NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

School-based interventions to prevent the uptake of smoking among children

1.1 Short title

School-based interventions to prevent smoking

2 Background

a) The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health (DH) to develop guidance on public health interventions aimed at preventing the uptake of smoking among schoolchildren.

b) NICE public health guidance supports the preventive aspects of relevant national service frameworks (NSFs), where they exist. If it is published after an NSF has been issued, the guidance effectively updates it. Specifically, in this case, the guidance will support NSFs on the following:

- children, young people and maternity services (DH 2004a)
- coronary heart disease (DH 2000a)
- NHS cancer plan (DH 2000b).

c) This guidance will support a number of related policy documents including:

- Children Act 2004 (HM Government 2004)
- 'Choosing health: making healthier choices easier' (DH 2004b)

- ‘Drugs: guidance for schools’ (Department for Education and Skills 2004)
- ‘Every child matters: change for children in health services’ (HM Government 2004)
- ‘Securing good health for the whole population’ (Wanless 2004).
- ‘Smoking kills’ (DH 1998)
- ‘Tackling health inequalities – a programme for action’ (DH 2003)
- ‘The NHS in England: operating framework for 2007–08’ (DH 2006).

d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at commissioners, managers and other professionals with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is particularly aimed at:education authorities, school governors, head teachers, teachers and school medical staff. It will also be of interest to parents and other members of the public.

e) The guidance will complement NICE guidance on mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people and our guidance on smoking cessation For further details see section 6.

This guidance will be developed using the NICE public health intervention process.

3 The need for guidance

a) Smoking is the main cause of preventable morbidity and premature death in England. Between 1998 and 2002 it led to an estimated 86,500 deaths per annum (Twigg et al. 2004).

b) Once children start to smoke they become addicted to nicotine very quickly and tend to continue the habit into adult life. The earlier children become regular smokers, the greater their risk of developing lung cancer or heart disease if they continue smoking into adulthood (Muller 2007).

c) The 'Smoking kills' white paper (DH 1998) set targets to reduce the number of children aged 11–15 who were regularly smoking (regular smoking was defined as having one cigarette a week). The targets were: to reduce the total smoking from 13% (in 1996) to 11% by 2005 and 9% by 2010 (DH 1998). In England, it is estimated that the 9% target was attained in 2003; in 2007, the proportion of this group who were regularly smoking is estimated to have dropped to 6% (The Information Centre 2008). Girls are more likely than boys to smoke on a regular basis: in 2007, 8% of English girls aged 11–15 smoked compared with 5% of boys (The Information Centre 2008).

d) A range of factors can increase the risk of becoming a regular smoker. These include: gender (females are more likely than males to take up smoking); being older (the proportion of those smoking regularly increases with age – from 1% to 15% among those aged 11 and 15 respectively); alcohol or drug use; a history of truancy or exclusion from school; and lack of educational aspirations beyond age 16 (Goddard 1992; The Information Centre 2008). Children with emotional, conduct or hyperkinetic disorders are also more likely than their peers to smoke. For example, in a 2004 survey, almost a quarter of young people aged 11–16 with emotional disorders reported that they smoked – compared with 8% of those

who did not have an emotional disorder (Office for National Statistics 2005).

e) The family has a key influence on whether or not children take up smoking. Children aged 11–15 who live in households where both parents smoke are almost three times more likely to smoke regularly than children whose parents do not smoke. Children with an older sibling who smokes are five times more likely to smoke regularly compared to a child whose older siblings do not smoke (Owen and Bolling 1995). They are also more likely to smoke if they live with one parent (Goddard 1992; Owen and Bolling 1995).

f) A range of external factors influence whether or not children and young people take up smoking. These include: tobacco pricing, restrictions on smoking in public places, smoking in films and tobacco industry advertising and other promotional tactics including product placement (for example, in films) (Dalton et al. 2003; DiFranza et al. 2006; Emery et al. 2001; Pierce et al. 2005).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Who is the focus?

4.1.1 Groups that will be covered

- Children and young people in educational institutions including, but not limited to:
  - state-sector primary and secondary schools
  - city technology colleges, academies, grammar schools, special and independent primary and secondary schools and

alternative centres of education (such as pupil referral units, secure training and local authority secure units).

4.1.2 Groups that will not be covered

Pre-school children and young people aged 19 and older.

4.2 Activities

4.2.1 Activities/measures that will be covered

Education interventions to prevent the uptake of smoking – delivered in any of the institutions listed above. These may be combined with other interventions such as community, family or media-based campaigns.

4.2.2 Activities/measures that will not be covered

a) Interventions with no school component including:

- Mass-media and point-of-sales measures (these are covered by NICE public health guidance 14 – see section 6).
- Community-based interventions.
- Family interventions.
- Interventions that challenge the social acceptability of smoking (such as smokefree homes or cars).

b) Interventions to encourage or support children and young people to quit smoking.

c) Interventions to discourage or reduce the uptake of tobacco chewing and the use of smokeless tobacco by children.

d) Tobacco pricing policies (such as tax increases) or measures to control tobacco smuggling.

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed along with some of the outcomes that would be considered as evidence of effectiveness:

Question: Which school-based interventions are effective and cost-effective in preventing children and young people from taking up smoking?

Question: What factors aid the delivery of effective school-based interventions to prevent the uptake of smoking? What are the barriers to successful delivery?

