore access to smoking cessation services would be similar to adults (over 18 years).

Young people under 16 years of age who wish to receive health care can do so without the consent of a parent/carer. However, the young person needs to be assessed as 'Gillick Competent', that is, ensure they fully understand the treatment they will be involved in.

Gillick competency and Fraser Guidelines are covered in more detail in the Safeguarding training for pharmacy smoking cessation advisors. See appendix A for Gillick competency and Fraser Guidelines checklist and safeguarding checklist. Any concerns about safeguarding should be raised with your line manager or acted in accordance with your pharmacy safeguarding policy and procedures.

## The HONC

Young people, who view smoking as more addictive and health effects as more immediate, may have greater incentive to consider long-term health effects in their decision to smoke (Gerking S, 2012)

The set of questions in the Hooked on Nicotine Checklist is based on research about how young people become addicted to smoking and is widely used to assess nicotine dependency. It also acts as a motivational tool to challenge young people's view that they can give up anytime (Wellman, McMillen, & DiFranza, 2008).

If the answer is YES to any of the questions this indicates the person may already be hooked on nicotine and are addicted losing the ability to effortlessly stop smoking.

This tool should be used at the initial assessment appointment in place of the Fagerstrom test which is predominantly used for assessing adult nicotine dependence.

## Box 2 – Hooked on Nicotine Checklist (see also appendix B)

HONC  
Hooked on Nicotine Checklist

10 warning signs

- 1 Have you ever tried to quit smoking but couldn't?
- 2 Do you smoke now because it's really hard to quit?
- 3 Have you ever felt like you were addicted to smoking?
- 4 Do you ever have strong cravings to smoke?
- 5 Have you ever felt like you really needed a cigarette?
- 6 Is it hard not to smoke in places where you are not supposed to, like school?

*In answering the last 6 questions, when you tried to stop smoking or when you have not used tobacco for a while ....*

- 7 Did you find it hard to concentrate?
- 8 Did you feel more irritable?
- 9 Did you feel a strong need or urge to smoke?
- 10 Did you feel nervous, restless or anxious because you could not smoke?

*If you answered YES to any of the previous 10 questions this indicates you may already be hooked on nicotine and are addicted. You may have lost the freedom and ability to simply and effortlessly Stop Smoking. Two thirds of all teenagers you see smoking could end up spending the rest of their adult life as slaves to nicotine*

Source

Dr JR Difranza September 2002. HONC, Tobacco Control, Development of symptoms of tobacco dependency in youths  
Reliability study HOND Factors July 2002  
Created by [www.whyquit.com](http://www.whyquit.com)

## Stop smoking medications

NICE guidance (PH10) recommends using professional judgement to decide whether or not to offer NRT to young people over 12 years who show clear evidence of nicotine dependence (National Institute for Health and Care Excellence , 2013). If NRT is prescribed, offer it as part of a supervised regime. Nicotine replacement therapy should be delivered in accordance with the Brighton and Hove City Council standard operating procedure for use of nicotine replacement therapy. Section 2.5.1 outlines the dosage for young people aged 12-18 years.

Neither varenicline (Champix) or bupropion (Zyban) should be offered to young people under 18 (National Institute for Health and Care Excellence , 2013).

## PharmOutcomes

Advisors will need to complete the following provisions in PharmOutcomes

1. Client information
2. Initial assessment appointment
3. NRT supply and consultation
4. 4 week appointment and outcome

Payment is made on the 4 week outcome to be validated within 25-42 days after the agreed quit date. Payment is as follows:

Quit CO validated	£100
Quit self-reported	£80
Not Quit	£40.70
Lost to follow up	£20.35

## Linking with other services for young people

There is extensive evidence confirming that diversionary activities, i.e. things to do and places to go, can reduce risky behaviour in young people leading to improved health outcomes, increasing their understanding of the impacts of risk taking behaviour and reducing the incidents of crime and anti-social behaviour. During the course of the treatment pharmacy advisors may identify that being involved in a diversionary activity (s) may help the young person to maintain a smoke free status and prevent relapse. Information about services for young people involving diversionary activities should be provided. Risky behaviours include, smoking, drinking alcohol, drug use, early sexual behaviour, crime, gambling, wellbeing (mental and physical), suicidal tendency, violence and conduct order.

In addition young people who need further support with risky behaviours should be signposted to Brighton and Hove services.

Information about services offering diversionary activities and support for risky behaviours in young people will be updated and provided through the Health Improvement Specialist for smoking cessation (working under the public health schools programme).

