Smoking, Drinking and Drug Use amongst students in Hampshire schools 2015

A summary report on the findings of a survey by Hampshire County Council Public Health
September 2015
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Smoking prevalence amongst young people in England has reduced over the past 20 years. However, the prevalence of regular smoking amongst 11-15 year olds in Hampshire is estimated to be higher than the England average, with 3.3% of 11-15 year olds and 9.2% of 15 year olds in Hampshire estimated to smoke regularly\(^1\), compared to 3% and 8% for England\(^2\). Therefore, smoking remains a public health priority and it is essential to continue tobacco control activity across Hampshire, including smoking prevention work with young people, in order to reduce rates further. The National Institute for Health and Care Excellence (NICE) published guidance in 2010 on schools-based interventions to reduce the uptake of smoking amongst young people\(^3\), which recommended a whole school approach to smoking prevention, including peer education initiatives. Over the past 5 years, the Public Health Tobacco Control Action Plan for Hampshire has therefore included smoking prevention activity targeted at schools, with a peer education programme targeted at secondary schools with expected higher smoking prevalence. In order to target these schools, it is necessary to know the smoking prevalence amongst students. To evaluate smoking prevention programmes, it is also important to monitor the longer-term smoking prevalence at the school.

As smoking has been shown to be linked to other risk-taking behaviour such as use of cannabis, other drugs and use of alcohol\(^4\), any survey work on smoking with young people in Hampshire has also included questions on these other topics to establish local prevalence and identify any links between behaviours.

The Hampshire Public Health Team has carried out surveys on smoking, drinking and drug use amongst young people in Hampshire in 2010 and in liaison with the University of Portsmouth in 2012. The surveys:

- Provide information on the actual prevalence of smoking, drug taking and alcohol use amongst 11-15 year olds in the Hampshire area, to compare with the national data for these behaviours and with estimated smoking prevalence data for England. This can identify whether Hampshire and any of the districts has a higher than expected prevalence amongst any of these risk-taking behaviours.
- Enable monitoring of smoking prevention interventions in target schools and identify the impact of the interventions over a longer time period.
- Provide information on young people’s behaviour, knowledge and attitudes in order to develop and implement smoking prevention initiatives amongst this age group.

Hampshire Public Health carried out the same survey with some additional questions in 2015 amongst 19 secondary schools within 10 districts across Hampshire, with a total of 7456 young people aged 11-16 taking part. The online survey was offered to all state secondary schools and Education Centres in Hampshire, therefore the sample was by self-selection, which could have introduced some bias. Smoking prevalence tends to be higher in areas of higher deprivation\(^5\); an analysis of the school catchment areas based on Index of Multiple Deprivation scores shows that 11 of the 19 schools taking part are ranked in the lower half, i.e. most deprived, with 4 schools ranked in the lowest quartile and 4 schools in the highest quartile. However, analysis of catchment by estimated smoking prevalence amongst young people revealed that only 5 of the 19 schools have catchments with higher than the average estimated prevalence for Hampshire\(^6\). It would therefore appear that the sample contains a range of schools in catchments with varying levels of deprivation and as such is reasonably representative of schools in Hampshire.

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\(^1\) PHE, 2012, Local Health Profiles: [www.localhealth.org](http://www.localhealth.org)

\(^2\) HSCIC, 2015, Smoking, drinking and drug use among young people in England in 2014

\(^3\) NICE, 2010, School based interventions to prevent the uptake of smoking among children and young people: [www.nice.org.uk/guidance/PH23](http://www.nice.org.uk/guidance/PH23)

\(^4\) HSCIC, 2015, Smoking, Drinking and Drug Use among Young People in England in 2014


\(^6\) PHE, 2012, Local Health Profiles: [www.localhealth.org](http://www.localhealth.org)
Comparison of Results

The key findings from Hampshire surveys in 2010, 2012 and 2015 and nationally in 2014 are set out below. The 2015 findings have been RAG rated against the 2014 England data and the trend since 2012 shown.

