Young people and stopping smoking



NCSCT

Department of Health & Social Care

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Foreword



I am pleased that we are now seeing some of the lowest ever smoking rates amongst young people, with only 11% of 11-to-15-year pupils having ever smoked in 2023.

However, whilst this is the lowest level ever recorded, this represents only a 1% drop from 12% since 2021. Smoking is still the biggest killer. It claims around 80,000 lives a year, puts huge pressure on our NHS, and costs taxpayer billions. It causes 1-in-4 of all cancer deaths in England and kills up to two-thirds of its long term uses. Three quarters of smokers wish they had never started smoking but are unable to stop due to the addictive nature of tobacco. There is no choice in addiction.

Through our 10-Year Health Plan for England, we are committed to reducing these health inequalities – including through the landmark Tobacco and Vapes Bill which will take decisive action to prevent young people from ever smoking in the future.

Importantly, the Bill will create a smoke-free generation, gradually ending the sale of tobacco products across the country and breaking the cycle of addiction and disadvantage. It will also strengthen the existing ban on smoking in public places to reduce the harms of passive smoking in certain outdoor settings, particularly for children and vulnerable people.

The Bill will also stop vapes and nicotine products from being deliberately branded, promoted, and advertised to children to stop the next generation from becoming hooked on nicotine.

However, we know that we need to do more to support young people to quit smoking. Those that work regularly with young people, such as teachers, youth workers, and school nurses are more likely to spot a young person's smoking habits and have more opportunities to intervene. But they must be equipped to do so.

That is why I commend this guide to you and I would like to thank you for the vital work you do to prevent the devastating harms of tobacco – and in supporting the next generation to thrive.

I would like to also thank the National Centre for Smoking Cessation and Training, and all those that have contributed to this guidance, for their careful and considered work.

Ashley Dalton MP
Parliamentary Under Secretary of State for Public Health and Prevention

Summary of guidance on young people and stopping smoking

- Most young people do not smoke. But for those young people who do smoke regularly, their health will be seriously harmed if they continue to smoke into and through adulthood.
- Not all young people are at equal risk of smoking, with those in marginalised groups most likely to smoke and to be more in need of intensive support to quit.
- Desire to stop smoking is generally low among young people, with many thinking that they will quit at some point in the future and that stopping will be easy.
- Strategies for supporting young people to stop smoking are more likely to be effective if they have an understanding of the young person's perspective and are based on individual need.
- Creating smokefree places benefits both smoking cessation and prevention among young people. Using people who used to smoke as role models can help shift attitudes towards stopping. Offering support to families and friends may encourage young people to stop.
- Discussing smoking with young people is not a one-time intervention but a process of building trust. Support should be respectful and empowering, emphasising that stopping is their choice.
- If a young person expresses interest in stopping, immediate and positive reinforcement should be provided. If they are not ready to quit now, they should be reassured that support remains available and encouraged to reduce cigarette use as a first step.

Summary

- Stopping smoking is a process, often requiring several attempts. Success depends on tobacco dependence, home environment, peer support and self-confidence. Explaining nicotine dependence helps young people understand withdrawal symptoms and cravings. We suggest a five-step process.
- Nicotine replacement therapy (NRT) is available for young people aged 12 and over and accompanying this with behavioural support is recommended. While its effectiveness in young people is not clear, it provides a safer nicotine source.
- It is against the law for under-18s to buy, or be bought, nicotine vapes. Although they are commonly used for stopping smoking, and effective for adults, they are not recommended as a primary quitting aid for young people. If a young person uses both cigarettes and vapes, the focus should be on stopping cigarettes first.
- Relapse is common and young people should not blame themselves. A structured Cut Down to Stop (CDTS) approach using NRT may be more effective, particularly for marginalised groups. Encouraging perseverance and learning from setbacks increases the chances of long-term success.
- In the absence of specialised youth smoking cessation services, adapting adult cessation methods with a youth-centred approach remains the best strategy. Keeping records of what works and prioritising a supportive, non-judgmental approach is key to helping young people stop smoking successfully.
- Helping a young person to stop smoking is a life-saving intervention.

Introduction

With the use of nicotine vapes by young people currently receiving increased attention, there is a danger that interest in young people smoking will diminish. It is crucial to maintain, and indeed strengthen, the focus on young people who smoke, the harm that it does to their health and the benefits of stopping smoking.

This briefing provides guidance on how to assist young people to quit smoking, which can be difficult. It also summarises the patterns and prevalence of smoking among young people, the impact of smoking tobacco on their physical, mental and social health, and the benefits of stopping.



This briefing is aimed at staff who already work with young people (e.g. school nurses, teachers, youth workers, staff in children's services). We assume that your work environment, policies and practices in relation to young people meet all legal requirements and adhere to best practice.

