

North West ChiMatters

Child and Maternal Health Intelligence Briefing



Young people's lifestyle choices and related health indicators: local area profile for Bolton

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The North West ChiMatters series

Young people's lifestyle choices and related health indicators: local area profile for Bolton 2011 is one in a set of reports that constitute the fourth in a series highlighting intelligence on key public health issues for maternity, children and young people in the North West. The previous reports were:

Children with long-term conditions in the North West: Emergency hospital admissions for asthma, diabetes and epilepsy 2008/09 (March 2011).

Available at: www.nwpho.org.uk/childLTCs

Self-harm among children in the North West: accident and emergency attendances 2007–2009 and emergency hospital admissions 2007/08–2009/10 (July 2011).

Available at: www.nwpho.org.uk

Child height and weight in the North West: analysis of the National Child Measurement Programme 2009/10 (September 2011).

Available at www.nwpho.org.uk

Introduction

This report summarises available information at a local level on young people's lifestyle choices, health risk behaviours and related indicators in order to inform policy and practice at a sub-national level. It includes findings from a survey conducted across the North West to assess behaviour and attitudes towards alcohol and tobacco. In addition, it draws on other well-established indicators that measure the impact of alcohol and drugs, teenage conceptions, educational attainment and related indicators, and youth crime in local areas. From this data, a profile for each local authority area in the North West has been created, with comparisons against the North West and where possible England averages.

Around 1.4 million young people (those aged between 10 and 24 years) live in the North West, of whom 855,000 are adolescents (10 to 19 years).ⁱ Nationally, health trends among young people over recent years and decades have been mixed. Rates of teen conceptions, while still high in comparison to countries in northern and western Europe,ⁱⁱ have significantly reduced. Studies have also shown decreases in cigarette smoking and some reduction in cannabis use. On the other hand, other evidence shows increases in the proportion of young people who drink and in the volume of alcohol consumed by young drinkers, and rising levels of obesity and rates of sexually transmitted infections, particularly chlamydia.ⁱⁱⁱ And there have been significant improvements in overall health outcomes (such as mortality rates) in the last few decades among all age groups apart from the adolescent age group.²

Young people are faced with considerable opportunity and potential to engage in health risk behaviours that may have short and long-term harmful consequences.¹ The majority of young people do not do so (or only do so briefly), and have a strong interest in their health, seeking and following good health advice. However, there are some that do not and who make poor lifestyle choices, possibly because they lack information, are personally vulnerable or are aware of the risks but lack the ability to avoid them.² The proportions that engage in these behaviours amount to thousands of young people every year. Not only could these behaviours be threatening health in the short-term, young people may also be establishing behaviours that continue through adulthood, causing hazards to health in the long-term.

"Adolescence is ... a critical time. New habits in adolescence will form behaviour for adulthood. The effects of poor health in adolescence can last a lifetime, or in some cases, shorten it. Keeping adolescents well is a valuable investment for the health of the population in the future."
Chief Medical Officer's report, 2007.

The 2007 Chief Medical Officer's report¹ identified six principal, although diverse, risk-taking behaviours.

Health risk taking in adolescence: The 'Big Six'

- Tobacco use
- Alcohol and drugs
- Exposure to injuries and violence
- Physical inactivity
- Unhealthy diet
- High-risk sex

Each risk has its own direct consequences. For example:

- Adolescent binge drinkers are 50% more likely than their peers to be dependent on alcohol or taking illicit drugs at the age of 30. The rate of liver cirrhosis among young adults has increased in recent years, a likely association with heavier drinking in teenage years.¹

ⁱ Mid-year population estimates 2010. Office for National Statistics.

ⁱⁱ <http://unstats.un.org/unsd/mdg/SeriesDetail.aspx?srid=761>

ⁱⁱⁱ This rise may partly be attributed to higher levels of awareness and to improved screening techniques.

- Someone who starts to smoke aged 15 years is three times more likely to die of smoking-related cancer than someone who has smoked from their mid-20s.¹
- Substance misuse in young people has been linked to suicide, depression, conduct disorders, educational problems and long-term mental health effects. There is also evidence that cannabis use is linked to serious mental illness.¹
- High-risk sex (including using condoms inconsistently or unsuccessfully and having numerous sexual partners) leads to an increased risk of sexually transmitted infections and pregnancy. Children of teenage girls have lower birthweights, higher infant mortality and more certain congenital anomalies.¹

In addition, there are also acknowledged links between these risk behaviours, as well as further associations between these behaviours and other adverse effects on health and wellbeing. For example, excessive alcohol consumption by young people has been associated with antisocial behaviour, involvement in crime or offending, poor school performance, mental health disorders, injuries from accidents and violence, as well as a greater likelihood of having unprotected and/or regretted sex.^{1,3} Indeed, an association has been found between alcohol-attributable hospital admissions and teenage pregnancy, as well as common sexually transmitted infections, even after controlling for deprivation.⁴ Regular smoking in adolescence is associated with the misuse of alcohol or other drugs, with the strongest relationship being between recent cannabis use and cigarettes. Regular smoking is also more likely among young people who have truanted or been excluded from school at some time compared with those who have not.^{3,5,6}