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<tbody>
<tr>
<td><strong>SMOKING</strong></td>
<td></td>
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</tr>
<tr>
<td>11-15 year olds who have ever smoked</td>
<td>28.2%</td>
<td>22.2%</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>11-15 year olds who smoke regularly</td>
<td>4.2%</td>
<td>4.9%</td>
<td>3.7%</td>
<td>3%</td>
</tr>
<tr>
<td>15 year olds who smoke occasionally or regularly</td>
<td>13.8%</td>
<td>18.6%</td>
<td>14.7%</td>
<td>13%</td>
</tr>
<tr>
<td>15 year old girls who smoke occasionally or regularly</td>
<td>17.6%</td>
<td>20.1%</td>
<td>16.2%</td>
<td>15%</td>
</tr>
<tr>
<td>15 year old boys who smoke occasionally or regularly</td>
<td>9.5%</td>
<td>17.1%</td>
<td>13%</td>
<td>10%</td>
</tr>
<tr>
<td>15 year olds who smoke regularly</td>
<td>9.9%</td>
<td>12%</td>
<td>8.4%</td>
<td>8%</td>
</tr>
<tr>
<td>15 year old girls who smoke regularly</td>
<td>12.6%</td>
<td>10.1%</td>
<td>9.6%</td>
<td>9%</td>
</tr>
<tr>
<td>15 year old boys who smoke regularly</td>
<td>6.7%</td>
<td>14.3%</td>
<td>7.2%</td>
<td>6%</td>
</tr>
<tr>
<td>11-15 year olds who have tried an e-cigarette</td>
<td>N/A</td>
<td>N/A</td>
<td>21.2%</td>
<td>22%</td>
</tr>
<tr>
<td>11-15 year olds who have tried smoking or an e-cigarette</td>
<td>N/A</td>
<td>N/A</td>
<td>26.4%</td>
<td>27%</td>
</tr>
<tr>
<td><strong>CANNABIS</strong></td>
<td></td>
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<tr>
<td>11-15 year olds who have ever taken cannabis</td>
<td>7.8%</td>
<td>8.8%</td>
<td>8.7%</td>
<td>8%</td>
</tr>
<tr>
<td>11-15 year olds who use cannabis regularly</td>
<td>2.8%</td>
<td>2.3%</td>
<td>1.8%</td>
<td>N/A</td>
</tr>
<tr>
<td>11-15 year old girls who had ever taken cannabis</td>
<td>5.8%</td>
<td>7.2%</td>
<td>8%</td>
<td>7.2%</td>
</tr>
<tr>
<td>11-15 year old boys who had ever taken cannabis</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>15 year olds who have ever taken cannabis</td>
<td>14.1%</td>
<td>20.1%</td>
<td>19.3%</td>
<td>N/A</td>
</tr>
<tr>
<td>15 year olds who use cannabis regularly</td>
<td>4.6%</td>
<td>4.8%</td>
<td>3.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>15 year old girls who use cannabis regularly</td>
<td>3%</td>
<td>3%</td>
<td>2.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>15 year old boys who use cannabis regularly</td>
<td>6.5%</td>
<td>7.3%</td>
<td>4.2%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SOLVENTS</strong></td>
<td></td>
<td></td>
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<tr>
<td>11-15 year olds who have ever used solvents</td>
<td>6%</td>
<td>4.6%</td>
<td>4.3%</td>
<td>6.4%</td>
</tr>
<tr>
<td>11-15 year old girls who have ever used solvents</td>
<td>5.7%</td>
<td>3.4%</td>
<td>4.1%</td>
<td>5.9%</td>
</tr>
<tr>
<td>11-15 year old boys who have ever used solvents</td>
<td>6.3%</td>
<td>5.8%</td>
<td>4.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td><strong>NEW PSYCHOACTIVE SUBSTANCES</strong></td>
<td></td>
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<tr>
<td>11-15 year olds who have ever taken NPSs</td>
<td>N/A</td>
<td>N/A</td>
<td>3.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>11-15 year old girls who have ever taken NPSs</td>
<td>N/A</td>
<td>N/A</td>
<td>2.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>11-15 year old boys who have ever taken NPSs</td>
<td>N/A</td>
<td>N/A</td>
<td>4.3%</td>
<td>2.8%</td>
</tr>
<tr>
<td><strong>OTHER DRUGS</strong></td>
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</tr>
<tr>
<td>11-15 year olds who have ever used other drugs</td>
<td>3.7%</td>
<td>2.5%</td>
<td>3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>11-15 year old girls who have ever used other drugs</td>
<td>3.1%</td>
<td>1.7%</td>
<td>2.3%</td>
<td>2.2%</td>
</tr>
<tr>
<td>11-15 year old boys who have ever used other drugs</td>
<td>4.3%</td>
<td>3.4%</td>
<td>3.7%</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>ALCOHOL</strong></td>
<td></td>
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</tr>
<tr>
<td>11-15 year olds who have had a whole alcoholic drink</td>
<td>58.5%</td>
<td>58.8%</td>
<td>49.2%</td>
<td>38%</td>
</tr>
<tr>
<td>11-15 year old girls who have had a whole alcoholic drink</td>
<td>60.6%</td>
<td>58.6%</td>
<td>48%</td>
<td>39%</td>
</tr>
<tr>
<td>11-15 year old boys who have had a whole alcoholic drink</td>
<td>56.3%</td>
<td>59%</td>
<td>50.3%</td>
<td>37%</td>
</tr>
</tbody>
</table>

