A fall over the past two years in reported levels of 'drug experience' suggests that the steady increase over the past decade may have halted.

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Are fewer young people trying drugs?

Drug experimentation showed a general overall increase year-on-year since we started collecting Health Related Behaviour Questionnaire drug data in 1987 — until the last two years of results, in 1997 and 1998.

The unexpected fall recorded by the Year 10 respondents in 1997 was associated with an unusually young sample for that year. This occurred because the majority of surveys happened to take place in the autumn term, soon after the pupils had moved up from Year 9, and so most of the pupils were 14 rather than 15 . An age-correction, based on our past records of rapidly-increasing drugs experience as pupils move through the middle secondary years, made the data more consistent with the 1996 levels.

I must admit that a decade of generally increasing percentages had created expectations that the figures would go on rising, especially as smoking levels are now higher than at any time since our very first surveys in 1980. Smoking is strongly correlated with experience of other drugs.

We therefore awaited the 1998 results with more than normal interest. As soon as the data became accessible, it was seen that the 14-15 year old levels were still about five percentage

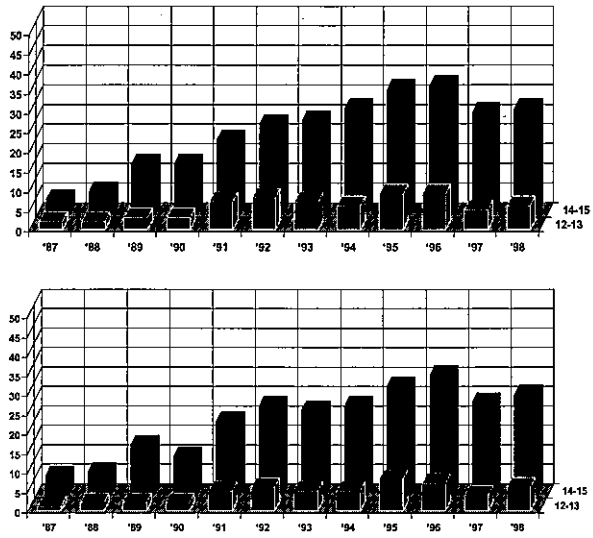


Fig. 1. The percentage of males (upper) and females that reported having tried any illegal drug. 1987-1998.

points below those of 1996. In addition, the mean age of the 1998 sample is *higher* than in any previous year, which should imply more experimentation, not less. It seems possible that the youth of the 1997 sample did conceal a real fall after all.

On the same day that we announced this finding to the media and over the Internet, the Office of National Statistics published their own data,

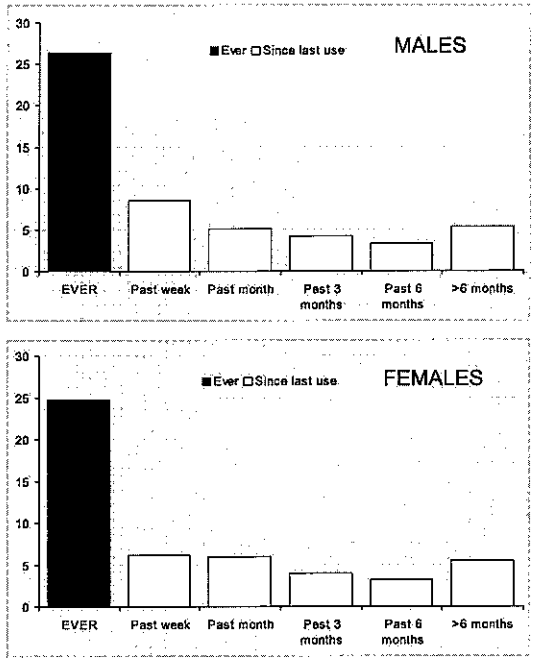


Fig. 2. The percentage of 14-15 year olds that have experience of at least one drug (EVER), divided into the different intervals since they last used a drug. (1998 data.)

which also suggested a retreat from the well-established increasing trend.

These percentages refer to the respondents in our surveys that have ever tried any of the drugs in our comprehensive checklist (which includes solvents and some prescription-only drugs), even if they have experimented with them only once.

Will today's drug experimenters be better equipped to 'educate' their own children?

They do not indicate the percentage that are currently 'using' drugs. In fact, a further question reveals that about half of the 1998 14-15 year olds with drug experience last used one more than a month previously.

How does experimentation relate to habitual use?

The 'drugs' question lists a range of drugs, together with slang names, and asks if the young people have *ever used* any of them. The percentage reporting any experimentation is shown here. These figures, therefore, do not necessarily reflect current use.

It was some years after the Health Related Behaviour Questionnaire was introduced into schools that we felt able to ask 'illegal drug' questions at all. It soon became clear that young people did not have problems about answering honestly, once they realised that the responses were confidential. However, these questions were not about current or recent drug experimentation, or about habitual use.

