Smoking in girls aged 11-12 years in North Wales

Final research and scoping report

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1.0 Executive summary

1.1 Introduction
This report was commissioned by Public Health Wales and The North Wales Tobacco Control Alliance to investigate smoking prevalence in 11-12 year old girls and uncover current attitudes and behaviours in this age group to smoking and tobacco use across the North Wales region.

Desk research was conducted first to help inform the primary research stage. We found that although there was a lot of research on youth smoking, very few studies looked at girls in the 11-12 year age group – the age at which many studies suggest girls start to smoke. Prevalence was investigated through the use of postal questionnaires that were sent to all schools in North Wales. This exercise was conducted to help measure the number of 11-12 year old smokers in each county and provide a benchmark for future evaluation.

Following this survey, five focus groups were conducted in areas with higher levels of deprivation and high adult smoking prevalence. These focus groups were designed to explore in depth current knowledge, attitudes, behaviours to smoking. Only 11-12 year old girls took part in the focus groups.

1.2 Main findings
A study found that 12 years was the average age at which children try smoking in Wales [4]. Smoking prevalence in North Wales among 11-16 year old girls is also estimated to be higher than the national average [4].

Our research found that across North Wales, there is a prevalence rate of 2% in 11-12 year old girls. This is consistent with previous estimates for prevalence in this age group. Wrexham had the highest prevalence rate out of all of the areas in North Wales at 5% - more than twice the regional rate.

All participants in the focus groups were aware of a family member that smokes. In the survey of year 7 girls, 38% said that one or more parent smokes. Girls in Wrexham recorded the highest percentage of parents who were smokers (45%). Participants in the focus groups became upset and emotional when they considered the harm to parents and relatives. The opposite view was shared when discussing the impact on strangers with some describing people who smoke as silly, bad and stupid. Many participants laughed at the consequences of smoking on one woman who developed cancer as a result.

The focus groups also found that participants in Wrexham were more likely to know a friend that smokes than in other areas in North Wales. Most girls said that they wouldn’t be friends with someone who smoked and if a friend started to smoke they would either help them to quit or isolate them.

All participants had a basic (and in some instances, an advanced) awareness of the health consequences of smoking, but we found that there was a lower understanding and awareness of the effects of second hand smoke. Girls considered the consequences of smoking as unappealing – especially the more superficial consequences such as impact on their appearance.

All of the participants did not identify themselves as children when we carried out this research so discussions on the impact of smoking on children led many to talk about babies and children younger than them. At this age, girls are concerned about body image and weight and many felt that smoking would hinder rather than enhance their appearance. The reason given by participants in the focus groups for why girls their age smoke was to be popular or look cool. In the survey, the girls who admitted to smoking said they did so because it helped with stress, because their friends smoke, it looks cool and because it helps them to maintain or lose weight.

There is a link between girls with low aspiration and smoking (including e-cigarettes). Girls who had ambition to be a dancer, a teacher, an actor or wanted to work with children or pets could not see how smoking fitted with those plans. There was also a link between those girls in this age range who do not take part in activities outside of school and smoking. Girls who went to dance classes and took part in sports did not smoke and felt that it would hinder their performance/ enjoyment.
Participants in the Wrexham focus groups had a strong awareness of e-cigarettes and ‘vaping’. Most participants were aware of where to purchase them and they are aware that they contain nicotine. When discussing e-cigarettes in Wrexham, most girls said that they had tried them and they were aware of at least five flavours to choose from. Focus groups in Denbighshire and Flintshire were more aware of the health concerns surrounding e-cigarettes compared to those in the Wrexham focus groups.

E-cigarettes are easy to obtain – either from parents or outlets on the high street. Girls have brought or obtained e-cigarettes from shops, friends and parents and even pizza places are selling them with a policy of not selling to under 7’s. The girls who had tried e-cigarettes in Flintshire and Denbighshire had tried their parents/ siblings e-cigarette and were less aware of where else they can be purchased. Participants described e-cigarettes as “just heat”. Most participants considered them to be “better” than smoking cigarettes or not as bad. The few participants who thought they were not good for you described seeing or hearing stories about the dangers of e-cigarettes (such as fire and power failure) and this was enough to put them off trying. Some girls after trying cigarettes also felt ‘conned’ as the flavours did not taste as they had imagined.

Girls who were aware of celebrities who smoke also viewed them in a bad light due to their habit. Most girls who appeared confident in the focus groups said that they would challenge their boyfriend if he started smoking and some said that they wouldn’t pick a boy who smoked. The participants also noted that if they found themselves in a relationship with a smoker, they would attempt to discourage them from smoking. Challenging parents however was seen as a lot harder. Most felt that they couldn’t challenge their parents or family members with many choosing other techniques to show their disapproval such as snapping cigarettes, hiding them or putting them in the bin.

The research also found that shock tactics worked on 11-12 year old girls as an attempt to put them off smoking - they were shocked by some previous adverts surrounding the health consequences of smoking. But campaigns that worked best needed to be more personal and worked better when they could see themselves or a family member in the position of harm.

### 1.3 Recommendations

Our recommendations to the North Wales Public Health team and their partners include:

- Setting up a multi-disciplinary project group to manage and evaluate pilot work in Wrexham;
- Undertake a comprehensive review to see how each county in North Wales has implemented NICE guidance on school based interventions to prevent the uptake of smoking and undertake a review of all current education programmes in schools and youth settings;
- Develop a local pilot campaign in Wrexham that challenges current attitudes and behaviours to smoking focusing on challenging the appeal and norms of smoking;
- Working alongside a campaign aimed at girls, develop a campaign aimed at parents, focusing on challenging their role as a carer and the impacts on their children;
- Develop a clear benchmark for partners that states how they can become a Smokefree building or space and include e-cigarettes in the vision.
- Work with partners and youth organizations to explore opportunities to encourage individual interests and developing creative outlets for young girls to build confidence. Mapping what is already available to young people and making this information more widely available could increase uptake in outside school activities. Where there are gaps, work with partners to address these.
- Further to the above, assess what is being done in schools to build aspirations. Working with partners, carry out an appraisal of youth services, careers advice services and lessons in relation to aspirations and goals.
- Increase awareness of available smoking cessation support for young people who do smoke and assess how stop smoking services are currently meeting the needs of young people using the “You’re Welcome Quality Criteria” as a possible guide.
- In light of the Welsh Public Health Bill proposing restrictions on the sale and distribution of E-cigarettes, hold a summit on e–cigarettes and what can be done locally, regionally and nationally to prevent young people from trying and buying. Consider a pilot programme in Wrexham: “Wrexham crack down” looking at potential control measures on the sale and distribution locally of e-cigarettes.
2.0 Introduction

2.1 Current national picture
It is estimated that every year around 207,000 children in the UK start smoking [1]. Among adult smokers, about two-thirds report that they took up smoking before the age of 18 and over 80% before the age of 20 [2]. The latest survey of adult smokers shows that almost two-fifths (40%) had started smoking regularly before the age of 16 [3].

2.2 Current local picture
In Wales, the average age at which children start to smoke is 12 years old [4]. In North Wales, the percentage of 11-16 year olds who smoke at least once a week is 5% for boys and 10% for girls [4]. The percentage of 11-16 year old girls smoking in North Wales is higher than the Wales average of 8% and twice as many children in the most deprived areas are living in households where an adult is a smoker (55%) compared to the least deprived areas (24%) [4].

The All Wales Tobacco Control Action Plan (2011) aims to drive down adult smoking prevalence levels, currently at 23% in Wales to 20% by 2016 and to 16% by 2020 [4]. To achieve this, one of the key aims is to reduce the uptake of tobacco use, especially amongst children and young people and reducing exposure to second hand smoke.

2.3 The project
This report synthesizes four months of scoping the best approach to preventing young girls in Wales aged 11-12 years from taking up smoking. The programme of work undertaken during this period follows NICE guidance that makes it clear that campaigns to prevent the uptake of smoking among young people under 18 should:

- Be informed by research that identifies and understands the target audiences;
- Consider groups which epidemiological data indicate have higher than average or rising rates of smoking;
- Be developed in partnership with national, regional and local government and non-governmental organisations, the NHS, children and young people, media professionals (using their best practice), healthcare professionals, public relations agencies and local anti-tobacco activists;
- The campaign(s) should not be developed in conjunction with the tobacco industry [5].

This report analyses available data and secondary research on the factors that lead young people – in particular girls – to start smoking and provides primary evidence of the factors and influences that lead girls in North Wales aged 11-12 years to consider and take up smoking or reject smoking.

2.4 Project aims and objectives
The following project aims were set at the start:

- Understand what the smoking prevalence rate is for 11-12 year old girls in North Wales. In particular, how many girls smoke, what areas have higher numbers of smokers and why they smoke or choose not to smoke.
- Develop a rounded understanding of the target audience and understand what moves and motivates them to behave the way they do, including the key influences, incentives and barriers.
- Bring people together who might be important in solving the problem; review expectations and resources; investigate what has already been done, analyse factors that may affect the issue and look at what can be done.
The programme of work is underpinned by a social marketing approach, which is focused on changing behaviour and ensuring potential solutions are rooted in a deep understanding of the target audience, the issue and the behaviour. The following criteria has been considered in the design and delivery of the project:

- Customer orientation – understanding your audience;
- Developing insight into people’s behaviours, beliefs, lifestyle;
- Understanding human behaviour;
- A focus on behaviour goals – setting realistic and measurable goals;
- Understanding competitive behaviours;
- Looking at exchange – what can we offer to help people change;
- Segmentation and targeting – one size doesn’t fit all;
- A marketing or intervention mix: products and services that make it easy for your audience to act.
3.0 Background

There is no one solution that will move all smokers (including children and young people) to resist or quit. It is recognised that there are a number of complex factors that lead to an individual taking up smoking and no single intervention or programme on its own will prevent children and young people from taking up smoking. This will be a challenge for agencies and organisations with limited budgets, set up to prevent children and young people from smoking.

3.1 Child smokers

Child smokers will become adult smokers. If not prevented, future generations will experience health problems related to smoking. We also know that 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 [6].

Child and adolescent smoking causes serious risks to respiratory health both in the short and long term. Children who smoke are two to six times more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those who do not smoke [7]. 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 [8].

We will also see increasing expenditure on health services on smoking related health diseases, further burdening an NHS with limited budgets and under pressure to make savings.

3.2 Risk factors

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, socio-economic status, exposure to tobacco marketing, and depictions of smoking in films, television and other media [6].

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 [9]. 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 [6].