The 2010 sample was biased towards areas of higher smoking prevalence; the 2012 sample was also slightly biased towards areas of higher smoking prevalence; the 2015 sample is more balanced between less and more deprived areas.

In the spring of 2015, 19 secondary schools in Hampshire took part in a large scale survey of smoking, drinking and drug use amongst students, which was co-ordinated by Hampshire County Council. This report outlines the key findings for the survey.

Comparisons with 2012 survey
Since 2012, almost all the prevalence rates for smoking, drinking and drug use have reduced. Those that have increased are:
- 11-15 year old girls who have ever taken cannabis.
- 11-15 year old girls who have ever used solvents.
- 11-15 year olds who have ever used other drugs (cocaine, ecstasy, etc.).

Hampshire 2015 sample
7479 students from Years 7 to 11 took part from 19 schools within 10 districts of Hampshire.

Rates of smoking
- 19% of 11-15 year olds have tried smoking: *slightly higher than England* (18%).
- 3.7% of 11-15 year olds are regular smokers: *slightly higher than the estimated prevalence for Hampshire* of 3.3% and the *rate for England* of 3%.
- 8.4% of 15 year olds are regular smokers: *lower than the estimated prevalence for Hampshire* of 9.2%, but *slightly higher than the rate for England* of 8%.
- More 15 year old girls smoke regularly than boys (9.6% of 15 year old girls and 7.2% of 15 year old boys smoke regularly): *the rate for girls is higher than England* (both 8%).
- Young people were more likely to smoke if friends or family members smoked and they were exposed to secondhand smoke in the home.
- Young people who smoke are more likely to use cannabis, solvents, New Psychoactive Substances and other drugs and drink alcohol.

Smoking experimentation
- The average age of first trying a cigarette is 13.3 years, boys experimenting slightly earlier than girls.
- Young people are most likely to be with friends, outside, when they first smoke.
- The most common reason for trying smoking was “to see what it was like”.
- Most young people get their cigarettes from a friend.
- Nearly 1/3 of 11-16 year olds think it is “easy” to purchase cigarettes; this increased with age.
- Over half think it is “easy” to get hold of cigarettes other than by purchasing them.

Stopping smoking
- Just under half the smokers said they would like to stop smoking.
- Many smokers would seek help from family and friends but most would quit on their own.

E-cigarettes
- 21.2% of 11-15 year olds have tried an e-cigarette: *slightly lower than England* (22%).
- There was no difference between boys and girls.
- 88.4% of regular smokers aged 11-16 have used an e-cigarette.
- 9.3% of 11-16 year olds who have never smoked have used an e-cigarette.
- The most common reason for trying e-cigarettes was “to see what it was like”.
- Most young people get their e-cigarettes from a friend or an adult living in their home but 10% get them from the internet and 10% from shops.

Knowledge and attitudes
- Most young people over-estimate the rate of smoking amongst 11-15 year olds.
- Knowledge is good in relation to the health dangers of smoking, although students incorrectly think that nicotine causes cancer.
- Knowledge about smoking generally increases between Year 7 and Year 11, although more of the older students mistakenly think that roll-ups are safer than ordinary cigarettes.
The majority of young people do NOT think that smoking helps you make friends more easily or makes you look grown up, nor that smoking makes you stay thin.
Young people DO mistakenly think that smoking helps you relax.
Young people strongly believe that smoking is a waste of money.

