



Addressing the Problem of Adolescent Smoking in England: An Examination of Socioeconomic Factors and Public Health Policy Initiatives

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Abstract

Background: Adolescent smoking remains a critical public health issue due to its long-term health consequences and strong association with nicotine dependence in adulthood. Despite global tobacco control efforts, smoking and emerging nicotine use behaviours, including e-cigarette use, continue to be prevalent among young people. In England and comparable international contexts, adolescent smoking is shaped by a complex interaction of socioeconomic inequalities, peer influence, parental behaviour, and exposure to tobacco marketing. Understanding these determinants is essential for strengthening prevention strategies and reducing early tobacco initiation. **Methodology:** This study is a narrative review of existing literature and public health reports focusing on adolescent smoking behaviours and prevention strategies. It synthesises evidence from peer-reviewed studies, national surveillance data (including NHS Digital and WHO reports), and international research on tobacco control. The review examines key risk factors influencing smoking initiation and evaluates current public health interventions, including legislative measures, school-based programmes, and media campaigns. **Results:** The evidence consistently demonstrates that adolescent smoking is strongly associated with socioeconomic disadvantage, peer smoking behaviour, and parental smoking exposure. Tobacco marketing and digital media exposure further increase the likelihood of smoking initiation. National surveillance data from England indicate declining cigarette smoking but increasing use of electronic cigarettes among adolescents, highlighting evolving patterns of nicotine exposure rather than complete elimination of risk. Evidence suggests that comprehensive tobacco control policies—such as age restrictions, smoke-free laws, and targeted educational programmes—are effective in reducing smoking initiation and prevalence among young people. **Conclusion:** Adolescent smoking remains a multifactorial public health challenge requiring integrated and adaptive pre-

vention strategies. While progress has been made through policy interventions and education, emerging nicotine products and persistent social inequalities continue to hinder tobacco control efforts. Strengthening regulatory frameworks, enhancing school-based prevention, and addressing socioeconomic determinants are essential to achieving sustained reductions in adolescent smoking.

Subject Areas

Public Health, Adolescent Health, Tobacco Control, Health Promotion, Epidemiology

Keywords

Adolescent Smoking, Tobacco Control, Public Health Intervention, Nicotine Dependence, E-Cigarettes, Vaping, Peer Influence, Socioeconomic Inequality, Health Education, Smoking Prevention Strategies, England, Youth Health Behaviours

1. Introduction

Smoking continues to be one of the leading preventable causes of morbidity and premature mortality worldwide, a major global public health issue because of its recognised effects on physical health, mental wellbeing, and enduring social consequences. From an epidemiological perspective, smoking is characterized by a marked social gradient, with prevalence disproportionately concentrated among socioeconomically disadvantaged populations.

Adolescence represents a particularly important period in the epidemiology of tobacco use because smoking behaviors established during these formative years are significantly more likely to persist into adulthood, which heightens their lifetime risk of respiratory illnesses, heart-related issues, and a decreased overall life span. As a result, decreasing the rate of smoking among youth continues to be a key focus in public health policy and research [1].

In England, adolescent smoking is multifactorial and influenced by a complex interplay of structural, social, and behavioural factors. Socioeconomic inequalities continue to be a significant predictor, with a greater prevalence noted in populations that are more deprived. Furthermore, the influence of peers, family smoking habits, the cultural normalisation of tobacco use, and the targeted marketing strategies employed by the tobacco industry persist in fostering both the initiation and continued use of tobacco among young individuals. Recently, the swift expansion of alternative nicotine delivery systems, especially e-cigarettes and vaping products, has added new layers to adolescent nicotine exposure and dependency trends. Although vaping products have been promoted as harm-reduction tools for adult smokers this is making current prevention strategies more complex [2].