Clustered risky health behaviours by young people aged 11 to 18 years was identified as a priority for the North West in NHS North West's guide for commissioners of children's, young people's and maternity services,⁷ available at: www.northwest.nhs.uk/whatwedo/improvingservices/ch/

Alongside the 'big six' issues, educational attainment and participation in positive activities, post-compulsory education and the labour market are also vitally important dimensions of young people's health because they also have associations with good/poor health and health inequalities, and strongly influence health and wellbeing in adulthood.⁸ For example, participation in positive activities^{iv} is identified as one of the best ways to build resilience against poor outcomes and to improve health and wellbeing, while developing social and emotional skills.⁸ However, disadvantaged young people are less likely to participate, or to have access to as many opportunities, as others and therefore may be further disadvantaged.⁹ The NEET (not in employment, education, or training) cohort, while not a homogeneous group, are more likely to be living unhealthy lifestyles than other young people; further, there are associations with ill-health and pregnancy and barriers to re-engagement such as mental health problems.^{10,11}

These complex and often inter-related issues for young people's health are summarised as much as possible as indicators within these profiles, to help provide a snapshot of local need. There has been growth in evidenced-based support for addressing and reducing risky behaviour in order to affect positive health, educational and social outcomes for children and young people. With reduced support for the effectiveness of isolated, topic-specific interventions (such as drugs and alcohol education or sex education) much attention has been directed towards developing interventions designed to address a combination of risky behaviours, and target interventions towards those individuals or groups who are viewed as most vulnerable because of their exposure to multiple behavioural risks. These links are well established and together constitute indications of increased risk and vulnerability.

Further information on young people, including summaries highlighting the key issues, statistical trends and latest research and policy relating to young people's health and wellbeing, is available on ChiMat's young people knowledge hub at: <http://www.chimat.org.uk/resource/view.aspx?QN=YOUNGPEOPLE>

^{iv} e.g. attending sports and community centre activities, uniformed clubs and church or school-based leisure activities.

Data sources

The profile for each local authority is divided into two sections. In the first section, data from a large scale alcohol and tobacco survey of young people are presented. Trading Standards North West have conducted this biannual survey of over 10,000 young people aged 14 to 17 years in the North West since 2005. The survey is coordinated locally by Trading Standards officers working with a wide variety of schools. The self-completion survey, which uses closed questions, is cross-sectional (rather than longitudinal), and is opportunistic (non-random). Participation is voluntary, responses are anonymous and pupils complete the survey in normal school lesson time.^v

In the 2011 iteration, surveys were undertaken in 96 schools across 21 of the 23 top tier local authorities in the North West between January and April 2011. In total 13,051 responses were received. Questions covered topics including demographics, drinking frequencies, quantities of alcohol consumed, where respondents usually drank, sources of alcohol, experiences of alcohol-related harm, whether they smoked and sources of cigarettes, among other questions.

In order to provide meaningful comparisons between local authority areas in the North West, and between individual local authority areas and the North West as a region, only those respondents who were aged 15 or 16 years at the time of the survey were included in the analysis presented here. This also concurs with other major studies, such as the European School Survey Project on Alcohol and Other Drugs (ESPAD).^{vi} This reduced the total sample to 10,325. In addition, to ensure a reasonable level of robustness at a local level, results were only produced for the 11 local authorities that had 400 or more participants from three or more schools. North West results include all 15 and 16 year old participants, however.

Eleven indicators were identified within the survey that provide key information on attitudes and behaviour of 15 and 16 year olds in relation to alcohol consumption patterns (including frequent drinking and binge drinking), drinking in public places (as potential for social nuisance), means of accessing alcohol, alcohol-related harm, smoking, means of accessing cigarettes and engagement in out of school hobbies.

In the second section of the profile, health-related data taken from a variety of sources are presented against the North West and England averages. The measures here relate to, or have an established relationship with, adolescent 'risky behaviours' and also include two measures (proportions of young people saying they use alcohol or drugs) from the Tellus survey, a national survey that gathered children and young people's views on their life, school and local area, which was conducted for the final time in 2009. Indicators in this section also include alcohol-specific hospital admissions, teenage conceptions, unauthorised absence and exclusions from secondary schools, educational attainment, NEET (not in education, employment or training) and first time entrants to the Youth Justice System.

The data are presented in a series of tables which compare the local data with the North West and/or England averages and show statistical significance (at a 95% confidence level).

