

SMOKING AND DRINKING AMONG YOUNG PEOPLE IN IRELAND

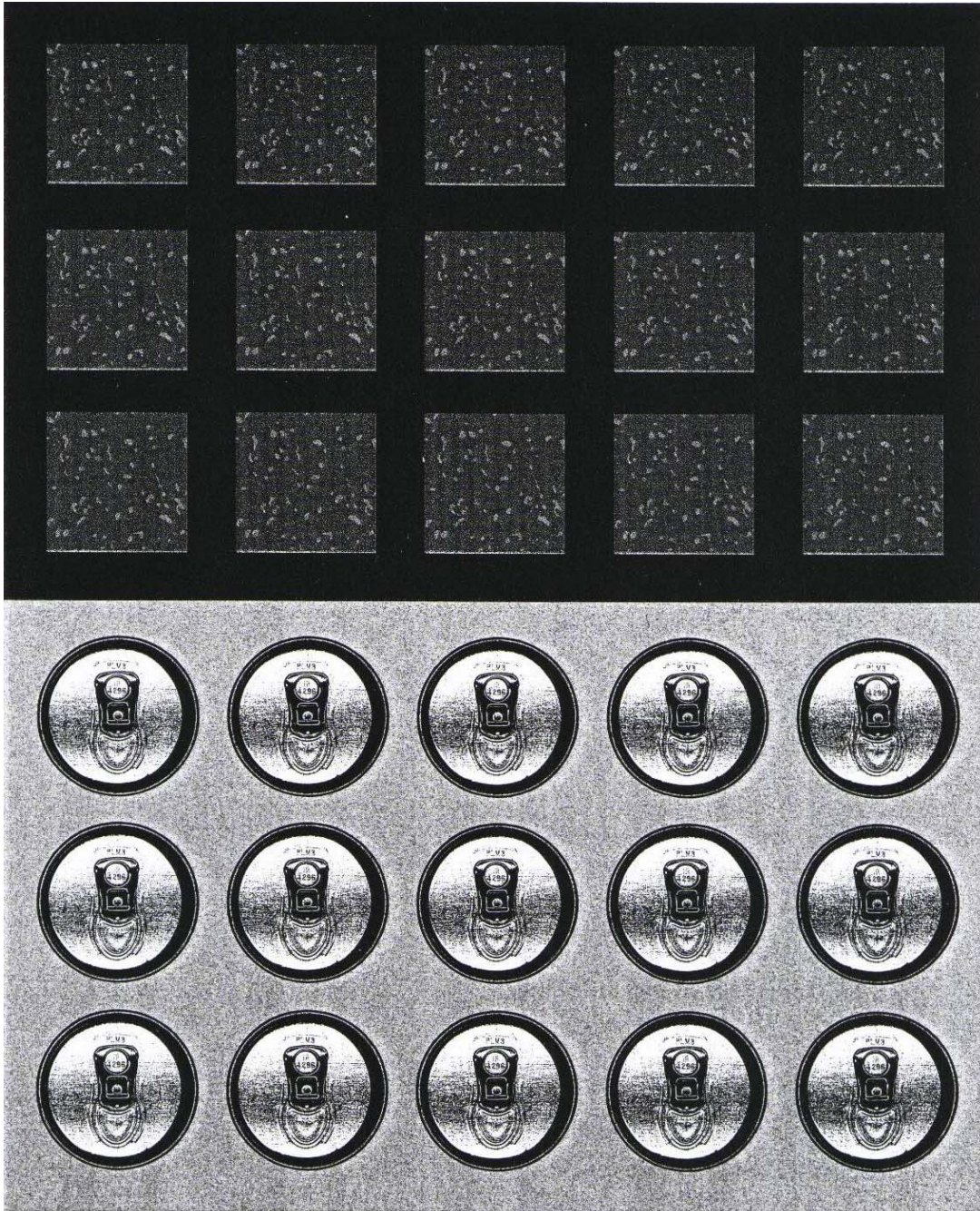


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Chapter 1

Introduction

In early 1993, the Health Promotion Unit of the Department of Health commissioned the Economic and Social Research Institute to conduct a survey on smoking and drinking among a nationally representative sample of about 4000 young people aged 12 - 18, including some 15 - 18 year olds who had left school. Data were obtained using anonymous questionnaires. A total of 3935 questionnaires were completed in a representative sample of 80 second level schools (Figures 1.1 and 1.2). One hundred and fifty seven (157) young people who had permanently left school were also interviewed giving an 80% response rate from the 197 who were contacted in this group. Because of the great difference in size between the pupil sample and the sample of out-of-school young people the results are presented separately for the two groups. (Details of the sampling method for both groups are given in Appendix A).