From a public health perspective, these evolving trends underscore the neces-

sity for a more thorough and evidence-driven comprehension of smoking initiation among adolescents. This involves not only recognising risk factors but also assessing the efficacy of existing tobacco control strategies and preventive measures. Consequently, this study places adolescent smoking within a wider behavioural and policy context, focusing specifically on how England's methods align with global strategies designed to decrease youth tobacco consumption. Enhancing this evidence base is crucial for guiding future policy development and aiding the ongoing advancement towards a smoke-free generation [3].

From an epidemiological standpoint, determining prevalence is not the only way to comprehend teen smoking. Examining exposure routes, behavioural risk factors, social determinants of health, and the efficacy of population-level treatments are all necessary. In order to guide future tobacco control policies and promote England's goal of a generation free of smoking, it is crucial to synthesise knowledge from monitoring systems, epidemiological research, and policy assessments.

In order to identify evidence-based recommendations for future public health policy, compare England's approach with effective international strategies, assess current evidence regarding smoking prevention and tobacco control interventions, and examine the primary determinants of adolescent smoking in England, this study conducts a structured narrative epidemiological review.

2. Method

This study employs a structured narrative epidemiological review approach to integrate existing evidence concerning adolescent smoking behaviours, their associated determinants and tobacco control intervention in England while drawing comparisons with relevant international public health initiatives. A narrative review methodology was chosen due to the diverse nature of the available evidence, which includes various study designs such as cross-sectional surveys, longitudinal cohort studies, surveillance reports, systematic reviews, and policy evaluations. These studies are not sufficiently comparable to allow for quantitative meta-analysis. This method allows for the amalgamation of epidemiological data from various origins, promoting understanding within a framework of public health.

The review is organized according to a Population-Exposure-Outcome (PEO) epidemiological framework. The group of focus consists of young individuals in the age range of about 11 to 18 years. The key exposures that have been carefully considered encompass socioeconomic disadvantage, parental smoking, peer smoking, exposure to tobacco marketing, and the use of e-cigarettes. The main outcomes under consideration include the initiation of smoking, the prevalence of smoking, levels of nicotine dependence, and the concurrent use of both tobacco and vaping products.

Evidence was gathered from peer-reviewed epidemiological studies, national surveillance systems, public health reports, and international literature on tobacco control. The studies included were predominantly cross-sectional surveys, cohort

studies, population surveillance data, and evaluations of policies that focused on smoking behaviors and prevention strategies among adolescents. This approach facilitates a thorough evaluation of both behavioral and structural factors influencing smoking, while also enhancing the epidemiological understanding of smoking trends and public health initiatives [3] [4].

2.1. Literature Search Strategy

Literature data was synthesized using a narrative epidemiological review. PubMed, Scopus, Web of Science, and Google Scholar were searched from 2000 to 2025 for literature. Search phrases included “adolescent smoking”, “youth tobacco use”, “England”, “e-cigarettes”, “vaping”, “tobacco control”, and “smoking prevention”. Epidemiological, risk factor, and intervention studies for 11 - 18-year-olds were included. Peer-reviewed journal publications, national surveillance reports, and international public health policy documents provided evidence [2] [4] [5]. Studies without teenage outcomes or epidemiological significance were eliminated.

2.2. Eligibility Requirement

- Research was incorporated if they: Analysed individuals in the age range of 11 to 18 years; documented epidemiological information concerning smoking or nicotine consumption; explored behavioural, socioeconomic, environmental, or policy factors influencing adolescent smoking; assessed interventions for tobacco control or strategies for prevention; or included national surveillance reports or public health policy documents pertinent to England.
- Research was omitted if they: concentrated solely on the adult population; failed to include outcomes specific to adolescents; comprised only of editorials, conference abstracts, or opinion pieces; or did not present epidemiologically significant evidence related to smoking behaviour or prevention.

2.3. Data Synthesis and Examination

Evidence was synthesised narratively to investigate the relationships among socioeconomic, behavioural, and environmental factors and the effects of smoking in adolescents. Particular attention was directed towards the evidence gathered from England, while international studies were incorporated primarily to contextualise effective public health interventions and policy strategies.

