



HBSC Briefing Series: 2

Tobacco Smoking, Cannabis Use and Alcohol Use

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Introduction

A priority action for the Welsh Assembly Government is to address the number of young people in Wales smoking tobacco, drinking alcohol and using cannabis on a regular basis. The long-term effects of these behaviours on future health highlight the need to monitor young people's health behaviours.

The recently launched *Young People's Health in Context* presents the international dissemination of findings from the 2001/02 Health Behaviour in School-aged Children (HBSC) survey.¹ The HBSC is a cross-national research study conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe.

This short report is the second in a series of HBSC briefings aimed at highlighting aspects of young people's health targeted in the Welsh Assembly Government's key policies and programmes on adolescent health. Based on chapters in *Young People's Health in Context*¹, the report compares Wales with selected HBSC countries, with a focus on tobacco smoking, cannabis use and alcohol use. Data are presented for the three UK countries participating in the study and contrasted with those countries reporting the highest/lowest rates of behaviours.

Background

In health terms, childhood and adolescence are particularly important times of life. Certain behaviours, such as substance use, are initiated during the adolescent years, while some patterns of behaviour, such as eating habits and physical activity, can become established in earlier childhood.² Given this, research into young people's health and health behaviour – and the factors that influence them – is essential for the development of evidence-based policy and practice in Wales.

The HBSC study collects cross-national data every four years to help measure and track aspects of adolescent health and health-related behaviours and their developmental and social contexts.³ The study was first undertaken in 1983/84 and Wales first participated in 1986. Interim surveys are also conducted in Wales every two years.

The cross-national and national data provide a unique opportunity to develop the evidence base for policy and practice and focus on particular areas of adolescent health. These are highlighted in, for example, the children and young people's action plan,⁴ *Healthy and Active Lifestyles in Wales: An action plan*,⁵ *Tackling Substance Misuse in Wales: a partnership approach*⁶ and the 1998 UK Tobacco White Paper 'Smoking Kills'.⁷ The findings will also contribute to the wider strategic aims of the Welsh Assembly Government outlined in the 'better health' dimension of *Wales: A Better Country*⁸ and to the health improvement recommendations of *The Review of Health and Social Care in Wales* (the Wanless report).⁹

Methods

In 2001/02, 35 countries drew national samples of 11-, 13-, and 15-year-olds in accordance with the Study protocol.³ In the main, fieldwork took place between autumn 2001 and spring 2002. More than 160,000 young people took part and approximately 1,500 respondents in each age group were targeted in every country; pupils were sampled from schools and/or school classes. Pupils who were absent on the day of the survey were not followed up.

Data were collected by self-administered questionnaire. On completion of fieldwork, national data files were prepared using standard documentation and submitted to the HBSC International Data Bank at the University of Bergen, Norway. Data files were checked, cleaned and returned to countries for approval before being put in the international file. Further details of the methods used can be found in *Young People's Health in Context*.¹

The Welsh context

The main aim of this briefing is to present information on tobacco smoking, cannabis use and alcohol use in Wales compared to young people within the UK. Data from selected HBSC countries allow international comparisons.

One of the key priority areas for the Welsh Assembly Government is to address smoking and the use of substances such as cannabis and alcohol among young people. A previous HBSC report on trends in Wales 1986 - 2000¹⁰ revealed a changing picture in which initial increases were followed by a levelling off in the numbers of young people undertaking these behaviours. Recent years have seen evidence of a small decline. Between 1996 and 2000, the numbers of 15-year-old girls smoking held steady at 29 per cent. However, this has dropped to 27 per cent for 2001/02. It represents the first time a fall has been recorded, halting the steady rise in young girls smoking since 1988. HBSC data will allow monitoring of this encouraging trend.