Relevant research in this area is limited, particularly from the UK, so we have used evidence from the USA and Europe, plus best clinical practice and expert opinion. We draw heavily from the 2017 Cochrane Review,[1] a 2024 review on factors associated with smoking cessation among adolescents and young people,[2] and on any subsequent evidence published since this review by using a similar search to the Cochrane group.[3]

In addition, we reviewed studies that were non-randomised controlled trials, and where the measure of smoking cessation was less than six months. We also reviewed other published reports on evidence of best practice, evaluations or insight work which addressed smoking cessation in young people and consulted with experts in the field.



For this briefing, young people are defined as those under the age of 18. However, research in this area sometimes focuses on 12 – 15-year-olds or those up to 25 years old. We have acknowledged within the briefing where we report evidence from a different age range to that defined here.



This briefing should be read in conjunction with the NCSCT Young people and stopping vaping briefing: **www.ncsct.co.uk/publications/young-people-stopping-vaping**

We haven't included **case studies** about young people stopping smoking in this briefing, partly because we came across very few and also because they had not undergone formal evaluation. However, case studies can be useful to assess what might be possible in your area or within your organisation and so we will begin to build a collection of the most useful case studies on the NCSCT website: **www.ncsct.co.uk/publications/young-people-smoking-case-studies**

Part 1: Background

This section aims to help you identify which young people are at most risk of smoking, how young people are affected by their smoking and the benefits of them stopping smoking.

We provide a summary of the main points, with more detailed reviews of the literature on the NCSCT website where indicated.

1.1 Patterns and prevalence

Most young people in the UK do not smoke. Rates of smoking have decreased across all age groups in recent decades, with one of the lowest rates being in young people aged 16 – 24.[4] In 1974, 44% of 16 – 24-year-olds smoked, compared to 8% in 2023.[4]

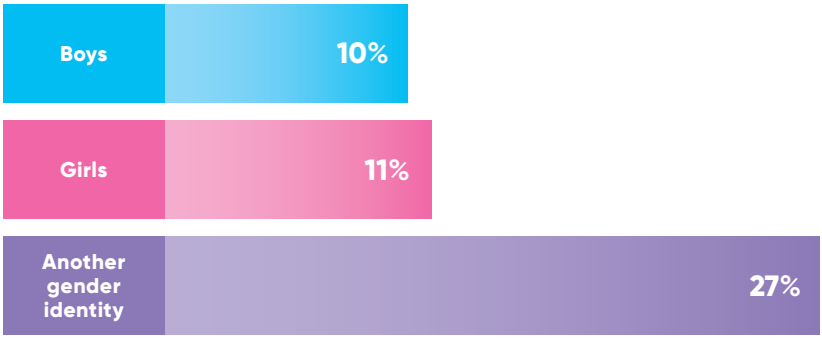
In the most recent (2023) survey of 11 – 15-year-olds in England,[5] 11% of young people reported having ever smoked and of these 11%:

- **1%** **reported *regular* smoking** (one or more cigarettes a week)
- **2%** **reported *occasional* smoking** (sometimes, but not as many as one a week)
- **1%** **reported that they *used* to smoke but never smoke now**
- **7%** **reported that they had only ever *tried* smoking once**

The proportion of young people trying smoking generally increases with age, with the highest proportion being among 15-year-olds at 22%.[5]

In the 2023 survey, 11 – 15-year-olds were given the option to select *non-binary* or *my gender is not listed* in addition to *male* and *female*. These two new options were combined into one group (*another gender identity*) and a significantly higher proportion of this group said that they had ever smoked (27%) when compared to those young people reporting to be male (10%) and female (11%) (see Figure 1).

Figure 1: 11 – 15-year-olds reporting having ever smoked by self-reported gender identity[5]



Smoking rates are also higher in young people excluded or persistently absent from school, who are twice as likely to smoke regularly compared with pupils not excluded or absent in the previous year.[6] Young people with mental health and/or behavioural problems, for example conduct disorder, emotional disorders and ADHD also have higher rates of smoking.[7,8]

Children and young people who are in 'looked-after' services are more likely to smoke. Adults in the following groups tend to have higher rates of smoking compared to the general population and it is reasonable to assume that the children and young people who they are parents of/carers for will also be at greater risk of smoking:[9–13]

- have lower incomes
- suffer poor mental health
- are in the criminal justice system
- experience issues with alcohol and substance use
- are part of the lesbian, gay, bisexual, transgender, queer and questioning community (LGBTQ+)
- live in social housing
- experience homelessness

Smoking is associated with several other behaviours, the strongest of which is using a nicotine vape, followed by drug use (multiple drug use is more common than smoking alone), and then having friends who smoke.[5]

We need to be mindful that despite the low rates, further declines in rates of smoking amongst young people have not been seen since 2021, and that every day in England around 280 under 16-year-olds start smoking.[14]