3. Monitoring of Adolescent Tobacco Use

Effective monitoring of disorder patterns is crucial for understanding the behaviours associated with tobacco consumption among young individuals, identifying emerging trends, and evaluating the long-term effects of tobacco regulation strategies. Surveillance data provide valuable insights into the prevalence of smoking, behavioural risk factors, and health disparities among different populations. This information enables policymakers to strategically guide interventions for high-

risk groups and assess progress toward national public health objectives. In England, notable surveillance systems include the NHS Digital Smoking, Drinking and Drug Use Survey (SDD) and several national monitoring programs that provide population-level estimates concerning the prevalence of smoking and vaping among the youth [4].

Smoking behavior is typically evaluated using self-reported measures, which encompass lifetime smoking history (“ever smoked”), current smoking status, frequency of smoking, and the age at which one commenced smoking. In a comparable manner, the use of e-cigarettes is often assessed through measures of experimentation, present consumption, and regular vaping behaviors. These indicators provide valuable insights into the patterns of nicotine consumption and the changing trends observed among adolescents [4].

Although national surveillance provides robust population-level evidence, several methodological limitations should be recognised. Most surveys rely on self-reported smoking behaviour, which may underestimate true smoking prevalence because of recall bias and social desirability bias, particularly among younger adolescents participating in school-based surveys. Cross-sectional surveillance also measures prevalence at a single point in time and therefore cannot determine causal relationships between exposures and smoking behaviour. Nevertheless, repeated surveillance remains essential for detecting temporal trends, identifying socioeconomic inequalities, and evaluating the effectiveness of tobacco-control interventions.

From an epidemiologic perspective, Surveillance systems remain crucial for tobacco control efforts, as they enable the identification of trends in smoking behavior, the monitoring of disparities, and the informed development of public health policies. The data generated by these systems have played a crucial role in evaluating smoking prevention strategies and tracking the increase of vaping among adolescents [3] [4].

4. Case Study and Current Trends

World: The World Health Organisation (WHO) launched the Framework Convention on Tobacco Control (FCTC) in 2005, addressing the growing evidence of the detrimental effects of tobacco use [6]. Despite worldwide initiatives aimed at decreasing smoking prevalence, the use of tobacco continues to be prevalent. In 2020, around 1.18 billion individuals globally utilised tobacco products, leading to approximately 7 million fatalities and 177 million disability-adjusted life years [5]. These figures illustrate that smoking continues to be one of the foremost preventable causes of disease and death. The increasing prevalence of tobacco use among adolescents has emerged as a major concern in numerous European countries. Research shows significant differences in youth smoking rates throughout Europe. A survey conducted in 2019 revealed that over 20% of European adolescents aged 15 to 16 had smoked cigarettes in the month prior. Bulgaria recorded a notable rate of 34%, whereas Sweden reported a significantly lower rate of 4% [7].

In England, it is still quite common for teenagers to experiment with smoking. As reported by NHS Digital (2022), the prevalence of smoking shows a notable increase with age, climbing from 2% in 11-year-olds to 25% in 15-year-olds. Furthermore, vaping has gained significant popularity among adolescents. In 2021, around 9% of young individuals indicated that they used e-cigarettes, in contrast to 6% in 2018. Female adolescents aged 15 exhibited notably elevated rates of e-cigarette use, with approximately 21% recognised as current users [4]. These trends underscore the evolving patterns of nicotine use among youth and the necessity for public health strategies to adapt in response.

5. Health Effects of Smoking

A significant amount of epidemiological and clinical evidence has consistently shown that smoking is a major risk factor for various preventable diseases, especially lung cancer, cardiovascular disease, and periodontal (gum) disease. Tobacco smoke is composed of many carcinogenic and toxic substances that lead to cellular damage, chronic inflammation, and a weakened immune response, ultimately raising the risk of overall morbidity and premature death.