Figure 1.1 School Sample Characteristics - Sex and Age Group

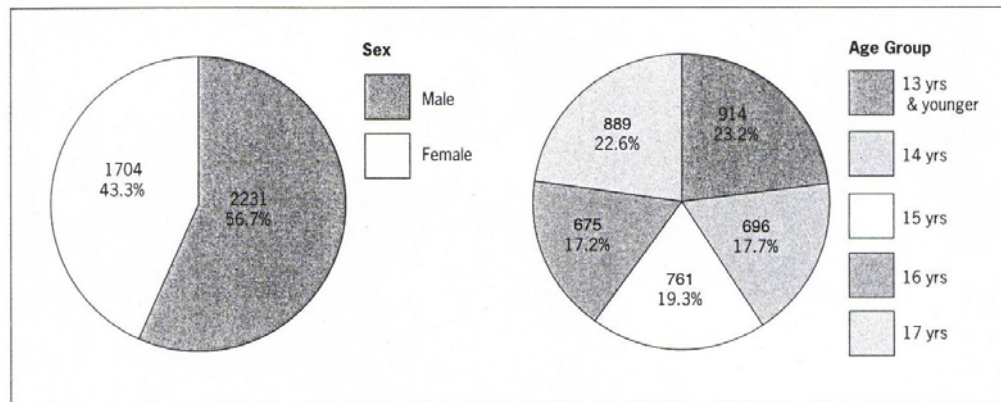
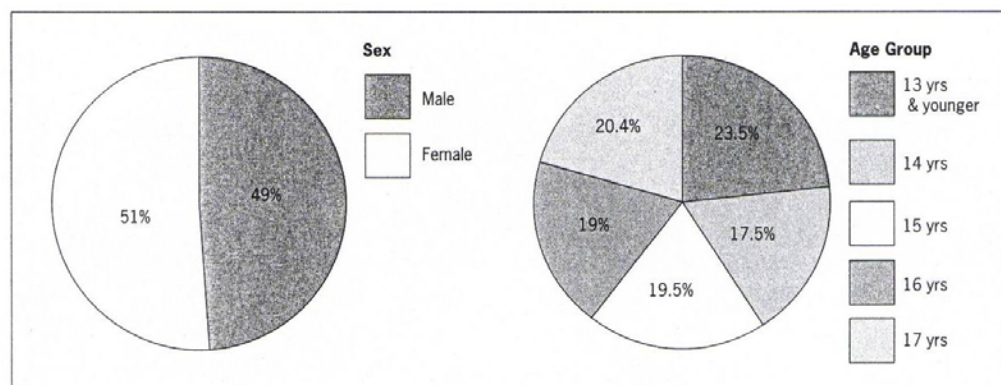


Figure 1.2 Reweighted School Sample Characteristics - Sex and Age Group



This was the first survey done on a nationally representative sample of young people in schools, previous surveys having concentrated on large urban areas (e.g. Grube and Morgan studies 1984 and 1990 were both based in Dublin). In the absence of previous national surveys, some comparisons are made in this report between the findings in the current survey and those in the earlier Grube and Morgan Dublin studies. Caution however is required in drawing any conclusions from these comparisons due to the different geographic base of the samples.

Chapter 6

Conclusion

6.1 introduction

Smoking, drinking and drug use among Irish school pupils have been the subjects of a number of surveys over the past twenty-five years. The data presented in this report broaden the existing base of knowledge with regard to young peoples' smoking and drinking behaviour in three significant respects. First, the schools where data have previously been collected on smoking and drinking behaviours, and on the factors which influence them, are heavily concentrated in the larger urban centres rather than spread evenly across the country. By contrast the data that have been presented in this report come for the first time from a nationally representative sample of schools.

Second, while the collection of data had previously been restricted to the captive audience of school pupils, data from a sample of out-of-school young people, whose members might be expected to be at particularly high risk in relation to substance abuse, was examined in this report.