Tobacco Smoking

Research has shown that habits established early on affect health-related outcomes in later life. Smoking is recognised as the single greatest cause of preventable death and ill health in Wales. Evidence suggests that the longer the onset of smoking is delayed the less likely that someone will become addicted.¹¹

The 1998 UK Tobacco White Paper '*Smoking Kills*'⁷ identified stopping so many children initiating the habit as one of its three main target areas. This White Paper forms the basis for the Welsh

Assembly Government's tobacco programme. Young people represent a key target group, and the programme is committed to reducing the number of young people smoking in Wales and to helping those who already smoke to quit. Policies and programmes have been developed nationally and locally to support this aim. For example, *Smokebugs* is a free-membership club for 8- to 11- year-olds, promoting the non-smoking message in a non-threatening way. All members receive national newsletters, which are supported by locally organised events. A series of advertisements on radio, TV and in the cinema target established smokers in the 13- to 15-year-old age group. The advertisements emphasise the damage that smoking can cause now rather than later in life, such as bad skin for girls and being unfit for boys. A telephone helpline and self-help materials were also established to provide on-going advice and support. In addition, under-age sales of cigarettes have been tackled by working with Local Authority Co-ordinating Body on Food and Trading Standards (LACOTS) to raise awareness of responsibilities and good practice.

The 2001/02 HBSC study used three items to measure smoking behaviour. A new measure was added to the international study for the first time to try to capture the age at which young people first smoked, although these data have always been collected in Wales.

Have you ever smoked tobacco (at least one cigarette, cigar or pipe)?

Response categories: *Yes; No*

How often do you smoke at present?

Response categories: *I don't smoke; Every day; At least once a week, but not every day; Less than once a week.*

At what age did you first do the following things...smoke a cigarette (more than a puff)?

Response categories: *Never; I was ___ years old.*

The proportion of 15-year-olds who report ever smoking in Wales is similar to Scotland but less than in England. Wales is ranked twenty-fourth overall, with Greenland showing the highest levels and Macedonia the lowest. The average for all the HBSC countries is 63 per cent for boys and 61 per cent for girls. However, more UK girls report ever having smoked than boys. For Wales, the proportions are 51 per cent for boys and 65 per cent for girls. The proportion of young people in Wales reporting that they have ever smoked rises steadily from age 11 to age 15. More girls than boys report ever having smoked across all age groups, with the gap widening with age as more older students report having smoked.