3.3 Key challenges and barriers

As mentioned, there are multiple factors to consider when looking at the prevention of smoking in young girls (and boys) such as peer relations, media influence, parental influence and behaviour, and socio-economic factors. Research looking into multiple aspects of culture is also important as well as understanding attitudes towards smoking in general. There are limited resources in public health for prevention and this will always remain a challenge. Carrying out research first is therefore even more important to ensure that resources are targeted and tailored.

This issue directly affects children and their families as smoking from an early age is likely to progress to addiction and health related problems later in life. As well as the impact personally to smokers, non-smokers are affected through second hand smoke. Children are susceptible to the effects of passive smoking. Parental smoking is the main determinant of exposure in non-smoking children. Although levels of exposure in the home have declined in the UK in recent years, children living in the poorest households have the highest levels of exposure as measured by cotinine, a marker for nicotine [10].
Children who experiment with cigarettes can quickly become addicted to the nicotine in tobacco. Children may show signs of addiction within four weeks of starting to smoke and before they commence daily smoking [11]. One US study found that smoking just one cigarette in early childhood doubled the chance of a teenager becoming a regular smoker by the age of 17 [12]. A London study suggests that smoking a single cigarette is a risk indicator for children to become regular smokers up to three years later [13].

In a 2012 survey of school-children in England, 46% of young people who have smoked for under one year say they would find it difficult to stop for one week compared to 82% for those who have smoked more than one year [14]. During periods of abstinence, young people experience withdrawal symptoms similar to the kind experienced by adult smokers.

### 3.4 What is driving this concern?

The percentage of 11-16 year old girls smoking in North Wales is 10%, which is higher than the national average of 8% [4]. Research conducted by ASH Wales suggests that a large number of young people want to quit smoking but find it difficult as they have become addicted [15]. Trying to prevent smoking in the first place is necessary to prevent uptake and the costs (both personal and financial) of trying to motivate people of all ages to quit.

### 3.5 What is currently happening in North Wales to prevent youth smoking?

The National Institute for Clinical Excellence (NICE) published guidance on school based interventions to tackle smoking among children and young people [17]. This guidance has been used to roll out an action plan among secondary schools in North Wales in order to prevent future smokers and to reduce the number of current smokers.

This guidance, based on best practice identifies the need to deliver the following elements:

- A whole school approach
- Adult-led interventions
- Peer-led interventions
- Training and development
- A coordinated approach

In North Wales an action plan has been drawn up and is currently being implemented in some counties that fully embeds the NICE guidance. This includes:

- Healthy School Scheme coordinator providing leadership, facilitation and support to schools to effectively implement the action plan.
- Support from various partner agencies to strengthen the delivery of a whole school approach to tobacco control.
- Engaging youth services and making them key partners, involving them to ensure a consistent delivery of support.
- School Nurses supporting schools and the importance of their role in addressing tobacco with children and young people and highlighting the resources available to address smoking in schools.
- Schools adopting a smoke free policy including school grounds. This includes smoke free signage in buildings, on grounds and on school transport to comply with the law, pupils, parents, carers and others engaged in the development of a smoke free policy, schools providing education and prevention activities in relation to smoking and utilizing the support of the school nurse and other partners, promotion of Stop Smoking Services to staff and pupils, tobacco control information and training for school staff and access to learning coaches, behaviour support staff, youth workers and more.

### 3.6 Targeting the prevention of youth smoking

It is recognised that the public purse is not infinite, and does not match the resources of those attempting to convince our youth to take up smoking. It is therefore necessary to target resources where a greater return on investment could be achieved, whilst at the same time contributing to the reduction in health inequality. Through research, geographical areas or population segments are often identified that require greater intervention and as advocated by NICE a targeted approach in behaviour change represents better value and will yield greater results.
4.0 Methodology

4.1 Secondary Research – literature review
A literature review was undertaken which focused on youth smoking – in particular (but not limited to) a focus on preventing girls of 11-12 years from taking up smoking. We reviewed local, national (UK) and international research and evidence published between 2006-2014. A synthesis of findings relevant to this project has been presented in the chapter entitled ‘secondary research’.

4.2 Primary Research

4.2.1 Quantitative survey
To estimate the prevalence of smoking among females aged 11 to 12 years in North Wales, a two page bilingual survey was sent out to Year Seven girls in a total of 63 secondary schools, including special schools, across the six unitary authorities in the region.

After a period of 5 days, schools were contacted by telephone to ensure they had received their survey pack. Schools were then followed up after 10 days to ask for their support in ensuring year seven girls filled in the survey. Some schools received an additional pack to encourage participation. Local Healthy Schools Co-ordinators also supported the survey by contacting their schools to promote involvement in the survey.

4.2.2 Qualitative research – focus groups
Based on the information above we looked at what areas had higher numbers of adults who reported smoking (appendix 1) and we analysed the lower super output areas by fifths of deprivation, according to the overall Welsh Index of Multiple Deprivation to identify areas where youth smoking is likely to be higher (appendix 2).

We discovered ten ‘high prevalence areas’. It was decided at this point to target these areas for qualitative research to ensure that the right areas were targeted for advanced intervention;

The ten ‘high prevalence areas’ identified for research were:
1. Rhyl West 1
2. Rhyl West 2
3. Queensway 1
4. Rhyl South West 2
5. Plas Madoc
6. Wynnstay
7. Rhyl West 3
8. Glyn (Conwy) 2
9. Shotton Higher 2
10. Queensway 2

Five focus groups were undertaken in secondary schools with high adult smoking prevalence levels in Denbighshire, Flintshire and Wrexham. Schools were contacted and asked to group together at random eight to ten year seven girls to take part in a focus group. Each focus group had between 7 and 9 participants.
All focus groups were conducted in school time and lasted between 55 minutes and 1 hour 30 minutes. Only one focus group had a school staff member present. All other focus groups were conducted without a school member present. A Public Health Wales team member attended as an observer at four out of the five focus groups.

A discussion guide was produced prior to the focus group (see appendix 3). This was used to guide the facilitator and covered personal attitudes, behaviour, influences, media and general wellbeing.

4.3 Incentives
A £15 iTunes voucher was offered as an incentive to take part in the focus groups. One school refused to accept and no rewards were given for taking part in the quantitative survey.
5.0 Results: Secondary Research

5.1 Literature review
In summary, there is limited research focusing specifically on smoking in 11-12 year old girls. Most research featured both boys and girls and covered an age range spanning 11-16 years, and sometimes up to age 24. However, this is not to say that existing research undertaken with young people is not useful to this project – on the contrary, research looking at why young people start to smoke or why they choose not to smoke is very important and we have considered this research in our data and evidence collection.

When reviewing the existing research and evidence we specifically focused on finding out more about the following:

- Young people’s (especially 11-12 year old girls) views and attitude to smoking and second hand smoke (if available) and their view on their health and lifestyle in general;
- What influences and motivates young women of this age group;
- Life in the shoes of an 11-12 year old girl.

Existing research data tells us that the great majority of smokers start in adolescence – and almost all before the age of 24 years. A review in 2009 [19] found that many young people move in and out of smoking during adolescence, find it hard to engage with standard cessation services and generally exhibit greater ambivalence about their tobacco use than adults.

5.1.1 Life as a 11-12 year old and growing older
Findings from the Health Behaviour in School aged Children (HBSC) survey [20] found that:

- The great majority of children have good support networks in place: 70% can speak to their father, and 84% their mother, about things that bother them. Nearly nine in ten (89%) have at least three friends of the same sex.

- Children are less likely to find it easy speaking to their parents about their problems as they grow older. At the same time, children in older year groups report progressively more pressure from school, and enjoyment of school is less widespread among older age groups. Notably, Year 7 students are much less likely to report pressure, and much more likely to enjoy school, than older groups, while experiences of school are less positive for those in Years 10 and 11.

- Girls consistently report poorer health outcomes than boys: they are less likely to report having a good quality of life, more likely to rate their health as only ‘poor or fair’ and more likely to experience a range of health complaints more frequently than boys.

- The transition from Year 8 to Year 9 seems to be a key turning point for girls’ health outcomes: until this age, girls and boys often demonstrate similar health outcomes but by Year 9 girls’ and boys’ health outcomes often diverge. Girls in older year groups progressively report poorer health ratings while boys’ often remain stable across year groups. The only exceptions to this gender rule are physical injuries: boys are statistically more likely than girls to report a serious injury in the past year. However, it is likely that this simply reflects higher rates of physical activity among boys and could therefore be seen as a by-product of a healthier lifestyle.
• Family affluence is strongly correlated with health outcomes: children from the most affluent families demonstrate the best health outcomes.

• Despite poorer health outcomes, girls are more likely than boys to demonstrate healthy eating behaviours. They are more likely than boys to eat fruit and vegetables every day, and less likely to drink sugary drinks frequently. The exception to this rule lies in eating breakfast: girls are less likely to do so than boys.

• High rates of physical activity are far more widespread among boys than girls. Children in older year groups are less likely than younger groups to demonstrate high levels of physical exercise. Even among boys, there is a marked decline in exercise frequency with age.

• Family affluence is again strongly correlated with health behaviours: children from the most affluent families eat more healthily and exercise more than children from less affluent backgrounds.

• Girls are more likely to smoke than boys, and more likely to start smoking at a younger age. However, rates of under-age drinking and drug-taking are similar for boys and girls.

• Girls are more likely than boys to report having under-age sex. All risk-taking behaviours are more prevalent in older year groups, and tend to increase progressively with each successive year group.

• Family affluence is correlated with risk taking: those in the most affluent groups are less likely than others to engage in risk-taking behaviour. The exception is in weekly drinking: those from the highest affluence group are most likely to drink. However, this group is no more likely to have ever been drunk than other children, suggesting that their drinking may be moderated (e.g. a glass of wine with Sunday dinner at home) rather than linked to excess and risk taking.

5.1.2 Attitudes and behaviour to smoking
The average age at which young people in Wales start to smoke is between 11 and 12 years [21]. Three out of four children are also aware of cigarettes before they reach the age of five whether or not the parents smoke [22]. We also know that most smokers start as teenagers, with children in Wales as young as 7 starting to smoke [23]. Amongst Welsh 15 year olds, 14% of girls and 9% of boys report regular smoking [20].

An annual survey of school-aged pupils tells us that the proportion of pupils who think it is acceptable to try smoking has decreased since the question was first asked in 1999 [14]. Currently, 31% believe it is acceptable to try smoking to see what it is like compared with 54% in 1999 [14]. Children’s views of what they believe is acceptable for someone of their age tends to reflect actual behaviour with slightly more believing it is ok to try smoking (31%) compared to those who actually do so (23%) [14]. Reliable annual data similar to what has been collected by The Information Centre for Health and Social Care is not available for Wales however, research conducted by ASH Wales gives some evidence on the attitudes and behaviours of young people in Wales to smoking.
ASH Wales surveyed teenage girls aged between 13 and 18 from across Wales in 2009. This survey found that 35% were smokers and more than half are smoking 30 cigarettes or more a week, and over a third smoking in excess of 50 cigarettes a week [24]. Some teenage girls are spending as much as £40-£50 a week on cigarettes and tobacco [24].

