UNIVERSITY OF NEWCASTLE UPON TYNE

HEALTHACTION TYNE & WEAR

Child Health Information Development

Developing child health information for Tyne and Wear Service Providers

Report on Exemplar Issue: **Smoking Prevalence June 2001**

Executive Summary

Cigarette smoking is a modern epidemic. Before 1930, very few adults smoked, and they were virtually all men. The consequences of the massive increase in cigarette smoking by both sexes since the 1940s is seen in our current waves of adult cancers, heart and respiratory diseases.

This legal addiction has its origins in childhood and once established is extremely difficult to reverse.[1,2,3] Furthermore, passive and active smoking in childhood has immediate effects on children's health due to low birth weight, sudden infant deaths, asthma, meningitis, and ear infections.

This report examines what we know about this threat to our children's health in Tyne and Wear. Information is drawn from local surveys, some of them based on very small numbers of local respondents in larger, national sample surveys. The results are as follows:

- There is no regular and representative data source by which to accurately compare smoking rates amongst Tyne and Wear children over time or between places.
- National and local surveys show that Northern children smoke 15% more than the national average.
- By age 15, over 30% of children in Newcastle, Sunderland and Gateshead are smokers (either regular or occasional) and this has changed little in recent years.
- In South Tyneside, by contrast, a recent survey has found rates of smoking have fallen by almost 50% since 1995. For North Tyneside there is no smoking survey data.
- Although average smoking rates amongst 11-15 year olds appear to have fallen slightly since 1996 (nationally and locally), this obscures continuous increases in the rate of smoking amongst 12 year olds from 6% (1994) to 11% (2000). This may presage a further expansion in teenage smoking.
- Most teenage smokers acquire the addiction between age 13 and 14 years, and girls smoke 25% more than boys.
- At age 14 years (year 10) most child smokers obtain their cigarettes from shops and report little difficulty in these illegal purchases.
- A significant proportion of cigarette supply is from 'bootleg' sales through mobile shops, ice cream vans, and door sales.
- More than 50% of current teenage smokers want to give up smoking, but most think that they will need nicotine patches or cessation clinic support to achieve this.
- Across Tyne and Wear, 2/3rds of teenagers, whether or not they smoke themselves, live in households where at least one adult smokes.
- In Gateshead (the only District to conduct a fully representative survey) there are wide variations in smoking prevalence rates according to the Local Authority Ward of residence.

In summary, there is rapid and widely sanctioned addiction of Tyne and Wear children to tobacco between the ages of 12 and 15 years. We have only intermittent information on this, the most likely killer of our future adults. Illegal sales of cigarettes are commonplace, and only a small proportion of schoolchildren live in houses where adults do not smoke. There are worrying signs that there may be yet further growth in smoking in the next generation of teenagers, as well as local pockets with very high smoking prevalence rates in childhood.

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Introduction

The government has identified tobacco control as a key part of its approach to improving health and reducing inequalities. Children need to be protected from the harmful effects of tobacco through education, legislation, cessation support and provision of smoke free environments. In order for appropriate intervention mechanisms to be developed and their effectiveness to be measured, it is essential that we obtain data on current smoking prevalence, attitudes and trends. For planners of services and interventions, this data must be developed into useful information demonstrating the various issues related to tobacco usage. This report aims at drawing a picture of teenage attitudes toward smoking, exposure to passive smoking and provision of cigarettes across Tyne and Wear. Unless stated otherwise, in this report the term 'current smokers' includes both occasional smokers (less than 1 cigarette a week) and regular smokers (more than 1 cigarette a week).

International Data

In 1999 the UK, through Edinburgh University, participated in the European School Survey Project on Alcohol and other drugs.* This allowed a comparison in teenage attitudes towards tobacco, alcohol and illicit drugs between 30 different countries:

- UK teenagers are near the top of the European 'chart' for the use of illicit drugs, alcohol and tobacco.
- Although there has been a slight decline in illicit drug use since 1995, UK teenagers retained their position as those most likely in all the 30 countries to have used illicit drugs.
- Other countries in which drug use was high, though not as quite as commonplace as among UK teenagers, included the Czech Republic, Republic of Ireland and France.
- Countries with low levels of drug use included Finland, Sweden, Malta and Cyprus.
- UK teenagers, together with those in Denmark, the Faroe Islands, Finland, Greenland, Iceland and Ireland, reported the highest levels of alcohol consumption and intoxication.
- Countries where alcohol consumption was least included Cyprus, France, Greece, Italy, Malta and Portugal.
- More than half of all the teenagers in the countries surveyed had smoked at some time in their lives. Girls in the UK were more likely than boys to have smoked.
- UK teenagers reported a high rate (20%) of daily smoking. Other countries with high rates included the Republic of Ireland (18%), Russia (16%), Finland (15%) and France (14%).

* The full report may be purchased from: Alcohol & Health Research Centre, City Hospital, Greenbank drive, Edinburgh, EH10 5SB. Or email: martinplant@onet.co.uk

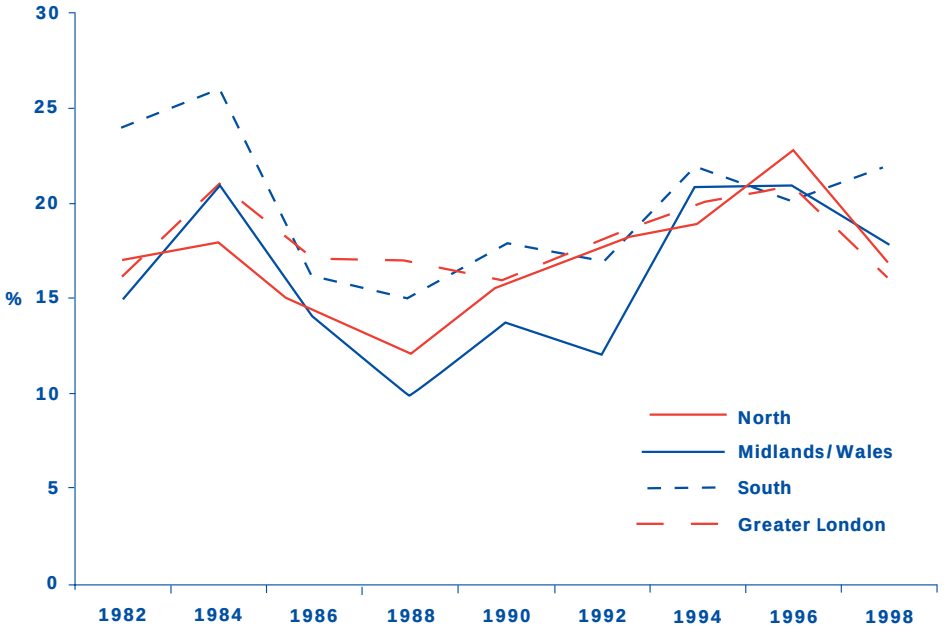
National Data

At the request of the Department of Health, a series of biennial surveys began in 1982 to provide estimates of the proportion of children aged 11 - 15 who smoked, and to describe their smoking behaviour. In 1988, it was felt that some questions on smoking could be dropped, and questions on drinking were included. In 1996, the Health Education Authority commissioned the then OPCS to carry out a series of three annual surveys on young people's attitudes towards smoking and their responsiveness to health promotion campaigns. The opportunity was taken of rationalising the topics included in the 1996 DH and HEA surveys, so that the DH one focused primarily on aspects of smoking behaviour, and the HEA one on attitudes towards smoking.

- North: North, Yorkshire & Humberside, North West
- Midlands: East Midlands, West Midlands, East Anglia (and Wales in 1982, 1984 and 1986)
- South: South East, South West.
- Greater London.

The surveys have shown no consistent pattern of regional variation in smoking behaviour during the 16 years period in which they have been carried out. There was a statistically significant decrease in the North from 23% in 1996 to 17% in 1998 – slightly lower than in 1994.

Figure 1: ***Smoking prevalence by region and by year[4]***



As a result, both "Smoking, drinking and drug use among young teenagers in 1998", from the Department of Health, and "Young teenagers and smoking in 1998" from the Health Education Authority were used as references for this report.

Figure 1 shows the prevalence of smoking by region, as assessed over the years by the Department of Health. Subjects were aged 11 to 15 years old, and were current smokers (either regular or occasional smokers).

Regional variations in smoking are difficult to interpret because of the sample size in each region being relatively small, although this problem was partly overcome by grouping the regions in four larger areas:

The proportion of 11 to 15 year olds who were regular smokers (more than one cigarette a week) has changed little throughout the Teenage Attitude surveys. In 1998, 10% of pupils were regular smokers, compared with the previous year's figure of 11%; a difference not statistically significant. The proportion of regular smokers was also slightly lower than the figure of 11% reported on the 1998 Department of Health Survey, but again not significantly so. According to this last survey, the prevalence of regular cigarette smoking increased between 1988 and 1996, but decreased in 1998. It is too early to say whether this is a temporary fluctuation or a reversal of the previous trend.

The prevalence of cigarette smoking increases across the age range. While less than 1% of 11 year olds were regular smokers in 1998, this proportion is 21% for 15 year olds.

Over three quarters (78%) of 11 year olds claimed to have never smoked; compared with 30% of 15 year olds. It is at year 10, or aged 14, that there is a substantial increase in smoking prevalence (see figure 2).

In 1998, 10% of all pupils had given up smoking. This is a similar figure to previous years and indicates that pupils are both willing and able to stop smoking.