Secondhand smoke and smoking among family and friends
Just over 1/3 of young people in Hampshire are occasionally or regularly exposed to secondhand smoke in the home.
Smokers are more likely to be exposed than non-smokers.
Young people who smoke are less likely to be bothered by exposure to secondhand smoke.
Around 23% of young people have at least one parent/carer who smokes.
Young people are more likely to be smokers if family members and/or friends smoke.

Smoking education
The most likely place for students to have learnt about smoking was from school lessons.
Students would most like to receive smoking education through school lessons.

Cannabis use
8.7% of 11-15 year olds have ever taken cannabis: slightly higher than England (8%).
1.8% of 11-15 year olds are regular cannabis users.
3.2% of 15 year olds use cannabis regularly.
More 15 year old boys than girls take cannabis regularly (4.2% of boys v. 3.2% of girls).
The average age for trying cannabis is 13.9 years.
Current tobacco smokers are more likely to use cannabis.
Many cannabis users do not perceive themselves as smokers.

Solvent use
4.3% of 11-15 year olds have ever used solvents: lower than the England rate (6.4%).
More boys use solvents (4.5% of boys v. 4.1% girls): both lower than the England rates.

New Psychoactive Substances (NPSs)
3.2% of 11-15 year olds have ever used NPSs: higher than England (2.5%).
More boys use NPSs (4.3% of boys v. 2.2% of girls aged 11-15): boys higher than England (2.8%), girls the same.

Other drugs (stimulants such as ecstasy and cocaine)
3% of 11-15 year olds have ever used other drugs: higher than England (2.6%).
More boys use stimulant drugs (3.4% of boys v. 2.3% of girls aged 11-15): both higher than England.

Alcohol
49.2% of 11-15 year olds have had an alcoholic drink: higher than England (38%).
More boys drink alcohol (50.3% of boys v. 48% of girls).
1/3 of students who drink alcohol have been drunk in the past 4 weeks and 1/4 of these became ill.
The majority of students who have drunk alcohol obtained it from their parents and drank it at home.
The most popular drinks for boys are beer, cider and spirits and for girls are spirits, cider and wine.
The sample for this survey was large; 7456 young people aged 11-16, in 19 schools covering 10 of the 11 districts across Hampshire. As the schools were located within both deprived and less deprived catchment areas, the findings may be representative of young people in Hampshire.

**Smoking**

- The prevalence of regular smoking amongst both 11-15 year olds and 15 year olds is higher than the average for England.
- The prevalence of regular smoking amongst 11-15 year olds is higher than the estimated prevalence for Hampshire, although the rate of regular smoking amongst 15 year olds is lower.
- These findings are of concern, assuming the sample is representative of young people in Hampshire. In 10 of the 19 schools the actual smoking prevalence was higher than estimated. This may indicate that the estimates are inaccurate or it may indicate that rates of smoking are higher than expected.
- The overall rates of smoking amongst young people in Hampshire have reduced since 2012.
- Most students try smoking as they want to see what it is like, however, the majority do not then continue to smoke.
- There appears to be a cohort of young people who are more likely to smoke, use cannabis, drink and take drugs.
- It is apparent that young people are more likely to smoke if family members smoke or they are exposed to secondhand smoke in the home.
- More than 1/3 of students believe it is easy to purchase tobacco locally which may be of concern to the Hampshire Trading Standards Service.

**Stopping smoking**

- With over 1/3 of students still exposed to secondhand smoke in the home it is important to continue efforts to promote smoke free homes and to reduce adult smoking prevalence across Hampshire. It is therefore important for schools to promote local stop smoking services commissioned by Hampshire County Council, providing information to parents and offering venues for stop smoking groups.
- As around half the smokers said they wanted to quit, guidance on support to stop smoking should be offered at schools; lack of knowledge of support available and its effectiveness might be the reason for the majority wanting to quit on their own.
- Smokers said they would want support from their families to help them stop smoking, so again it is important to work with parents. The NHS Stop Smoking Service and teachers are also identified as preferred sources of help, with teachers having already helped some students to quit.