Evidence suggests that **young people have a somewhat irregular pattern of smoking**, particularly in the early stages of smoking. For example, weekend use is commonly reported.[1] Definitions of current use of tobacco vary, but the reported average (median) number of cigarettes smoked during the past week by 11–15-year-olds who say that they *regularly* smoke is nine.[5]

Symptoms of nicotine dependence can occur rapidly after starting smoking in this age group, even at low levels of cigarette consumption or with an irregular pattern of use.[1] Nearly two-thirds (61%) of those 11–15-year-olds who *regularly* smoke reported that they would find it *very difficult* or *fairly difficult* to not smoke for a week, and 66% reported that they would find it difficult to give up. These rates were higher if they had smoked regularly for more than a year (75% and 79% respectively).[5]

The desire to give up smoking is generally low among young people. Only 13% of 11–15-year-olds who smoke regularly indicated a desire to stop smoking: these rates are down from 2018, when 28% indicated that they wanted to quit smoking.[5]



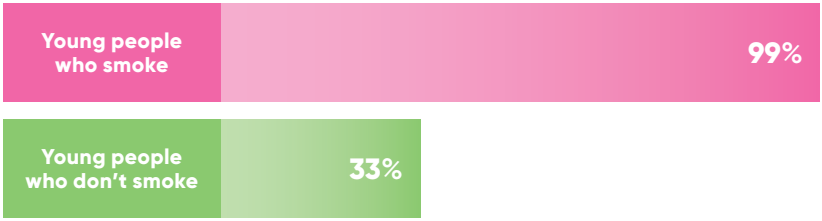
A fuller review of the patterns and prevalence of smoking in young people can be found here: www.ncsct.co.uk/publications/young-people-smoking-evidence

1.2 Starting smoking

Most adults who smoke started as teenagers, with two thirds taking up smoking, and 40% regularly smoking, before the age of 18.[16]

Young people are four times more likely to start smoking if they are exposed to smoking within the home through living with carers, parents or siblings who smoke.[15,17] Their peer group is also influential in smoking initiation (see Figure 2).

Figure 2: Percentage of young people who smoke and who don't smoke who report having friends and family who smoke[18]



The reasons for young people starting smoking are not always the reasons why they continue to smoke and can be as individual as the young people themselves.

> ***"Young people have an invincible desire to search for pleasure."***
> **Deputy Head Teacher, Secondary school**

There are a wide range of other additional risk factors for initiating smoking, including:

- ease of obtaining cigarettes[19]
- socio-economic status[20]
- adverse childhood experiences[21]
- exposure to tobacco marketing[22,23]
- depictions of smoking in films, television and other media[23,24]

Prevention really is better than cure but, as this section shows, the reasons why young people start smoking are multiple and complex. More about the evidence on the reasons associated with starting smoking can be found here: www.ncsct.co.uk/publications/young-people-smoking-evidence

1.3 Effects of smoking on young people's health

Young people who smoke tobacco can become addicted to nicotine relatively quickly. Despite irregular initial smoking, signs of dependence can be seen within four weeks of young people starting to smoke, even before they commence daily smoking.[25,26]

> **Being dependent on tobacco means that stopping smoking is not simply a matter of choice. Urges to smoke and withdrawal symptoms can make stopping difficult.**

The major health effects and burden of disease from smoking falls on adults. The younger the age of smoking initiation, the greater the likelihood of subsequent higher levels of dependency, lower chances of stopping and higher mortality and morbidity.[27]

This is not to say that there are no immediate health effects of smoking in this age group. Evidence suggests that **young people's respiratory health is immediately vulnerable**, with young people who smoke being two to six times more susceptible to coughs and increased phlegm, wheeziness and shortness of breath compared to those who do not smoke.[28]

> **Carbon monoxide from cigarette smoke binds to red blood cells and reduces the amount of oxygen carried by the blood, leading to decreased oxygen delivery to the young person's organs and tissues.**

Smoking at a young age can impair lung growth and initiate decline in lung function, which may lead to increased risk of chronic obstructive lung disease in later life.[29]



Nicotine and the developing brain

You may have seen headlines about the harmful effects of **nicotine** on the developing brain. **The evidence is far from conclusive and comes mainly from animal studies and epigenetics (changes to DNA in laboratory settings). The extent to which these findings can be generalised to humans is unclear**.[30]

In 2020 the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT)[31] noted that, as brain development in humans continues to around 25 years of age, there was the *potential* for nicotine to have adverse neurodevelopment effects. However, they reviewed the effects of nicotine in adolescents and young adults and found **no data on the direct effects of nicotine in humans**.

What we do know is that nicotine in the form of nicotine replacement therapy (NRT) has been licenced by the Medicines and Healthcare products Regulatory Agency (MHRA) for use by young people aged 12+. Messaging around the effects of nicotine on the developing brain is therefore not helpful, detracts from the effective use of NRT and further demonises the role of nicotine.