Figure 2: ***Prevalence of smoking per age, in 1998***[5]

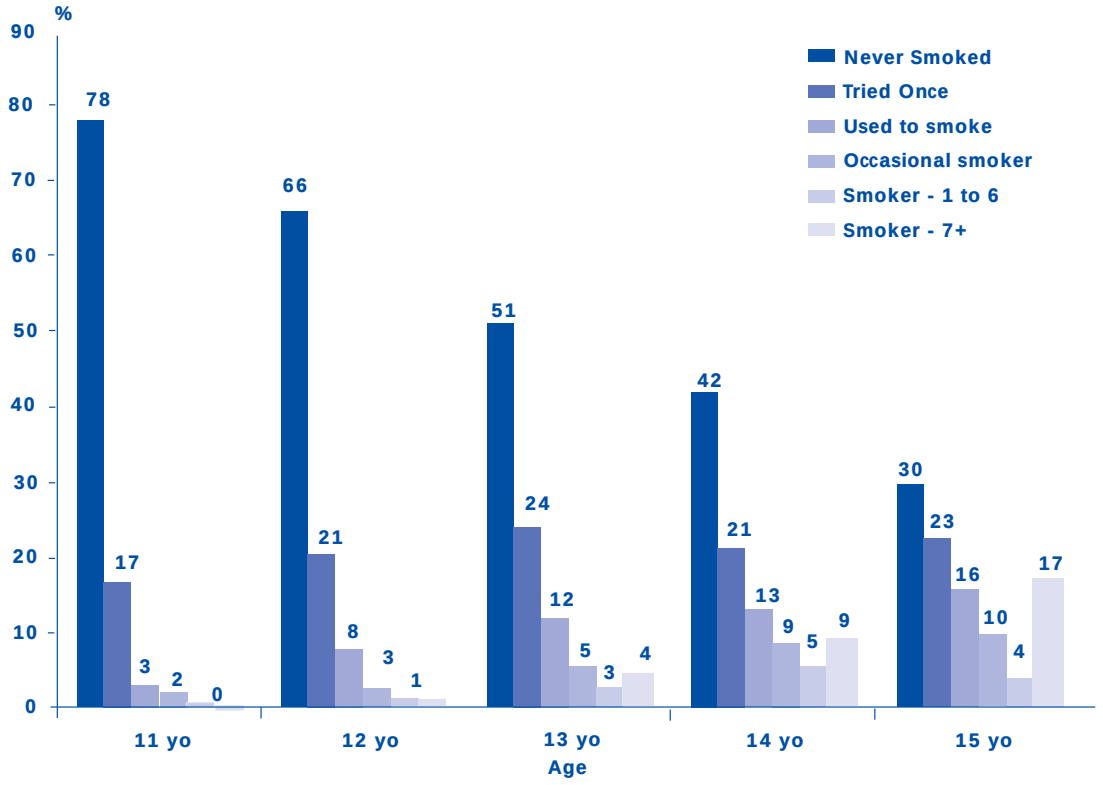


Table 1: ***Smoking behaviour by sex 1996 – 1998, England[2]***

Smoking behaviour	1996	1997	1998
Boys	%	%	%
Regular smoker	9	9	8
Occasional smoker	6	5	5
Used to smoke	11	10	12
Smoked once	23	21	23
Never smoked	51	55	51
Base (=100%)	1899	1908	1757
Girls	%	%	%
Regular smoker	11	12	11
Occasional smoker	7	7	6
Used to smoke	13	10	10
Smoked once	19	20	19
Never smoked	50	51	54
Base (=100%)	1758	1891	1782
Total	%	%	%
Regular smoker	10	11	10
Occasional smoker	6	6	6
Used to smoke	12	10	11
Smoked once	21	20	21
Never smoked	51	53	52
Base (=100%)	3657	3799	3539

The proportion of smokers among 11 to 15 year olds continues to be higher among girls than boys: in 1998, 11% of girls said they were regular smokers, compared with 8% of boys (12% and 9% respectively, from the Department of Health data).

Northern Region

In 1996, the Department of Health and the Scottish Office Department of Health requested the 9th national survey of Smoking Among Secondary Schoolchildren. Authorisation to use the data collected for England was obtained from the Data Archives, and data from "The North" were selected and analysed. "The North", as defined in the ONS report, includes the North, Yorkshire & Humberside, and the North West. Data from the Teenage Attitudes Survey in 1998 was also obtained. Again, data from "The North" were selected to perform analyses and compare the results to national levels.

This process does not provide data that are statistically representative of the north, but it was thought that this narrowing down process would give an estimation of smoking prevalence that could be compared to national levels.

The RITSY school survey report was also used as a reference in this report. It reported in 1998 a survey of smoking prevalence and availability of cigarettes among school children. It included 1696 year 8 and year 10 children, from Northumberland, South Tyneside / Gateshead, Newcastle / North Tyneside, Sunderland, Teeside and Durham.

Proportions of smokers are above the national average: 18% of 14 year olds and 23% of 15 year olds were regular smokers (14% and 21% nationally, respectively) in 1998.

Figure 3: ***Smoking prevalence by age in the Northern Region 1988[2]***

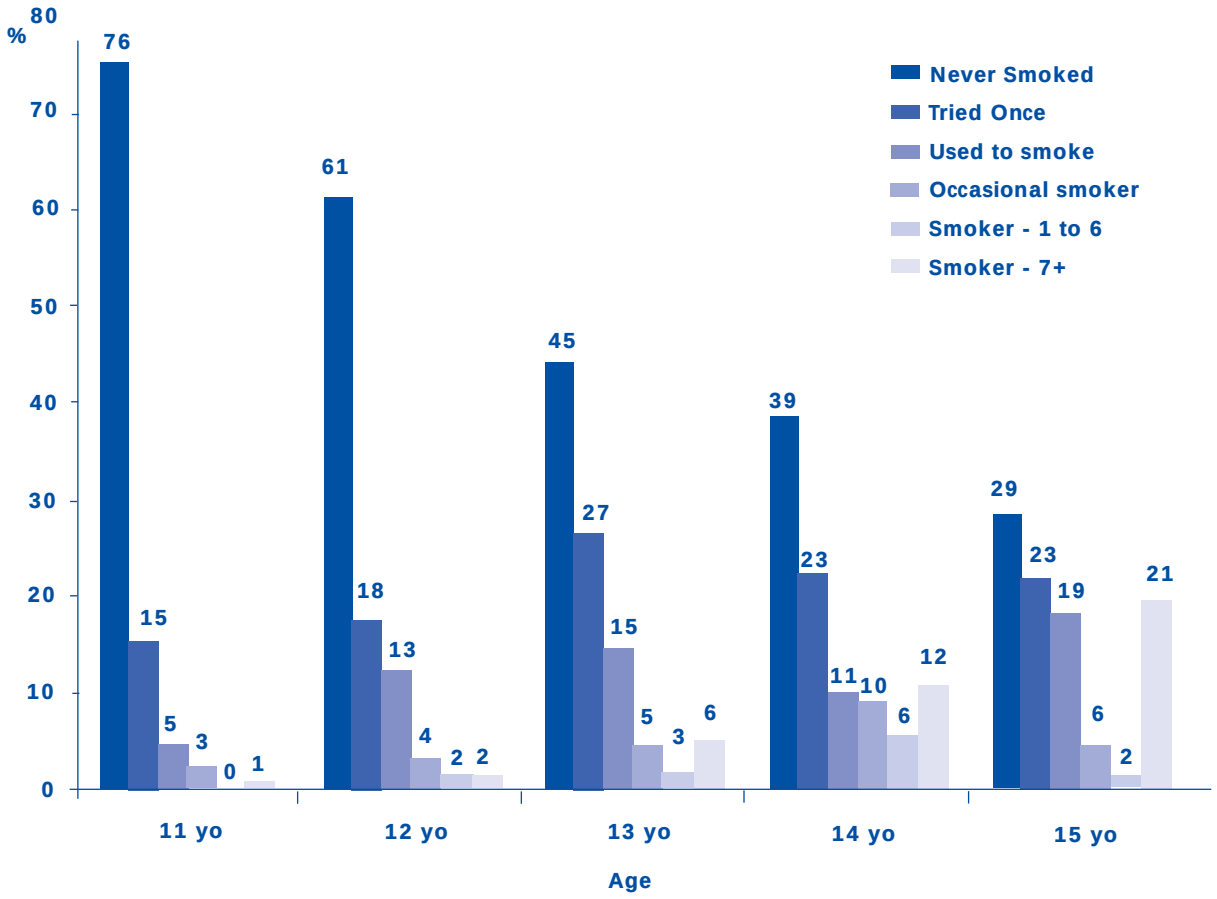


Table 2 shows smoking prevalence by sex. 14.8% of the boys surveyed were smokers, comparing with 13% nationally. These figures were of 18.6% and 16% respectively for the girls.

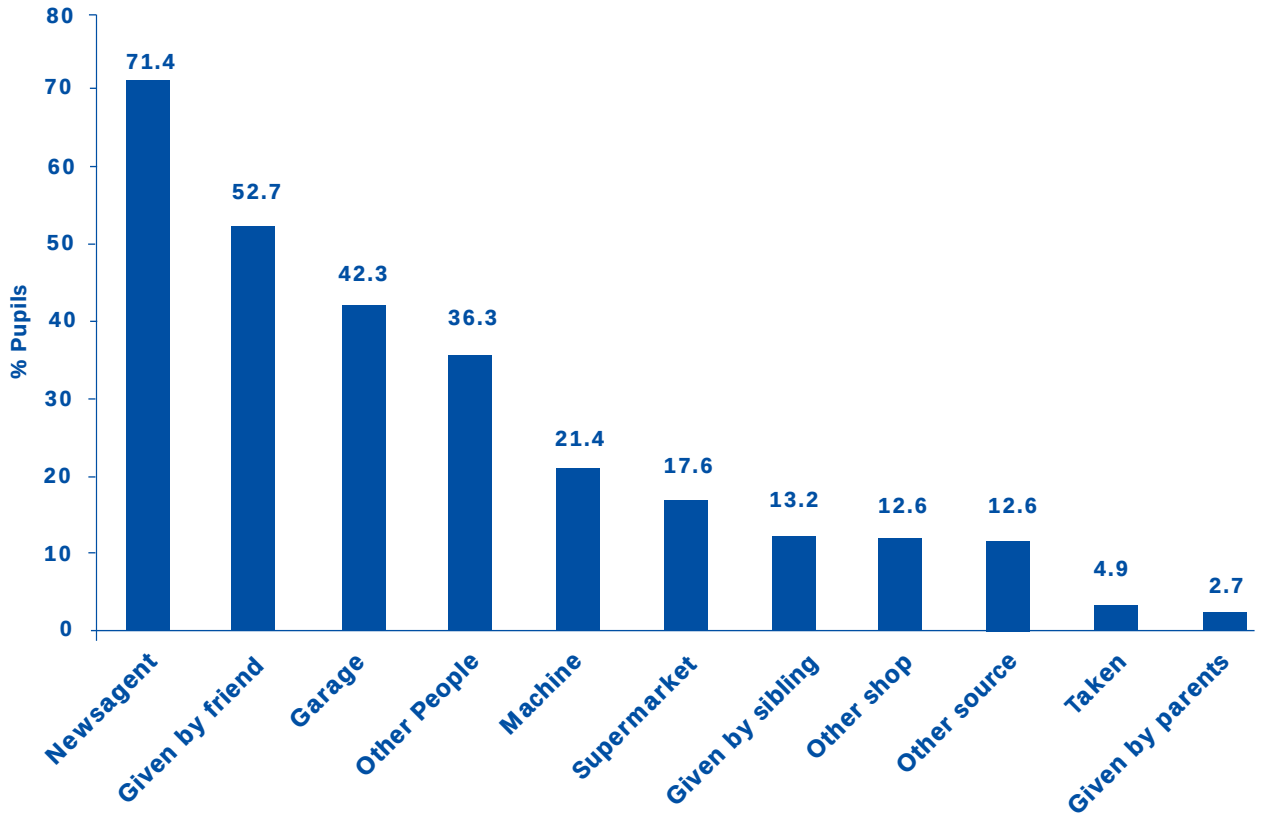
Table 2: ***Prevalence by sex in the Northern Region, 1998[2]***