Recent evidence strengthens the connection between smoking intensity and the risk of disease. For instance, a meta-analysis conducted by Chang *et al.* revealed that even a decrease in cigarette consumption correlates with a significant reduction in lung cancer risk, although the risk does not revert to baseline levels unless there is complete cessation [8]. This finding holds significant relevance in the realm of adolescent smoking behaviours, where the notion of “cutting down” is frequently misinterpreted as an adequate harm-reduction strategy.

Alongside its effects on respiratory health, smoking significantly harms cardiovascular well-being, leading to endothelial dysfunction, atherosclerosis, and a heightened risk of myocardial infarction and stroke. Oral health is greatly impacted, with smoking recognised as a major modifiable risk factor for periodontal disease. Petersen emphasises that smokers face a significantly increased risk of gum inflammation, tooth loss, and delayed healing after dental procedures, particularly in high-income countries where long-term smoking habits are more established [1]. Evidence indicates that quitting smoking can greatly lower the risk and advancement of periodontal disease, highlighting the advantages of cessation for both systemic and oral health.

Overall, the literature suggests that smoking has widespread health effects across multiple systems, with risks that build up over time and can only be partially reversed through reduction alone. This highlights the significance of early prevention and interventions aimed at cessation, especially for young individuals.

6. Factors Influencing Adolescent Smoking

Adolescent smoking behaviour is influenced by a multifaceted interplay of social, economic, environmental, and behavioural factors operating across various levels

of impact. Contemporary public health research underscores that the decision to start smoking transcends individual choice, being significantly shaped by larger structural and social dynamics.

6.1. Socioeconomic Factors

Socioeconomic status (SES) plays a crucial role in influencing smoking rates among adolescents, highlighting a clear social gradient in tobacco consumption. Individuals from lower-income households exhibit a higher propensity to initiate and maintain smoking habits in contrast to their wealthier counterparts. Multiple interconnected factors drive these inequalities, such as heightened exposure to chronic stress, limited access to preventive health education and cessation support, and a significant concentration of tobacco marketing in underprivileged communities [9]. This evidence underscores a crucial connection between adolescent smoking and structural inequality, suggesting that interventions focused solely on individuals may fall short unless they also tackle wider socioeconomic factors.

6.2. Peer Influence

Peer influence is a powerful force that shapes decisions and behaviours. It is essential to recognise the impact of our surroundings and the individuals we associate with. Understanding this dynamic can lead to more informed choices and strategic relationships.

Peer relationships are crucial in influencing the initiation of smoking during adolescence. Adolescents are inclined to start smoking when they associate with peer groups that normalise this behaviour [10]. The influence operates through social pressure and behavioural modelling, as smoking serves as a vehicle for social acceptance and the formation of group identity. However, evidence also indicates selection effects, where adolescents tend to form friendships with peers who display similar risk behaviours. This indicates that peer influence emerges from a blend of social and behavioural factors, rather than being exclusively dictated from external sources.

6.3. Media and Tobacco Promotion

Exposure to tobacco-related media content has been consistently linked to a rise in smoking initiation and a more favourable attitude towards smoking among adolescents. Exposure to smoking in films markedly elevates the probability of adolescents initiating smoking, underscoring the influence of media as a behavioural model [11]. In a similar vein, exposure to smoking cues elevates the perception of smoking as a standard behaviour and drives increased experimentation among youth [12]. These findings hold significant importance in the realm of digital platform development, where indirect marketing strategies and social media presence can amplify the dissemination of tobacco imagery, surpassing the constraints imposed by traditional advertising regulations.

6.4. Parental and Household Smoking Behaviours

The family environment plays a crucial role in shaping adolescent smoking behaviour. Adolescents whose parents or carers smoke are more inclined to view smoking as a normalised and socially acceptable behaviour, thereby elevating the chances that they will initiate smoking themselves. Exposure to smoking within the household diminishes the perceived risk and may undermine the effectiveness of public health communications. Parental smoking is strongly linked to an earlier initiation of smoking and an increased likelihood of nicotine dependence in adolescents, underscoring the transmission of smoking behaviours across generations within families.