Expected outcomes:

Primary outcomes for children and young people will be:

- a reduction in smoking prevalence
- self-reported or biochemical validation of non-smoking status
- a reduction in the prevalence of experimentation with smoking
- changes in knowledge and attitudes related to smoking tobacco.

Secondary outcomes will include:

- improved social skills (including refusal skills), an ability to cope with stress or peer pressure, improved self-esteem and self-efficacy.

Long-term outcomes include a reduction in morbidity and mortality caused by smoking.

4.4 Status of this document

This is the draft scope, released for consultation on 22 September–20 October 2008, to be discussed at a public meeting on 3 October 2008. Following consultation, the final version of the scope will be available at the NICE website in November 2008.

5 Further information

The public health guidance development process and methods are described in ‘Methods for development of NICE public health guidance’ (NICE 2006)

available at www.nice.org.uk/phmethods and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at www.nice.org.uk/phprocess

6 Related NICE guidance

Published

Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people. NICE public health guidance 14 (2008). Available from: www.nice.org.uk/PH014

Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. NICE public health guidance 10 (2008). Available from: www.nice.org.uk/PH010

Interventions in schools to prevent and reduce alcohol use among children and young people. NICE public health guidance 7 (2007). Available from: www.nice.org.uk/PH007

Varenicline for smoking cessation. NICE technology appraisal 123 (2007). Available from: www.nice.org.uk/TA123

Workplace health promotion: how to help employees to stop smoking. NICE public health guidance 5 (2007). Available from: www.nice.org.uk/PHI005

Brief interventions and referral for smoking cessation in primary care and other settings. NICE public health guidance 1 (2006). Available from: www.nice.org.uk/PH001

Under development

School, college and community-based personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (due Sept 2009).

Alcohol-use disorders in adults and young people: prevention. NICE public health guidance (due March 2010).

Appendix A Referral from the Department of Health

The Department of Health asked NICE to:

'Produce intervention guidance for local authorities and primary care on school based prevention of the uptake of smoking in children.'

Appendix B Potential considerations

For each intervention it is anticipated that the Public Health Interventions Advisory Committee (PHIAC) will consider the following issues:

- Target audience, actions taken and by whom, context, frequency and duration.
- Whether it is based on an underlying theory or conceptual model.
- Whether it is effective and cost effective and whether effectiveness and cost effectiveness varies according to:
    - the diversity of the population (for example, in terms of the person's age, gender or ethnicity)
    - the status of the person delivering it and the way it is delivered
    - its frequency, length and duration and where it takes place
    - intensity.
- Whether it is transferable to other settings.
- Any trade-offs between equity and efficiency.
- Whether it prevents or merely delays the onset of smoking (where this can be ascertained).
- Whether it can be compared with other interventions to find which are most effective.
- Any factors that prevent – or support – effective implementation.
- Any adverse or unintended effects.
- Current practice.
- Availability and accessibility for different school population groups (for example, for pupil referral units).

Appendix C References

Dalton MA, Sargent JD, Beach ML et al. (2003) Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study. Lancet 362 (9380): 281–285.

Department for Education and Skills (2004) Drugs: guidance for schools. London: The Stationery Office.

Department of Health (1998) Smoking kills: a white paper on tobacco. London: The Stationery Office.

Department of Health (2000a) National service framework for coronary heart disease. London: The Stationery Office.

Department of Health (2000b) The NHS cancer plan: a plan for investment, a plan for reform. London: The Stationery Office.

Department of Health (2003) Tackling health inequalities: a programme for action. London: Department of Health.

Department of Health (2004a) National service framework for children, young people and maternity services. London: Department of Health.

Department of Health (2004b) Choosing health: making healthy choices easier. London: Department of Health.

Department of Health (2006) The NHS in England: operating framework 2007–08 [online]. Available from: www.dh.gov.uk

DiFranza JR, Wellman RJ, Sargent JD et al. (2006) Tobacco promotion and the initiation of tobacco use: assessing the evidence for causality. Pediatrics 117 (6): e1237–e1248.

Emery S, White MM, Pierce JP (2001) Does cigarette price influence adolescent experimentation? Journal of Health Economics 20 (2): 261–270.

Goddard E (1992) Why children start smoking. British Journal of Addiction 87 (1): 17–18.

HM Government (2004) Children Act 2004. London: The Stationery Office.

HM Government (2004) Every child matters: change for children in health services. London: The Stationery Office.

Muller T (2007) Breaking the cycle of children's exposure to tobacco smoke. London: British Medical Association.

Office for National Statistics (2005) Mental health of children and young people in Great Britain 2004 [online]. Available from: www.statistics.gov.uk/downloads/theme_health/GB2004.pdf

Owen L, Bolling K (1995) Tracking teenage smoking: a survey commissioned by the Health Education Authority of the smoking behaviour, knowledge and attitudes of 11 to 15 year olds in England. London: Health Education Authority.

Pierce JP, White MM, Gilpin EA (2005) Adolescent smoking decline during California's tobacco control programme. Tobacco Control 14 (3): 207–212.

The Information Centre (2008) Drug use, smoking and drinking among young people in England in 2007. Leeds: The Information Centre.

Twigg L, Moon G, Walker S (2004) The smoking epidemic in England. London: The Health Development Agency.

Wanless D (2004) Securing good health for the whole population. London: HM Treasury.