Smoking behaviour	Boys		Girls	
	Count	%	Count	%
Smoker 7+	40	6.7	59	10.8
Smoker 1 to 6	14	2.4	16	2.9
Occasional smoker	34	5.7	27	4.9
Used to smoke	80	13.4	70	12.8
Tried once	136	22.9	109	19.9
Never smoked	291	48.9	267	48.7
Total	**595**	**100.0**	**548**	**100.0**

Source and availability of cigarettes

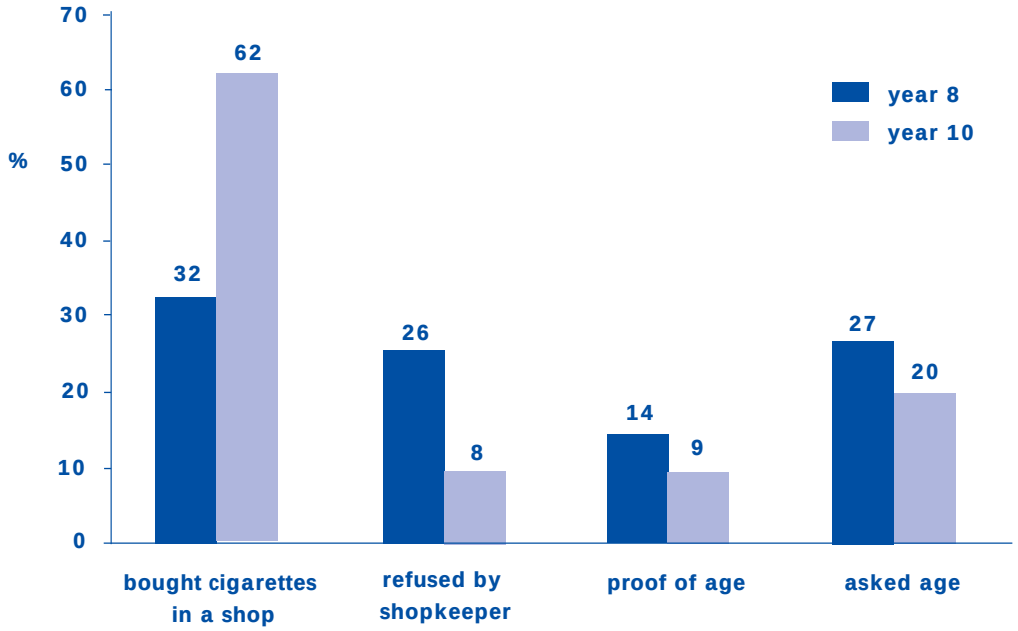
In the 1996 ONS survey[6], 182 pupils reported to be current smokers. Figure 4 shows their usual source of cigarettes.

Figure 4: ***Source of cigarettes, data from the north, 1996***



Some of the key findings of the RITSY campaign regarding the availability of cigarettes to young people are shown in figure 5[7]. Overall, young people (year 8 and year 10) reported having no difficulty obtaining cigarettes, regardless of age and sex.

Figure 5: ***Access to cigarettes as reported by the children surveyed in the RITSY campaign, the last time they tried to get some.***

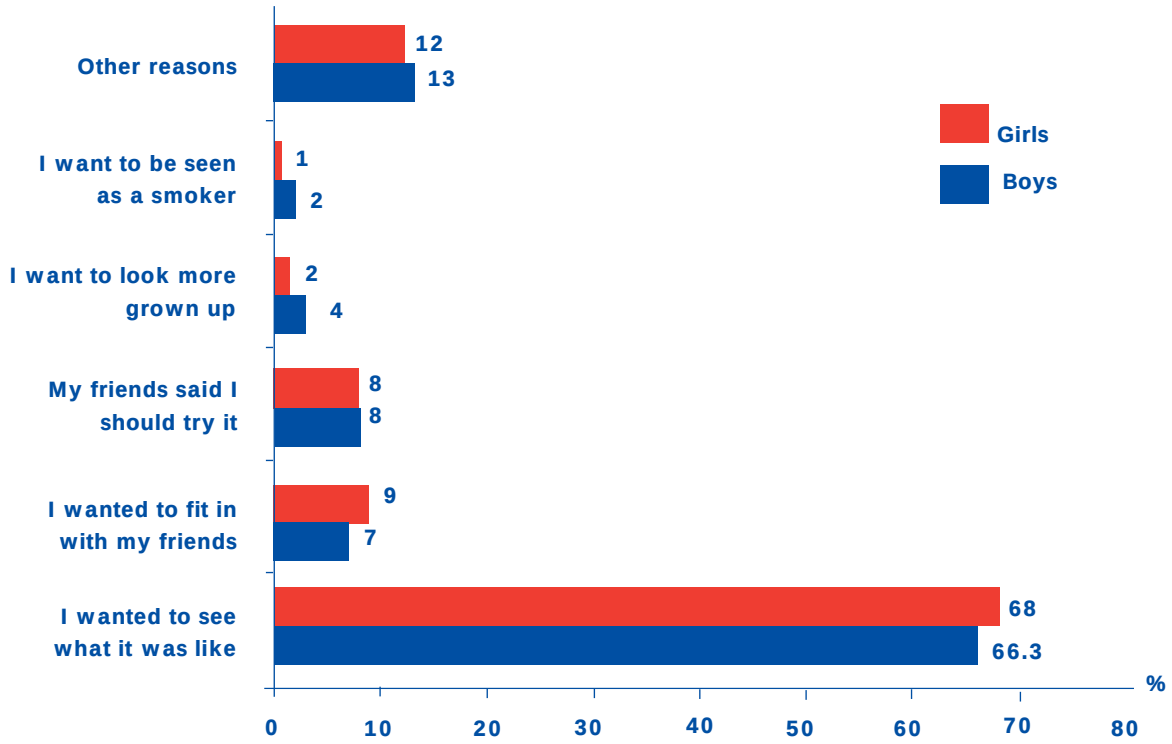


The most common source of supply were: corner shops, ice cream vans, purchase from strangers 'in the street', stealing from parents and asking strangers or older peers to purchase for them. At year 8, young people reported being asked for ID occasionally, particularly if they were male. However, this was not seen as a problem, provided they said they were 16 years of age or were buying cigarettes for their parents. Bootleg cigarettes were a source of supply for most smokers regardless of age and sex; they could be obtained form mobile and ice cream vans, street sellers, specific houses or from house to house sales.

Attitudes toward smoking

In the Northern Region (Young Teenagers and Smoking[5]), 15% of the children first experimented smoking before the age of 10 and 48% of them smoked their first cigarette with their friends. All those who had ever tried smoking were asked the reason for it (figure 6).

Figure 6: ***Reasons why pupils first started smoking by sex***

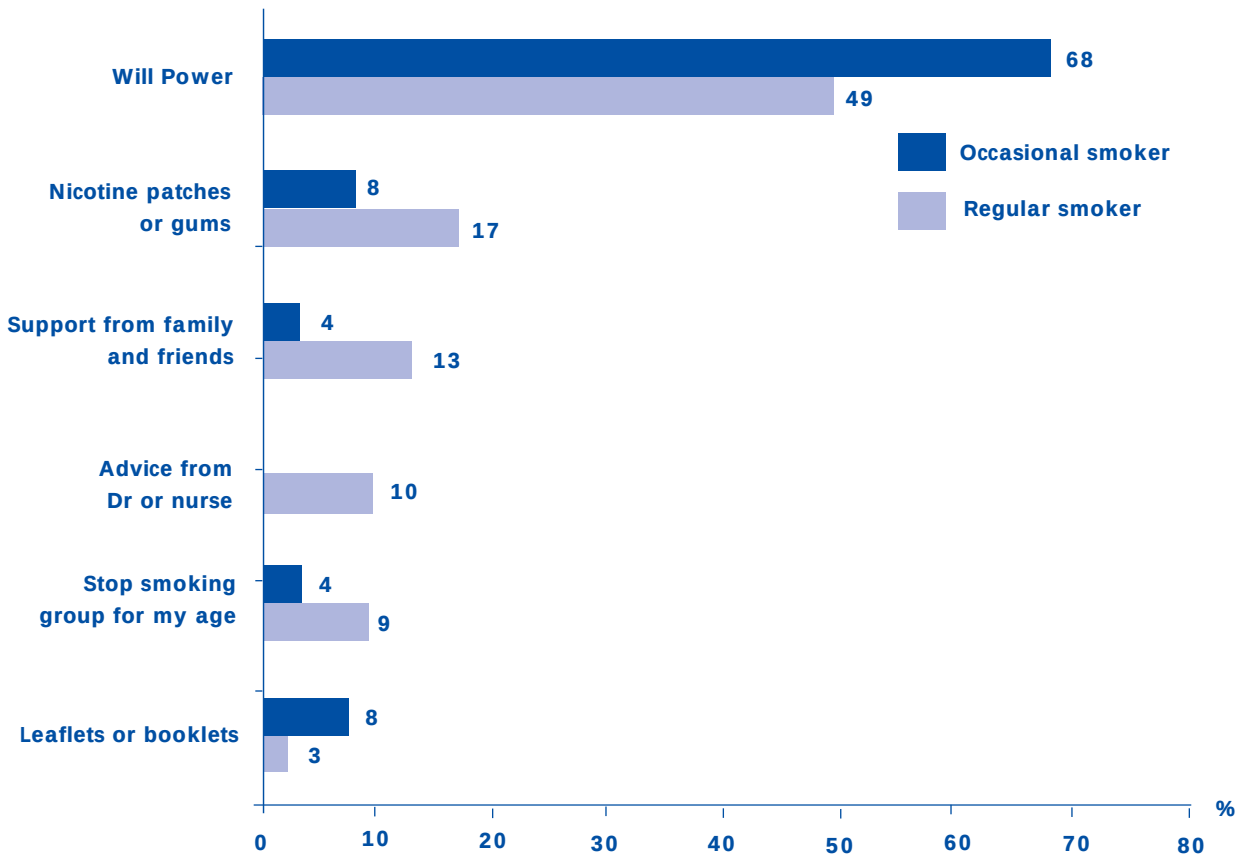


67% of the children who had ever smoked tried their first cigarettes because they wanted to see what it was like (the national figure is 75%). 8% said they wanted to fit in with their friends and the same proportion said their friends had suggested they try smoking. More boys than girls started because they wanted to look more grown up (4%) or because they wanted to be seen as a smoker (2%). But more girls than boys said they wanted to fit in with their friends.