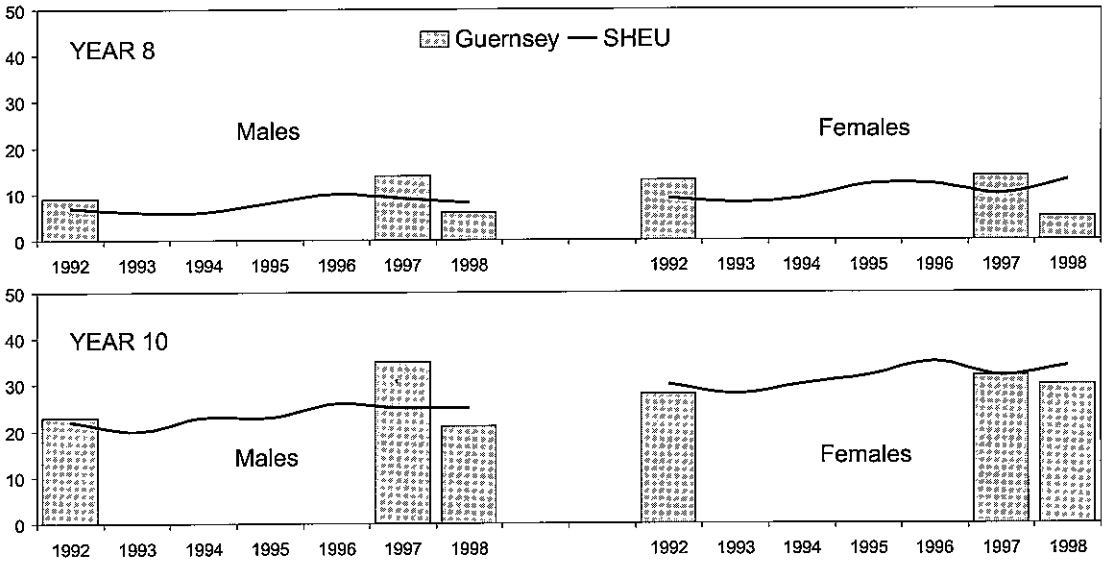
The first data recording recent and habitual use of drugs were obtained in 1997, and the diagrams present some of these findings for that year for the 14-15 year olds. They show that about a third of the males and a quarter of the females that had experimented with drugs at all (left-hand column) had used them during the previous week. Most had last used a drug more than a month ago.

What are the expectations for drug use by young people post-2000?

'Illegal' drugs have a short history: their use by young people became an issue during the 1960s. Current evidence is that, unlike tobacco and alcohol, they appeal principally to people in their teens and twenties. Use of drugs does not, therefore, appear to be prompted by a desire to anticipate adult behaviour; in fact, part of their attraction may be their association with an exclusive 'youth culture'.

With so little documented history to go on, it is impossible to construct helpful predictions from the very recent apparent 'downturn', which could be a pause before another escalation, or the beginning of a significant decline in drug use. However, here is a thought.

The importance of home background and parental attitudes in shaping young people is obvious from daily experience, and also emerges from correlations within the questionnaire data. The very sharp increase in drug experience over the past decade indicates that far more of today's young people than parents have encountered drugs. When they become parents themselves, will their own past experience help them or hinder them in passing on 'drug-education' messages to their own youngsters?



The percentage of current smokers within samples from three Guernsey surveys (columns) and seven SHEU nationwide surveys (lines). Note that the females' nationwide increase from 1997-8 is not shared by the males. The general fall in the percentage of Guernsey smokers in 1998 is clear.

Good news so far about a smoking reduction package

Co-ordination was the secret of this campaign's success against powerful resistance.

SHEU surveys suggest that a 'tobacco package' introduced by the Guernsey Board of Health in 1996 has been responsible for a remarkable fall in young people's smoking levels in the course of a single year (1997-8).

The background to this intervention may be found in an article published by Jeffs & Le Page (1997). In this, the authors point out that although adult smoking levels in Guernsey were comparable with those in the UK, secondary school pupils reported far higher levels. Cheaper prices (since tax levels were lower) and easier availability were both regarded as possible contributing factors. Among the adult population, deaths from circulatory diseases were lower than on the mainland, but those from cancers were higher, and fatalities due to lung cancer in women were increasing more rapidly.

'Legitimising' smoking?

Although the Board of Health had followed Britain's example in favour of a voluntary agreement on tobacco advertising, it had not been possible to extend the restrictions as they had wished. The pressure group ASH took the view that voluntary agreements in fact legitimise advertising and appear to ally health ministers with the tobacco industry. The Board wanted a total ban on all public advertising except at point of sale, but realised that this needed to be accompanied by a range of other measures, both statutory and educational.

