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16–19 year olds get ‘smokerlysed’

were recorded. A total of 125 individual measurements were noted, and these are analysed in the tables below.

Due to the high interest and the intensity of visits to the stand, this total figure may be underestimated. It was not possible manually to record all measurements. Indeed, a very small proportion of volunteers sought to be ‘smokerlysed’ after an intended time interval. This would account for no more than 2% of the total number of individual readings. Results were analysed graphically and reproduced as a series of pie charts and bar graphs.

Who are the smokers?
Among children of school age, girls are more likely than boys to take up smoking nowadays. Statistics from 1988 show that 9% of schoolgirls aged between 11 and 15 smoke regularly, compared with 7% of boys in the same age group. The most significant recent trend appears to have been a slight decrease in regular smoking among year 11 (15–16 year old) girls. Among schoolchildren, the largest proportion are ‘recruited’ to the habit between the ages of 14 and 15.

However, the results and observations, albeit based on a small sample size from the Exeter College Health Fair, suggest that smoking is highly prevalent amongst students there – approximately 76% of females gave readings of 6 parts per million (ppm) or greater and 79% of males have this reading or above. These percentages will represent smokers of all descriptions, i.e. occasional, light, or heavy. Indeed, some smokers had CO levels in excess of 50ppm!

Hungry for knowledge
Whilst the ‘research design’ may be seen by some to be relatively unsophisticated and unable to distinguish between types of smoker (i.e., whether occasional, light, or heavy), the method and equipment used are valid, sensitive, and accurate enough to distinguish clearly between non-smokers and smokers.

Bedford Technical Institutions Ltd. suggest that the ‘best cut-off point’ for dividing smokers and non-smokers is around 1.6% carbon monoxide (CO2) or 8ppm CO in expired breath. Levels above this were found to indicate an unusual level or source of pollution, or smoking.

At Exeter College Health Fair it was decided to use 5ppm as a cut-off point, i.e., those registering 6ppm or greater of CO were self-reported smokers. This seems reasonable, as all those who were monitored and gave levels between 1–5ppm CO stated clearly that they were non-smokers.

The observation that so many smoking students voluntarily and enthusiastically sought to be monitored despite the presence of peers is encouraging. Certainly the desire for increased knowledge about smoking and health was present in all those who participated. The next stage would be to encourage smokers who wish to stop to do so in a group setting.

The use of simple equipment for example, a carbon monoxide monitor and a computer program, together with the delivery of high-quality advice and education about smoking, seems to engage this kind of audience. Numerous teaching points arise through the process of monitoring and equipment usage, allowing greater support and receptivity to be established between client and professional health educator or promoter.

Group work
‘Smoking and health’ as a topic is generally seen by smokers to be boring. The ‘facts alone’ approach to drug education including smoking education has been described to be largely ineffective. Interestingly, the observed positive approach to monitoring shown by this particular age group in the presence of peers together with the ensuing active discussion points to the potential success of group work smoking cessation methods.

Smoking cessation groups are set up and run according to a number of different formats and protocols. The ‘Smoke Stop’ method devised by Liz Batten and others (Department of Psychology, University of Plymouth, Cheltenham) and the methods devised by Dr Anne Charlton, seem appropriate for this particular target group.

Dr. Charlton’s model for smoking cessation in FE college settings has been devised as a stated smoking course for the 16–19 age group. The other model is a group specific in FE colleges and has recently been evaluated.

Whether models or methods are used, there seems to be good evidence for the successful promotion of the group-work approach for this particular target population.

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