The survey also found that:

- The average age at which teenage girls started to smoke was 12;
- Nearly 70% of the teenage girls surveyed had tried to stop smoking but were not successful;
- 19%, or 1 in 5 were spending as much as £20 per week on cigarettes;
- Almost a half (46%) felt staying slim was important to them;
- 76% of their parents smoked and 68% of their mothers smoked.

The overwhelming reason given as to why the girls started to smoke in the first place was because their parents or other family members and friends also smoked, with more than 60% stating this as the main reason [24].

Nearly 70% of the girls had tried to stop smoking but most stated that the addictive nature of cigarettes meant they were not able to quit their addiction. Problems at home, peer pressure, stress and anxiety were cited as grounds for not being able to quit smoking successfully [24].

In the annual England survey, young people who were non-smokers were asked why they think young people start smoking. The majority believe their peers smoke because it is cool (86%), because they are pressured by their peers (71%) or because they are addicted (70%) [14]. Young people who were regular smokers said they smoked because it helped them cope with stress (87%), because they were addicted (78%) and because smoking gave them a good feeling (66%) [14].

### 5.1.3 Influence of parents and peers

Research by ASH Wales indicates that children who have a friend that smokes were 33% more likely to smoke themselves compared to 1.5% who didn’t have a friend who smokes [25].

Young smokers are also beset by false norms: a review in 2009 found that young smokers are much more likely to live in families that smoke, have friends who smoke and have exaggerated perceptions of how common and acceptable smoking is [19]. There is evidence from the review that these norms encourage and reinforce their tobacco use, and that correcting them will do the reverse.

### 5.1.4 Smoking and inequality

A review in 2009 found that a long recognised social divide in adult smoking is a product of both more disadvantaged young people taking up smoking and a reduced ability to quit once they have started. The review shows how adolescent smoking trajectories are inter-twinned with social, educational, occupational and economic trajectories [19].

### 5.1.5 Attitudes to body image

Research carried out by Central YMCA and the Centre for Appearance research at the university of West of England found that over half of the adolescent girls (54.1%) have issues with their body [26].

The research suggested that a widespread use of airbrushing and a lack of diversity in the appearances of people represented in the media make it virtually impossible for adults and young children to achieve or maintain the bodies seen on TV and in magazines. The research also found that about a quarter of girls (25.4%) compare their bodies to people on TV and over one third (35.2%) would like to look like the models who appear in magazines [26].
Roughly a third of adolescent boys (34.4%) and half of girls (49.1%) have been on a diet in an attempt to change their body shape or to lose weight. Nearly 10% of boys and girls (8.3% and 7.7%) said they would start taking laxatives to lose weight if they were unhappy with the way they looked and nearly 15% of girls would start taking diet pills to lose weight.

The most desired cosmetic procedures among adolescents were:

- Breast implants (14.7%)
- Rhinoplasty (7.7% of boys and 11.5% of girls)
- Botox (9.8% of girls) [26]

There is a widespread view in adult smokers that smoking maintains weight or even helps you to lose weight. With alarmingly increasing trends in overweight and obesity, dieting has in recent years become more prevalent. In the last few decades dieting in young adults has increased and health-compromising dieting methods such as intense training, skipping of meals, using laxatives, diuretics or diet pills, or tobacco have become more widespread [27]. Adolescents and young adults are particularly inclined to use such unhealthy methods to lose weight [28]. Adolescents often believe that smoking can help to control weight [28].

**5.1.6 Smoking and a link to self esteem**

A study looking at the link between smoking and self-esteem found that self-esteem may be a factor associated with initiation of smoking among early adolescents of both genders [29].

Interest in the relationship between low self-esteem and several risk-taking behaviors among adolescents has been increasing since the 1980s. It is believed that adolescents who lack confidence in themselves are more likely to be influenced by social pressures from groups such as their peers, parents, and the media [29]. Within the school context many behaviours reflect low self-esteem, including aggression, antisocial behavior, depression, underachievement, and social withdrawal [30].

Longitudinal data from the British Household Panel Study finds that global self-esteem year-on-year at around age 12–14 (when young people take up smoking in increasing numbers) is clearly linked to experimentation and to smoking in subsequent years, in the shorter term [31]. However, a longer-term linkage between self-esteem in early youth and smoking in later youth is less clear cut, and less compelling; but then, pursuing the longitudinal analysis still further, the findings lend force to the argument that putative links between self-esteem and smoking must be understood in context, specifically the peer context.

**5.1.7 Smoking and cost**

High prices can deter children from smoking, since young people do not possess a large disposable income: studies suggest young people may be up to three to four times more price sensitive than adults [32]. In Canada, when cigarette prices were raised dramatically in the 1980s and the early 1990s youth consumption of tobacco plummeted by 60% [32]. An American study has shown that while price does not appear to affect initial experimentation of smoking, it is an important tool in reducing youth smoking once the habit has become established [33].

**5.1.8 Smoking, alcohol and drug use**

There is a strong association between smoking and other substance use. A 2012 secondary school survey found that regular smokers were four times more likely to have drunk alcohol in the week prior to the survey and that regular smokers were 15 times more likely to have used drugs in the month prior to the survey [7].
5.1.9 Smoking and school exclusion
Young people who played truant from school or who had been excluded from school in the previous 12 months were almost twice as likely to smoke regularly compared to those who had never been truant or excluded [14].

5.1.10 Smoking and aspirations
There have been a number of studies looking at aspiration and smoking and there appears to be a common conclusion. Students who had less educated parents or lower educational aspirations were more likely to have tried a cigarette, more likely to have adopted cigarette smoking, and less likely to have quit smoking [34]. These students also had more favorable attitudes toward smoking, and reported greater acceptance of smoking by their friends. In addition, the students with less educated parents or lower educational aspirations appeared to be more rejecting of adult authority and more predisposed to adopt adult behaviors, and these characteristics, in turn, were associated with smoking more [34].

5.1.11 Smoking and workless households
Research looking at the impact of workless households on children found that poorer outcomes associated with poverty and worklessness tend to be greater for younger rather than older children and it is also at younger ages that the risks of living in a workless household are greatest [35] [36]. Nevertheless, Ermisch et al (2004), have shown that the experience of worklessness in later childhood (11–15 years) is associated with increased chances of smoking and of psychological distress [36].

5.1.12 Evaluation of interventions to prevent youth smoking
We looked at different campaigns and interventions to evaluate what works in preventing young girls from smoking. The National Cancer Institute (NCI) concludes that anti-tobacco mass media campaigns conducted in conjunction with school or community based programming can be effective in curbing smoking initiation in youth [37].

A number of reviews conclude that schools are seen as a promising locus for reaching and supporting young people, provided initiatives genuinely engage with pupils (as with the ASSIST initiative), are sustained and are located within a broad, health promoting school perspective [19].

One review of the evidence in 2009 concluded that efforts to reach young people have to be nested within and supported by a comprehensive tobacco control strategy that continues to address and drive down adult prevalence [19].

Other research suggests that knowledge about smoking is a necessary component of anti-smoking campaigns but by itself does not affect smoking rates. It may, however, result in a postponement of initiation [38]. A review felt that it is vital to tell a coherent story about the success of tobacco control, specifically young people need to know that tobacco use is disappearing in the UK; that it is no more than an historical anomaly which is set to die out altogether in their lifetimes [19]. The same researchers concluded that this will help combat pro-tobacco norms and provide a positive frame for both policy initiatives and interventions [19].

The Truth Campaign, one of the largest youth-focused anti-tobacco education campaign in America was designed to engage teens by exposing Big Tobacco’s marketing and manufacturing practices, as well as highlighting the toll of tobacco in relevant and innovative ways. This campaign, supported by the American Legacy Foundation, tapped into adolescents’ need for independence, rebellion, and personal control by presenting appealing social images of a nonsmoking lifestyle—cool kids living without tobacco. According to research, the decline in youth smoking attributable to this campaign equates to some 300,000 fewer youth smokers and thus millions of added life years as well as tremendous reductions in health care and social costs [39]. In addition, evaluation of the campaign found that:
• 75% of all 12 to 17 year-olds in the nation - 21 million – can accurately describe one or more of the truth® ads;
• Nearly 90% of youths aged 12 to 17 - 25 million – said the ad they saw was convincing.
85% - 24 million – said the ad gave them good reasons not to smoke.

SmokeFree Sports (SFS) was established in October 2010 and aims to use the power of physical activity to promote smoke free messages to children and young people across Liverpool. Participation in 60 minutes of moderate-to-vigorous physical activity each day is associated with a number of health benefits for children, including improved cardiovascular and bone health, weight management and higher self-esteem. Children participate and enjoy physical activity within a number of contexts, for example, active play, physical education, afterschool clubs, sports clubs and structured exercise classes. Cross-sectional evidence suggests that participation in physical activity may be a protective factor against smoking for children. (Katcynski et al., 2008). Therefore SFS was designed to explore whether physical activity could be used as a tool to protect and prevent children and young people from smoking.

Through sport, the campaign aims to:

a) De-normalise smoking among youth;

b) Empower youth to stay smoke free; and

c) Increase awareness of the dangers of smoking using positive messaging through the medium of sport and physical activity.

SmokeFree Sports had a positive impact on children’s attitudes towards smoking post-intervention and qualitative data revealed the intervention strengthened intentions not to smoke in the future. Based on cross sectional findings surrounding the influence of family member smoking on children’s smoking related intentions, refusal self-efficacy and attitudes, future smoking prevention efforts should consider involving parents in order to overcome social norms and create a positive image of a non-smoking lifestyle among children. The findings of this study lend support to the use of physical education and sport mechanisms to deliver smoking education to Year 5 (aged nine to ten years) children. To assess the medium-term effects of SmokeFree Sports and therefore the efficacy of physical education and sport mechanisms as a smoking prevention strategy, twelve month follow-up measures will be completed in May and June 2014.

At a local level, the Filter campaign, run by ASH Wales, aims to reduce the number of children from smoking, estimated to be around 14,000 each year in Wales. This campaign provides support online to children and adolescents alongside providing a helpline to quit smoking. They’re also supporting smoke-free playgrounds. The “kickbutt” campaign is also supported as part of this campaign.