**E-cigarettes**

- Slightly more students have tried e-cigarettes than have tried smoking alone. The rate of smoking experimentation has reduced since 2012, but overall, more students than before are experimenting by trying both cigarettes and e-cigarettes.
- Regular e-cigarette use is associated with regular tobacco smoking.
- E-cigarettes appear to be very accessible, however, legislation was introduced in October 2015 to prohibit sales of e-cigarettes to under-18s. It will be interesting to see if this makes a difference to access in the future, especially as many young people have bought them in a shop or online. Again it is important to work with parents to educate on potential risks of e-cigarettes, with students also obtaining them from adults living in their home.
Knowledge and Attitudes

- As most students over-estimate the rate of smoking amongst young people, education on social norms could be considered.
- Generally, knowledge about smoking was high, although more education on nicotine could be considered, especially in relation to the addictive nature of nicotine, bearing in mind experimentation with e-cigarettes. Some education around the effect of nicotine on the body would also be helpful to clarify confusion in relation to smoking and relaxation. It would also be helpful to include clarification on the health harms of roll-ups.
- Hampshire schools should continue with education on smoking and e-cigarettes within the curriculum as this appears to be the preferred source of information for students, although working with parents to support the students’ education and internet-based learning could be considered.

Cannabis

- Although the percentage of 11-15 year olds who have ever used cannabis has gone down slightly since 2012, the rate is higher than that for England, which is of concern.
- The rate of experimentation amongst 11-15 year old girls has increased since 2012 and is higher than that for England. This may be linked to the higher percentage of smoking amongst girls and is also of concern.
- More boys have used cannabis and use it regularly than girls, although the rates for boys have decreased since 2012.
- Education could also be considered in relation to cannabis and tobacco use and misperceptions that cannabis users are not “smokers”. Education should include the health dangers of smoking cannabis. Often cannabis smokers mix cannabis with tobacco and are therefore taking in the harmful chemicals from smoking tobacco as well as cannabis.

Solvents

- The rate of solvent use by 11-15 year olds in Hampshire is lower than that for England.
- The overall rate of solvent use amongst 11-15 year olds has gone down since 2012, but has gone up amongst girls.

New Psychoactive Substances (NPSs)

- The rate of NPS use amongst 11-15 year olds in Hampshire is higher than that for England, which is of concern.
- A higher percentage of boys use NPSs than girls.

Other drugs

- The rate of stimulant drug use such as ecstasy or cocaine amongst 11-15 year olds is higher than that for England. Again, this is of concern.
- A higher percentage of boys use other drugs than girls.
- The rate of other drug use has gone up amongst both boys and girls since 2012, which is also of concern.

Alcohol

- Alcohol use amongst 11-15 year olds in Hampshire is higher than that for England.
- The rate for boys is higher than that for girls.
- The rate of alcohol use has gone down since 2012.
- Most students who drink alcohol are given it or obtain it from their parents, so it is important to involve parents in alcohol education.
- Education on the alcoholic strength of different types of alcohol could be considered, especially as girls are choosing high-alcohol spirits.
Risk-taking Behaviours
- There appears to be an association between smoking, drinking and drug use: students who smoke are more likely to use cannabis, solvents, NPSs and other drugs and drink alcohol.
- There appears to be a cohort of students who are more likely to indulge in these risk-taking behaviours.

Overall Trends
It appears that overall, smoking experimentation and regular use are continuing to reduce, although rates in Hampshire are higher than expected when compared to national rates and estimated prevalence. Rates amongst girls are higher than expected, as nationally there is no difference between boys and girls. The use of e-cigarettes by young people has increased the percentage of 11-15 year olds experimenting with nicotine-containing products since 2012, although the majority of e-cigarette users are current or ex-smokers. Although not all e-cigarettes contain nicotine, there is concern that their use may encourage the habit of “smoking”. It would appear that some young people believe they are “cool”, calling them “shisha pens” and playing tricks with smoke rings.

Cannabis use appears to be higher in Hampshire than nationally, particularly amongst girls, and young people believe it is relatively easy to obtain. Tobacco control and substance misuse action plans should therefore include education around cannabis and include partnership working to reduce access.

Although solvent use is lower than England, as the rate amongst girls has gone up, it is important to continue to provide education on this topic.

Education should also be increased on New Psychoactive Substances, with Hampshire’s rate being higher than that for England, particularly amongst boys. This should be included in wider drug education, with the rate of drug use in general being higher than that for England, again particularly amongst boys.

Use of alcohol by young people in Hampshire appears high compared to the national figures. It is also of concern that young people are choosing higher-alcohol drinks such as spirits, which may be linked to the numbers of young people being drunk and ill as a result.