However, **nicotine is an addictive substance** and this can result in strong urges to smoke and withdrawal symptoms such as irritability, low mood and sleep disturbance if unable to smoke. It can also lead to a narrowing of focus, with young people's lives becoming all about smoking to the detriment of other things.

1.4 Benefits of stopping smoking for young people

Given the serious harmful effects of smoking, the health benefits of cessation almost go without saying. Stopping smoking at an early age will reduce the risk of later health problems such as lung damage, cancer and heart disease. **If cessation occurs early enough, the impact of smoking is reduced and there is little loss in life expectancy**.[27]

It is important to note that stopping smoking will have immediate benefits on young people's respiratory health (they will find breathing easier, and their breath will smell fresher!) and could help improve their mental health, particularly low mood.[32]

People in general are not particularly good at accurately projecting their own health decades into the future. Young people who smoke are no different and, even if willing to consider the health effects of smoking and the benefits of quitting, tend to think that they can stop any time that they like, and that they will do this before issues arise.

It is important to look at the benefits of stopping smoking from the perspective of young people. Money, appearance, freedom of choice and control, and being attractive (physically and in terms of popularity) can all be more important to them than their future health.

Remember that most young people don't smoke, and far fewer do than is usually estimated by young people.

Money 	Smoking is expensive. When a young person stops smoking they will have more money to spend on things that will give them pleasure.
Appearance 	Young people will smell better and their mouth will feel fresher when they quit smoking: no lingering smells of tobacco on their breath and clothes (and no gum disease and yellowing of teeth). As well as restricting the amount of oxygen reaching the skin, smoking reduces collagen levels, which give the skin its elasticity. Stopping smoking will improve skin tone, giving it a brighter appearance.
Social life 	After stopping, young people's social life will not be restricted to smoking opportunities and areas where they can smoke, offering more opportunities to interact with others, particularly those who do not smoke (the majority!).
Freedom of choice and control 	It is a young person's choice to start smoking but it is also their choice to quit. They are in control of this part of their destiny. After stopping they will be free from their dependency on cigarettes and smoking. Tobacco companies make huge profits from the misery and death caused by smoking. They also engineer cigarettes to keep people smoking, taking away young people's power and choice.
Climate crisis and social injustice 	The behaviour of tobacco companies results in poverty, ill-health and child labour for tobacco growers and their families. Big tobacco significantly contributes towards the climate crisis and plastic cigarette filters are a major cause of plastic waste. Do young people really want to be part of this?

Part 2: Guidance

We've developed this guidance based on the relatively limited evidence on smoking cessation for young people, compared with the amount of high-quality evidence for adults, on expert opinion and by adapting good clinical practice from interventions for adults who smoke.



Use the information in this section to guide your contact with young people who smoke. See what works for you and for them and be prepared to use different approaches for different young people.

2.1 Do young people try to stop smoking?

Some young people try smoking once and never try it again, whilst others smoke occasionally and infrequently and do not go on to smoke regularly.

As many as 50% of teenagers who smoke regularly make a quit attempt within six months of starting smoking, although these quit attempts are rarely successful.[33]

Young people who smoke might not make a quit attempt, or be unsuccessful if they do, because they:

- enjoy smoking
- do not recognise that they are dependent on tobacco
- do not consider themselves to be a 'smoker'
- do not think that the harms of smoking will happen to them
- underestimate how difficult it may be to quit
- think that stopping is something that they will do in the future

Young people can be wary of how their smoking will be viewed by adults, especially when asking for support to quit. They can also be concerned about how quitting will be perceived amongst their friendship groups, the difficulty of stopping and whether it is worth it. A review in 2024[2] highlighted that young women who recognised that they were addicted to smoking perceived stopping as so difficult that the benefits of smoking outweighed quitting; there were also additional concerns about potential weight gain.

2.2 Creating an environment for stopping smoking

Living in an environment where smoking is considered *normal* not only increases the chances of young people initiating smoking, but is also a barrier to smoking cessation.[2]

Creating a non-smoking environment by developing and implementing smokefree places and policies is crucial. Attitudes towards smoking and stopping smoking are also important.[2] Using those who formerly smoked and who young people look up to as **role models** to help facilitate stopping could potentially help challenge negative attitudes towards quitting.[2]



There is no network of local stop smoking services for young people like there is for adults. During the writing of this briefing we were able to identify only a very small number of services specifically offering support to young people to stop smoking. Get in touch with your local stop smoking service to find out what they may be able to offer.

Offering stop smoking support to family and friends is valued by young people and may increase the number of young people making and succeeding at quit attempts[2]. It is unlikely that this is something that you can offer, but it may be worth contacting your local stop smoking service to see what support they can provide for the young person's family.



Consider direct messaging to young people that offers hope. Make sure that the messages aren't judgemental or patronising.