This campaign is still in its early days as it was launched last year. However, the campaign encompasses a comprehensive multi-aspect approach to tackle youth smoking through social campaigns and help (online). It has attracted over 28,000 page views on it’s website and over 16,000 children and young people have been in contact.

Smokebugs was set up by the Welsh Government. Workshops have run in schools and encouraged to join the smokebugs “club” which is used to educate year 4, 5 and 6 children about the risks of smoking in a bid to keep them smoke-free. Children are urged to recruit their friends and receive regular information about the dangers associated with smoking and the impact of the habit on their lives. Members of smokebugs receive newsletters filled with facts, activities, and jokes. Smokebugs has now been de-commissioned. Over 10,000 children across Wales have been a part of Smokebugs. Smokebugs has been decommissioned in North Wales as there was limited evidence available on its success in preventing young people from taking up smoking.

We looked at a number of online campaigns and used some videos to gather feedback and provoke discussion in the focus groups. These can be found in appendix 4.
5.1.13 Smoking and plain packaging
A systematic review outlining findings from 37 studies provides evidence of the impacts of plain tobacco packaging. Most of the qualitative studies involved respondents older than 14 and few discuss in any detail how plain packs make young non-smokers feel about smoking. However, focus groups conducted by several different researchers from around the world reported mixed views concerning the potential effect of plain packs on the uptake of smoking [19]. Some participants felt that plain packaging would have little effect because other influences on smoking are stronger, others felt that plain packs could have a deterrent effect on those not yet interested in smoking [19].

The Framework Convention on Tobacco Control (FCTC) proposes that plain packaging would have three benefits: it would reduce the attractiveness and appeal of tobacco products, it would increase the noticeability and effectiveness of health warnings and messages, and it would reduce the use of design techniques that may mislead consumers about the harmfulness of tobacco products.

5.1.14 Marketing tobacco
A review [19] found that tobacco marketing continues to be a major problem. Notwithstanding the proven success of the Tobacco Advertising and Promotion Act 2002 (TAPA), tobacco brands are still influencing youth smoking. The key remaining transmitters of this branding are point of sale (PoS) presence and the pack. The power of PoS will be reduced when product displays are removed.

The review also found that the tobacco industry is exploiting the pack as a medium for advertising the product and reinforcing the brand and concluded that generic packaging is an essential next step.

It is also felt that tobacco control can learn some marketing lessons from the tobacco industry. The review concluded that consumer orientation, sophisticated imagery and powerful branding have more resonance with young people than expert driven, didactic health messages.

5.1.15 E-cigarettes
A survey conducted by ASH Wales found that awareness of e-cigarettes is widespread among children aged 11 to 18. Two thirds of 11-18 year olds and 83% of 16-18 year olds had heard of e-cigarettes [40]. However, the same survey also found that among children, regular use of e-cigarettes is extremely rare [40]. In the report by ASH Wales, it was concluded that e-cigarette use is confined almost entirely to children who currently smoke or used to smoke [40].
6.0 Results: Primary Research

6.1 Prevalence survey
A total of 34 schools (54%) returned surveys for 1,191 girls in Year 7. Schools from the Isle of Anglesey had the highest response rate (67%) followed by Denbighshire (61%); Conwy (50%); Gwynedd (47%); Flintshire (46%) and Wrexham (40%). No special schools participated.

6.1.1 Smoking prevalence
The survey responses showed that 1,158 (97%) of Year 7 girls had never tried cigarettes/tobacco/roll ups; 24 girls (2%) reported trying cigarettes/tobacco/roll ups and 24 respondents did not complete this question.

The lowest levels of smoking were reported in the North West of Wales, where none of the girls surveyed in Anglesey or Gwynedd reported being a smoker. The highest numbers of girls reporting being a smoker were in the North East of Wales. In Wrexham, 146 surveys were returned compared to 270 in Flintshire; however, the number of Year 7 girls who reported being a smoker in Wrexham is only just below the number in Flintshire.

Number of female pupils aged 11-12 years (school Year Seven) reporting being a smoker, North Wales unitary authorities, 2014

<table>
<thead>
<tr>
<th>UA area</th>
<th>Number of responses received</th>
<th>Number of girls reporting being a smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isle of Anglesey</td>
<td>151</td>
<td>0</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>200</td>
<td>0</td>
</tr>
<tr>
<td>Conwy</td>
<td>211</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Denbighshire</td>
<td>205</td>
<td>5</td>
</tr>
<tr>
<td>Flintshire</td>
<td>270</td>
<td>10</td>
</tr>
<tr>
<td>Wrexham</td>
<td>146</td>
<td>8</td>
</tr>
</tbody>
</table>

The survey asked how often the girls smoked; 22 respondents answered the question, with 15 reporting that they had smoked once or twice. This may indicate that the majority may just be experimenting with smoking. The remaining seven respondents reported smoking either every day; a few times a week; only with friends or a few times a month.

The survey also asked why the girls smoked; 24 respondents answered this question, with the majority (13) explaining that they did not know why they smoked. Eight girls answered that smoking helped with stress and six because their friends smoked. The remaining six girls stated that they smoked because it looked cool or because it helps maintain/loose weight.

Fifteen girls responded to the survey question around wanting to stop smoking. The majority of girls reported that they would like to stop smoking. Flintshire had the highest number of girls wanting to stop (six), followed by Wrexham and Denbighshire.

6.1.2 Reasons for not smoking
Girls who reported to be non smokers were asked why they did not smoke. The main reasons chosen were that it is bad for your health and it smells bad. Less than half of the respondents stated that their friends do not smoke.

Reasons for not smoking, female pupils aged 11-12 years (school year seven), North Wales, 2014

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad for your health</td>
<td>1,118</td>
</tr>
<tr>
<td>Smells bad</td>
<td>921</td>
</tr>
<tr>
<td>Simply do not like it</td>
<td>853</td>
</tr>
<tr>
<td>Makes people look ugly</td>
<td>698</td>
</tr>
<tr>
<td>Friends do not smoke</td>
<td>473</td>
</tr>
</tbody>
</table>
6.1.3 Parental smoking
The survey asked respondents whether their parents are smokers; 1,150 girls completed the question. The majority of parents did not smoke; 713 girls (62%) reported that their parents did not smoke compared to 437 (38%) who reported that their parents did smoke. Girls in Wrexham recorded the highest percentage of parents who were smokers (45%), followed by Flintshire (42%); Isle of Anglesey (39%); Denbighshire (38%); Conwy (35%) and Gwynedd (30%).

A possible relationship between girls aged 11 and 12 years who smoke and those who have parents who smoke, was tested using the Pearson’s correlation coefficient test. Pearson’s correlation coefficient showed a weak positive correlation between girls aged 11 and 12 years who smoke and those who have parents who smoke. The correlation for the sample is 0.118, p=<0.001 at 99% confidence. The correlation for aged 11 and 12 years who smoke and those who have parents who smoke in Flintshire is 0.191, p=0.002 at 99% confidence.

6.2 Focus groups
Five focus groups were undertaken in Denbighshire, Flintshire and Wrexham.

6.2.1 Children and smoking
None of the participants identified themselves as ‘children’. When we asked how they felt about smoking around children most used the words ‘they’ or referred to smaller children including younger siblings.

“It will harm them”
“It is not good for my younger brother as he has bad lungs”
“Parents shouldn’t smoke around children as it is not good for them”

6.2.2 Attitudes towards people that smoke
Almost all the girls in Denbighshire and Flintshire described people who smoke as silly, bad, or stupid. This attitude was still viewed in Wrexham but some girls felt that it was personal choice and something a person should decide for themselves.

6.2.3 Parents/relatives and smoking
All participants across all areas knew someone within their family that smoked. Around half had one or more parents that smoked regularly. Other girls talked about aunties and uncles, grandparents and siblings who smoked.

“My older sister smokes. My dad doesn’t like it but he also smokes”
“My nan smokes and she won’t give up”
“My mum smokes but is giving up and is using the e-cigarettes now”

Girls were asked if they were more likely to smoke if their parents did. Some couldn’t answer but on the whole, a number of girls actually said they are less likely to start as they are put off by their parents and do not want to ‘turn into their parents’.

6.2.4 Access to cigarettes
When asked how children/young people get their cigarettes, girls talked about how they steal them from their parents, or ask somebody old enough to buy them from the shop. Most felt that this was how most young people got cigarettes, as it was very difficult to purchase them.

Girls who admitted to smoking were asked to share their experiences of smoking and they were asked how they got cigarettes. One girl talked about trying cigarettes for a few months until her mum found out and she was punished:

“I was with my friends and I tried some, when I came home my mum smelled the smoke and put a bar of soap in my mouth”
6.2.5 Second hand smoke
A small number of girls in Flintshire and Denbighshire mentioned that children could inhale smoke when parents and family members smoke around them. These girls went on to say that parents may not realise that their children may be inhaling their smoke demonstrating an understanding of the dangers of second hand smoke. However, the danger was seen as harmful to ‘children’ and not necessarily adults (which include them).

“Parents are damaging their lungs and killing themselves, and doing the same to their children”. “They won’t only kill themselves but also their children” “Parents that smoke are stupid because all the smoke will go into their children as well and in their lungs, it’s bad because it can hurt them” “They don’t think that children can breathe it in”

Girls in Denbighshire said that parents who smoked around their children were being irresponsible and setting a bad example. One girl said that children look up to their parents, so when they grow up they will start smoking as well. This insight shows an awareness of the impact smoking can have on the behaviour of children and young people.

“The kids look up to their parents when they’re little so it’s bad for them to smoke because they’re going to end up doing it when they’re older”

We asked girls if they ever intervened with family members that smoke, asking if they had ever asked an adult to stop smoking around them or whether they had asked an adult family member to stop smoking altogether. A large number of girls said that they had — but were unlikely to again because of the response from parents or relatives.

Most girls said that they were not confident to ask an adult to stop smoking around them or to stop altogether. Reasons included being told off, mum becoming moody or siblings shouting were given. Some girls said that they would feel more confident telling a family member about the consequences of smoking, thus leaving the adult to make their own mind up. Many girls said that they often just moved away from a smoker if they were smoking in front of them or instead they would cough loudly giving the adult an indicator that they were not happy about them smoking around them.

Other girls talked about the measures they would go to in an attempt to get their mum’s, dads, or relatives to quit including breaking up cigarettes, hiding them, and putting them outside. The girls that felt more confident to address adult smoking talked of some of the things they would do:

“I call my sister “fag-head” and she hates it, she says stop calling me it and I tell her I will when she stops”
“I hide my mum’s cigarettes but she just gets moody when she can’t find them”.