In general, smoking, drug and alcohol use increases with age, with highest prevalence being in the 15-16 year olds and Year 10 and 11. However, there appear to be higher than expected rates of smoking, drinking and drug use amongst 11 year olds or Year 7s which is of some concern, although, this may be due to the younger students fabricating their answers and “over-estimating” their use.

As there appears to be a cohort of young people who are more likely to smoke, drink, and use drugs, it may be the case that these behaviours are being marginalised to specific groups of young people who could be adopting these behaviours due to a norm within their social group, or as a coping mechanism for other issues and stresses.
This survey has provided a comprehensive picture of smoking, drinking and drug use amongst young people in Hampshire. These findings can now be used to develop a set of recommendations for the schools involved and for the Hampshire Public Health team and will help to inform future tobacco control and substance misuse prevention programmes for young people across Hampshire.

**Hampshire Secondary Schools**

1. Continue to offer smoking education within the curriculum to include appropriate approaches for different age groups and addressing social norms.
2. In addition, consider internet-based approaches to smoking education.
3. Education on smoking targeted at girls could be helpful in addressing the higher rates of smoking amongst girls.
4. Information on nicotine and its addictive nature should be incorporated into smoking education lessons.
5. Information on the health dangers of roll-ups should also be included within smoking education lessons.
6. Information on e-cigarettes, highlighting nicotine content, should be included within smoking education lessons.
8. Smoke free homes should be promoted to parents by newsletters/parentmail.
9. Information on local NHS Stop smoking services should be provided to students, staff and parents and relationships developed with parents to help support students to stop smoking.
10. Stop smoking support could be offered in-house through trained staff.
11. Increased education on cannabis and health risks could be carried out within smoking education lessons, and the role of tobacco in cannabis could be clarified to discuss misperceptions about smoking status amongst cannabis smokers.
12. Education on solvents, starting in Year 7 and gender-specific education targeted at girls could be considered.
13. Ensure that NPSs are included in drug education and consider gender-specific education for boys.
14. Continue with current drug education and include the higher year groups, not just the lower years. Again consider gender-specific education for boys.
15. Alcohol education should include information on the alcoholic strength of different types of alcohol and on ways to avoiding getting drunk and being ill as a result.
16. Parental education on the consequences of use of alcohol by young people and on the law in relation to age at which young people can be given alcohol should be carried out by the school.

**Hampshire Public Health**

1. Support the school in providing guidance on up to date educational materials on smoking, drugs and alcohol, which are appropriate for the age group and gender-specific.
2. Offer the peer ambassador programme on smoking to targeted schools with higher prevalence, to ensure smoking prevalence continues to reduce overall and to take on board the recommendations for smoking and cannabis education within the programme.
3. Provide guidance to schools with higher prevalence on using a social norms approach.
4. Ensure schools are given information and training as appropriate from the local NHS Stop Smoking Services commissioned by Hampshire County Council.
5. Provide guidance for schools on current web-based support to stop smoking, including apps.
6. Provide guidance to schools on parental information on alcohol and the law.
7. Provide intelligence to Hampshire Trading Standards on any issues relating to under-age sales of tobacco or alcohol in a particular locality.
8. Ensure that any programmes or resources around tobacco are developed alongside any existing or planned work with this age group in relation to substance misuse and alcohol.

9. Ensure that any programmes of work around tobacco with this age group incorporate strategies to encourage resilience and take account of the mental health of young people.

10. Consider further more qualitative research with groups of young people with higher prevalence of smoking, e-cigarette, drinking and drug use, to identify reasons behind these behaviours (liaise with Hampshire Educational Psychologists who have undertaken research on smoking initiation).

11. When carrying out further research and in developing interventions to reduce rates of smoking, liaise with other agencies working with young people who are more likely to adopt “risky” behaviours, such as staff working in Education Centres for excluded children and with Looked After Children.

12. Repeat the survey in 2-3 years to monitor trends in behaviour and attitudes in relation to smoking, drinking and drug use amongst young people in Hampshire.

13. Share the survey findings with colleagues and partners to inform the development of appropriate public health programmes for young people in Hampshire.

**Hampshire Trading Standards**

1. Consider carrying out test-purchasing, education and guidance with local tobacco and alcohol retailers if a particular issue in relation to under-age sales is identified, within the overall under-age sales programme.

2. Provide guidance for inclusion of education around under-age and illicit tobacco sales in the Hampshire Peer Ambassador Programme.