58% of the smokers interviewed would have liked to give up smoking, the percentage being slightly higher among girls (59%), and younger smokers (69% of the 11 year olds). However, only 13% think they will ever give up smoking for good. 16% had already tried to stop smoking, mainly because they were worried about their health (35%) and because of the cost (19%) and to feel fitter (18%).

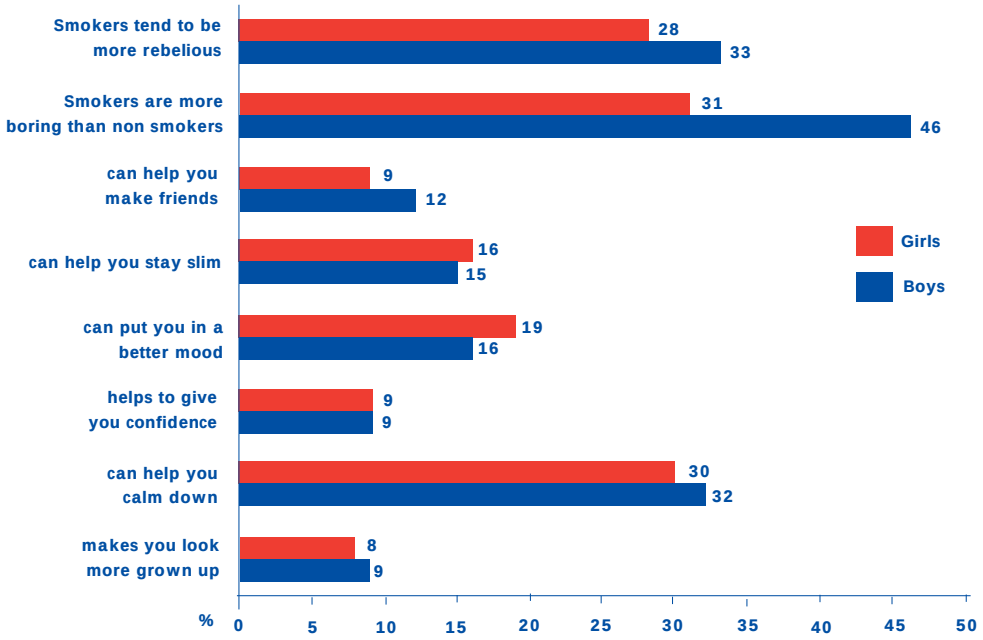
In 1998, current smokers who wanted to give up were asked what they thought would help them (figure 7). The most common answer was their own willpower, however less frequently in regular smokers than in occasional smokers. Although in smaller proportions, regular smokers were more inclined to think that nicotine replacement therapy, support from family and friends, advice from medical staff and stop-smoking groups could help them.

Figure 7: ***What would help to give up smoking, by smoking behaviour.***



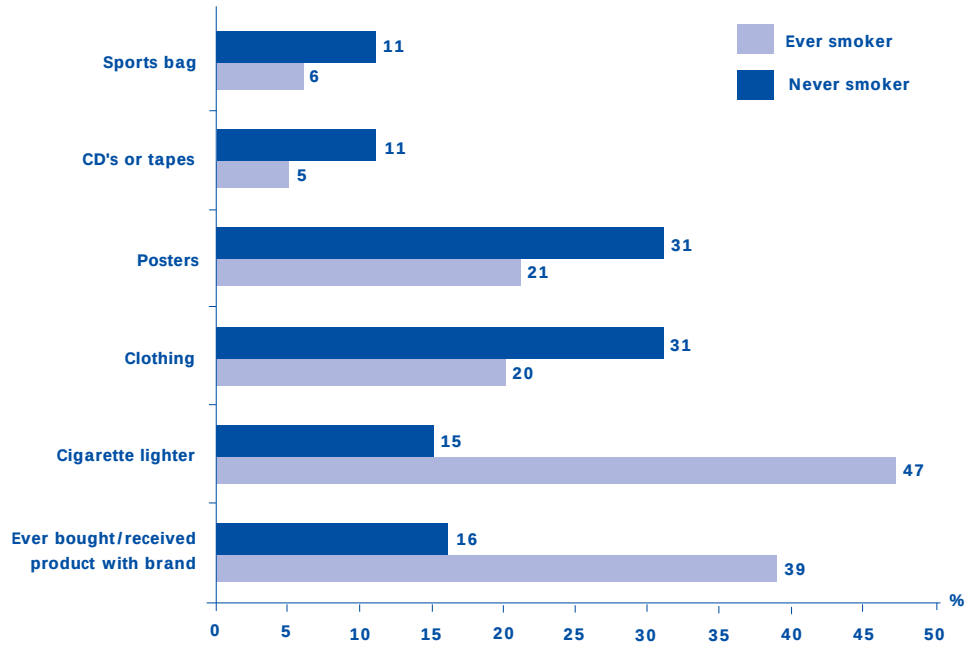
All pupils were asked whether they agreed or disagreed with a series of statements about smoking (**figure 8**).

Figure 8: ***Proportion of pupils who agreed with views about smoking, by sex***



Boys were more likely than girls to think that smokers tend to be more rebellious or more boring and that, although to a lesser extent, smoking can help them make friends, calm them down and look more grown up. Girls were slightly more likely to think it can help to feel in a better mood or to stay slim. Teenagers' awareness of cigarette advertising and sponsorship of sport is well established[3]. The Smoking Among Secondary School Children survey looked at other common forms of indirect tobacco promotion. Many products are available with cigarettes brand names on them, either through "brand stretching" (promoting cigarettes through putting brand logos on a variety of non-tobacco-related items) or sponsorship of sporting and other events by tobacco companies.

Figure 9: ***Types of products with cigarettes brands or logos on them that pupils have bought or received by smoking behaviour.***



Almost three in ten pupils (28%) said they had ever bought or received a product with a cigarette brand logo on it. This proportion was higher in ever smokers (39%) than in never smokers (16%). Among the pupils who had such a product, 40% had cigarette lighters and 24% had either items of clothing or posters. Never smokers had more frequently items of clothing, posters, CDs or tapes and sport bags than ever smokers.

Tyne & Wear

Analysis of Health Related Behaviour Questionnaire surveys on smoking

Data provided by the Schools Health Education Unit in Exeter are the result of requests from individual Health and Education Authorities to evaluate health risk behaviour in their adolescent population. As a result, surveys occur at various times and with fluctuating samples, making it difficult to compare smoking prevalence between areas or over the years. However, annual reports are produced using a compilation of all individual surveys conducted throughout the year. Interestingly, the results compiled in this way are very similar to those provided by national randomised surveys. For this part of the report, all available survey data sets produced in Tyne and Wear were collected and analysed separately.

1. Newcastle

1a. Newcastle primary schools

- 22 schools participated in 1993: 747 pupils aged 10 to 11 (year 6) were surveyed with the HRBQ version 4
- 20 schools participated in 1995: 758 pupils aged 10 to 11 (years 4, 5 and 6) were surveyed with the HRBQ version 5; most school were included in both surveys.

Table 3: ***Smoking behaviour in Newcastle Primary Schools, 1993 - 1995***

	1993		1995	
	count	%	count	%
Never smoked	568	76.0	600	79.2
Tried once	113	15.1	96	12.7
Used to	42	5.6	32	4.2
Would like to give up	6	0.8	8	1.1
Contented smoker	3	0.4	4	0.5
Smoked cigarettes this week	12	1.6	14	1.8
Do you think you will smoke when you are older (%):				
NO!	71.8%		72.2%	
no	7.2%		7.0%	
maybe	17.6%		15.6%	
yes	1.4%		1.4%	
YES!	2.0%		4.0%	

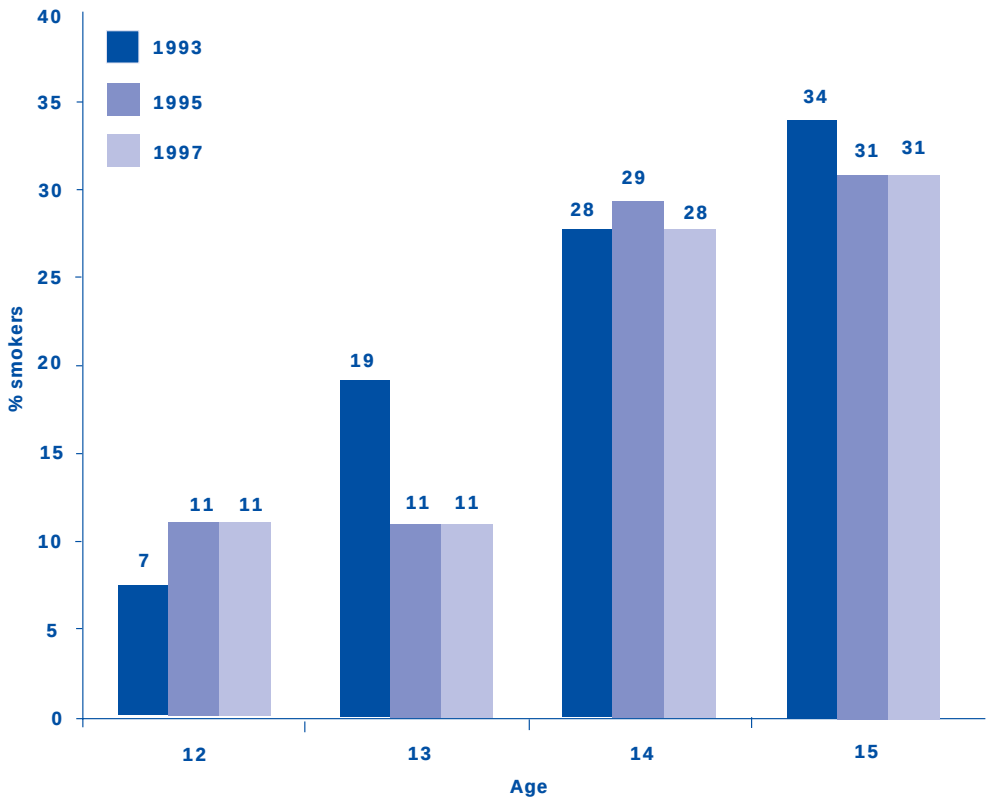
In both surveys, 21% of the pupils said they might smoke when they get older.