Some of the girls did say that their parents or relatives did go outside to smoke instead of being in their presence, as they’re aware of the dangers of second hand smoke and those parents who do not smoke ask their visitors to smoke outside.

6.2.6 Smoking and health
All girls across all focus groups were aware of the long term consequences of smoking on their health. When asked what smoking does to the body the most common health consequences were cancer (Lung cancer was referred to on more than one occasion) and lung problems/breathing problems. Many physical appearance problems were also stated as mentioned in the next section. The most knowledgeable girls appeared to be those who had attended a “smokebugs” session. They talked at length about developing lung problems from smoking, how dirty it is and how smoking shortens your lifespan. One of the girls talked about being shown a jar of tar and said that their lungs will end up like that if they smoke reinforcing that smoking “can mess up your lungs”.
We asked the girls in all groups what might happen to them if they smoked for 40 years. Getting black/yellow teeth was most frequently mentioned. When asked whether they wanted to have black teeth, the girls unanimously said no. Some of the girls went on to say that you would also develop gum problems that will accompany having black/yellow teeth. One girl recalls an event that has stayed in her memory. When she was younger, she saw an old lady who was a smoker and the lady smiled at her which made her very upset and she started to cry because of what she saw, which was her mouth/teeth. She said it frightened her at the time.

The second most mentioned consequence was that your lungs will shut down. A number of the girls stated that the lungs of a smoker would start to shut down, eventually leading them to their death. When a group was asked whether they wanted to be in hospital as a consequence of smoking, the group unanimously said no.

"Your lungs will get really unhealthy, you get really ill from it"
"My friend’s dad smoked 20 fags a day and he had something wrong with his heart and had a heart attack and died after it, so it’ll damage your heart and lungs”

Shorter life – having a shorter life and dying at an earlier age cropped up across the different focus groups. Some of the girls have also argued that you could lose 20-30 years of your life from smoking.

"You’ll lose 20 years of your life”

At 11-12 years old, their knowledge of the damage smoking can do to the body was high – possibly higher than the knowledge of some adults. Education programmes (such as smokebugs) could therefore be described as successful in educating young people on the health impacts of smoking.

6.2.7 Smoking and body image/weight/appearance

A majority of girls appear to be concerned about body image and weight. This was very much the case in Wrexham where body image was referred to more frequently than in the two other counties. Only one girl mentioned that some girls smoke to stay thin. Most girls (especially in Denbighshire and Flintshire) actually felt that smoking would damage their appearance and this was a reason not to smoke. However, it was recognised in Wrexham that smoking is still seen as ‘adult’ and that many older girls in school (including the girls some referred to as ‘the barbie dolls’) smoked to “look cool” and they found ways to smoke and cover up the damage to their ‘appearance’.

"The Barbie dolls do it to look good"
"They wear lots of make up and wear false nails so you can’t tell”

Most girls mentioned the immediate consequences of smoking on a superficial level such as impact on appearance and beauty. The effect of smoking on teeth was most mentioned with a lot of girls saying that it gives you black and yellow teeth and causes your teeth to eventually drop out.

"Bad breath and horrible teeth”

The impact on the skin was also mentioned frequently – such as wrinkles and looking older than you really are which was not a desire of this age group. Other impacts on appearance and beauty mentioned by the girls included yellow fingernails, bad breath and hair loss or thinning – all of which were seen as ‘off putting’ to girls of this age.

"It will look like you’re in your old age when you’re actually younger”
"Your skin goes yellow...you’ll look like Homer Simpson”
"Smoking makes you look older. One girl in year 10 looks over 20 because she smokes”
"It makes your skin wrinkly and you look older so that’s why I don’t smoke”
"Sometimes, when they smoke their breath smells”
"They get yellow fingers. Yuk”
Girls across the groups also stated that if you smoke, you will smell bad.

“If I started smoking my friends will get away from me because I stink”

In one group they talked about the methods to hide the smell such as chewing gum, body sprays although it was argued by some that these things do not mask the smell and you can always tell when someone has been smoking.

One of the girls has stated that smoking will affect how you grow, and argued that you will stay small as a consequence.

On the flip side, some girls in a Flintshire focus group mentioned girls who carry around cigarettes for image but don’t actually smoke. When asked whether they would consider doing that, the group unanimously said no.

“I know two people that all their friends smoke but they think it’s horrible so they just have one cigarette that they carry around for image”

6.2.8  Friends that smoke

Each group was asked if they had a friend that smoked. Only one or two girls in each group in Flintshire and Denbighshire had a friend that smoked. In Wrexham over half of the girls in the group had a friend who smoked. In one group in Wrexham, eight out of nine girls said that they had a friend who smoked.

Girls in Denbighshire and Flintshire collectively agreed that they think it’s disgusting that a friend could smoke – especially if they were only 11, while others said that they only do it to look cool – one girl adding that they only do it so that they can go around asking the other children if they want a cigarette.

“It is disgusting and it’s wrong because they’re 11”.

The views expressed about friends smoking in Denbingshire, Flintshire and Wrexham were very different. The girls in Denbingshire and Flintshire shared similar views, with most believing that friends that smoke are damaging their health, with one girl stating that they “can wreck (themselves) and die younger”. All said that they felt confident about approaching their friends about smoking with a view to helping them to quit through support. On the other hand, there were some girls in the groups who said they would actively stop being friends with someone if they started to smoke and would look for new friends.

“You shouldn’t really hang out with them, but if they’re your real friends then you might want to stick with them and help them stop”

“You shouldn’t be friends with them because the can persuade you to smoke…and they can make you inhale the smoke”

In one Wrexham group, a girl said that her friends don’t care that smoking is bad for them and she had tried to tell her friend about the dangers but she got the reply “I don’t care”. One group in Wrexham felt largely that it was personal choice however another group in Wrexham felt similar to the girls in Denbighshire and Flintshire and said that they would either try to support their friend or they would walk away.

“I’d try to get new friends and tell them if they carry on smoking I’ll leave and get new friends”
One girl in a Wrexham focus group said that if she smoked, she would be killing herself, so if she doesn’t warn her friend(s) then she would be basically killing them.

_Wrexham Girl:_ “I could die if I do it (smoke) and if I didn’t do anything about it then I’ll basically kill them”

*Facilitator:* “So you’re concerned for them?”

_Wrexham Girl:_ “Yes”

*Facilitator:* What would you do?”

_Wrexham Girl:_ “Tell an adult and tell them how they could die”

All girls across all areas were shown a YouTube video about following the crowd. The video ends with girls and boys jumping off a cliff because their friends did. A lot of girls did not understand the message and the video had to be explained to the groups. Those who understood the message after the explanation said that they wouldn’t start smoking just because their friends did. This was a strong message in Denbighshire and Flintshire.

In Wrexham, most said that they wouldn’t start smoking just because their friends did but recognised that there was pressure and they couldn’t say that this wouldn’t be the case in future. Asked if they thought that it was more likely for them to start smoking if their friends were smoking, the group unanimously said yes – this indicates that the girls share a view that peer pressure plays a large role in influencing young girls to smoke. When asked if they would jump off a cliff if their friends did they felt this was a stupid question and answered of course not. They felt that the analogy between jumping off a cliff and killing yourself was not the same as smoking.

Another YouTube video that shows girls isolating another girl because she smokes was also shown to the groups. All the girls understood this message and agreed that it would be horrible to be cast aside or left out by friends. A number of girls, namely in Denbighshire said that if their friends smoked they would leave them behind and make new friends.

### 6.2.9 Smoking and relationships

Girls were asked if it was important for boys to like them. The response was mixed. Some girls said no, whilst others said yes. We asked how they might feel if their boyfriend or partner smoked. Those girls who said that it was not important for boys to like them tended to answer negatively – saying it would make them feel horrible or most likely, they would not be in a relationship with a boy who smoked. Those who said yes, it was important for boys to like them tended to say that it wouldn’t bother them or they would help them to stop.

When asked if they would try smoking if somebody they liked smoked most girls unanimously said no. Girls in one Wrexham focus group didn’t answer even after prompted for an answer.

Girls were asked if they feel confident enough to say no if pressured to try or start smoking. The majority of girls said yes. A girl added that she would tell them to stop smoking.

“If she was in a relationship with a smoker, I would leave them to it and be stupid, and if they tried to convince me to smoke then I wouldn’t want to be with them”

“If you were going out with somebody who was smoking, I’d probably leave them to it to be stupid, and if they tried to get me to smoke I’d get to the point where I’d have to tell them that I don’t want to go out with them anymore”

“I’d be upset because I want to be with them but hate being around them because they smoke”

“They’re personality changes, wouldn’t want to go out with somebody who’s always stressed”
Many girls felt strongly that there were more boys that smoked than girls and they were surprised to hear that more girls smoked. Most girls thought that it was disgusting for boys to smoke.

One YouTube video we showed to aid discussion featured an attractive girl and a boy who appeared to fancy her until he discovered she smoked and he was put off. Most girls said that this is how they feel about boys who smoke and they could understand if this is what boys thought about girls that smoked. Most agreed at this point that people who smoke do smell and no body wants to be with someone who smells.

One girl suggested that at the end of the video, it should say “The end” (like a story) rather than “Don’t smoke” – this would create a more story telling version of the advert rather than somebody telling you what you shouldn’t do.

6.2.10 Aspiration and smoking
Girls in Denbighshire and Flintshire appeared to have greater aspirations than girls in Wrexham. Many girls in Denbighshire and Flintshire talked about becoming dancers and actors or working with children or animals. All were very positive and upbeat when describing their future.

“I want to be a dancer in the West End, I want to be in musicals and on TV”
“I want to work with animals, maybe in a zoo or be a vet”
“I am also in the same dance class as (girl) and I want to be a dancer and actor”

In Wrexham, in one group in particular, very few girls knew what they wanted to do in the future and only two girls in Wrexham in a separate focus group described their future with some positivity.

“I just want to live”
“I don’t know, not thinking of that now”
“I think maybe work with children. I don’t know”

Many of the girls that we spoke to in Denbighshire had after school activities, interests or hobbies and these linked closely to their aspirations. For example, four of the eight girls in one focus group were signed up to a dance school that they attended after school and at weekends. Many took part in competitions. Other girls had sport commitments. All of the girls with after school commitments or interests and hobbies – especially those related to future aspirations (such as becoming a dancer) could see very clearly how smoking does not fit into that dream. In many cases most girls saw smoking as hindering them from achieving their full potential. One of the girls stressed on the impact that smoking can have on one’s physical health and condition by using dancers who smoke as an example. She stated that there were two girls that attend the dance lessons who are smokers, and that there is a noticeable difference in fitness between them and the others who don’t smoke, stating that the girls who smoke get short of breath quicker.