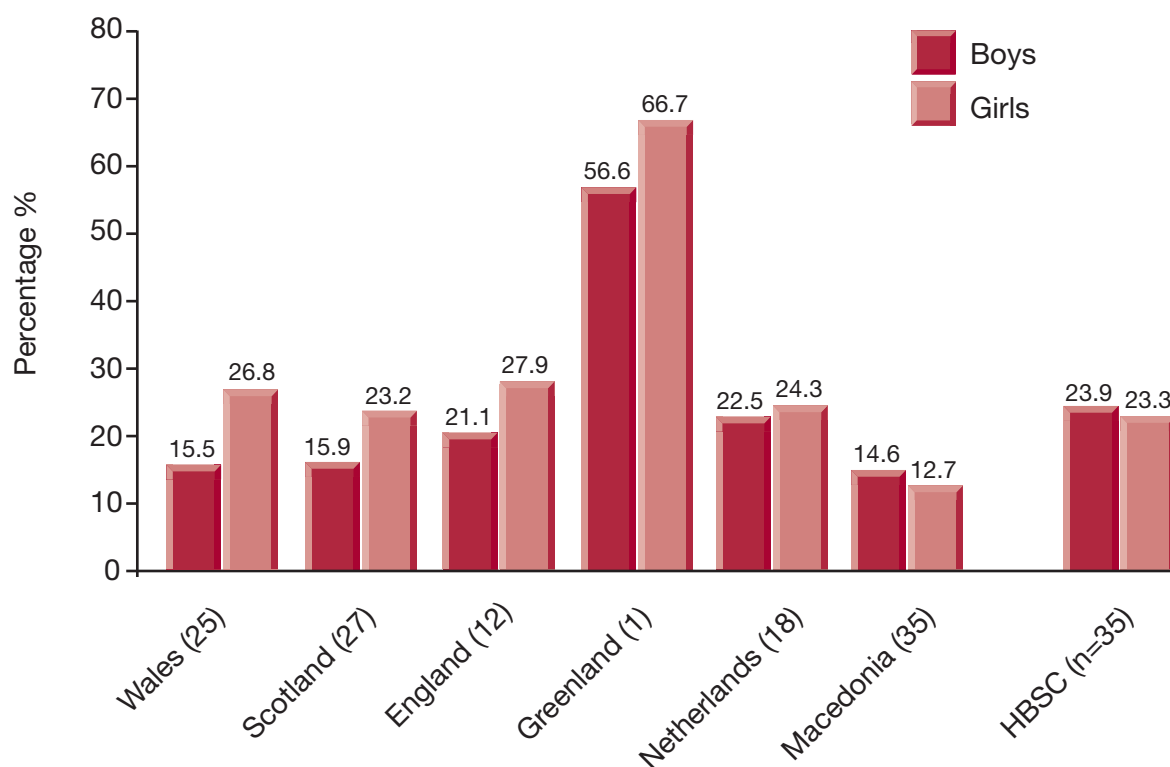


Figure 1 Percentage of 15-year-olds reporting weekly smoking

Figure 1 shows the proportion of 15-year-olds who report smoking weekly, an indicator of regular smoking. Wales is ranked twenty-fifth overall, the proportions being similar to Scotland but less than in England. The average for all the HBSC countries is 24 per cent for boys and 23 per cent for girls. However, more girls in Wales report being regular smokers than boys (27 per cent and 16 per cent respectively), as is the case in England and Scotland. The proportion of young people in Wales reporting that they smoke weekly rises from age 11 to age 15. At age 11 slightly more boys report being weekly smokers than girls; this has reversed by age 13 and this gender pattern remains at age 15. Greenland has the highest proportion of regular smokers at age 15, while Macedonia has the lowest.

For those who are regular smokers at age 15, the average age at which they report having their first cigarette across HBSC countries is slightly higher for girls than boys (approximately 13 for girls and 12 for boys). In Wales, England and Scotland, boys and girls reported having their first cigarette at about the age of 12.

Cannabis and alcohol

Smoking affects other behaviours, for example, young smokers are three times more likely to use alcohol and eight times more likely to use cannabis than non-smokers.¹² The earlier a person begins drinking alcohol, the more likely he or she is to establish a lifestyle pattern that includes drinking and the associated higher risk of negative health outcomes.¹³ For adults and adolescents, cannabis is the most widely used substance after alcohol and tobacco.^{14,15}

The Welsh strategy for tackling substance misuse, *Tackling Substance Misuse in Wales: A partnership approach*,⁶ was launched in May 2000 to address these findings. The strategy covers both alcohol and drugs. It has four key aims, one of which is to help children, young people and adults resist substance misuse in order to achieve their full potential in society and to promote sensible drinking in the context of a healthy lifestyle. This is done by raising awareness of the effects of drugs, alcohol and other substances that can be misused. The strategy also calls for preventive action in the family, within schools and other learning settings in youth work, leisure settings and the community. The past 18 months have seen much progress in promoting the Substance Misuse Strategy, involving several changes to the existing structures in Wales. The most important change is that responsibility for implementing the strategy at a local level has been passed to the 22 Community Safety Partnerships in Wales. It is felt that they are best placed to assess the needs and to make plans for their own communities. In addition, a number of new initiatives have been started. The All-Wales Schools programme is particularly relevant. More than £3 million has been allocated to this scheme, which involves Police School Liaison Officers working with Personal Social Education teachers and schools. Their aim is to educate children and young people in an interactive and imaginative way about the many risks and dangers they face as they grow up.

A National Assembly for Wales circular 17/02, *Substance Misuse: Children and Young People*,¹⁶ also deals with the whole range of substances used in Wales. These include: tobacco, alcohol, solvents, prescription and over-the-counter drugs, as well as illegal drugs.

Cannabis use

Young people in each country were asked if they had ever used cannabis and how frequently they had used cannabis during the last year. Only 15-year-olds were asked about their experience, as cannabis use is infrequent among children and early adolescents. The two items on cannabis use in the survey were:

Have you ever taken cannabis in your life?

