



E-CIGARETTE ACCESS AMONG YOUNG PEOPLE IN CHESHIRE AND MERSEYSIDE

FINDINGS FROM THE 2013 NORTH WEST
TRADING STANDARDS SURVEY

SUMMARY REPORT

CPH | CENTRE FOR
PUBLIC HEALTH
CHESHIRE & MERSEYSIDE



HEALTH
EQUALITIES
GROUP



INTRODUCTION

The availability, advertising and use of e-cigarettes have increased dramatically in the UK in recent years, helped by an absence of regulation on their sale and promotion. This has raised concerns around their potential to cause harm to young people, including through acting as a gateway to tobacco smoking.

The wide range of flavours available, brightly coloured designs and celebrity endorsement have also raised alarms that e-cigarettes are being marketed towards youth.

This report uses data from the 2013 Trading Standards North West survey to explore access to e-cigarettes among young people in Cheshire and Merseyside.

The Trading Standards North West survey

Trading Standards North West run biennial surveys of alcohol and tobacco use among school students in North West England. In 2013, around 6,000 students (year 10 and 11, age 14-17) from 49 schools in Cheshire and Merseyside took part in the survey. Participants completed a short anonymous questionnaire on their drinking and smoking behaviours, including a question asking "Have you ever bought or tried an e-cigarette?" Those that answered 'yes' to this question were classed as having accessed e-cigarettes. The analysis covers 5,845 students (referred to as young people) who answered this and demographic questions.

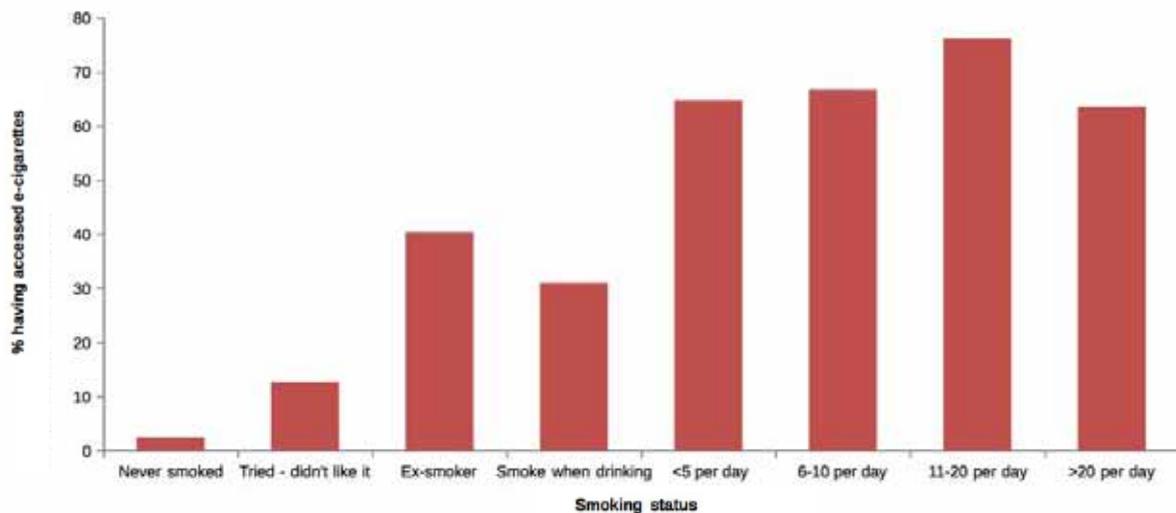
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KEY FINDINGS

One in eight (12.7%) young people reported having accessed e-cigarettes. Prevalence ranged from 10.4% in 14 year olds to 14.7% in 16 year olds, with no differences by gender or deprivation. E-cigarette access was strongly associated with tobacco smoking (Figure 1).

Figure 1: Percentage of young people having accessed e-cigarettes, by smoking status



Two thirds of regular tobacco smokers reported having accessed e-cigarettes, compared with around one in forty of those that had never smoked tobacco cigarettes and one in eight that had tried and not liked them.