The Island Parliament (the 'States') debated the Board's package in June 1996. The major proposals included:

- a cigarette advertising ban, except at point of sale (from November 1997);
- an increase in tobacco excise duty from January 1997;
- the raising of the legal age of purchase from 16 to 18, accompanied by publicity about test purchases, in January 1997;
- smoking cessation initiatives (Nicotine Replacement Therapy, Guernsey Quitline);
- Guernsey Adolescent non-Smoking Project (GASP), including Smokebusters in all primary schools, a programme for use with older pupils both within and outside a school setting, and the involvement of a local figure affected by smoking-related illness;
- continued activity by the local Parents Against Tobacco group.

The debate raised much passion on both sides. The most common argument against the proposed reforms were predictable:

- controls on smoking were an attack on personal freedom;

- a legal product should be able to be legally advertised;
- the proposed measures would harm tourism;
- a rise in price would not deter children from smoking;
- a rise in price would reduce cigarette sales, and thus reduce States' revenue;
- a rise in price would seriously disadvantage pensioners and lower-income groups;
- the measures would drive young people into using illegal drugs.

Vested interests and a reluctance to look at evidence proved difficult barriers to surmount.

The Board of Health's rebuttal of these arguments had already been documented by Jeffs & Hodgkinson (1996). After a day and a half of intense debate, all six of the Board's major proposals were passed, although the increase in duty was carried by a very slender majority.

The smoking levels fall

A SHEU 'smoking' survey of Year 8 and Year 10 pupils was carried out in the autumn of 1998 and compared with a general survey that took place a year previously. In three of the four age/gender groups, the percentage that currently smoked any cigarettes at all had fallen by between 40% and 60%. Only the Year 10 girls (14-15 years old) showed little change.

The graphs present the Guernsey data, including those from a survey in 1992, against the general UK levels and trends derived from SHEU surveys.

The Bill, and its associated relevant and vigorous anti-smoking activities, are undoubtedly a plausible explanation of the drop in smoking levels. From being considerably above the SHEU nationwide averages, the percentage of smokers in the three affected groups have fallen to considerably below.

The results may show health promoters across Europe the way forwards towards reducing smoking rates and levels.

The fall in the Year 8 figures is particularly encouraging, as it is in these early years that habits are being formed. 'Stopping them starting' at this point could have a knock-on effect as they grow older.

The resistance of the Year 10 girls (who typically are more committed than the boys to smoking) shows just how powerful this commitment is. Even so, they have not shared the upward trend suggested by the SHEU data.

The accumulated scientific evidence identifying smoking as the major cause of death in industrialised and (increasingly) in developing countries is now overwhelming (Peto, 1994). Despite this, and for a variety of reasons, many governments have been reluctant to take all the logical action necessary to restrict and reduce smoking, especially by the young (Reid, McNeil & Glyn, 1995). Even in a small jurisdiction such as the Bailiwick of Guernsey, vested interests and a reluctance to look at evidence proved difficult barriers to surmount in the move towards improved tobacco control.

In the event, however, the combination of well-researched local evidence, a co-ordinated approach by the health lobby, the support of the community as expressed through groups such as Parents Against Tobacco, and a well-argued case when the Board of Health's report was debated in the States, proved decisive.

Guernsey is fortunate to have the privilege of formulating its own laws to meet demonstrated local concern, such as the need for better tobacco control. It is also fortunate in having a discrete and relatively stable population. It will therefore be feasible to conduct further health surveys to measure smoking levels, and also to monitor tobacco imports, in order to evaluate the effectiveness of these measures in reducing tobacco consumption.

Is co-ordination the key?

The results could indicate that a comprehensive, co-ordinated and integrated approach to tobacco control is more effective than similar measures introduced individually and in a less co-ordinated manner. It is also hoped that the Island government's demonstrated commitment towards 'healthy public policy' will support and enhance existing health education initiatives aimed at better tobacco control.

The results so far are good news for Guernsey. They may also show health promoters across Europe the way forward towards reducing young people's smoking rates and levels.

References

Jeffs, D. & Hodgkinson, A. (1996). Tackling the tobacco challenge — achieving 'Healthy Public Policy' in tobacco control in Guernsey. *Journal of the Royal Society of Health*, 116, 6, 367-75.

Jeffs, D. & Le Page, Y. (1997). Achieving 'healthy public policy' in tobacco control in Guernsey. *Health Education*, 97, 5, 168-174.

Peto, R. (1994). Smoking and death: the past 40 years and the next 40. *British Medical Journal*, 309, 937-9.

Reid, D., McNeil, A. & Glyn, T. (1995). Reducing the prevalence of smoking in youth: an international review. *Tobacco Control 1995*, 266-77. London: BMJ Publishing Group.