Third, the report presented a profile of the sources from which young people across all the regions of the state report obtaining the cigarettes they smoke and the alcoholic beverages they drink. This profile complements the findings of test purchase studies which have indicated that the statutory age limits to which the sale of cigarettes and alcohol are subject are being widely disregarded.

In this concluding chapter attention is drawn to some of the principal findings of the current survey, beginning with prevalence of smoking and drinking.

6.2 Prevalence of cigarette smoking

The most commonly used measures of smoking prevalence among young people are lifetime use, use in previous month and regular use. This current study found a national lifetime prevalence rate of 55% for second level pupils i.e. 55% have ever smoked a whole cigarette. This compares with estimates of 67% in 1984 and 61 per cent in 1991 by Grube and Morgan in their Dublin studies. Twenty nine per cent (29%) of second level pupils nationally in this study are current smokers i.e. have smoked at least 1-2 cigarettes in the last month. This compares with Dublin estimates of 37% in 1984 and 34% in 1991 by Grube and Morgan. Sixteen per cent (16%) of second level pupils nationally are regular smokers (i.e. smoked at least 1-2 cigarettes daily in the previous month). This compares with Dublin estimates of 24% in 1984 and 19% in 1991 by Grube and Morgan. More detailed analysis of the data in the current study shows a prevalence of 30% for current smoking and 17% for regular smoking in the Eastern Health Board area - the area most comparable with the Dublin studies by Grube and Morgan. These rates for the Eastern Health Board are slightly lower than those found by Grube and Morgan in Dublin in 1991 and seven percentage points lower than those found in 1984. Because of the different geographic basis of the current study and those of Grube and Morgan and also because of the few time points involved (1984, 1991 and 1993) caution must be exercised in drawing conclusions about trends. However it might be said that insofar as the data suggest any trend, it is a small but consistent downward one.

It is of obvious interest to compare the findings of this research study with those of other European countries. However variation in the age groups questioned and in definitions of smoking prevalence make it difficult to make valid comparisons. Results for the 1993/94 WHO Cross-National Study on Health Behaviour in School-Aged Children (HBSC) provide data for a number of European countries on the percentage of 11, 13 and 15 year old school pupils who (a) have ever tried smoking and (b) are current smokers i.e. smoke at least once a week. Taking the 15 year age group, the current 1993 study indicates that 59% of Irish pupils (60%

of boys and 56% of girls) have ever smoked a whole cigarette. Comparison of this figure with that for 15 year olds in the HBSC study who have ever experimented with smoking suggests that for boys about 12 of the 25 countries have lifetime smoking rates greater than Ireland's while for girls about 16 countries have rates greater than the Irish one. In other words on this measure of smoking prevalence Irish 15 year old pupils fall about mid-way among their counterparts in 25 European countries.*

Prevalence of lifetime smoking among 15 year old girls in the Republic of Ireland is close to that of their counterparts in Northern Ireland but lower than those of 15 year old girls in Scotland and Wales. For boys the rate is similar in the Republic of Ireland to those in Scotland and Wales and marginally higher than that in Northern Ireland. Differing definitions

* Ireland has not participated in the HBSC study

of current smoking in the current Irish study and the HBSC study do not allow valid comparisons on this measure of smoking prevalence.

In the small sample of out-of-school young people in the current Irish study the prevalence of lifetime, current and regular smoking was much higher than in a comparable age group of pupils. Thus at age 17, 60% of out-of-school girls aged 17 years and older are regular smokers compared to 22% of those in school while the corresponding prevalences among boys are 57% and 24%.