Despite young people that had never smoked having the lowest prevalence of e-cigarette access, these individuals accounted for the largest proportion of the sample with two thirds (64.1%) of all participants having never smoked tobacco cigarettes. Consequently, young people that had never smoked accounted for one in eight of all those that had accessed e-cigarettes. This was equivalent to the proportion represented by ex-smokers (Figure 2). Young people that had tried tobacco smoking and not liked it accounted for a further fifth of those that had accessed e-cigarettes.

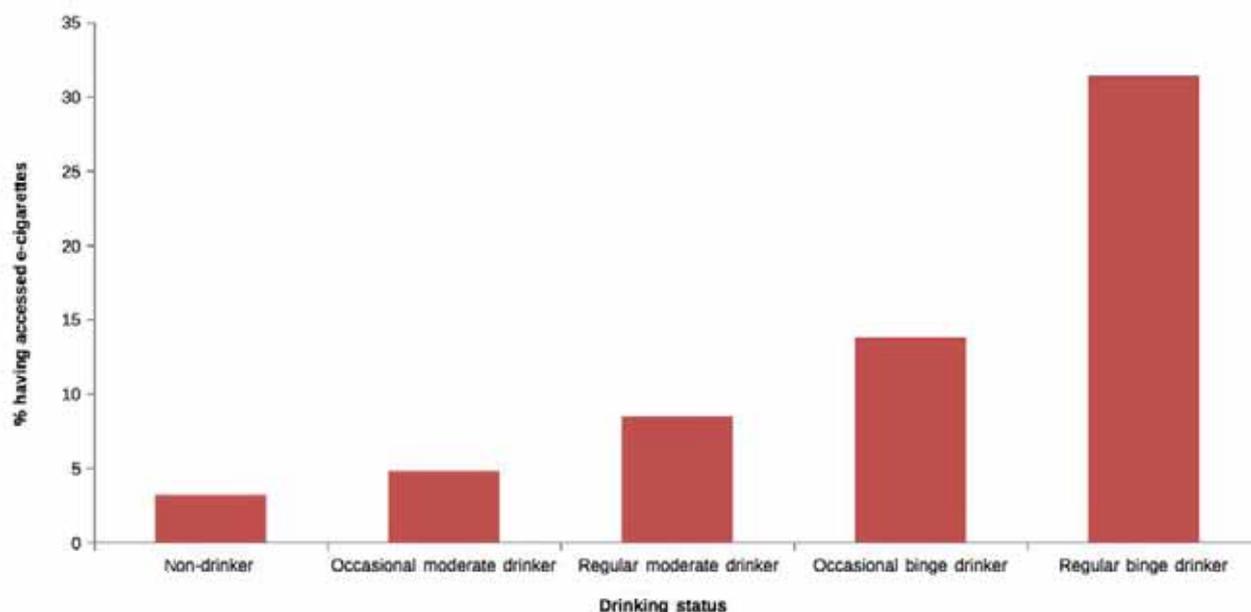
Among smokers, e-cigarette access was more common in those that had started smoking tobacco cigarettes at an earlier age. It was also more common among those who accessed tobacco cigarettes from unregulated sources such as street sellers, neighbours and private houses.

Figure 2: Smoking status of young people that have accessed e-cigarettes



- Never smoked (12.3%)
- Tried smoking but didn't like it (18.9%)
- Ex-smoker (12.8%)
- Smoke when drinking (13.2%)
- Regular smoker (42.8%)

Figure 3: E-cigarette access by drinking status



Overall, young people whose parents or guardians were smokers were more likely to have accessed e-cigarettes than those with non-smoking parents or guardians. Almost two thirds (60.2%) of young people that had accessed e-cigarettes had parents or guardians that smoked.

There were strong relationships between e-cigarette access and young peoples' drinking behaviours. Three quarters (73.8%) of all participants reported drinking alcohol and of these, most (79.9%) reported binge drinking at least occasionally. Young people that drank alcohol at any level were more likely to have accessed e-cigarettes than non-drinkers (16.0% of drinkers, 3.2% of non-drinkers, $P < 0.001$), while drinkers that reported binge drinking were more likely to have accessed them than non-binge drinkers (Figure 3). A third of young people that reported drinking at least weekly and binge drinking had accessed e-cigarettes.