7. Epidemiology Framework

Understanding adolescent smoking requires an epidemiological framework that recognises the interaction between individual behaviours, social determinants of health, environmental exposures, and public health policy. Rather than resulting from a single risk factor, smoking initiation arises from multiple causal pathways operating at the individual, family, community, and societal levels. This ecological perspective is consistent with contemporary epidemiological models, which recognise that behavioural risk factors are embedded within broader structural contexts.

Socioeconomic disadvantage acts as a remote factor that impacts various intermediate exposures related to smoking behaviour. Young individuals from underprivileged areas face significantly higher levels of exposure to parental smoking, availability of tobacco in their neighbourhoods, limited access to preventive health services, and social settings where smoking is more commonly accepted [9]. These elements together elevate the likelihood of beginning smoking and play a role in ongoing disparities in health.

Significant mediation occurs through interactions among peers. Adolescents within peer groups where smoking is prevalent are at an increased risk of initiating smoking behaviour. These elements comprise social modelling, peer acceptability, and behavioural reinforcement [10]. Social norms and health promotion programs can either enhance or diminish these effects within educational institutions.

Tobacco-related media material significantly influences smoking attitudes and perceptions. Smoking imagery in cinema and media has been shown to increase the likelihood of teenage smoking experimentation and to enhance positive attitudes towards tobacco use [11]. Social media and internet marketing have the potential to amplify these effects beyond the scope of traditional media.

Electronic cigarettes signify a novel exposure within this epidemiological context. While vaping has been primarily marketed as a tool to help adult smokers quit, the rising popularity among adolescents has changed the dynamics of nicotine exposure. Current findings suggest that vaping plays a role in the development of nicotine dependence among adolescents; however, the existing data is not adequate to determine whether electronic cigarettes are supplanting traditional

tobacco use among youth. Instead, the simultaneous use of traditional cigarettes and electronic cigarettes has been noted in various adolescent groups, underscoring the necessity for ongoing longitudinal studies to elucidate these behavioural patterns [4]. Vaping is experiencing an increase in popularity, while cigarette smoking is declining. This trend indicates a shift in nicotine consumption patterns.

The principal causal pathways may be conceptualized as follows:

- Socioeconomic Status → Parental Smoking → Adolescent Smoking.
- Socioeconomic Status → School Environment → Peer Smoking → Smoking Initiation.
- Marketing Exposure → Smoking Attitudes → Smoking Initiation.

Collectively, these pathways demonstrate that adolescent smoking is best understood as the product of interacting behavioural and structural determinants rather than individual choice alone.

8. Approaches for Prevention and Intervention, Accompanied by Global Comparisons

Substantial public health initiatives have been implemented in England aimed at reducing adolescent smoking rates and promoting healthier behavioural outcomes. A critical approach emphasises the implementation of comprehensive health communication initiatives designed to reduce the normalisation of tobacco consumption and decrease its perceived social attractiveness among adolescents. These interventions typically combine mass media messaging with educational content tailored for diverse age groups, disseminated through posters, digital platforms, television advertising, and resources accessible in educational institutions (National Institute for Health and Care Excellence) [2]. While these campaigns effectively increased awareness regarding the hazards associated with smoking, their enduring influence often depends on sustained exposure and alignment with broader tobacco control strategies.

Alongside informational strategies, regulatory measures have played a critical role in reducing the initiation of smoking. In England, the increase in the minimum legal age for tobacco purchase in 2008 was associated with a significant reduction in the initiation of smoking among adolescents (odds ratio = 0.67, 95% CI: 0.55 - 0.81), indicating a measurable protective effect [3]. In a comparable context, the implementation of smoke-free legislation has been instrumental in the denormalisation of smoking in public spaces and has contributed to a reduction in the exposure of adolescents to smoking environments. However, evidence suggests that these policies may exert differential effects across various socioeconomic strata, indicating that structural regulation in isolation may not fully address the persistent disparities in tobacco consumption.