1b. Newcastle secondary schools

Three surveys have been conducted in Newcastle secondary schools:

- in 1993, 4 schools participated, and 953 pupils (years 8 & 10) were surveyed with the HRBQ version 16
- in 1995, 3 schools participated, and 1307 pupils (years 8 & 10) were surveyed with the HRBQ version 16
- in 1997, the same 3 schools participated, and this time 1245 pupils (years 8 & 10) were surveyed with the HRBQ version 16.3

Figure 10: ***Smoking prevalence by age group, over the 3 surveys (all current smokers)***



Two of the participating schools in 1993 merged to participate again in 1995 and 1997. As a result it is likely that children aged 12 in 1993 (7% current smokers) were aged 14 in the 1995 study (29% current smokers). Similarly, the cohort of children aged 13 in 1995 went from 11% to 31% of current smokers in 2 years time. The proportion of regular smokers at 12 years old increased from 3% to 6% over the 3 surveys. The age of 14 seems to be a key time in the initiation of smoking.

In the RITSY survey of young people in Newcastle & North Tyneside, 50.5% of the children surveyed considered that obtaining cigarettes was easy (boys, 39.3% - girls, 63.0%). 22% of them were buying cigarettes every day, and 32.4% once a week. Their top four sources of cigarettes were:

1) Newsagent: 23.3%
2) Friends: 17.2%
3) Other people: 15.3%
4) Bought for somebody else: 12.6%

Although girls smoke more than boys, and this is a major concern, they seem to be decreasing faster as well. (Figure 11)

Figure 11: ***Smoking prevalence by sex in Newcastle, over the 3 surveys (all current smokers)***

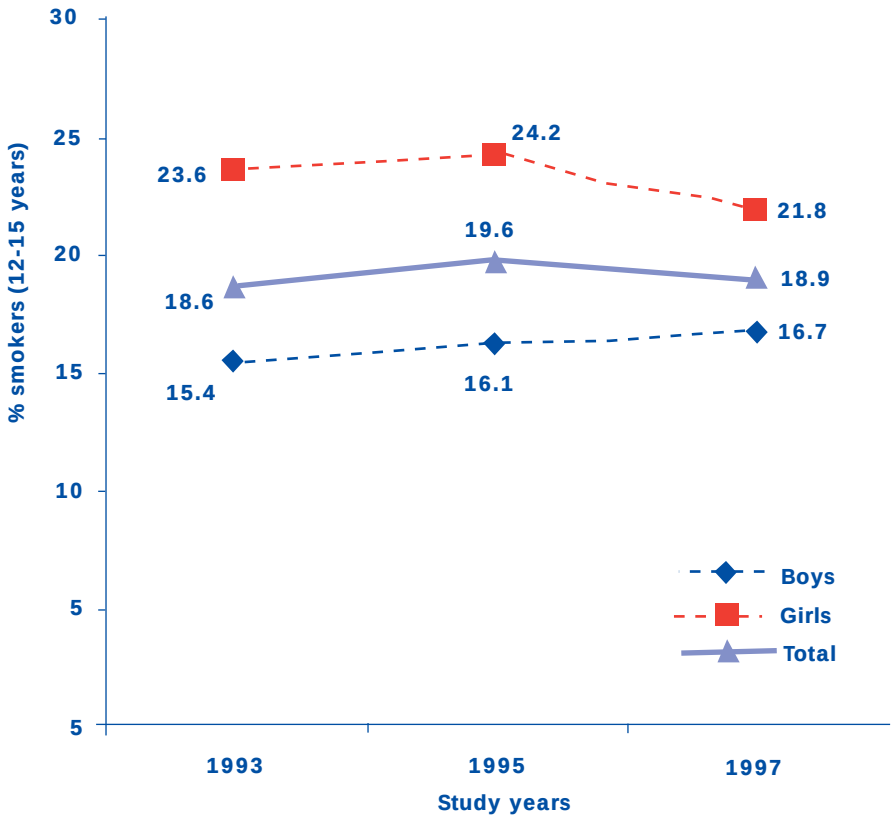
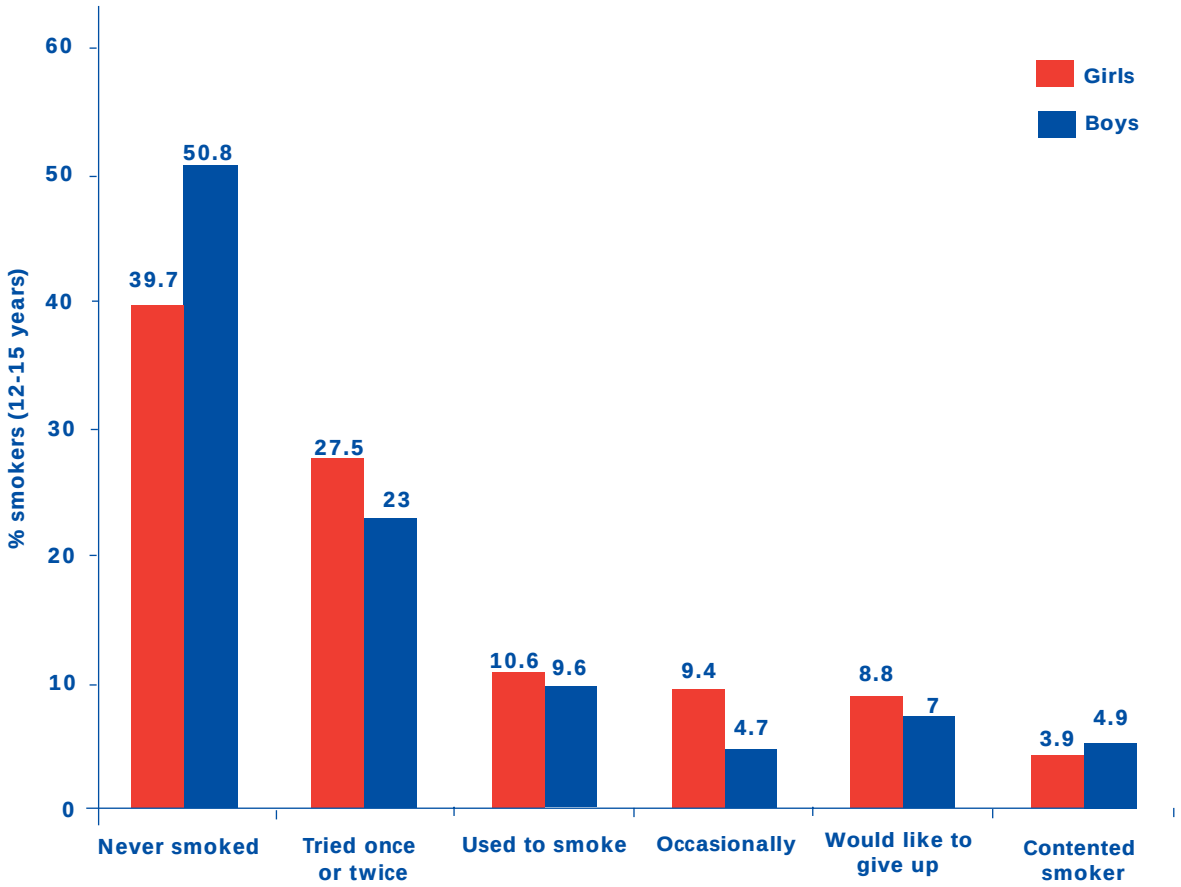


Figure 12: ***Smoking behaviour by sex in 1997, Newcastle***



Girls tended to smoke more than boys, and more often to class themselves as occasional smokers. 79% of girls and 65% of boys, who currently smoke, would have liked to give up smoking. Boys described themselves slightly more often as being smokers and not willing to stop smoking.

Table 4 gives an insight of the familial and social environment of the children interviewed in 1997.

Table 4: ***Proportion of children whose mother, father and close friend smoke, and who live in a house with 2 or more smokers***

	% Children
Mother smokes	43.8%
Father smokes	44.0%
Close friend smokes	44.5%
≥ 1 smoker at home	66.8%

In 1997, 18.9% of the 1245 teenagers interviewed smoked cigarettes, 14.5% of them spent some of their personal money on cigarettes, and 13.1% declared they wanted to stop smoking. 66.8% lived with one or more smoker(s) at home, and 43% lived with 2 or more smokers.

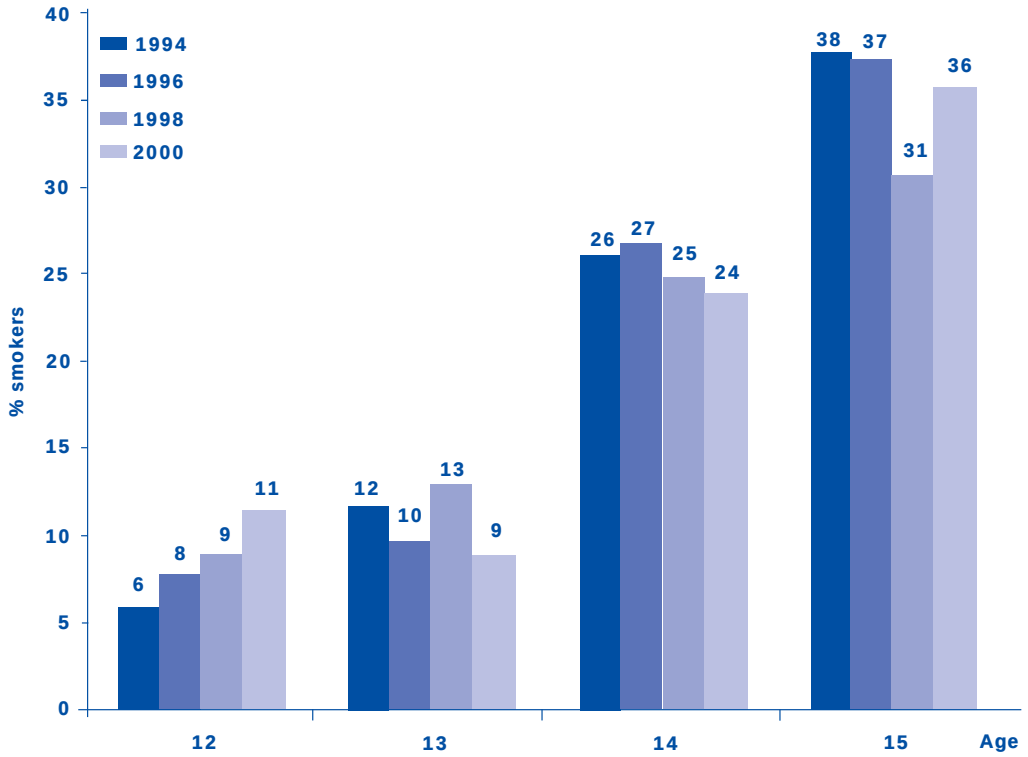
2. Sunderland

Four surveys have been conducted in Sunderland secondary schools

- in 1994, 8 schools participated, and 1477 pupils (years 8 & 10) were surveyed using the HRBQ version 16;
- in 1996, 9 schools participated, and 1777 pupils (years 8, 9 & 10) were surveyed using the HRBQ version 17.2;
- in 1998, 8 schools participated, and 1426 pupils (years 8 & 10) were surveyed using the HRBQ version 20;
- In 2000, 8 schools participated, and 1459 pupils (years 8 & 10) were surveyed using the HRBQ version 20.