^v For further information on the survey, contact Kate Pike, Regional Coordinator: kpikew@warrington.gov.uk

^{vi} www.espad.org

Section 1: Young people's alcohol and tobacco survey 2011

North West summary by local authority, compared with North West averages

Local authority	% never drink alcohol	% drink alcohol twice a week or more	% never binge drink	% binge drink once a week or more	% mostly drink in public	% self purchase alcohol	% who have regretted having sex after drinking	% been violent / in a fight whilst drunk	% smoke	% self purchase cigarettes	% participate in out of school activities
Blackburn with Darwen											
Blackpool											
Bolton											
Bury											
Cheshire East											
Cheshire West and Chester											
Cumbria											
Halton											
Knowsley											
Lancashire											
Liverpool											
Manchester											
Oldham											
Rochdale											
Salford											
Sefton											
St Helens											
Stockport											
Tameside											
Trafford											
Warrington											
Wigan											
Wirral											

Key:

	Significantly worse than the North West average
	Not significantly different to the North West average
	Significantly better than the North West average
	Not measured

Summary for Bolton

		Bolton	North West
1	% never drink alcohol	17.6%	18.3%
2	% drink alcohol twice a week or more	8.1%	14.3%
3	% never binge drink	30.8%	30.5%
4	% binge drink once a week or more	15.0%	19.7%
5	% mostly drink in public	20.3%	28.2%
6	% self purchase alcohol	15.0%	15.5%
7	% who have regretted having sex after drinking	4.9%	6.7%
8	% been violent / in a fight whilst drunk	14.9%	17.9%
9	% smoke	17.8%	18.6%
10	% self purchase cigarettes	12.1%	13.1%
11	% participate in out of school activities	69.0%	62.5%

Note: colour coding represents the position of Bolton in relation to the North West average.

Definitions

1	Percentage of 15/16 year olds who say they never drink alcohol.
2	Percentage of 15/16 year olds who say they drink alcohol twice a week, 3-6 times a week or every day.
3	Percentage of 15/16 year olds who say that they never drink five or more alcoholic drinks on one occasion. Base = those that say they never drink + those that drink AND responded to this question.
4	Percentage of 15/16 year olds who say that they five or more alcoholic drinks on one occasion once a week, twice a week, 3-6 times a week or every day. Base = those that say they never drink + those that drink AND responded to this question.
5	Percentage of 15/16 year olds who say that they mostly drink in pubs / members clubs / nightclubs / discos and/or outside (street / parks / shops). Base = those that say they never drink + those that drink AND responded to this question.
6	Percentage of 15/16 year olds who say they buy alcohol themselves from pubs / nightclubs and/or off licences and/or supermarkets. Base = those that say they never drink + those that drink AND responded to this question.
7	Percentage of 15/16 year olds who say that they have regretted having sex with someone after drinking. Base = those that say they never drink + those that drink AND say they have not had sex + those that drink AND say they have had sex AND responded to this question. Excluded were those that drink AND say they have had sex AND did not answer this question + those that drink AND say they have not had sex AND answered yes to this question.
8	Percentage of 15/16 year olds who say they have been violent or in a fight whilst drunk. Base = those that say they never drink + those that say they drink AND responded to this question.
9	Percentage of 15/16 year olds who say they smoke when drinking alcohol, smoke less than 5 a day, smoke 6-10 a day, smoke 11-20 a day, smoke 20+ a day. Non responses to this smoking status question were excluded.
10	Percentage of 15/16 year olds who say they buy cigarettes themselves from vending machines and/or off licences and/or supermarkets and/or newsagents and/or street sellers / neighbours / private houses / vans. Base = all those that responded to the smoking status question (i.e. declared non smokers, ex smokers and current smokers).
11	Percentage of 15/16 year olds who say they participate in any out of school activities or hobbies (e.g. football, netball, skateboarding, golf, horse riding, playing a musical instrument, attending youth clubs / religious groups, dancing). Non responses to this question were excluded.

Section 2: Health indicators

North West summary by local authority, compared with North West averages

Local authority	Alcohol-specific hospital admissions	% children and young people using alcohol	Hospital admissions for substance misuse	% children and young people using drugs	Teenage conception rate: under 16s	Teenage conception rate: under 18s	% persistent absentees	% pupils with fixed period exclusions	% pupils permanently excluded	% achieving 5 A*-C GCSEs including maths and English	% 16-18s NEET	First time entrants to Youth Justice System
Blackburn with Darwen												
Blackpool												
Bolton												
Bury												
Cheshire East												
Cheshire West and Chester												
Cumbria												
Halton												
Knowsley												
Lancashire												
Liverpool												
Manchester												
Oldham												
Rochdale												
Salford												
Sefton												
St Helens												
Stockport												
Tameside												
Trafford												
Warrington												
Wigan												
Wirral												