"Most people don't smoke"

"You made the choice to smoke. It is also your right to make the choice not to smoke"

"Stopping smoking? You don't have to do it alone"

"Many young people like you who smoked have managed to quit and stay smokefree"

It is important that there is consistency amongst all staff in communicating to young people about smoking and stopping, that everyone shares the same message and that a non-punitive theme is reflected throughout your organisation.

2.3 Having a conversation with a young person about stopping smoking

If a young person who you know smokes is sat in front of you, the chances are that you know because you've found cigarettes in their possession, seen them smoking, or someone else has reported them to you for smoking. In the mind of the young person, this creates a negative impression of what is going to follow.

Your experience of working with young people will have taught you that **simply telling them what to do rarely works**, and that sometimes a direct approach is counterproductive.

So, what comes next? It is perhaps best not to think of this as being a one-off intervention. This is partly because it is rare that single interactions can bring about behaviour change, but also because quit attempts often end up with a return to smoking and you want the young person to feel able to come back and see you in the future should they need to.

It is more about a process of building trust so that the young person knows that you:

- acknowledge their views and opinions
- respect them and their decision to smoke
- recognise that they have the power to decide not to smoke
- care about them stopping smoking
- will offer them support to quit when they are ready

"Young people want to be respected, have their views and opinions recognised whilst at the same time be protected, guided and supported. We must apply a clear, concise and compassionate approach to the relationships we develop with them."
Deputy Head Teacher, Secondary school



Human motivation is fluid, especially in young people, and can shift from moment to moment. Amongst other things, it depends on where people are, who they are with, what they value and how they are feeling. But it can be influenced, particularly by someone who they trust and think is credible.

It is important that we focus on the needs and priorities of the young person, and on the support that we can offer. Here are some steps that you can take, and then you can use the information that you've read in this briefing so far to continue the conversation with the young person.

Step 1

Let the young person have a voice. It is their choice to smoke and their choice to stop. It is vital that they feel empowered to make a positive choice that they can align with their perceived benefits of stopping.

"Do you know why you smoke?"

"What is it that you like about smoking?"

"Is there anything that worries you about smoking?"

Step 2

Ask the young person thought-provoking questions about their smoking to stimulate interest and a response.

"What else could you use the money that you spend on cigarettes for?"

"What do you think the effect on your appearance would be if you stop smoking?"

"What do your friends who don't smoke think about your smoking, and what do you think they'd feel about you stopping?"

"How do you think that giving up smoking will affect your popularity?"

"Do you think that you will want to stop smoking at some point and, if so, when might this be?"

"How easy or difficult do you think it will be to stop smoking and what would make it easier for you?"

Step 3: Interested in stopping

If the young person is **interested in stopping**, you can react positively and say that you will give them all the help that you can.

"I'm pleased to hear that. Now that you've made the decision to quit, let's look at what can be done to make it happen."

The next section of this briefing describes what support for a young person stopping smoking might look like.

Step 3: Not interested in stopping

If the young person is **not interested in stopping**, you can say:

"I'm concerned about what smoking is doing to you now, and what it might do to you in the future. So, I want to reassure you that my offer of help to quit still stands and I will check in with you about this again."

"I respect that the choice is yours. If you have second thoughts or just want to talk more about your choices, then come and see me."

You might also consider supporting the young person to **reduce the number of cigarettes that they smoke with the aim of stopping completely**. This is covered in the next section of this briefing.

2.4 Supporting a young person to stop smoking

Young people might be ambivalent about stopping and may think that they do not need help. **Research highlights how difficult it is to support young people to quit smoking**.



You might want to view supporting a young person to stop smoking as a process rather than a one-off event; relapse is common and should not stigmatise the young person. Stay with them on this journey until they get to where they want to go to.

The nature of tobacco dependence means that stopping smoking isn't always easy, and **it may take young people several attempts before they manage to quit**. The art of supporting young people to quit involves encouraging them to give 100% to this attempt but also acknowledging that it might not be easy, and that if it doesn't work out you still want to see them and to help them with another go when they are ready.



How long a young person has been smoking and how dependent they are on tobacco can indicate how difficult it might be for them to stop. But their chances of success also depend on their home environment, how supportive (or not) their friendship group is and how confident they are feeling.

It may be worth explaining to the young person what tobacco dependence is, and what is happening to them.

"When you smoke, receptors in your brain get used to having the nicotine that is in tobacco smoke. The more you smoke, and the longer you smoke, the more your brain gets used to certain levels of nicotine. When you stop smoking, your brain and body react to not having nicotine and this can result in you experiencing urges to smoke, feeling irritable and being less able to concentrate on things."

"Your dependence on nicotine, in addition to you having developed places and times when – and people with whom – you often smoke, can make stopping tricky. But there are things that you can do to help yourself make it easier."