Educational interventions implemented within school and community environments represent a vital component of preventive strategies. These programs aim to improve comprehension of nicotine dependence and its associated long-

term health risks, while simultaneously promoting psychosocial skills such as resisting peer pressure and making informed decisions. Evidence indicates that interventions that integrate factual health education with the development of behavioural skills demonstrate greater efficacy compared to those that concentrate exclusively on knowledge acquisition [13]. Outcomes persist in exhibiting variability, influenced by the quality and intensity of the program, alongside broader social and environmental determinants that impact adolescent behaviour.

Global Instances of Successful Tobacco Regulation: Several nations have implemented comprehensive and innovative tobacco control measures that offer significant insights for improving adolescent smoking prevention efforts in England.

Finland is recognised as a significant leader in the field of tobacco control. Finland, via the Tobacco Act (549/2016), has established a long-term objective aimed at attaining a condition that is nearly devoid of tobacco and nicotine. The legislation introduced more stringent restrictions on tobacco advertising, expanded regulatory oversight to encompass emerging nicotine products, and strengthened safeguards for youth [14]. These policies are supported by extensive school-based prevention initiatives and accessible cessation services, resulting in sustained reductions in youth smoking prevalence.

New Zealand's Smokefree Aotearoa 2025 Action Plan exemplifies the effectiveness of an integrated strategy in tobacco control efforts. The strategy encompasses the implementation of tobacco taxation, the execution of public health education campaigns, the promotion of community-led initiatives, and the imposition of restrictions on the availability of tobacco products at retail outlets. These interventions have collectively resulted in a notable decrease in smoking prevalence, particularly among younger populations, highlighting the critical need for integrated strategies across various sectors [15].

Iceland exemplifies a noteworthy instance of success in reducing adolescent smoking through the implementation of a multifaceted social intervention strategy. The Icelandic Prevention Model emphasises the importance of increasing parental involvement, promoting youth engagement in organized sports and structured activities, implementing evening curfews, and conducting annual surveys to monitor adolescent behaviour. Community-level interventions have resulted in a notable decline in youth smoking rates, which have fallen from over 20% in the late 1990s to among the lowest levels observed in Europe. This approach underscores the importance of addressing social and environmental determinants that affect health, rather than relying solely on modifications in individual behaviour [16].

These international examples collectively demonstrate that effective tobacco control requires a comprehensive and multi-dimensional approach that incorporates legislation, education, community engagement, and sustained investment in public health infrastructure. In the context of England, the integration of elements from these models—particularly those emphasising youth prevention, family involvement, and community-based approaches—has the potential to strengthen

efforts directed at reducing adolescent smoking rates and curbing the increase in nicotine consumption.

9. Analysis

This review illustrates that adolescent smoking in England is not merely a behaviour stemming from individual choice; instead, it is the result of a complex interplay of socioeconomic, environmental, and policy-related factors. The evidence consistently underscores socioeconomic inequality as a pivotal factor influencing smoking initiation, thereby reinforcing the established social gradient observed in tobacco use. Adolescents hailing from socioeconomically disadvantaged backgrounds exhibit a higher prevalence of exposure to various risk factors, including parental smoking, targeted tobacco marketing strategies, and limited access to resources that promote health [9]. This indicates that strategies for tobacco control that concentrate mainly on individual behaviour modification may prove inadequate unless they are integrated into wider structural interventions designed to mitigate health disparities.

Peer influence and household smoking significantly contribute to the reinforcement of early initiation patterns, underscoring the critical role of social normalisation in the development of adolescent health behaviours. Smoking frequently plays a significant role in the development of social identities during adolescence, as the desire for conformity and acceptance within peer groups may supersede the understanding of long-term health consequences [10]. Parental smoking plays a significant role in the intergenerational transmission of nicotine normalisation, thereby elevating both exposure levels and the probability of earlier initiation among offspring. These findings underscore the necessity for interventions that reach beyond the confines of educational institutions and more directly engage with familial and community contexts.