6.3 Prevalence of drinking

Sixty three per cent (63%) of second level pupils aged 12-18 years nationally have ever taken a whole alcoholic drink. This compares with estimates of 65% in 1984 and 78% in 1991 in Grube and Morgan's Dublin studies. Forty-two per cent (42%) of second level pupils nationally are current drinkers i.e. have had at least one alcoholic drink in the previous month. This compares with 51% in Grube and Morgan's 1991 Dublin study. Twenty nine per cent (29%) of second level pupils nationally are regular drinkers i.e. they drank more than one alcoholic beverage or drank on more than three occasions in the previous 30 days. Forty per cent (40%) of all pupils (44% of males and 37% of females) in the present study indicated that they had been drunk at least once in the previous 12 months and this increased to 71% of males and 57% of females at age 17 years and older. At age 17 years and older 40% of males and 30% of females report being drunk more than six times in the previous 12 months. As in the case of smoking, for all measures of drinking status - lifetime, current and regular drinking as well as the proportion who reported being drunk at least once in the previous 12 months - prevalence in this current 1993 study, both nationally and in the Eastern Health Board area, is slightly lower than in Grube and Morgan's 1991 Dublin study. Again the different geographic bases of the studies call for caution in interpreting any trend. Only for lifetime drinking can a comparison be attempted between this current study and Grube and Morgan's 1984 Dublin study. The 1984 Dublin study found that 65% of pupils had ever had a whole alcoholic drink, a figure which rose to 78% in Grube and Morgan's 1991 Dublin study. As already mentioned, the current 1993 national study found a lifetime prevalence of 63%.

As in the case of smoking, variations in the way drinking behaviour is measured, make it difficult to make valid comparisons with studies in other countries. The 1993/94 phase of the WHO Health Behaviour in School-Aged Children (HBSC) survey found that by the age of 15, the proportion who had tasted an alcoholic drink reached nearly 100% in Wales and exceeded 80% in all 25 countries studied except Israel. This current 1993 survey in Ireland found that 67% of 15 year olds had "ever had a whole alcoholic drink (more than just a sip or a taste)". It is to be noted that the question asked in the current Irish survey is more restrictive than that in the HBSC survey and therefore unless drinking levels in Ireland were higher one would expect the percentage in the Irish survey to be lower than those found in the HBSC study. The definition of current drinking also differs between the HBSC study and the current Irish study. The HBSC study measures the percentage who drink alcoholic beverages at least once a week while the current Irish study uses a measure of those who have drunk at least one alcoholic drink in the past 30 days making any valid comparison difficult.

The contrast between pupils in the out-of-school sample is less in the case of drinking than smoking. At age 17 years and older 59% of males out-of-school and 58% of females are regular drinkers compared to 56% of males and 45% of females in the pupil group. The proportion of those aged 17 years and older who have been drunk six or more times in the previous 12 months is the same among out-of-school males and females as among their pupil counterparts.

6.4 Normative Influence on smoking and drinking

In common with previous research in Ireland (Grube and Morgan 1986, 1990) and indeed elsewhere, there was a clear link between the smoking status of a young person and whether or not his or her best friend smoked. The same was true in the case of drinking behaviour. There was also a link between young peoples' smoking and drinking status and that of their other good friends. Young people who smoke are more likely than non-smokers to live in a household where some other person (either parent or sibling) smokes. Some association was found between childrens' drinking and that of their parents, with the children of non-drinking parents being more likely to be non-drinkers themselves.

The extent to which smoking is perceived as a peer group norm by smokers and non-smokers alike is striking. Overall

only 17% of pupils (including only 23% of non-smoking males and 18% of females) estimated that "most young people of my age that I know don't smoke". In fact of the sample itself, 45% reported that they had never smoked a whole cigarette and about 70% reported that they had not smoked even 1-2 cigarettes in the previous month. One interpretation of this is that young people over-estimate the prevalence of smoking among their peers.

Over a third (35%) of those who have ever smoked have been asked to buy cigarettes for their mother and a similar percentage have been asked to buy for their father. The percentages being asked to do this are as high (if not higher) in the age group 13-14 years, as in the group as a whole.

6.5 Knowledge of and beliefs about consequences of smoking

Level of agreement with the statement that "smoking is dangerous to your health" was high, with 90% of both smokers and non-smokers agreeing with this. However when asked to indicate their degree of certainty that smoking would harm their own health, while over 90% believed that it would, certainty about this happening was greater among non-smokers than among smokers. About a quarter of both occasional and regular smokers were unsure as to whether smoking would shorten their lives or not and among regular smokers, an additional 14% thought that it wouldn't shorten their lives.

6.6 Access to cigarettes and alcohol

Newsagent shops/tobacconists/sweetshops and friends are the two most common sources of cigarette supply reported, accounting between them for 50% of all source indications. The fact that only one in fifteen who have tried to buy cigarettes in newsagents/tobacconists/sweetshops or in garage shops report that they have ever been refused gives cause for concern. Even among those under 16 years at the time of the survey (i.e. under the legal age for purchase of cigarettes) only about one in ten have reported that they have experienced a refusal in a newsagents/tobacconists/sweetshops. These findings complement the findings of test purchase studies and suggest that the statutory age limits relating to the sale of cigarettes are being widely disregarded. Similarly a quarter of pupils who have ever smoked report that they have bought cigarettes singly (i.e. less than a packet of ten) despite the fact that this is illegal under the Tobacco (Health Promotion and Protection) Act.