A quick word on nicotine, which is actually not particularly harmful – it is the tar, carbon monoxide and other toxins in tobacco smoke that kill. Previous NICE guidance concluded that ***"nicotine replacement therapy (NRT) products have been demonstrated in trials to be safe to use for at least five years"***[34] and many adults who used to smoke have been using NRT for decades.

But **nicotine is an addictive substance** and this means young people having to find the money for cigarettes, seeking out places where they can smoke and avoiding places where they can't. It can also mean that, when they are unable to smoke for a time, they experience withdrawal symptoms such as low mood, trouble sleeping, irritability and difficulty concentrating, as well as strong urges to smoke.



Nicotine vapes

It is illegal to sell nicotine vapes (e-cigarettes) to under 18s and it is illegal for an adult to buy vapes for a young person. Nicotine vapes are an effective stopping aid for adults,[35] and 77% of 11–15-year-olds who currently smoke report using a vape to stop smoking (the most common form of help used).[5] NRT and not nicotine vapes should be recommended to young people as a quit aid. **If a young person is both smoking tobacco and using a nicotine vape, help them stop smoking first before considering stopping vaping**.



Nicotine replacement therapy (NRT)

NRT is available for young people aged 12 and over who are smoking and dependent on tobacco. It is recommended that it is accompanied by behavioural support. Unlike in adults, there is no clear evidence of NRT's effectiveness with young people; however, there is no reason to suspect that it would not be helpful. Unfortunately, young people's opinions on whether NRT is effective or not appears to be mixed.[2]

For young people who are at least moderately dependent, combination NRT (nicotine patch plus another product) might be valuable, whilst young people who are less dependent may benefit from a faster-acting product alone as a substitute for smoking. More research is required to guide practice, but NRT will give young people at least some of the nicotine that they were getting from tobacco, but in a safe form.

It is worth checking any relevant local / school / organisational policies or advice about using NRT on the premises.

NRT and young people briefing:
www.ncsct.co.uk/publications/nrt-young-people

Assessment for tobacco dependence (in adults):
www.ncsct.co.uk/publications/dependence-on-smoking

Quick reference guide on stop smoking aids (adults):
www.ncsct.co.uk/publications/stop-smoking-medications-quick-reference

Information on combination NRT:
www.ncsct.co.uk/publications/combination_nrt_briefing

When supporting a young person to stop smoking you are offering **hope** and **help**. You can share your experience of helping other young people to quit (anonymously of course) to show them that it can be done and the benefits of stopping. You can also describe to them what a successful quit attempt looks like.

"Other young people that I have helped to quit smoking have been committed to stopping smoking for good. They have set a quit date and stuck to it, told friends and family about their quit attempt and got support from them as well as from me, used stop smoking aids and changed their routines. It wasn't always easy for them and there were sometimes slips along the way – but they all kept going."



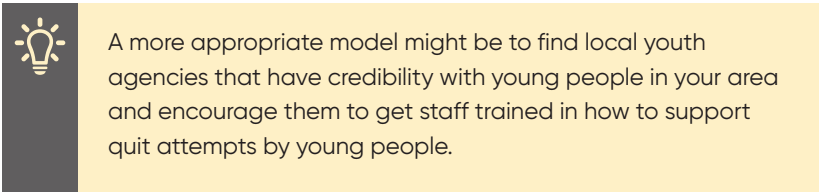
There is limited evidence that behavioural support or stop smoking aids increase young people's chances of stopping smoking in the long term (six months or more). We have also been unable to identify a programme helping young people to stop smoking that is more successful than young people trying to quit unaided.

There is currently limited good-quality research around the most effective interventions to support smoking cessation in young people.[1] What evidence there is shows mixed results, and there is no clear evidence that one approach is better than another.[1] It appears as if behavioural support (regular contact with someone trained in smoking cessation) and group support may be effective.



More about the evidence on what is effective in helping young people to stop smoking can be found here: www.ncsct.co.uk/publications/young-people-smoking-evidence

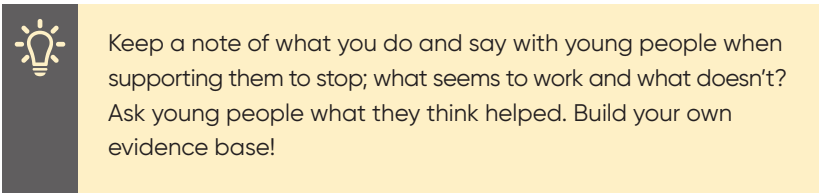
Most local stop smoking services are commissioned to support adults who want to stop smoking. It is certainly worth asking your local service whether they accept young people for support to quit. However, it is also worth acknowledging that there is evidence that young people consider stop smoking services self-stigmatising and aimed at older or 'addicted smokers', and that they would be embarrassed to use them[2] and unwilling to be referred.[36]



A more appropriate model might be to find local youth agencies that have credibility with young people in your area and encourage them to get staff trained in how to support quit attempts by young people.