North West summary by local authority, compared with England averages

Local authority	Alcohol-specific hospital admissions	% children and young people using alcohol	Hospital admissions for substance misuse	% children and young people using drugs	Teenage conception rate: under 16s	Teenage conception rate: under 18s	% persistent absentees	% pupils with fixed period exclusions	% pupils permanently excluded	% achieving 5 A*-C GCSEs including maths and English	% 16-18s NEET	Rate of first time entrants to Youth Justice System
Blackburn with Darwen												
Blackpool												
Bolton												
Bury												
Cheshire East												
Cheshire West and Chester												
Cumbria												
Halton												
Knowsley												
Lancashire												
Liverpool												
Manchester												
Oldham												
Rochdale												
Salford												
Sefton												
St Helens												
Stockport												
Tameside												
Trafford												
Warrington												
Wigan												
Wirral												

Key:

	Significantly worse than the North West / England average
	Not significantly different to the North West / England average
	Significantly better than the North West / England average
	Not measured

Summary for Bolton

		Bolton	Compared with England	North West	England
1	Rate of alcohol-specific hospital admissions	98.97		102.81	61.81
2	% children and young people using alcohol	17.0%		17.3%	15.0%
3	Rate of hospital admissions for substance misuse	106.1		87.7	62.8
4	% children and young people using drugs	2.0%		4.2%	4.0%
5	Teenage conception rate: under 16s	9.4		8.9	7.9
6	Teenage conception rate: under 18s	48.5		45.6	40.2
7	% persistent absentees	3.6%		4.4%	4.2%
8	% pupils with fixed period exclusions	3.93%		4.67%	4.75%
9	% pupils permanently excluded	0.07%		0.18%	0.15%
10	% achieving 5 A*-C GCSEs (inc. maths and English)	53.2%		55.2%	55.2%
11	% 16-18s NEET	8.0%		6.7%	6.0%
12	Rate of first time entrants to Youth Justice System	1,480		1,510	1,472

Note: colour coding represents the position of Bolton in relation to the North West average in the first column and the England average in the second.

Definitions

1	Under 18s admitted to hospital with alcohol specific conditions: persons, crude rate per 100,000 population, 2007/08-2009/10. Source: Local Alcohol Profiles for England (available at: www.lape.org.uk/index.html).
2	Percentage of children (Years 6, 8 and 10) who reported that they had been drunk one or more times in the last four weeks, 2009. Source: Tellus4 survey, National Foundation for Educational Research (NFER).
3	Hospital admissions for substance misuse, directly standardised rate per 100,000 (age 15-24 years), 2005/06-2009/10. Source: ChiMat from Hospital Episode Statistics.
4	Percentage of children (Years 8 and 10) who reported that they had taken cannabis or skunk one or more times in the last four weeks, 2009. Source: Tellus4 survey, National Foundation for Educational Research (NFER).
5	Teenage conceptions (under 16 years). Rate per 1,000 population, 2006-08. Source: Office for National Statistics and Department for Education (available at: www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0064898/under-18-and-under-16-conception-statistics).
6	Teenage conceptions (under 18 years). Rate per 1,000 population, 2007-09. Source: Office for National Statistics and Department for Education (available at: www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0064898/under-18-and-under-16-conception-statistics).
7	Number of persistent absentees expressed as a percentage of the total number of enrolments. Persistent absentees are defined as having 64 or more sessions of absence (authorised and unauthorised) during the year, around 20 per cent overall absence rate. Maintained secondary schools. 2009/10. Source: Department for Education (available at: www.education.gov.uk/rsgateway/DB/SFR/s000994/index.shtml).
8	Number of pupils with one or more episodes of fixed period exclusion expressed as a percentage of the school population. State-funded secondary schools. 2009/10. Source: Department for Education (available at: www.education.gov.uk/rsgateway/DB/SFR/s001016/index.shtml).
9	Number of permanent exclusions expressed as a percentage of the school population. State-funded secondary schools. 2009/10. Source: Department for Education (available at: www.education.gov.uk/rsgateway/DB/SFR/s001016/index.shtml).
10	Percentage of pupils at the end of Key Stage 4 achieving 5 or more A*-C grade GCSEs or equivalent, including maths and English, 2010. Source: Department for Education (available at: www.education.gov.uk/performanceables/schools_10.shtml).
11	Young people aged 16-18 (inclusive) who are not in education, employment or training, shown as a proportion of the total 16-18 year olds known to the local authority. 2010. Source: Department for Education (available at: www.education.gov.uk/16to19/participation/neet/a0064101/16-to-18-year-olds-not-in-education-employment-or-training-neet).
12	First time entrants to the Youth Justice System, rate per 100,000 population (aged 10-17). 2008/09. Source: Department for Education (available at: www.education.gov.uk/rsgateway/DB/STR/d000895/index.shtml).

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