## Minimum requirements for smoking cessation advisors to deliver the service to young people

In addition to the meeting the requirements under the smoking cessation specification the smoking cessation advisors will be required to:

- Ensure they have read and understood their employers safeguarding policies.
- Complete the council's online training for Safeguarding Children for Pharmacy Smoking Cessation Advisors. This training covers how to recognise when a child is suffering from abuse and neglect and what you can do to keep children safe. It also covers information on obtaining a child's consent to treatment using the Gillick Competency test. (Refer to specification for details on how to access the training)
- Hold a current enhanced Disclosure and Barring Service (DBS) check.
- Read the additional service delivery information provided in this pack.

### Further reading

Under 18s guide to quitting smoking

<http://www.nhs.uk/Livewell/smoking/Pages/Teensmokersquit.aspx>

Young people and smoking

<http://ash.org.uk/download/young-people-and-smoking/>

## References

- Action on Smoking and Health. (2015). *Young People and Smoking*. Retrieved November 25, 2016, from ASH: <http://ash.org.uk/category/information-and-resources/fact-sheets/>
- Action on Smoking and Health. (2016). *Use of electronic cigarettes (vapourisers) among children in Great Britain*. Retrieved November 25, 2016, from Action on Smoking and Health: <http://ash.org.uk/category/information-and-resources/fact-sheets/>
- Bauld, L. (2015). *Young people and e-cigarettes - what do the latest data tell us?* Retrieved November 25, 2016, from Cancer Research UK: <http://scienceblog.cancerresearchuk.org/2015/08/18/young-people-and-e-cigarettes-what-do-the-latest-data-tell-us/>
- Brighton & Hove City Council. (2015). *Surveys*. Retrieved November 25, 2016, from The Connected City: <http://www.bhconnected.org.uk/content/surveys>
- Gerking S, K. R. (2012). Perceptions of health risk and smoking decisions of young people. *Health Economist* , 865-877.
- HSCIC. (2015). *Smoking drinking and drug use among young people in England in 2014*. Retrieved November 25, 2016, from <https://www.gov.uk/government/statistics/smoking-drinking-and-drug-use-among-young-people-in-england-2014>
- National Institute for Health and Care Excellence . (2013). *Stop smoking services*. Retrieved November 25, 2016, from National Institute for Health and Care Excellence: <https://www.nice.org.uk/Guidance/PH10>
- NHS Digital. (2015). *Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUTH? Survey 2014*. Retrieved November 25, 2016, from NHS Digital: <http://content.digital.nhs.uk/catalogue/PUB19244>
- Wellman, R., McMillen, R., & DiFranza, J. (2008). Assessing College Students' Autonomy Over Smoking With the Hooked on Nicotine Checklist. *Journal of American College Health*, 549-553.

## Appendices

### Appendix A – Gillick competency and Fraser guidelines checklist (used for young people under 16 years)

YOUR ASSESSMENT OF FRASER	YES	NO
Understanding of advice given		
<i>e.g: understands the service they are accessing, understands what actions they need to take during or following access to the service.</i>		
<b>Notes:</b> (please record discussion)		
Encouraged to involve parent / carer		
<i>e.g: client not prepared to talk to parent/carer at this time but will try to do so in due course. May be able to discuss with another responsible adult. Any coercion?</i>		
<b>Notes:</b>		
The effect of physical or mental health of young person if advice / treatment withheld		
<i>e.g: advice/ treatment/ service is needed now, to ensure their wellbeing.</i>		
<b>Notes:</b>		
Action in the best interest of the young person		
<i>e.g: providing the professional service/ advice at this time is in the best interest of the client, regardless of parental consent.</i>		
<b>Notes:</b>		

#### SAFEGUARDING CHILDREN ASSESSMENT YES NO

Is there any evidence of abuse or neglect?

Is there any evidence of domestic violence?

Is there any evidence of drug misuse?

Is there any evidence of excessive use of alcohol, which may put the young person at risk of harm?

Is there any evidence of self-harm/psychiatric illness?

Any other safeguarding issues?

## Appendix B – Hooked on Nicotine Checklist

### HONC (Hooked on Nicotine Checklist) - 10 Warning Signs to nicotine addiction

	Question	Response	Comments
1	Have you ever tried to quit smoking but couldn't?	YES / NO	
2	Do you smoke now because it's really hard to quit?	YES / NO	
3	Have you ever felt like you were addicted to smoking?	YES / NO	
4	Do you ever have strong cravings to smoke?	YES / NO	
5	Have you ever felt like you really needed a cigarette	YES / NO	
6	Is it hard not to smoke in places where you are not supposed to, like school?	YES / NO	
<b>In answering the last few questions, when you tried to stop smoking or when you have not used tobacco for a while.....</b>			
7	Did you find it hard to concentrate?	YES / NO	
8	Did you feel more irritable?	YES / NO	
9	Did you feel a strong need to urge to smoke?	YES / NO	
10	Did you feel nervous, restless or anxious because you could not smoke?	YES / NO	