It is down to the young person, and to you, to get this done!

In the absence of good-quality evidence as to what works with young people, or specialist services to refer them to, the answer is not to do nothing. Instead, try to adapt what works with adults to young people, guided by expert opinion and best clinical practice.



Keep a note of what you do and say with young people when supporting them to stop; what seems to work and what doesn't? Ask young people what they think helped. Build your own evidence base!

It is clear from young people themselves that whoever is delivering the support should **understand the needs of young people**. In a review of factors associated with smoking cessation in young people, the attitudes of those offering support was **the most** important determinant of quit success.[2] The support offered to young people should be:

- confidential
- approachable
- without personal blame or stigma for the young person
- informed about smoking-related health issues
- knowledgeable about how to stop smoking
- able to access stop smoking aids for those who need them

Support should acknowledge and identify the link between boredom, stress and smoking cessation. Help the young person to identify ways to **manage stress and cope with urges to smoke** other than smoking (e.g. exercise, mindfulness or relaxation techniques).[2]



A quick word about stress

When a young person who smokes regularly hasn't smoked for several hours (and this often happens to coincide with quite stressful situations), they may experience nicotine withdrawal symptoms such as irritation, restlessness or low mood. These feelings are not unlike the feelings experienced when stressed and so when the young person smokes and these symptoms disappear, they naturally think that smoking helps with stress.

In fact, smoking helps relieve withdrawal symptoms and not stress. When people give up smoking, they feel less anxious, stressed and depressed, and happier with life.

Support should also **consider the wider context of the young person's life**, including other substance and alcohol use. Young people who smoke often report alcohol and other drug use (particularly cannabis) as a barrier to stopping smoking.[37]

If you do nothing else, **increase a young person's motivation to quit, boost their self-efficacy** and **help them plan to manage urges to smoke** (including the use of stop smoking aids, if appropriate).

Remember that the young person's intentions may fluctuate. Agreeing purposeful actions that they can commit to and complete will help.



If two or more young people can stop smoking together at the same time, this will be likely to boost their motivation and increase their chances of quitting successfully. It is worth asking whether anyone else in their friendship group might like to quit with them.

Step 1: Make a plan

Help the young person set a quit date after which they commit to **not smoking at all**, not even one puff of a cigarette, as we know having just one cigarette can lead to a return to smoking. Discuss what this day might be like and set goals and targets (hourly, daily, weekly), make this a joint plan if they are buddying with a friend, and encourage them to keep an achievement diary.

Step 2: Limiting exposure to cigarettes

Discuss with the young person how they are going to get rid of their cigarettes by the time their quit date arrives. Talk about whether they can ask friends and family who smoke to keep their cigarettes out of sight and to not offer them one! Are there situations coming up where they might be around a lot of people smoking and which it might be best to avoid, in the first few weeks at least?

Step 3: Stop smoking aids

Ask whether the young person has experience of, or considered, using NRT. Explain how NRT can help with withdrawal symptoms and urges to smoke. Go through the various options with them and help them to decide and access their nicotine product of choice. Advise the young person on any school policies about use of NRT.

Step 4: Managing urges to smoke

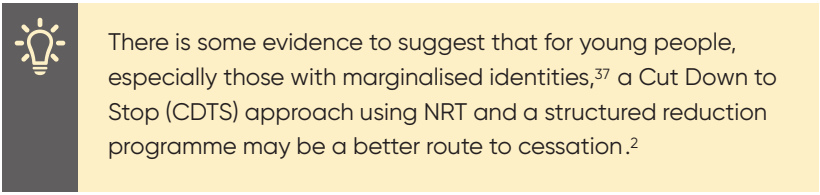
Explain that people return to smoking because they respond to urges to smoke by having a cigarette. Discuss avoiding places and times when these urges might be strongest (e.g. amongst a group of friends who are smoking, during the weekend, at parties), managing the urges (by not focusing on them and doing something else instead) and limiting the strength of urges (by using NRT).

Step 5: Focus and motivation

Every day a young person goes without smoking, the greater their chance of stopping. Remind them to focus on why they want to stop and the personal benefits this will have for them. Celebrate and reward the young person's achievements and remind them of how proud they should be.

Plan B

It would be naïve to think that every quit attempt is going to succeed straight away. It may take time, a few setbacks, some lessons learned along the way, some extra support, a different type of NRT and a lot of determination.



There is some evidence to suggest that for young people, especially those with marginalised identities,[37] a Cut Down to Stop (CDTS) approach using NRT and a structured reduction programme may be a better route to cessation.[2]

If it doesn't work out (relapse rates are high – up to 90% within 12 months for young people[38]), then make sure that the young person doesn't blame themselves and leave the door open for them to get support from you again.