“I want to be a dancer and you can’t smoke as you will get puffed out. There are a couple of older girls in my dance school that smoke and you can see how it affects them”
“Facilitator: “how would smoking affect you dancing?”
“Girl: A lot, if we started smoking, because I know two girls that smoke and they aren’t as energetic because they started in year 10/11 but the people that don’t smoke like us aren’t slow. It’s hard to breathe as well when you’re dancing”
“I want to work with animals and smoking around them would not be very good”

6.2.11 Response to current or past campaigns
The girls in each focus group were shown YouTube videos and we discussed images on TV and cigarette packaging and most were genuinely shocked to see what smoking can do:

“I hate seeing those images on the packets. They are ugly”
“There is a man who smokes down our street and when you see his teeth I feel sick”
“I hate the one showing what happens to the baby if you smoke”
However, the use of shock tactics has to be personal to be impactful. For example, girls were shown a video of a woman who had throat cancer and she was now using an apparatus to talk. The voice of the woman was very husky and her face was distorted and she had obvious difficulties communicating. Most girls found this funny rather than shocking until we asked how they would feel if this was their mother and laughter turned to shock with some girls becoming quite emotional.

“I would kill myself if that happened to my mum”
“I would lock myself away forever if that happened”
“I would never stop crying. Please don’t say that. I am really upset thinking about that”

Girls in Denbighshire reacted differently and felt quite scared. A lot of the girls said that the video was scary, the voice of the woman namely. This led to the next re-occurring theme – crying. A lot of the girls said that the video made them feel like crying, and would leave them crying at night if it was their mum. Others said they would feel ashamed or embarrassed as well as upset:

“Flintshire girl: It sounds harsh but I’d never want to see them again because I don’t want to see them like that”
“Facilitator: Because it’s upsetting?”
“Flintshire girl: It’s embarrassing and upsetting”

6.2.12 Attitudes towards tobacco companies
We asked girls what they thought about tobacco companies. Some girls didn’t have any views and knew very little about those who make cigarettes. Those who were knowledgeable felt that tobacco companies make huge profits by selling cigarettes.

“They make a lot of money by making people unhealthy, it’s really stupid”

The companies don’t care was another key message from some girls. A couple of the girls stated that companies that sell cigarettes don’t care about the consequences of selling cigarettes, such as destroying the health of consumers.

“They make a lot of money by making people unhealthy”

Some girls felt that tobacco companies should stop selling cigarettes or that cigarettes should be illegal to sell.

“They need to stop because some people die from it and it’s their fault”

“They shouldn’t sell them because people smoke them and die of cancer”

In two groups, girls talked about tobacco companies and it was surprising to hear that they had such strong views. Two girls talked about how the companies are potentially manipulating/persuading people to buy and this has led to mistrust and anger – especially if tobacco companies might be getting young people ‘hooked’. Many girls listened with interest and agreed that it was bad if they were doing this. Some girls were equally horrified to hear that tobacco companies might be behind some e-cigarette companies.

One girl in the Flintshire focus group suggested that it would be good to bring in somebody from a tobacco company for them to answer questions that she had.
6.2.13 Branding
Some girls in the groups talked about the new cigarette packets which are small and slim and there were comments on the new slimness of some cigarettes. Quite a lot of girls could name cigarette brands or describe the packaging of cigarettes. One girl talked about the “amber leaf”. Amber leaf is a tobacco company, this shows that young girls are aware of tobacco companies and can even identify them.

It was felt by some girls that the look and feel of cigarettes is deliberate by the tobacco companies. One girl commented that they make smoking look cool by having nice packets.

“They have really cool packets and that might encourage people to smoke”

6.2.14 Views on people that smoke on TV/ celebrities that smoke
There was a great awareness of celebrities that smoke and many girls could name celebrities that smoke, namely Justin Beiber, Bob Marley, and Zayn Malik from One Direction. There was a general consensus among the girls that they did not think that smoking made the celebrities look cool. When asked if smoking put them off Justin Beiber/Zayn Malik, the majority of them agreed, however, when presented with the hypothetical question “would you not date him if he smoked” girls views switched to supporting them to quit with only a small minority saying that they wouldn’t go out with them if they smoked. When asked if they smoke to look cool, a girl replied with “yes, but it doesn’t make them look strong”, and later added that it makes them look nasty, stupid, and weak. The girls in Wrexham didn’t feel as strongly about their hypothetical celebrity boyfriend smoking. Most felt that it wouldn’t be a problem.

When discussing male celebrities and boy bands, most girls were excited. Most agreed that celebrities do have significant influence over fans:

“I look up to Justin Beiber. But my mum said don’t look up to him because of what he’s going through with jail”
“Facilitator: What do you think about Justin Beiber smoking?”
“Flintshire girl: It’s bad because I’ve got a little cousin who copies his dancing and singing”

A group in Denbighshire was asked if they were in a relationship with Zayn (from One Direction) what they would do if he offered a cigarette. Most said that they would say no. One girl said that she would tell him what smoking can do to him and how it could affect the relationship, while another went on to say that she’d go off them because they’re ruining their own life.

A couple of the girls stated that seeing somebody on TV smoking sets a bad example to viewers and that it gives a bad impression of them.

“It’s a bad example because kids copy them – they’ll say “wow that’s really cool” – it’s really bad”

It was agreed by a number of girls that programmes that feature characters smoking did so in order to look cool. One girl felt that the characters do it to try and get friends. When asked if you can gain friends by smoking, some said yes and others said no. Some girls view smoking as a way to gain popularity and make friends – a form of increasing your social status at school perhaps, but others felt strongly that you could lose friends as it is now not seen as cool to smoke.

There was a lengthy discussion in one focus group about the influence characters on TV shows could have on children and others to start smoking. When a group was asked whether they would try smoking after seeing somebody on TV smoke, the group unanimously said no but it was felt that a child might mimic the actions of characters from TV shows and children could learn to smoke.

“Because they smoke on it (tv show), a child may think that if they see a cigarette and think “oh have you seen this?” and think it’s a sweet, and they see their mum light it up and they think “oh, you do this”

“TV influences people to smoke”
6.2.15 E-cigarettes

Most girls across all areas had heard of and were aware of e-cigarettes. However, there were varying attitudes to them and understanding of what they are and what they do differed within the groups and across the counties. A large number of girls described e-cigarettes as ‘not as bad’ as cigarettes. Some girls did not believe they could be harmful. However, there was a general consensus in the Denbighshire groups that they were still bad, but referred to as ‘not as bad’ as standard cigarettes.

“People think that e-cigarettes don’t have nicotine but they do”

“E-cigarettes are like an actual cigarette but they just have the taste in them, but vapors are like a stick with liquid in them and you press a button and blow. But, my mum said that when she went to the shop to get them, the man said that they have a little nicotine in them”

“They’re dangerous but not as dangerous as tobacco”

A reoccurring attitude towards e-cigarettes was a belief that they are better than standard cigarettes and that they’re not as bad for your health, and that they help people to stop smoking. Some talked about their parents or relatives switching to them over cigarettes in a bid to quit smoking and save money.

One girl in a focus group challenged the view that e-cigarettes were better than standard cigarettes:

Facilitator: “So do you still think you can get ill from these cigarettes? What about the vapors, do you think you can get ill from them?”
“Girl: yes because…my sister’s boyfriend’s best friend’s got one…and his cough is a tiny bit better than when he was on cigarettes”

Over 50% of the girls we spoke to in Wrexham had tried or were currently using e-cigarettes and the various flavoured vapours that go with e-cigarettes.

A couple of girls from the Denbighshire focus groups had tried e-cigarettes and a couple of different flavoured vapours and were disappointed:

“We tried the redbull flavour and it didn’t taste of redbull. It was disgusting”

“We were ripped off! It didn’t taste like strawberry milkshake at all”

“My mum had the bubblegum vapor and I tried it and ugh…”

There was also a view in some camps that e-cigarettes are potentially dangerous as some girls had seen videos circulating about them blowing up or catching fire. These views put a lot of girls off from trying them.

The girls from Wrexham were very knowledgeable about the different flavours that you can buy and also where to buy them. Although aware, the majority of girls from Denbighshire and Flintshire weren’t as knowledgeable of the range of the flavours available compared to the girls in Wrexham.

“You can get the tobacco one, bubble gum, strawberry, toffee, apple, pear, my friend had this one that smelt of Chinese rice”
The girls in Denbighshire gained access to e-cigarettes via parents and siblings. In Wrexham, most of the girls got them from friends and older school children. In both focus groups, girls talked about a pizza place in town that sells them to children aged seven or older.

“I tried my sister’s because I asked and she let me try it”

“I tried my dad’s one but I hated it and didn’t do it again”

“We get them from crazy pizza”.

A girl from one of the Wrexham schools reported that she saw a teacher with a carrier bag full of confiscated vapors/e-cigarettes. After talking to the school about this, a teacher confirmed that teachers were confiscating e-cigarettes on a daily basis. This indicates that vapors/e-cigarettes are very popular among children and adolescents within Wrexham.

6.2.16 How to prevent girls from smoking

We asked some of the girls how to convince other girls their age not to take up smoking. Many of the girls felt that showing them videos similar to those used in the focus groups may aid in helping girls to stop smoking, or at least to prevent them from picking it up.

When a group was asked if they would be interested to take part in a video, or get involved in creating messages for other young people almost all thought that it would be a good idea. Ideas for a campaign put forward by some girls included:

- A video featuring a girl that smokes and then has no friends and then is bullied for it but people come and help her;
- Someone makes her friend smoke, one person quits but the other doesn’t and she feels bad because she persuaded her to and a couple of years later her friend is in hospital and is dying;
- A campaign using snapchat, sending messages to friends;
- Sharing videos or pictures on Facebook

Some girls said that they thought it was important to show other girls what would happen to their bodies if they smoke. In one school, a girl argued that a lot of the girls want to look like Barbie and that some of them smoke – they would often wear false nails and some may even have their teeth whitened just to cover the effects of smoking (yellow fingernails and yellow teeth). One suggestion was to show them a young Barbie and an old Barbie who smokes in order to demonstrate the effects of smoking, a couple of girls agreed that it would be a good idea.

“I would draw a normal body and I’d do a PowerPoint slide to go through what you’d look like over time”

One of the girls suggested doing something like the focus groups to educate the girls as to what happens to their bodies when they smoke. When asked what the girls would do to persuade their friends to stop smoking, the girl replied by saying “what you’re doing now”.