A similar situation emerges in relation to alcohol supply. Pubs, discos and the home are the three most commonly reported sources of supply for pupils, accounting between them for two thirds of all the source indications. Discos stand out from other commercial sources as the places where pupils report being least likely to experience refusal with only one in ten of those who have ever tried to buy alcohol there reporting that they have been refused, despite the fact that the sale of alcohol to those under 18 is illegal.

6.7 Conclusion

Since this research was conducted a number of developments have taken place at policy level of relevance to the subject matter of the study. These include three publications by the Department of Health - the Health Strategy, "Shaping a Healthier Future", the Health Promotion Strategy and the National Alcohol Policy - which address, inter alia, the issues of smoking and drinking in young people. The findings of the national survey reported here will play a useful role in the implementation of policy and in monitoring progress in the years ahead.

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Appendix A

Sampling Methods

The objective of the sample was to obtain interviews with a representative cross-section of young people aged 12 to 18. Since the great bulk of these are still in school, it was decided to carry out the main set of interviews in classrooms and to attempt to sample young people outside education through a combination of sifting and snowballing sampling techniques. These two sampling exercises are described separately,

Sample of Schools

The ESRI keeps a computerised register of second level schools which is based on the official Department of Education list. The sample for the first school survey was selected from this register in the following stages. In 1992, 793 second level schools appeared on the register. The desired sample size for the present inquiry was about 4,000 respondents of 160 classes (assuming 25 pupils per class). The actual sample was constructed in three stages. First, a random sample of 80 schools was selected, proportionally stratified by type of school (secondary, vocational and community/comprehensive), number of pupils and health board region. The stratification procedure ensured that the schools were fully representative of the population across the specified variables. Second, within each selected school, a target number of classes to be surveyed was derived. For schools of under 300 pupils, the target was one class; for schools of 300-499 pupils, it was two classes; for schools of 500 or more pupils, it was three classes. This step was inserted to avoid a bias in the sample towards pupils from smaller schools. Third, with regard to the question of how to select classes within the schools, it was clearly desirable to ensure that the respondents would be evenly spread across all the age groups in the schools. To achieve this, all the selected schools were simultaneously classified by the basic stratification variables (type, size and health board). Within each cell of this classification, target years (i.e. first year, second year, etc.) were specified for each school in a systematic, cyclical manner. The selection of the particular class within the year was left to the school's discretion.

Sample of Young People who have left school

This was a particularly difficult group to sample since they are not very numerous and are widely spread throughout the general population. Because of these difficulties, it was decided to attempt to access its members by using a "snowball sampling" technique. Each month, the ESRI, in conjunction with TEAGASC, conducts a survey of consumer attitudes with a national random sample of households. Employing a "sifting" strategy which has previously been used in the construction of samples of population sub-groups which are defined by a combination of age and situational characteristics - such as, for example, elderly people receiving informal care in the community (O'Connor, Smyth and Whelan, 1988; Blackwell, O'Shea, Moane and Murray, 1992) - interviewers were asked to identify in the sample households during the rounds of this survey from July 1992 to February 1993, any young people who had (a) passed their 15th but not reached their 18th birthdays on 1 September, 1992 and (b) had left full-time second level education permanently (i.e. excluding young people on holiday from second level schools).

During March and April, these young people were contacted again. Interviewers rechecked whether they fulfilled the situational criteria and, if they did so, asked them to complete the same questionnaire as was administered in the schools. At this point the sifting strategy was supplemented by the snowballing technique. The respondents were also asked to supply the names of three other young people aged 15 to 17 who had left school permanently. The interviewers then called on those named in response

to this question and asked them to co-operate in the survey. These procedures generated 98 names from the initial Consumer Survey interviews and an additional 99 names were supplied by these original respondents. The fact that the total sample assembled was just under half the size it had initially been hoped to achieve illustrates the degree of difficulty involved in gaining access to people in this age range.