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Smoking prevention: Can parents influence whether or not their children start smoking?



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It is very hard to quit smoking once you are addicted. So the best way to prevent smoking-related disease is to prevent people from starting to smoke in the first place. This mainly concerns young people, because most people who smoke start smoking by the time they are 18 years old. This is probably true in at least 9 out of 10 cases. According to the World Health Organization (WHO), more than 20% of all young girls in Europe smoke regularly by the time they are 15 years old.

Research has shown that several factors influence when and why young people start smoking. For instance, a young person with major worries about their weight and figure might be more likely to start smoking to try to be thinner. Young people who do a lot of sports are less likely to smoke. Another important influential factor is the attitudes and smoking behavior of the people around them. Young people who start smoking often have friends, brothers, sisters or parents who smoke. The younger someone is when they start smoking, the harder it can be for them to quit later.

Researchers have shown that it is not just friends and peers who influence whether or not young people take up smoking. Their family probably has one of the biggest influences. Non-smokers are more likely to have parents who disapprove of smoking, who never smoked themselves, or who quit smoking.

These research results contradict the common belief that parents who disapprove of smoking could actually end up encouraging their children to rebel and take up smoking. In some cases that might still be true, though.

Research on the influence that parents have

Researchers from the Cochrane Collaboration – an international network of researchers – looked for trials of strategies to help parents reduce the chances that their children will start smoking. They did a search for so-called randomized controlled trials. In this kind of study, participants are randomly assigned to two or more treatment groups. At the end of the trial, the groups are compared to see whether the different treatments had an effect. For example, in research on smoking prevention, the

parents and children in one group might take part in special classes to learn smoking prevention strategies, whereas those in the other group do not take part in classes like this. You can read more about how trials are carried out here (URL: <http://www.informedhealthonline.org/index.61.en.html>).

After an extensive search, the researchers found a total of 22 randomized controlled trials that tested whether family interventions were effective at reducing smoking in young people. There were such problems with the way that some of these trials were done, that they could not provide very reliable answers. However, other trials were able to show that family members can actually prevent young people from smoking.

Smoking prevention strategies can be effective in some children and teenagers

The trials looked at lots of different strategies. Some of them tested classes for parents, for example, while others just involved sending advice booklets about how to discourage young people from smoking. There was not enough evidence to be able to be sure about what approaches work. For example, whether having anti-smoking information around the house could really help prevent young people from starting to smoke. Another strategy involved encouraging parents to try to teach their children to be strong and confident, so that they are able to say “no” – but there is not enough research on this approach either.

The trials did not provide any information on whether some prevention strategies might actually backfire and encourage smoking. Or whether some strategies might cause conflicts in the family or make parents feel guilty.

The researchers concluded that young people might be less likely to start smoking if parents are given support to help them actively discourage their children from smoking. However, what parents do is not the only factor that influences whether or not a young person will start smoking.

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Glossary

Cochrane Collaboration

The Cochrane Collaboration is an international network of thousands of researchers and others. They work together in teams called Cochrane Review Groups to answer questions about health care by doing systematic reviews of evidence. To achieve this, the members of the Collaboration have developed systems and methods for systematically finding and analysing the results of trials of health care interventions. The goal of the Cochrane Collaboration is to help patients, health care practitioners and others make more informed decisions about health care. You can read more about the Cochrane Collaboration at their website.

evidence

Evidence is what we call scientific proof from well-conducted, good-quality scientific trials that have been carefully designed to answer specific questions. Depending on the types of questions, different scientific research methods (types of study) are most appropriate to find reliable answers to these questions. Randomized controlled trials (RCTs), for example, are the best way to get reliable evidence on the effectiveness of medical treatments (interventions). This type of study, however, is not the best form of evidence for all possible questions, and does not provide the best answers to all kinds of questions, either. Epidemiological studies, for example, are very suitable for establishing well-founded proof for the spreading of a disease in the population.

World Health Organization (WHO)

The World Health Organization is a United Nations agency. Based in Geneva, it is concerned with matters of public health on an international level. Its objective is to obtain the highest possible level of health for all people worldwide. Health is understood here as being a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. To reach this aim the WHO develops guidelines and standards in health-related areas, coordinates activities in the fight against infectious diseases, launches global vaccination programs and analyzes health and disease data worldwide. More information is available at www.who.int.

Sources

IQWiG health information is based on research in the international literature. We identify the most scientifically reliable knowledge currently available, particularly so-called “systematic reviews”. These summarize and analyze the results of scientific research on the benefits and harms of treatments and other health care interventions. You can read more about systematic reviews and why these can provide the most trustworthy evidence about the state of knowledge here (URL: <http://www.gesundheitsinformation.de/evidence-based-medicine.61.en.html>) . The authors of the major systematic reviews on which our information is based are always approached to help us ensure the medical and scientific accuracy of our products.

Thomas RE, Baker P, Lorenzetti D. Family-based programmes for preventing smoking by children and adolescents. *Cochrane Database of Systematic Reviews*: Version 2008, Issue 4. CD004493. [PubMed summary (URL: <http://www.ncbi.nlm.nih.gov/pubmed/17253511>)]

The German Institute for Quality and Efficiency in Health Care (IQWiG)

The German Institute for Quality and Efficiency in Health Care (IQWiG) was established by legislation to provide evaluations of the effectiveness, quality and efficiency of healthcare services. This includes the assessment of medicines as well as the publication of health information for consumers and patients.

Evidence basis of our health information

Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at www.informedhealthonline.org

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