One girl said it would be good to compare smoking to eating a sandwich of chemicals, and said that if someone smokes then they should eat a sandwich of chemicals. She felt that this would be a useful way to demonstrate how harmful smoking can be.
6.2.17 Social media

The majority of the girls that took part in the focus groups use social media sites and apps such as Facebook, Twitter, Instagram, and Snapchat. When asked whether the girls share pictures and videos on Facebook, the majority of them said yes. Furthermore, when they were asked whether they would share videos and pictures on smoking, they majority agreed.

On twitter, the girls were aware of how to spread any campaign material – through re-tweeting. The girls were aware that they would have to be careful on twitter as followers of other twitter users may send abuse and this was a particular concern for some girls.

When the girls from a group said that they have Snapchat, they were asked if it was a good idea to Snapchat messages to people in the hope of getting them to stop or at least not to start smoking. One of the girls later said that one of her sisters sent a picture of a body with transparent skin, showcasing a pair of black lungs, to her older sister and her sister “got the message”.
7.0 Key Insights

We have identified the following key insights in the primary research undertaken in North Wales:

7.1 Awareness and understanding

- All participants knew someone within their family that smoked (parents, relatives, siblings).
- Great awareness of health consequences (bad lungs/unhealthy/premature death/lungs shut down/shorter life)
- There is a lack of understanding/knowledge about second hand smoke, although most felt that exposing babies or young children to second hand smoke is bad and there was a view that smoking around children was irresponsible or setting a bad example.
- Participants in Wrexham were more likely to know a friend who smokes than in other areas in North Wales.
- Many girls could name celebrities that smoke.
- There is a great awareness of e-cigarettes and E-cigarettes (and vapours) are highly appealing to girls — especially in Wrexham.
- There is a view that e-cigarettes are better for you than cigarettes and help people to stop.
- Despite this view, there is some awareness that they are still not good for your health — this is more advanced in Denbighshire and Flintshire. They were also seen as potentially dangerous in Denbighshire and Flintshire. There appeared to be some horror stories circulating on social media sites.
- Most participants could name at least five different flavours of vapours and many had tried several flavours (There are now over 150 different flavours to buy). The girls from Wrexham are more aware of the different flavours that you can buy and also where to buy them. Girls from Denbighshire and Flintshire were less aware and were more likely to try them via parents.
- Some girls were not aware that the products could have nicotine in them with some describing this them as “just heat”

7.2 Attitudes and beliefs

- All the participants did not identify themselves as ‘children’.
- Girls are concerned about body image/weight and many believe that smoking will hinder rather than enhance their appearance.
- There is a link between girls with low aspiration and smoking/use of e-cigarettes
- Most girls said smoking was silly/bad/stupid.
- Most girls said that they wouldn’t be friends with girls who smoke and most would judge them unfavourably if they decided to take up smoking.
- Most girls said that other girls did it to be popular/look cool.
- Most were aware of the superficial consequences of smoking (impact on teeth was most mentioned - Black/yellow teeth)
- Girls considered the consequences of smoking unappealing (look older, wrinkly/saggy skin, bad breath/smell)
- Upset/emotional to think that parents/relatives could be harmed by tobacco but care less if it affects strangers (need to make it personal).
- Most girls feel that tobacco companies make a lot of money, they don’t care and that they should stop selling them or cigarettes should be illegal to sell.
- There is a view that tobacco companies are potentially manipulating/persuading people to buy and this has led to mistrust and anger — especially if tobacco companies might be getting young people ‘hooked’ and girls were surprised to hear or did not believe or think that some tobacco companies are behind e-cigarettes.
Most girls felt that smoking seen on TV and in some popular TV programmes gave a bad impression and set a bad example. There was a view that people smoke (on and off TV) because they think it looks cool.

- Girls felt that celebrities and TV characters are influencing kids to smoke if seen on screen or in pictures.
- Most girls did not find it attractive that male celebrities smoked/ drank alcohol and took part in risky behaviour. There is still great appeal for the “boy next door”. Girls talked about being disappointed/upset when Justin Bieber was in the news for the wrong reasons.
- It was more acceptable to see a friend smoke in Wrexham than in other areas.
- Most participants said they would not ‘hang out’ with someone who smoked (would isolate), although this was less the case in Wrexham.
- Most said they would ‘help’ their friend to quit if they started.

7.3 Behaviour

- Most girls said they would challenge their boyfriend if he smoked, demonstrating confidence. Although this was not the case in Wrexham where the majority of girls said they wouldn’t mind if their boyfriend smoked or would not challenge.
- Girls have experience of using e-cigarettes – especially in Wrexham where it is considered an issue in some schools who have had to confiscate them on a daily basis.
- E-cigarettes are easy to obtain – either from parents or outlets on the high street. Girls have brought/accessed e-cigarettes from shops, friends and parents and even pizza places are selling them – with a policy of not selling to under 7’s.
- Girls who tried e-cigarettes in Denbighshire and Flintshire were not as impressed as girls in Wrexham – they felt they had been ‘scammed/conned’.

7.4 Interventions

- The use of shock tactics appeared to resonate with the audience – but campaigns that use shock tactics need to be personal.
- There is a link between increased physical activity outside of school and a reduction in smoking intention. Girls who took part in sports and after school clubs (such as dance classes and ballet) did not see smoking as having a place in their life.
- Education programmes (such as smokebugs) are successful in educating young people on the ‘basics’ and health impacts of smoking.
- Intervening with family members that smoke was described as ‘hard’. Most felt that they couldn’t challenge their parents or family members with many choosing other techniques to show their disapproval such as hiding cigarettes, snapping them in half and putting them in the bin.
8.0 Recommendations

8.1 Introduction

8.1.1 Based on the findings from this scoping exercise a number of recommendations are made to the North Wales Public Health Team and their partners.

8.1.2 In keeping with the strategy to embed a social marketing approach to the work undertaken to prevent young girls from taking up smoking, we have proposed recommendations that fall into four key zones that facilitate change. Most successful behaviour change programmes take forward actions that fall into two or more of the zones identified. See figure 1.

8.1.3 Some of the recommendations include multiple partners working together and we would recommend in the first instance that the Regional Tobacco Control Alliance for North Wales remain as the spearhead group responsible for driving forward this agenda and monitoring all action over the coming year.

8.1.4 It is clear from the research undertaken that there are areas in North Wales that require targeted intervention. Notwithstanding the need to be equitable we recommend that with the limited resources available, a pilot project is initiated in Wrexham and evaluated before rolling out potential solutions to other parts of North Wales. The Tobacco Control Alliance for North Wales must set up a multidisciplinary project group to manage and evaluate a pilot project.

8.1.5 The recommendations have been split into two – recommendations for a pilot in Wrexham and recommendations for North Wales.

8.2 Recommendations for Wrexham

1. Develop a social marketing campaign that targets young girls and challenges current attitudes and behaviours towards smoking. The campaign must use the insights drawn from this research report and other supporting research studies. This campaign must be designed in partnership with young people.

2. Working alongside a campaign aimed at young girls, develop a social marketing campaign aimed at parents of children and young people who smoke. This campaign must challenge parents on their role as carer and influencer and encourage them to quit.

3. Addressing self-esteem issues and confidence in girls is key to helping girls resist ‘risky behaviours’. Having a hobby or creative outlet helps build confidence and allows young minds to flourish. Head teachers, Healthy Schools Coordinators and PSE Teachers, working with youth groups, Wrexham County Borough Council and the Youth Parliament should assess what is available to young people both inside and outside of school and develop a catalogue of events, classes, and activities available to girls of this age group (and more widely to young people) and encourage participation and uptake. Where uptake is poor, understand why by gathering feedback and involving young people in the design and delivery of youth based activities.

4. The Trading Standards team in Wrexham introduce (or influence) control measures around e-cigarettes such as age awareness and selling of products online and on the high street, focusing on the safety of the products and the risks associated with using faulty or untested e-cigarettes.
Recommendations for North Wales

1. Public Health Wales and Healthy Schools Coordinators to undertake a comprehensive review of how the National Institute for Clinical Excellence (NICE) Public Health Guidance (PH23) 'School-based interventions to prevent the uptake of smoking among children and young people' is being implemented in each county in North Wales. Following the review, produce an implementation action plan with regular reporting to the North Wales Tobacco Control Alliance on progress.

2. Design a self-assessment checklist (A2 poster) for stakeholders and partners that sets out the criteria for becoming a smoke-free building or space. This must include the use of e-cigarettes. The aim is to provide a benchmark that partners and stakeholders can use to self assess and create actions that move them towards becoming an exemplar organisation.

3. Public Health Wales and partners to ensure that all future campaigns (commissioned or created in-house) that target young people make full use of social and online media channels to engage young people.

4. Local authorities across North Wales, working with their school colleagues must build on existing work currently being undertaken to raise aspirations and build confidence in young girls (and boys). Specifically, they must encourage more young people to take part in extra-curricular activities, appraise current youth services and careers services and review advice and lessons in relation to aspirations and goals.

5. Stop Smoking Services in North Wales must increase awareness of stop smoking services amongst youth groups.

6. Stop Smoking Services in North Wales must undertake an assessment of how they are meeting the needs of people aged under 21. We recommend that the service uses the "You’re Welcome - Quality criteria for young people friendly health services [41]" as criteria for assessment and re-design.

7. Public Health Wales to host and facilitate a summit on e-cigarettes inviting partners and stakeholders to discuss the prevalence and appeal of e-cigarettes and what can be done locally, regionally and nationally to prevent young people from trying and buying.

8.3 Next steps

A project team has been set up to take forward the recommendations for Wrexham and the first meeting was held in May 2014. It has been agreed that the recommendations for North Wales will be presented to the North Wales Tobacco Control Alliance who have sponsored this project.
Appendix

Appendix 1: Adults who reported smoking

Adults who reported smoking, USOAs in Betsi Cadwaladr University Health Board, 2003/4-2009

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Wales                  - 25 (25 to 26)

Produced by Public Health Wales Observatory, using WHS (WG)
Appendix 2: Overall Index of multiple deprivation

Overall Index of Multiple Deprivation, 2011
Wales fifths of deprivation, LSOAs with locality boundaries; source: WJMD 2011 (WG)

- 4.2 to 5 (51)
- 3.4 to 4.2 (73)
- 2.6 to 3.4 (103)
- 1.8 to 2.6 (111)
- 1 to 1.8 (87)

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Produced by Public Health Wales Observatory, adapted by C Jones, March 2013
Appendix 3: Discussion Guide (Focus Groups)

Focus Group Discussion Guide
Client: Public Health Wales

Target group: 11-12 year old females
Length of workshop: 80 minutes
Number of participants: 8-10

Part A (5 minutes): Introductions, Introduce self, observers and each other.