In 2000, 21.4% of the girls surveyed in Sunderland smoked and 60% of them would have like to stop smoking whereas 8% had already stopped; 3% were regular contented smokers. The percentage of smokers was lower among boys (15%), and a bigger proportion of them would have like to stop smoking (65%).

Figure 13: ***Smoking prevalence by age, over the four surveys (all current smokers)***



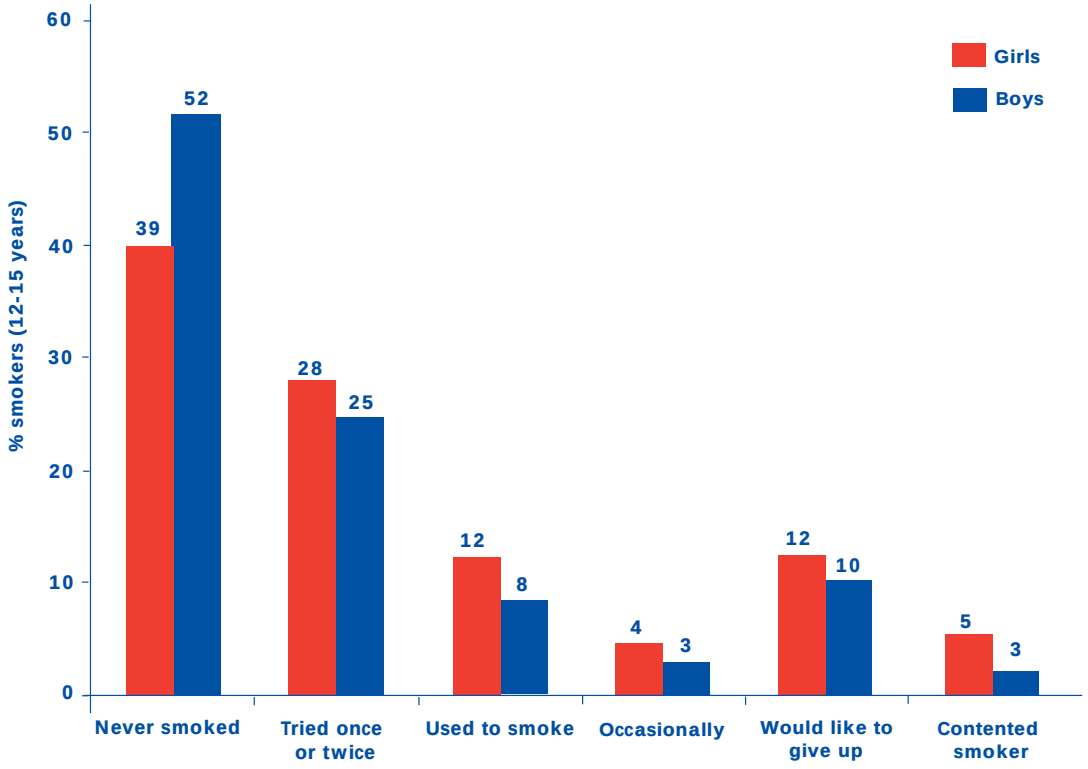
Percentages seem to be increasing for the 12 year olds, but decreasing for the 14 year olds, although staying above Newcastle figures in 1997. The proportion of regular smokers at 12 years old steadily increased from 2% in 1994 to 9% in 2000. In this most recent survey, 36% of the 15 years old were current smokers and most of them smoked on a regular basis (33% described themselves as regular smokers). Those children were 13 at the time of the 1998 survey, and 8% of them were already regular smokers.

In 1993, focus group discussions were conducted in one secondary school in Sunderland. The aim was to assess any possible difference between boys and girls in the uptake of smoking. On entry to the school children generally believed smoking was a bad thing, but by mid school they felt it was 'cool' and 'grown-up'. By the end of school they largely felt it was stupid and those who smoked wished they had never started. Boys tended to smoke in order to impress and be accepted by peers of their own age group. Girls tended to smoke in order to appear 'adult' and 'sophisticated' in order to attract older boys.

In 2000, 45% of the smokers had got their last cigarette from a shop and 38% of them from a friend.

In 2000, over half of the boys declared having never smoked at all; they were outnumbered by the girls in most other categories (tried once or twice, used to smoke, smoke occasionally or contented smoker). While 65% of the boy smokers would have liked to give up smoking, this figure was of 58% for the girls.

Figure 14: ***Smoking behaviour by sex; Sunderland 2000.***



The smoking rates appear to be fluctuating (particularly for boys) over the years, but the global trend since 1994 seems to be on the increase: in 6 years the prevalence in smoking for both sexes went from 16.5% to 18.4%.

Figure 15: ***Smoking prevalence by sex in Sunderland, 1998 (all current smokers)***

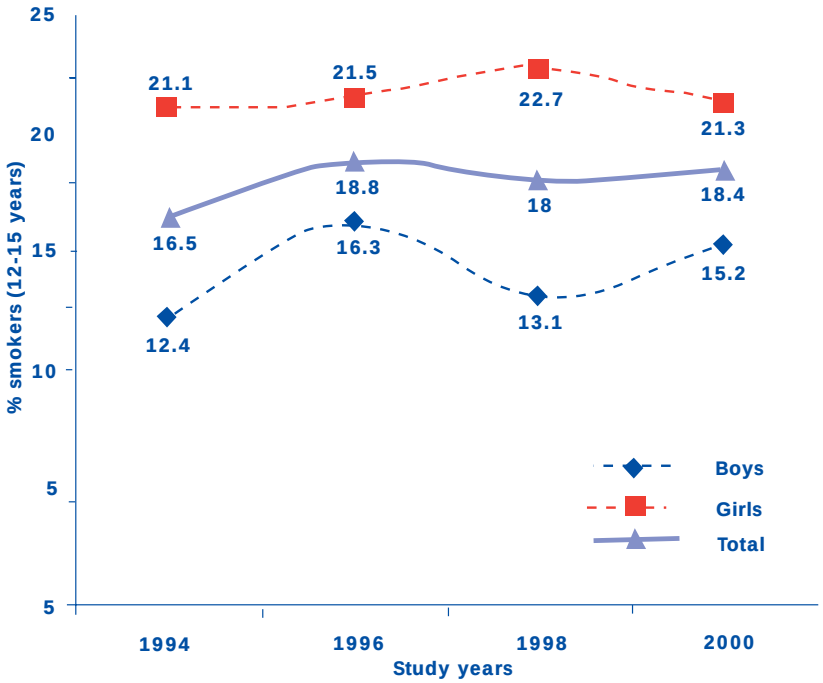


Table 5: ***Proportion of children whose mother, father and close friend smoke, and who live in a house with 2 or more smokers, in 1998.***

	% Children
Mother smokes	43.7%
Father smokes	42.3%
Close friend smokes	47.5%
≥ 1 smoker at home	70%

In Sunderland in 2000, 70% of the 1459 pupils surveyed were living with one or more smokers at home; 51% of them lived with 2 or more smokers.

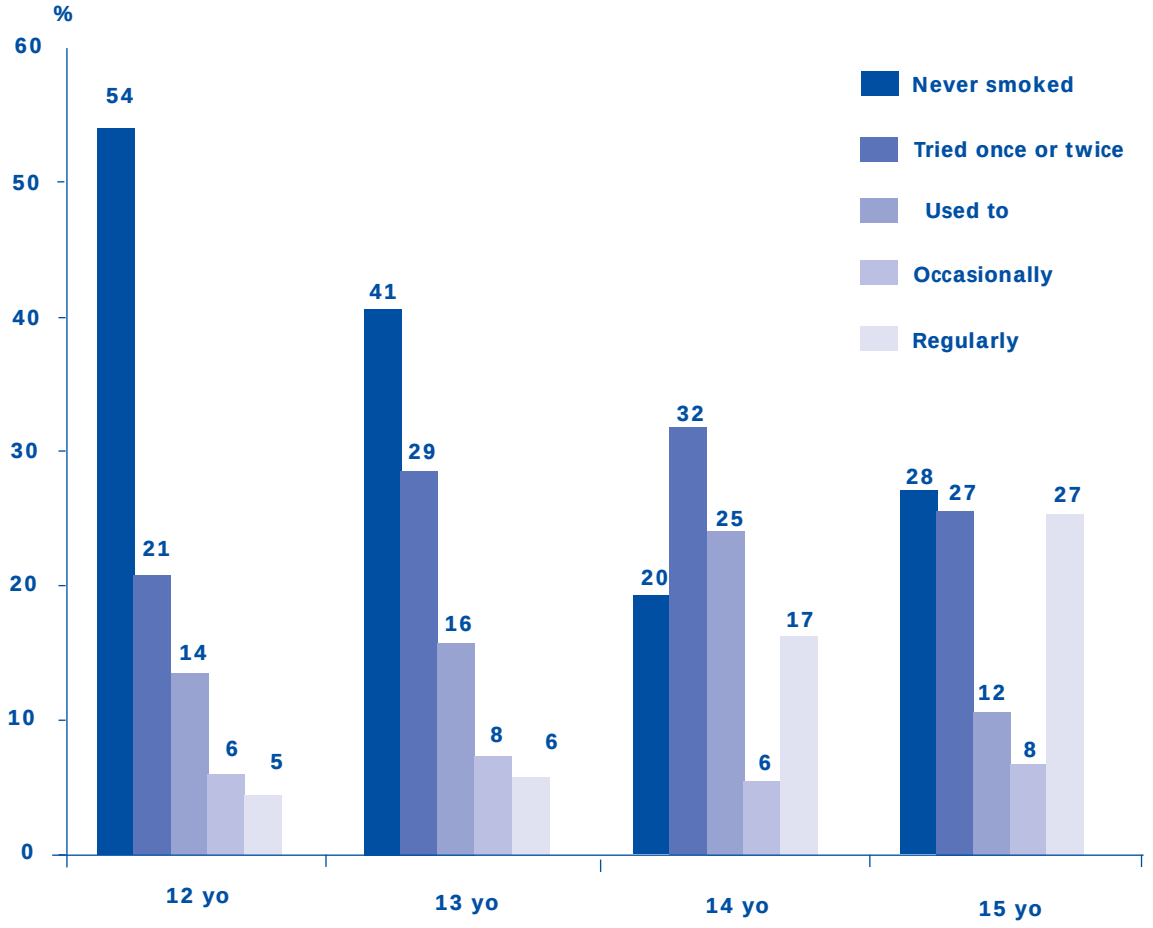
3. Gateshead

An extensive survey on teenage smoking has recently been organised in Gateshead schools by Gateshead city council. This monitoring exercise is planned to be conducted every two years in every school and to focus on smoking prevalence and provision of cigarettes in year 7 and year 11 pupils. An analysis of the data will be performed by ward, so that local action can be taken. Early results suggest big discrepancies in smoking prevalence between wards. These regular data collection exercises will allow action to be targeted and evaluated over time.