Have you ever taken cannabis in the last 12 months?

Response categories for both questions: *Never; Once or twice; 3 to 5 times; 6 to 9 times; 10 to 19 times; 20 to 39 times; more than 39 times.*

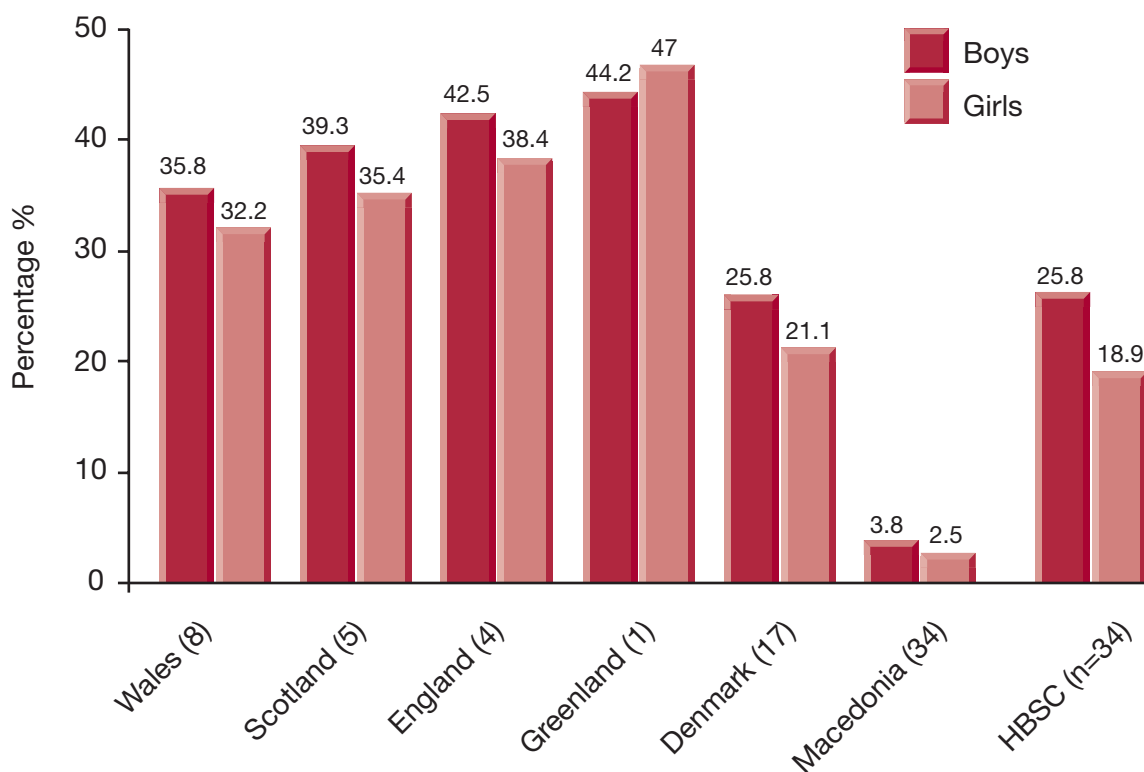


Figure 2 Percentage of 15-year-olds reporting to have ever tried cannabis

Figure 2 shows that the proportion of 15-year-olds reporting to have ever tried cannabis in Wales is 36 per cent for boys and 32 per cent for girls, lower than in Scotland and England. Taking both sexes together, Wales is ranked eight overall with England fourth and Scotland fifth. The HBSC average is 26 per cent for boys and 19 per cent for girls. Gender differences are apparent with more boys than girls reporting to have ever used cannabis in Wales, Scotland and England. Greenland has the highest reported cannabis use (46 per cent); Macedonia has the lowest (3 per cent).

The proportion of 15-year-olds in Wales reporting the use of cannabis in the last year was 26 per cent for boys and 24 per cent for girls. The HBSC average was 22 per cent for boys and 16 per cent for girls. Wales is ranked tenth behind both England and Scotland (ranked third and seventh, respectively). As with those 15-year-olds reporting to have ever used cannabis, use during the last year is more common among boys than girls in Wales, England and Scotland, although the differences are relatively small. Canada has the highest reported use of cannabis within the last year; Macedonia again has the lowest.