Introduce format of focus group (2 minutes):
Cover the following:
- Why we are here
- Confidentiality
- Freedom to express views
- Respect for others
- Recording of conversation

Suggested wording for the introduction: We are here today talk about smoking. You might not be aware but a lot of young people take up smoking at a young age and we think it is important to get your views so we can help young people to think twice about smoking. We want everyone to feel free to say exactly what they think (no matter how silly or crazy it might seem). The purpose of this group workshop is to talk and have opinions.

EVERYTHING you say here will be kept confidential and anonymous - no one will ever know what you personally said (only what everybody’s combined responses are). Please speak up if you disagree with what’s being said - we want lots of different ideas and opinions. We would ask that when another person is talking, we listen and do not talk over each other please.

What I’ll do is begin by asking some general questions to get the discussion going. I will be writing down what you say (with no names of course! This is totally anonymous), and just in case we can’t get everything down on paper we’re tape recording this session. This is really to help me write up what was said after today. We have a number of exercises that we would like you to take part in which I will explain throughout the session. Any questions before we start?

Part B (15 minutes): post it note exercise to understand personal viewpoints
Each of you has been given post it notes. I would like you to write the first word or thought that comes to mind when I say the following statements. Don’t tell anyone else at this stage – just write it down on the post it note. These are your views and opinions.
1. People who smoke
2. Tobacco companies who make cigarettes
3. TV adverts about smoking cigarettes
4. Famous celebrities who smoke cigarettes
5. Parents who smoke around their children
6. E cigarettes/ electronic cigarettes
7. Friends who smoke
8. How I feel right now about life

Each participant will be asked to put their post it notes onto a board. For ten minutes we will discuss in the group the reasons for writing particular words and thoughts.

We will be exploring the following attitudes to smoking using this exercise, asking questions such as: Why do you think that? If you like it, why? If you don’t, why not?
Do you think this is a problem?
If you think it is then why? Why not?

Following on from this we will ask if they know anyone under 16 who smokes. We will also ask anyone to identify themselves as smokers in the group session but explain that they are under no obligation to tell us and that any information they give us will NOT be passed to other people outside of this room.

**Part C (15 minutes): Smoking and health**
We will be exploring what young people know about the effects on health and whether they care about these effects and how/if it matters to them. To begin we will ask participants to tell us what they think about their current health.

Following this we will ask participants what they think happens to their body if they smoke (testing awareness at 11/12 years)

Questions to follow will include:

**General health**
- What do you think happens to your body if you smoke for 40 years?
- What do you think happens to your body if you smoke now at 11-12 years old?

**Beauty and looks**
We will talk about the beauty aspects – smoking and hair, nails and teeth and the importance and what boys might think. To start this discussion we will show a YouTube video:
https://www.youtube.com/watch?v=J6J8WjLDKXY&feature=player_embedded

**Part D (15 minutes): Influences**
We will be exploring who or what influences young people to smoke. We will start by asking the question to gauge first responses but then we will show pictures of the following:

1. Parents (did you know that you are more likely to smoke if your parents smoke? What do you think about this? )
2. Friends (did you know that more young girls are likely to start smoking than boys – why do you think this is? )
3. Brothers/ sisters (what would you think if your brother/ sister started smoking? How would your parents act?)
4. Celebrities (What do you think of celebrities that smoke – can you name any? )
5. The media (Do you think what you see on TV, in magazines etc influences you in any way? Why? Why not?)
6. Brand and marketing – show them a cigarette packet with brand and one without. We will explore brand and whether it is important explaining that the idea is to stop young people from buying them by making them less appealing and what their views are on this.

We will ask the participants to talk about each and explore how the behaviour of others impacts on their own behaviour.

YouTube videos that could be used in this part:
http://www.youtube.com/watch?v=lKDkDjQHPuA

**Part E (25 minutes): Campaigns and communications**
The group will first be asked if they can recall any campaigns about smoking (Testing recognition and memory). If yes, what do they remember about it? What did they think of the campaign? Why do you think you have remembered this campaign?
The group will then be shown different communications materials. These communications will be sourced from various campaigns over the last 10 years and include posters and videos again. The group will be asked to give their views on the videos/posters/information.

Questions to provoke discussion will include:

1. Who has seen it?
2. What did you think or feel when you saw it?
3. Did it encourage you to think/ rethink/ stop/ cut down/ never start (testing positive/negative reinforcements)
4. What parts do you like/dislike about it?
5. Do the words/pictures ‘speak to you’ – what do they say?

This will be a general discussion about the materials and videos.

Videos* we have picked include:
http://www.youtube.com/watch?v=IKDkJQHPuA
http://www.youtube.com/watch?v=IMzseXvmotQ
http://www.youtube.com/watch?v=X6MigQSrPaA
http://www.youtube.com/watch?v=EyVLKHEqTu0

*Please note we may not be able to show them all depending on time.

**Part F (5 minutes):** Opinions on how to stop young people from taking up smoking
We will capture the participant’s views on how they think they could persuade young people to not start smoking.

**Close**
Thank participants for attending and taking part in the group sessions. Ask all participants to sign the consent form and give them their incentive for participating (iTunes voucher).
Appendix 4: Campaigns

Smoking makes you stink:
https://www.youtube.com/watch?v=J6J8WjLDKXY&feature=player_embedded

Being in a relationship with tobacco:

Plain packaging advert:
http://www.youtube.com/watch?v=c_z-4S8iicc

Thai anti-smoking advert:
http://www.youtube.com/watch?v=CO0qwI5k9R4

Don’t follow the crowd advert:
http://www.youtube.com/watch?v=lKDkDjQHPuA

Nobody likes to kiss an ashtray:
https://www.youtube.com/watch?v=iQQOv3MpKf4&feature=player_embedded

Clogged arteries:
https://www.youtube.com/watch?v=sXAlpHSI-d0&feature=player_embedded

Mother – daughter smoking advert:
https://www.youtube.com/watch?v=B1DNoole3Wo

BUPA health lesson on smoking:
http://www.youtube.com/watch?v=bA-s39UH4QY&feature=youtu.be
http://www.youtube.com/watch?v=IMZseXvmotQ
http://www.youtube.com/watch?v=X6MigQSrPaA
http://www.youtube.com/watch?v=EyVLKHEqTu0
Appendix 5: Prevalence survey

This survey should take 5 to 10 minutes to complete. Please be honest as your answers will be CONFIDENTIAL. The information you provide will only be shared with the school and will be used only by Public Health Wales to understand smoking trends in smygu. Thank you for taking part.

1. Have you ever tried cigarettes/tobacco/roll ups?
   - Yes
   - No
   If no, go to question 6. If yes, go to question 2.

2. Do you currently smoke cigarettes/tobacco/roll ups?
   - Yes
   - No

3. How often do you smoke cigarettes/tobacco/roll ups?
   - Every day
   - A few times a week
   - In the evenings
   - Only smoke with friends
   - I do not smoke very often - just a few times a month
   - I have smoked only once or twice in my life

4. Why did you choose to start smoking cigarettes/tobacco/roll ups or why did you decide to try it? (tick as many as you like)
   - It looks cool
   - My friend's smoke
   - It helps with stress
   - It helps me lose/maintain weight
   - Don't know
   - Other (please describe): ____________________________________________

5. Would you like to give up smoking?
   - Yes
   - No
   Please go to question 7.

6. If you don't smoke, why not? (tick as many as you like)
   - Bad for my health
   - It smells bad
   - Don't like it
   - My friends don't smoke
   - It makes you look ugly
   - Other (please describe): ____________________________________________

7. Do your parents smoke?
   - Yes
   - No

8. Please write your post code* in the space provided
   ____________________________________________

*PLEASE NOTE: Providing your postcode to Public Health Wales will only identify the area that you live in and not your actual home. Your postcode will only be used by Public Health Wales to identify areas where smoking occurs most and will help to understand health needs.

This survey should take 5 to 10 minutes to complete. Please be honest as your answers will be CONFIDENTIAL. The information you provide will only be shared with the school and will be used only by Public Health Wales to understand smoking trends in smygu. Thank you for taking part.

1. Ydych chi wedi rhoi cynnig ar sigaréts/tybaco/'roll-ups' erioed?
   - Do
   - Na
   Os na, ewch i gwestiwn 6. Os do, ewch i gwestiwn 2.

2. Ydych chi'n smygu sigaréts/tybaco/'roll-ups' ar hyn o bryd?
   - Ydw
   - Na

3. Pa mor aml fyddwch chi'n smygu sigaréts/tybaco/'roll-ups'?
   - Bob dydd
   - Ychydig o weithiau yr wythnos
   - Gyda'r nos
   - Dim ond yn smygu gyda'ch ffrindiau
   - Dim ond unwaith neu ddwy rydym i wedi smygu yn fy mywyd

4. Pam wnaethoch chi ddewis dechrau smygu sigaréts/tybaco/'roll-ups' neu pam wnaethoch chi benderfynu rhoi cynnig arno?
   - Mae’n edrych yn cwl
   - Mae fy ffrindiau’n smygu
   - Mae’n  helpu efo straen
   - Mae’n fy helpu i golli/gynnal pwysau
   - Dim ond unwaith neu ddwy rydym i wedi smygu yn fy mywyd
   - Arall (disgrifiwch):
     ____________________________________________

5. Hoffech chi roi'r gorau i smygu?
   - Hoffwn
   - Na
   Ewch i gwestiwn 7.

6. Os nad ydych chi'n smygu, pam ddim?
   - Bad for my health
   - Arogli'n ddrwg
   - Dim yn ei hoffi
   - Dydi fy ffrindiau ddim yn smygu
   - Dim ond unwaith neu ddwy rydym i wedi smygu yn fy mywyd
   - Arall (disgrifiwch):
     ____________________________________________

7. Ydi eich rhieni’n smygu?
   - Ydyn
   - Na

8. Rhowch eich cod post* yn y gofod:
   ____________________________________________

*SYLWCH: Bydd eich cod post i Iechyd Cyhoeddus Cymru’n nodi’r ardal rydych yn byw ynddi ac nid eich tŷ’n benodol. Fe ddefnyddir eich cod post gan Iechyd Cyhoeddus Cymru dim ond i nodi ardaloedd lle mae yna fwyaf o ysmygu a bydd yn helpu i ddeall anghenion iechyd.
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[23] Ffaith Youth Survey of young smokers aged 11-17 years in Caerphilly, Cardiff, Merthyr Tydfil, Rhondda Cynon Taff and Blaenau Gwent between 1 June and 30 June 2008; extracted from ASH Wales. [no year]. Young people and smoking in Wales. ASH Wales.


[40] ASH. 2013. Use of e-cigarettes in Great Britain among adults and young people. [report] ASH.