In 2000, 2161 year 7 pupils (aged 10 to 11) took part in this survey. 80% of them had never smoked, 18% had tried smoking once or twice, 1% had given up and 2% were smokers not willing to give up.

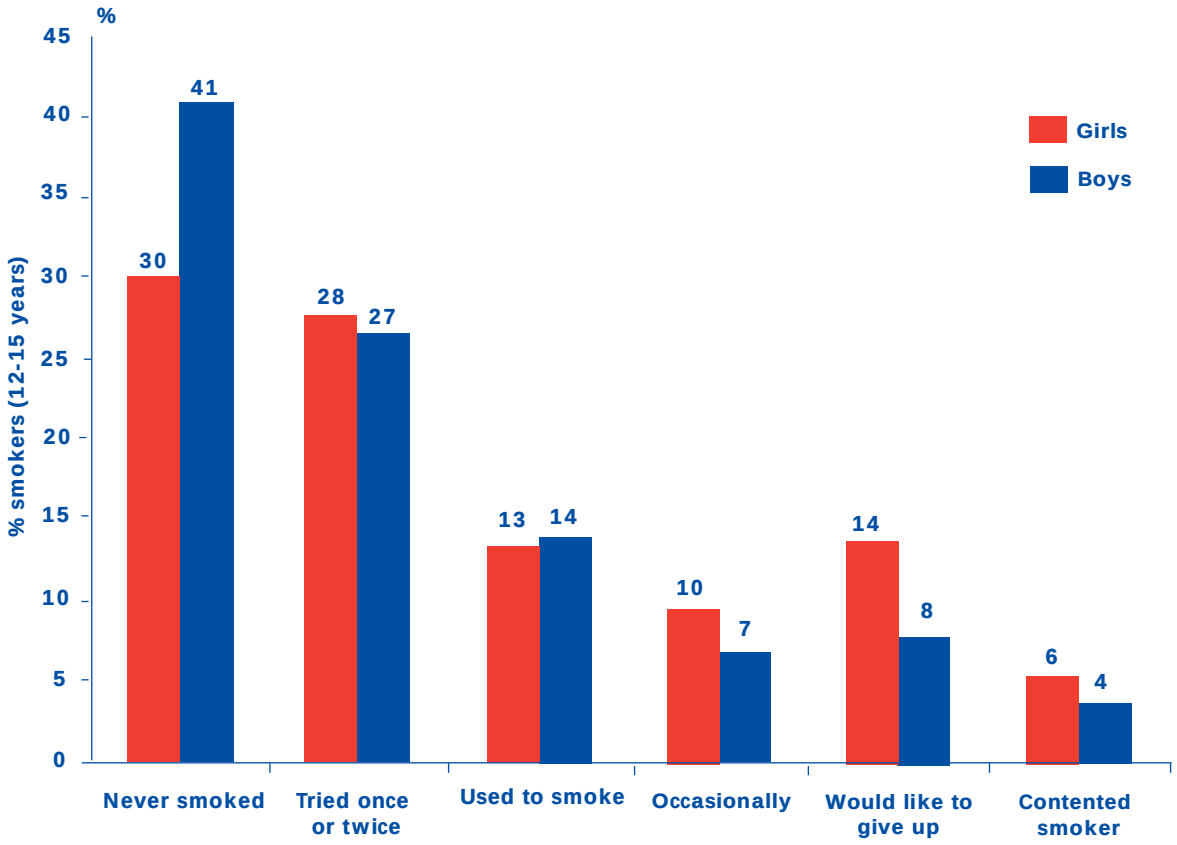
One HRBQ survey has been organised in 1995; it included 6 schools and 956 pupils from 12 to 16 years of age (years 8 & 10), surveyed using the HRBQ version 16. 22.6% of the pupils interviewed were either regular or occasional smokers and 11.6% of the non-smokers said they do not smoke, but may do one day. 17.8% of the participants would have liked to stop smoking. 66% of the 956 pupils lived with at least one smoker at home.

Figure 16: ***Smoking behaviour by age, 1995***



In 1995, a survey in two schools in Gateshead[5] suggested that the most frequent sources of cigarettes for children aged 14 -15 are: newsagents for 88% of them, friends (69%), other shops (66%) or garages (57%).

Figure 17: ***Smoking behaviour by sex***



Although in 1995 girls were much more likely to smoke than boys, 79% of them would have liked to stop smoking (75% of the boy smokers). 40% of the boys said they had never tried smoking at all.

Table 6: ***Proportion of children whose mother, father and close friend smoke, and who live in a house with 2 or more smokers***

	% Children
Mother smokes	47.5%
Father smokes	48.0%
Close friend smokes	53.3%
≥ 1 smoker at home	66.0%

As in Sunderland and Newcastle, 66% of the children interviewed lived with at least one smoker at home.

South Tyneside

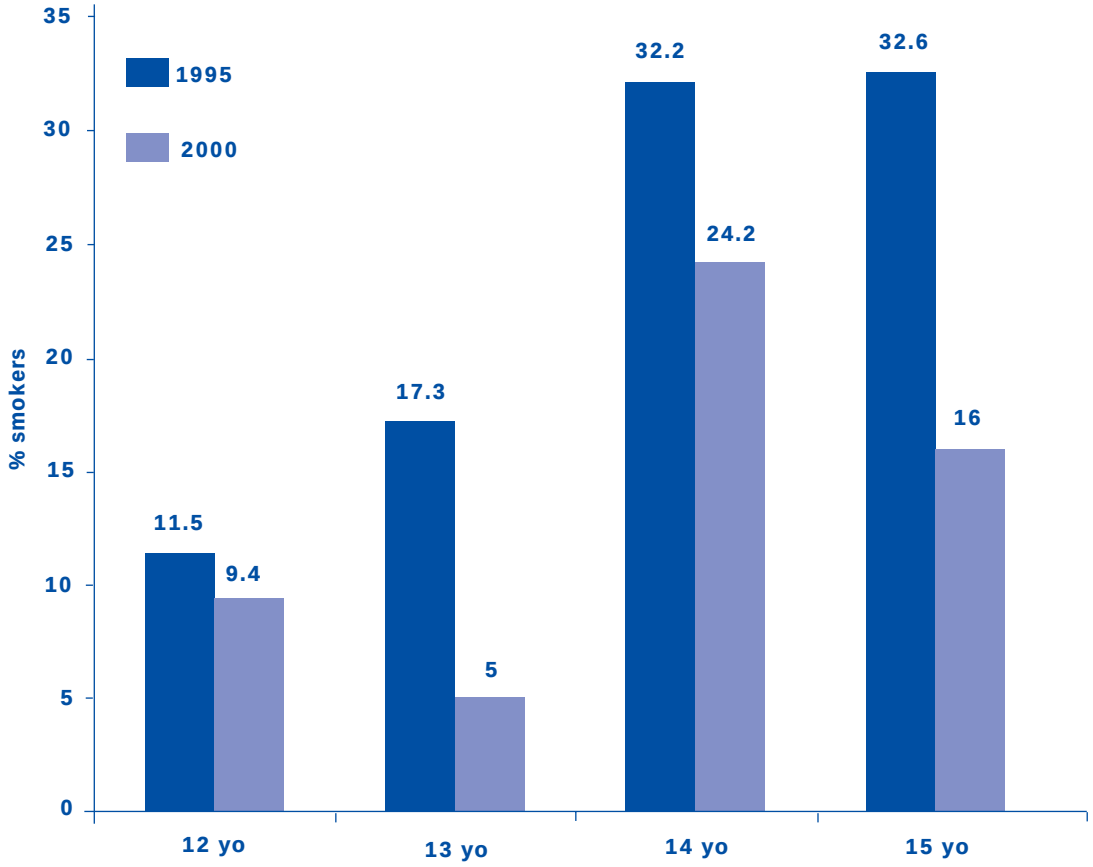
Two surveys have been conducted in South Tyneside:

- in 1995, 12 schools participated, and 2430 pupils aged 12 to 16 (years 8 & 10) were surveyed using the version 16 of the HRBQ.

- in 2000, 8 schools participated, and 1426 pupils aged 11 to 15 (years 8 & 10) were surveyed using the HRBQ version 20.

It has to be noted that the children sampled in 2000 were in smaller numbers and slightly younger than the 1995 participants.

Figure 18: ***Smoking prevalence by age, over the two surveys (all current smokers)***



In all age categories, smoking dropped dramatically between 1995 and 2000. However, a shift from occasional smoking to regular smoking seems to have occurred between the two surveys, as shown in the following table:

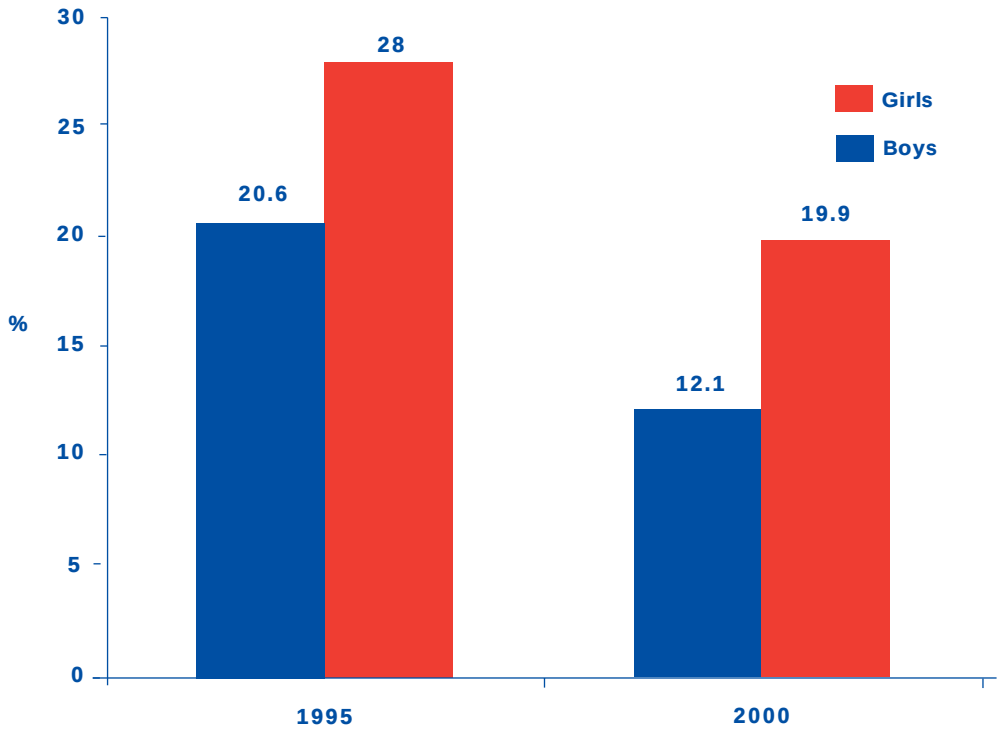
Table 7: ***Proportions of regular and occasional smokers by age over the 2 surveys***

Age	12		13		14		15	
(%)	regular	occasional	regular	occasional	regular	occasional	regular	occasional
1995	4.5	7.0	8.1	9.2	20.2	12.0	20.6	12.0
2000	8.2	1.2	5.0	0.0	22.4	1.8	16.0	0.0

In South Tyneside, like in all other areas, the most frequent source of cigarettes was a shop for 36% of the smokers surveyed, and a friend for 40% of them.