To differentiate between occasional and frequent use of cannabis four groups were identified: discontinued users (tried cannabis but not in the last year), experimenters (used once or twice during the last year), recreational users (3 to 39 times in last year) and heavy users (more than 40 times in last year). Within Wales, 3 per cent of 15-year-olds reported being heavy users of cannabis, compared to 6 per cent in Scotland and 7 per cent in England. Switzerland has the highest proportion of heavy users at 9 per cent.

Alcohol use

Estimating alcohol consumption through a detailed examination of recent drinking patterns is not possible through the HBSC, given the range of issues covered. The study uses a limited set of questions focusing on frequency of drinking and drunkenness.

How many times a week do you usually drink any alcoholic drink?

Response categories: *Never; Less than once a week; Once a week; 2 - 4 days a week; 5 - 6 days a week; Once a day, every day; Every day, more than once.*

At present, how often do you drink anything alcoholic, such as beer, cider, alcopops, wine/sherry or spirits?

Response categories: *Every day; Every week; Every month; Rarely; Never.*

Have you ever had so much alcohol that you were really drunk?

Response categories: *No, Never; Yes, once; Yes, 2 - 3 times; Yes, 4 - 10 times; Yes, more than 10 times.*

At what age did you first do the following things...Drink alcohol (more than a small amount) / Get drunk?