Exposure to tobacco imagery in media and digital platforms significantly influences adolescent attitudes and experimentation. Research indicates that exposure to smoking depicted in films is associated with an increased probability of smoking initiation, as it reinforces behavioural modelling and normalises tobacco use [11]. In the contemporary digital landscape, the ramifications of these effects may be exacerbated by social media exposure and indirect marketing strategies, thereby complicating the regulatory landscape.

The rising prevalence of e-cigarette utilisation adds an additional dimension of complexity to the patterns of nicotine consumption among adolescents. Vaping is frequently positioned as a component of harm reduction strategies aimed at adult smokers; however, its increasing prevalence among adolescents prompts significant concerns regarding the potential for nicotine initiation and the development of dependency pathways [4]. The observed trend of decreasing cigarette consumption alongside an increase in vaping indicates a potential substitution effect, rather than a total decrease in nicotine exposure. This phenomenon presents challenges for long-term prevention strategies.

When examined in conjunction with international case studies, England's current methodology is consistent with global best practices in certain domains, especially concerning legislative controls and educational initiatives within schools. Research indicates that regulatory interventions, including the elevation of the legal age for tobacco acquisition, have demonstrably impacted the reduction of smoking initiation among adolescents [3]. Countries including Finland, New Zealand, and Iceland illustrate that implementing more comprehensive, system-level strategies can lead to more significant and enduring decreases in youth smoking rates [14]-[16]. These models integrate legislative frameworks with community involvement and sustained prevention strategies aimed at addressing the social determinants of health.

Overall, although current policies in England have played a role in reducing smoking rates, their effectiveness varies significantly among different socioeconomic groups and faces growing challenges from the introduction of new nicotine products. This underscores the necessity for flexible, equity-oriented tobacco control approaches that address emerging nicotine consumption patterns as well as ongoing structural disparities.

10. Epidemiological Impacts

The epidemiological evidence suggests that adolescent smoking shows a distribution shaped by social factors, rather than being randomly spread across the population. In accordance with the theory regarding social determinants of health, it is noted that smoking prevalence is significantly greater among socioeconomically disadvantaged groups. This suggests that approaches concentrating solely on personal behavior modification may not adequately tackle the inequalities in tobacco consumption. Strategies that tackle environmental and structural factors at the population level could result in more substantial reductions in smoking prevalence than interventions that concentrate exclusively on individuals [4] [6].

11. Conclusions

The findings presented herein underscore the significance of the observed patterns and their implications for public health. Further investigation is warranted to elucidate the underlying mechanisms and to inform future interventions.

Adolescent smoking in England continues to be a multifaceted and dynamic public health concern influenced by structural disparities, social determinants, and shifting trends in nicotine use. Despite advancements made via regulatory measures, public health campaigns, and educational interventions, notable disparities continue to exist, especially among adolescents hailing from more disadvantaged backgrounds [9].

The increase in e-cigarette utilisation among adolescents presents additional challenges to tobacco control initiatives, indicating that the patterns of nicotine exposure are becoming more varied rather than consistently decreasing [4]. International evidence suggests that the most effective strategies are those that combine

robust legislative frameworks with community-based prevention efforts, family involvement, and ongoing investment in health promotion [15] [16].

Future policy in England should prioritise integrated and equity-focused strategies that address the social determinants of health alongside the evolving nicotine landscape. Enhancing collaboration across various sectors and integrating preventive measures within wider social and educational frameworks will be crucial for achieving lasting decreases in adolescent smoking rates and advancing towards the goal of a smoke-free generation.

Data Availability Statement

Data available upon reasonable request.

AI Usage Statement

Generative AI tools were used for language editing (Quillbot) and manuscript Reference (ChatGPT).

Conflicts of Interest

The author declares no conflict of interest.

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