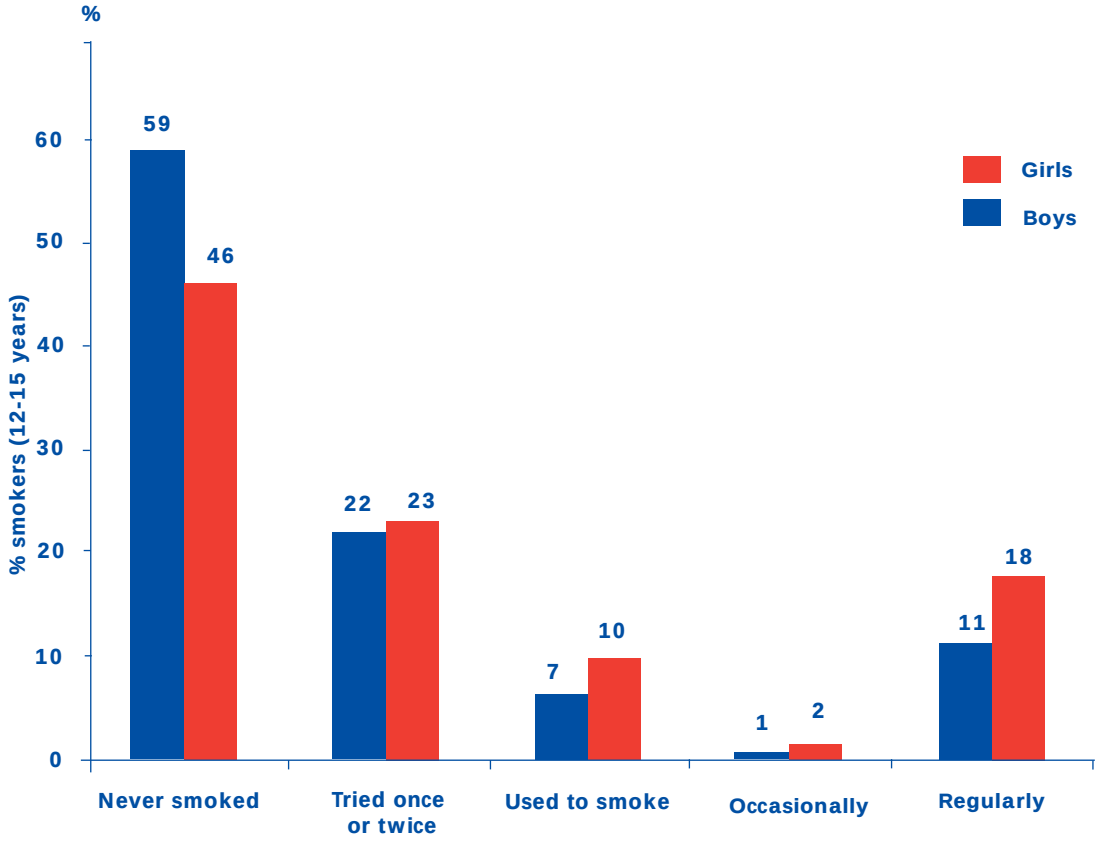
In 2000, pupils in South Tyneside were interviewed with the 20th version of the health related behaviour questionnaire, on which a question was included about cigarette advertisements. 51% of them thought cigarette advertisements have either quite a lot or a lot of influence on young people starting to smoke.

Figure 19: ***Smoking prevalence by sex over the 2 surveys (all current smokers)***



The prevalence of smoking seems to have nearly halved in boys between 1995 and 2000. In girls, smoking prevalence seemed in 2000 to have reached the prevalence of smoking in boys in 1995.

Figure 20: ***Smoking behaviour by sex, South Tyneside 2000***



Nearly 60% of boys declared having never smoked at all and 12.1% of them were smokers; for girls, these figures were 46% and 20% respectively. 83% of the boy smokers would have liked to quit, compared to 73% of the girls.

Table 7: Proportion of children whose mother, father and close friend smoke and who live in a house with 2 or more smokers.

	% Children
Mother smokes	37.7%
Father smokes	36.9%
Close friend smokes	39.6%
≥ 1 smoker at home	63.2%

In South Tyneside in 2000, nearly 40% of the children surveyed declared that their mother was a smoker and 63% of them declared living with at least one smoker at home.

Conclusion

The collection of information on adolescent smoking is necessary to establish the extent of the problem in particular areas and to see it changing over time. By extracting local data from national databases and by presenting them by area in the same way, it is hoped that local problems will be highlighted and tackled with increased relevance and co-ordination.

Data was collected for this report from very different sources. Children were not randomised but participated in most studies on a voluntary basis; studies were conducted in different areas at different times with different questionnaires and using different methodologies. Data for children under eleven and over 15 was particularly limited, as was data in some areas. In addition, data may have been collected before the change in health authority boundaries in 1996, and hence not be applicable to the area they now cover and/or excludes some of their current geographical area, making comparisons all the more difficult.

With these constraints in mind, an attempt was made in this report to summarise national data, where possible to extract regionally interesting data and run similar analyses, so that results could be compared. However, the results presented in this report should be considered for their qualitative interest rather than in a search for quantitative significance.

National reports tend to show a decreasing trend for teenage smoking. However, if a cohort based approach is used when reading data presented in this report, this does not seem to be the case in Tyne and Wear. In Newcastle and Sunderland particularly, where regular surveys have been conducted (see figures 10 and 13), the prevalence of smoking seems to be increasing for new cohorts of children (12 year olds), and this applies both to regular and occasional smoking.

Data have been collected and presented in this report by areas, so that action could be taken locally. They will hopefully constitute a baseline to work upon in health promotion programmes, as well as by law enforcement with regards to illegal sales to minors and many other sectors related to teenage smoking.

Results have been presented in a way that was thought to be useful to as many people as possible. However, other areas might be worth looking into, some of them being suggested below:

- Smoking and weight concerns in young girls
- Smoking and ethnic group
- Smoking by school surveyed
- Smoking and socio economic status
- Smoking and self-esteem…

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Child Health Information Development Project

Terms of Reference

To collate information across sectors concerning the health and health outcomes of local children and assess its fitness for the purposes of users

To develop and map a set of exemplar indicators of child health and health outcomes from public services for children across Tyne and Wear

To pilot and evaluate option(s) for improved creation and dissemination of inter-sectoral child health information.

Programme of Work

A series of representative indicators of children's health across the Health Action Zone will be explored in some depth, in particular, for their social differentiation and relationships to indicators of social exclusion.

The exemplar issues chosen are:

1 Teenage pregnancy
2 Birthweight
3 Smoking
4 Incidence of serious injury
5 Prevalence and severity of handicap in children with cerebral palsy
6 Quality Protects

A consultation exercise with a sample of users will examine the fitness-for-purpose and priorities for development across the full range of actual and potential indicators of child health outcomes. An option appraisal exercise will be conducted on potential methods of access to and enhancement of such information sources within and without the Authorities and bearing in mind the requirements of the NHS Information Strategy. Following this exercise the recommended options will be piloted and evaluated using quality indicators, pre-specified by users.

The work is led by Dr Philip Lowe, a senior research associate employed by the University of Newcastle and supervised by Professor Jarvis and Dr Cresswell, Director of Public Health, Newcastle and North Tyneside. Close links will be developed with the Health Authorities, Local Authorities and Community Paediatricians.

Timetable

Stage 1: Collation of data: in-depth studies of 6 exemplar issues with reports.

Stage 2: Sample survey of users: Option development, appraisal and reports.

Stage 3: Option pilot(s) and evaluation. Reports and recommendations.

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Smoking Prevelance Data Issues

Source(s) of Data

The most recent comprehensive national data for smoking among school children can be found at the Office for National Statistics Social Survey Division: Teenage Smoking Attitudes Survey, 1998 [computer file]. Colchester, Essex: The Data Archive [distributor], SN: 4120.

This data was used in the production of the report 'Young Teenagers and smoking in 1998', the last report of a series of 3 annual surveys carried out in England by the Social Survey Division of ONS on behalf of the Health Education Authority. The report: 'ONS Smoking, drinking and drug abuse among young teenagers in 1998', compiled by ONS for the Department of Health, for children aged 11-15 years was also used as a reference.

Another source of national data is the John Balding health related behaviour questionnaire (or HRBQ, produced by the School Health Education Unit in Exeter), which is purchased by individual health authorities. This has less detailed information on smoking than the ONS surveys but is conducted locally and sometimes more frequently.

Data management:

The data used in this report were from diverse sources, using different methodologies, different sample size and sampling methods and conducted at different point of time with sometimes different questionnaires. All these became sources of concern when we tried to present the results in a comparable manner across Tyne and Wear. As an example, it was felt important to include occasional smokers in smoking prevalence rates as opposed to only regular smokers. It was felt equally important to express willingness to stop smoking by the total number of smokers and not only by the number of participants. However, different versions of the HRBQ treated those questions in different ways. In version 16, pupils are asked to describe their smoking habit, and in a separate question, whether they thought they would either ever smoke or ever stop smoking. In version 20, a single question was assessing smoking behaviour, where pupils were asked to chose between 'I smoke occasionally'; 'I smoke regularly but would like to give up' and 'I smoke regularly and don't want to give up'. This latest version did not leave the stopping smoking option to occasional smokers, and that might have been a source of confusion.

Objective

To enhance existing information relating to smoking in children to enable all interested parties to deliver better services and to focus on those issues that appear to be most relevant locally.

Method

Obtain sample data from the Office of National Statistics and analyses of the HRBQ completed at various schools in Tyne and Wear.

Consult widely with actual and potential data users to design and pilot an improved information system

This report has been prepared by Monique Lhussier, Research Associate in Health Promotion