How many adolescents smoke, drink and take drugs and what kind of interventions work best to stop them?

HELPING YOUNG PEOPLE SAY ‘NO’: THE PREVALENCE OF RISK-TAKING BEHAVIOUR AND WHAT WORKS TO REDUCE IT

- Two studies looked at trends in risky behaviours in adolescents and interventions designed to prevent them
- Smoking, drinking and drug use have individually declined, but a core of young people remain who engage in all three
- School-based interventions designed to empower young people to say ‘no’ have proved most effective at reducing multiple harmful behaviours
Adolescent years are a notoriously challenging time, as children go through the biggest changes since their first year of life. It’s this life stage that presents the greatest risk to future health, with damaging habits most often picked up between the ages of 11 and 19.

Research under the adolescent theme has examined the trends in health risk behaviours and reviewed interventions designed to prevent them, in order to inform UK health policy for this susceptible group.

Russell Viner, who leads the adolescent theme, explained why this is an important area for CPRU research: “Children’s health research over the last 50 years has had a strong focus on the under-5s and the impact of early life on later health. Of course, early years are very important – and the health of younger children has improved hugely.

“But adolescents have been relatively neglected as a research focus, and have had much less improvement in their health status. Two of the biggest public health concerns – mental health problems and obesity – particularly affect adolescents.

“For adolescents, there are new problems and social change. It’s difficult for them.”

A window of opportunity

Given the social pressures of the teenage years and the rapid neurological changes under way, it’s perhaps not surprising that this is the period when risky behaviour begins.

Russell explained: “Health risk behaviours, such as smoking, alcohol use, drug use and risky sex are initiated in adolescence. You never see them in children. The evidence is that in of all the people who will ever do these things, 80-90% will start doing them before the age of 19. For drug use, the window is a little bit later – people still initiate drug use up to about age 23. And kids who smoke are more likely to drink, kids who drink are more likely to take drugs etc. So for multiple risk behaviours, there’s an obvious initiation window.”

Clearly, to prevent people taking up damaging habits, it is this window we need to understand and target.

Health risk behaviours were the focus for two related studies, one looking at trends in multiple risk taking and the other examining the evidence for preventive interventions in young people.
Two studies

To examine trends in risk-taking behaviour over the 10 years between 1998 and 2009, researchers analysed data from the ‘Smoking, Drinking and Drug Use among Young People in England’ survey, a nationally representative annual survey of 11–15 year olds. The team investigated the number of young people who engaged in one or more risky behaviours: smoking one cigarette or more per week, heavy regular or binge drinking, and taking illicit drugs once a month or more.

For the second study, they carried out a large systematic review of the literature on interventions designed to prevent multiple risk behaviours. Russell explained, “We carried out a review to try and uncover what works, because we know that there’s a whole range of factors that underpin which kids are more likely to engage in multiple risk behaviours. It’s complicated.”

Dramatic drops

At first look, the news is good. Russell explained some of the key findings of the first study: “We’ve seen a very dramatic drop in the number of young people smoking over time and there has also been some decrease in alcohol and drug use. But the core group who engage in all three behaviours hasn’t dropped so much. It’s not a large group – about 4% of adolescents – but of course, as smoking, drinking and drug use drop individually, this core becomes a larger proportion of those who actually do smoke or drink.

“We also found that adolescents are much more likely to be in that high-risk core group if they’re from a deprived background, and also if they are from a white background.”

As Russell pointed out, declining numbers don’t give the whole picture: “Recent trends in the UK have been towards reductions in adolescent substance use. But there is evidence that adolescents are using substances in an increasingly risky way. For example, though regular drinking is decreasing, the average weekly amount consumed by drinkers has increased since 1980. For illicit drugs, decreases in use appear largely due to trends in marijuana use, whereas Class A drugs have seen an increase in adolescent and young adult use since 1996.”

What will work best?

Interventions often target just one type of health risk, but the results of this and other studies suggest that they should also be targeted to reduce multiple and more risky behaviours, and to particularly focus on deprived and white populations.

The researchers explored the published evidence for interventions designed to target multiple health risk behaviours. These included courses delivered at home such as web-based programmes, as well as school-based and after-school interventions (recreation centres, sports clubs etc.) Most had only small impacts on behaviour, but some were better than others. Russell explained: “The interventions we found that were most effective were school-level interventions aiming at changing the ways schools work – what we call multicomponent school-level intervention.”
“Programmes that successfully reduced all three health risk behaviours were aimed at increasing young people’s resilience and giving them the skills to say ‘no’.”

All the programmes that successfully reduced all three health risk behaviours were aimed at increasing young people’s resilience and giving them the skills to say ‘no’ to smoking, drinking and drugs. This was achieved through developing basic life skills, such as problem-solving, personal decision-making and stress management.

This research has been well received and is likely to prove useful. Together, these studies have supplied additional evidence to support policy aimed at boosting the health of children as they enter these most important, life-changing years.

More information


Acknowledgements

Many thanks to the following for their collaboration on this project:

• Daniel Hale, University College London
• Natasha Fitzgerald-Yau, University College London

We are a research consortium led from the UCL Great Ormond Street Institute of Child Health (ICH) in partnership with National Children’s Bureau (NCB), the Anna Freud Centre and the Social Care Institute of Excellence (SCIE).

Our aim is to provide evidence for policy and practice for the health and well-being of children, young people and families.

The CPRU is funded by the Department of Health’s Policy Research Programme (2011-2018) as the Policy Research Unit in the Health of Children, Young People and Families. The views expressed are not necessarily those of the Department.

Date of production: January 2017