Response categories: *Never; I was ___ years old.*

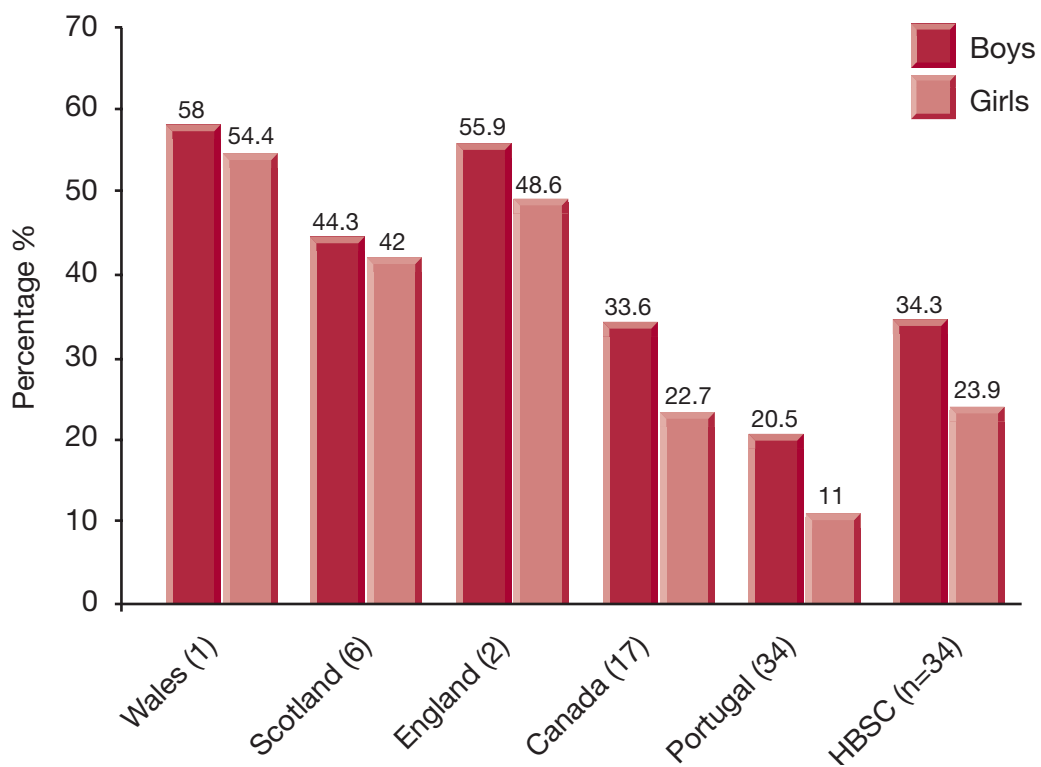


Figure 3 Percentage of 15-year-olds reporting weekly alcohol consumption

Data on weekly drinking are used as an indicator of regular alcohol consumption, with young people in Wales reporting substantially higher rates of drinking this often than the majority of their European and North American counterparts (Figure 3). By the age of 15, young people of both sexes in Wales reported the highest rates of weekly drinking (56 per cent), closely followed by England (52 per cent, ranked second) and Scotland (43 per cent, ranked in sixth place). Portugal had the lowest proportion of 15-year-olds drinking weekly (16 per cent).

In Wales, the proportion of young people drinking on a weekly basis rises considerably between the ages of 11 and 15, from some 10 per cent of 11-year-olds, to 28 per cent of 13-year-olds and 56 per cent of 15-year-olds. A similar pattern emerges for England and Scotland, and indeed most countries. All HBSC countries reported a higher percentage of boys drinking on a weekly basis compared to girls. On average across HBSC countries, 34 per cent of boys and 24 per cent of girls report drinking on a weekly basis. The gender gap appears to increase with age in the majority of countries and is most apparent among 15-year-olds, although this difference is only minor in Wales (58 per cent of boys compared to 54 per cent of girls).

There is a higher risk of negative health outcomes among young people who get drunk more than once.¹⁷ For all age groups, Wales and England have the highest rates of drunkenness, alongside Denmark and Greenland. Some 59 per cent of 15-year-olds in Wales reported having been drunk on two or more occasions and were ranked second only to Denmark at 66 per cent. Overall, England ranked fourth and Scotland ranked seventh, at 55 per cent and 52 per cent respectively. Fifteen-year-olds in Macedonia were least likely to have been drunk on two or more occasions at 11 per cent, compared to a HBSC average of 35 per cent. Across all countries and in all age groups, boys are more likely to report having been drunk two or more times than girls, with the exception of 15-year-old girls in Wales who reported slightly higher rates of drunkenness than boys (60 per cent compared to 58 per cent).

Young people show a clear preference for certain types of alcoholic beverage.¹⁷ Across HBSC countries alcohol consumption for both boys and girls is largely dominated by beer. By the age of 15, Wales ranked third highest in the proportion drinking beer weekly (29 per cent). England is ranked ninth (25 per cent) and Scotland seventeenth (17 per cent). Fifteen-year-olds were asked the age at which they first had a drink and the age of first getting drunk. In the UK countries, 15-year-olds reported drinking alcohol for the first time, on average, when they were about 12 and a half years old, and being drunk at an average age of around 13 and a half years old. Fifteen-year-olds across HBSC countries reported getting drunk for the first time at the average age of just under 14. Weekly drinking and drunkenness is more prevalent among boys. However, girls in many HBSC countries, including Wales and England, were on average a year younger than boys when they first drank alcohol.

The way forward

The international data from the HBSC study demonstrate that tobacco smoking, alcohol use and cannabis use in young people are issues of concern in the United Kingdom, Europe and beyond. This short report has highlighted that there are a number of factors influencing young people's health in this area. These findings will contribute to collaborative initiatives which address the focus on joint responsibility for health as set out in *Health Challenge Wales*.¹⁸

Targeted policies and programmes address concerns over the levels of tobacco smoking and alcohol use and use of illicit substances among young people in Wales. The health of children and young people is a priority for the Welsh Assembly Government as demonstrated through the appointment of the Children's Commissioner for Wales and the development of a *National Service Framework for Children, Young People and Maternity Services*. Importantly, children's health is one of the priority health areas in the new National Health Targets for Wales.¹⁹

The HBSC surveys will continue to track and monitor health behaviour and inform the development of policies and initiatives for young people. In addition to these briefings on 2001/02 data,^{20,21} a series of research reports based on data from the 2004 HBSC survey in Wales will follow.

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Contact for information

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