Among drinkers, e-cigarette access was associated with drinking alcohol in unsupervised settings, including in public places (e.g. streets, parks), on-licensed premises (e.g. pubs and nightclubs) and at home when parents are out.

It was also associated with certain methods of obtaining alcohol, particularly getting adults outside shops to act as proxy alcohol purchasers and buying alcohol personally from on- or off-licensed premises. Correspondingly, young people that reported having fake ID (i.e. age identification) were more likely to have accessed e-cigarettes than those without fake ID (41.2% v 14.1%, $P < 0.001$).

Half of drinkers provided information on the types of alcohol they consumed in a normal week. Those that reported drinking large value bottles of cider, spirits or wine were most likely to have accessed e-cigarettes (35.4%, 24.2% and 20.7% respectively).

The questionnaire asked drinkers to indicate whether they agreed or disagreed with a range of statements on drinking behaviours. Those that had accessed e-cigarettes were more likely than those who had not to agree with statements indicative of riskier drinking behaviours and related harms, including: I only drink to get drunk; It is normal to get drunk; I drink alcohol because there's nothing else to do; I tend to forget things when I've been drinking; and I'm not really worried about the long term health effects of drinking alcohol. Accessing e-cigarettes was also associated with having been involved in alcohol-related violence.

SUMMARY

Findings suggest that substantial numbers of young people in Cheshire and Merseyside are accessing e-cigarettes, and that many of these have never smoked tobacco cigarettes, or have tried and not liked them.

Young people that are most likely to use e-cigarettes are those that are already engaged in risky substance use behaviours, including cigarette smoking, binge drinking, drinking in unsupervised settings, and alcohol-related violence.

RECOMMENDATIONS

- Information should be developed for young people on the potential risks and harms associated with e-cigarette use; the chemical content of e-cigarettes; e-cigarette testing, including safety and quality issues; and current and proposed regulations surrounding their sale and use.
- Interventions that aim to challenge young people's views that everyone is using e-cigarettes may be useful. While use is high in some population groups, overall seven out of eight young people had never accessed e-cigarettes.
- Prevention work addressing the uptake of e-cigarettes by non-smoking young people should be considered a priority.
- Wider educational approaches should be used to provide young people with the skills they need to critically appraise information that is presented online or in the press, and become more informed media consumers.
- Guidance should be developed for schools and youth services to provide them with the tools they need to talk to young people about e-cigarette use and advice on developing policies addressing their use.
- Guidance and information should also be developed for parents and carers who can support e-cigarette education with young people in the home.
- With age restrictions on the sale of e-cigarettes to under-18s imminent, it will be important to ensure that parents and other adults are aware of any related legislation regarding proxy purchasing. Parents, other family members and proxy purchasers recruited outside shops are already key sources of access to e-cigarettes for young people.
- Future implementation of the Trading Standards survey should consider collecting further information on e-cigarette use, identifying use and purchasing of e-cigarettes separately and identifying whether e-cigarettes were used before or after tobacco cigarettes.
- In addition to survey data, school and community based stop smoking services should consider developing data collection systems to identify the role of e-cigarettes in young people's uptake and quitting of tobacco cigarettes.



Reducing tobacco use is key to reducing health inequalities

Health Equalities Group is a health and wellbeing alliance that consists of the charity Heart of Mersey and two social enterprises HM Partnerships and the European Healthy Stadia Network. We believe that health inequalities that are preventable by reasonable measures are unfair and that putting them right is a matter of social justice. We do this through research, lobbying and the delivery of practical health and wellbeing projects to promote health and wellbeing.

Reducing tobacco use is key to reducing health inequalities. We offer a number of services that can help you to tackle tobacco:

- Advocacy and campaigning
- Training for health and social care staff including brief interventions
- Multicomponent interventions including Today I Can and Breathe Free – Feel Good
- Research and evaluation
- Smokefree policies and guidance including e-cigarettes
- Award-winning, settings-based, approaches to tobacco control including smokefree play areas and Smokefree Squads

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