"Nicotine is a tricky drug and plenty of people find it hard to quit smoking. Many don't manage it first time around and it's not anybody's fault. But people do stop, and they all say it is the best thing that they've ever done. So, let's talk about how you'd do it differently next time and then you can come and see me again when you're ready to give it another go."

Part 3: Questions and suggested answers

This section contains questions that we've received from both young people themselves and from those working with them, and our suggested answers.

3.1 Questions that young people might ask about stopping smoking

Q **I hardly ever smoke, and only when I go out which isn't that often, so what's the problem?**

A Experience tells us that one cigarette leads to another. It creeps up gradually, and before you know it, you're looking forward to the next one, and then the next... Also, we can never be sure which cigarette might trigger some very serious health consequences, such as lung cancer.

Q **I'm not addicted to smoking. I'll be able to stop anytime, can't I just stop smoking when I'm older?**

A Most people who smoke think that, and it's only when they actually try to stop that they realise how hard it is. The sooner someone takes control of smoking the easier it is to stop.

Q **All my friends smoke and I don't want to be left out. I can't really quit smoking and lose all my friends, can I?**

A It is hard when all your friends smoke, but you can still be friends with people and not smoke. You're not telling them they're wrong, you're just choosing to do something different. They might admire your cool air of independence!

Q Smoking helps me when I'm stressed and anxious, how am I supposed to manage without smoking?

A When you smoke a cigarette, you get a dose of nicotine which then fades until your next cigarette. This yo-yo effect of the nicotine in cigarettes can actually increase that feeling of stress, because your body starts expecting and needing it. When you stop smoking you won't have the nicotine highs and lows, and this can help you feel less stressed. We can look at other less harmful ways of managing your anxiety.

Q If I stop smoking, I'm going to put on weight, aren't I?

A Putting on weight isn't inevitable but when you stop smoking your weight can be unstable for a while. When you do stop you will find that you have more energy and if you don't substitute lots of snacks like chocolate and crisps for cigarettes, plus do a bit more exercise, you will probably be able to manage your weight. Would you like to look at creating a quit plan that can include keeping an activity diary?

3.2 Questions that your colleagues might ask about stopping smoking

Q All young people experiment and do things that they shouldn't do. Why do we need to focus on smoking?

A Most young people don't smoke but of all the things that a young person might experiment with, smoking is much more likely to develop into a lifelong dependence, and the health harms of smoking are well-known. The earlier someone smokes, the more damage is done and the more years of life are likely to be lost. Stopping as soon as possible will help reverse the damage done.

Q Young people won't have been smoking that long, do they really need to use NRT?

A Dependence develops quickly in young people even before regular use starts. We know from years of clinical experience with adults that using NRT can help break the cycle, and for a young person who has been smoking even for a short time, NRT might well make the difference between trying to quit and failing and actually managing to stop smoking.

Q I talked to a young person recently who's stopped smoking by doing shisha instead. Is that a better choice?

A Shisha still involves inhaling smoke – not always from tobacco but smoke from the charcoal – and the harms associated with cigarette smoking apply because the smoke still produces harmful levels of toxins.

Q Some young people I see are worried about using NRT at school. What can I say to reassure them?

A You need to raise this with the management team at the school. If there isn't already a policy for permitting the use of NRT in school for a young person who is trying to stop smoking, then one should be created. This might have certain clauses in it such as which products are allowed or which are banned, for example NRT gum for nuisance reasons.

Q Should I tell parents that I'm seeing their child for stop smoking support?

A You should check the school's position on Gillick competence. Most schools will accept that a young person can choose to take part in guidance that is of benefit to them without their parents having to give permission.

Q Some of the young people I see are using a vape to stop smoking. What advice should I give them?

A It's important that they understand that of the two, smoking is by far the more harmful. We have already heard of young people who incorrectly believe that vapes are more harmful than cigarettes, and who are turning to smoking instead. Remind them of their legal status (it is illegal to sell a vape to someone under 18, or for an adult to purchase one for them). Whilst nicotine vapes are less harmful than smoking tobacco, they are not without risk and we don't know what the long-term effects of vaping will be. There are safer alternative forms of nicotine replacement that they could be using. You could suggest that the young person can try using NRT to manage their need for nicotine.

Q I've recently become aware of some young people putting nicotine pouches in their mouths. Should I be worried about this?

A Nicotine pouches are small wads of cellulose impregnated with nicotine and flavouring. They should not be confused with snus, or other tobacco pouches, which contain pasteurised powdered tobacco and are illegal in the UK. The Tobacco and Vapes Act will bring them into the legislative framework that applies to other nicotine-containing products, and from 29 October 2026 a minimum age of sale (18 years, in line with other nicotine products) will apply. Young people may be using pouches experimentally but not using them regularly, they may be using them to stop smoking or vaping, or they may have taken up the habit but now find themselves dependent on the product.

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