News from the Unit

John has recently paid a visit to Rennes, France, following an invitation to explore the use of the Health Related Behaviour Questionnaire in trend cities in European countries. These are France, Spain, Portugal, Czechoslovakia and Poland.

1994 has proved to be the most successful year yet as far as Health Related Behaviour Surveys are concerned. Over 45,000 secondary school pupils participated in an all-time record! This brings the database to a total grand exceeding 530,000. Plans for 1995 are exciting, with Sally currently type-setting the new Version 17. Some new questions on gambling, bullying, and weapons carried in school, have been added; consequently, a few others have been removed to make room for them. If you are interested in using this survey method in your school, do give us a ring.

For Anne it is 'business as usual', Health Related Behaviour surveys that took place in Liverpool, Hereford and the Isle of Wight are keeping her busy, with requests ranging from additional support for the individual schools to collaboration in report-writing for the District Health Authorities.

James has been busy liaising with the Health Authority on the Isle of Wight to produce a prestigious report using data gained from their 1994 survey of 2,808 pupils.

The cross-curricular projects in environmental and alcohol education are continuing. The collection of teaching modules is still growing and many are now at the stage of being practised and revised in the local schools. These will eventually be published alongside our Cross-Curricular Sex Education books.

Some Unit publications...

Young People and Illegal Drugs, 1989-1995...

Drug use is increasing, and this study uses the Unit's survey data to examine future trends.

Toothbrushing in Adolescence...

A study of the toothbrushing habits and motivation of 7770 15-16 year olds, revealing unexpected links between dental care and features of their home background and daily life.

Video pack: 'The Extra Glass'...

This well-received 'alcohol' video depicts a teenage party, and the material includes background information, suggestions for its use, worksheet masters, and overhead transparencies. (Price includes VAT.)

Very Young People in 1991-2...

Results from 7,852 very young people between the ages of 8 and 12, who completed Version 4 of our Primary Health Related Behaviour Questionnaire.

Young People in 1993...

The latest of our annual reports, with results from 29,074 young people between the ages of 11 and 16, who completed Version 15 of the Health Related Behaviour Questionnaire.

Cross-Curricular Sex Education...


We Teach Them How To Drink!

A study of the alcohol habits of 33,459 pupils. The data shows that the least is the price people pay for drinking. How can parents promote sensible drinking?

Alcohol Education in Schools...

A report on current alcohol education practice in a nationwide sample of secondary schools, with an evaluation of some widely-used resources and recommendations for good practice.

These prices include postage and packing.

In 1993, over two-thirds of all the Year 11 pupils surveyed knew at least one user of illegal drugs.

John Balding

Young People and Drug-taking: Facts and Trends

A schools survey project in Yorkshire was the starting-point for a much wider enquiry into the changing level of drug use by secondary school pupils. In 1991, 9901 pupils in 64 Yorkshire schools completed the Health Related Behaviour Questionnaire in a survey co-ordinated by Tony Goodall. The contract included provision for a second survey two years later, part of the plan being to 'catch' the 1991 Year 8 pupils as Year 10 pupils in 1993...
cautions of reading 'national status' into the database, and the purpose of the data collection is not to provide such a service. However, the increasingly large annual sample, drawn from a population of at least twice its size, is worthy of serious consideration rather than dismissal.

The purpose of each survey in each health care district is to provide robust local data to inform health care planning for young people. Sampling and tracking are typically under the ownership of members of the Offices of Public Health. Repetitions of surveys in later years are numerous.

Although the composition of each year's very large sample is not under the Unit's control, each year's collection of data is a good predictor of the next. Additionally, to have the large Yorkshire cohort study continued within the databases for 1991 and 1993, and to be able to separate the cohort members from the remainder of the sample and compare their results, presents a very convincing picture of continuity between the populations involved in the Unit's survey services across the UK.

The data represented in Fig. 1 have been derived from repeated use of one or more drugs from the following list:

- Amphetamines (speed, stimulants, uppers)
- Barbiturates (downers, barbies, sleepers)
- Cannabis (leaf form: grass, pot, marijuana, dope)
- Crack (rock)
- Ecstasy (MDMA, XTC, E)
- Hallucogenes (natural: magic mushrooms)
- Hallucinogens (synthetic: acid, angel dust, LSD)
- Heroin (H, junk, skag, smack)
- Solvents (glue, gas refills, cleaning fluid)
- Tranquilisers (Librium, Valium)

To assist the young people to classify the drugs, the street names shown here in parentheses were included in the questions. However, as these names change with time and also vary in different parts of the country, the organisers of individual surveys often provide additional local names, when known, to improve the understanding of these questions in the schools.

The percentages represented in Fig. 1 therefore include solvent experimentation. The steady increase in the number trying or using illegal drugs is clear. Each column typically fits within the three trends demonstrated:

1. Between older and younger groups (trend to back).
2. Between the year before and the following year (left to right on the same line).
3. Diagonally between groups representing the same cohort.

The Yorkshire study gave us a chance of assessing the claim that our uncontrolled but very large annual samples do provide a representative and reliable picture. For the first time ever in the development of the Health Related Behaviour Questionnaire, the Year 8 pupils completing the questionnaire in 1991 were re-selected for the repeat in 1993, and the new Year 8 pupils completing another questionnaire study in Year 10 in 1995. Our comparison of the identical Yorkshire cohort of 1991 and 1993, when matched against similar comparisons between non-identical representatives of cohorts, support our view that sufficiently large samples of the nationwide school population constitute a major resource for studying changes and trends in young people's health-related behaviour.

Drug-taking trends

For several years there has been a good deal of anxiety amongst parents, teachers, medical professionals, the police, and other bodies over the use of drugs by young people. This concern is often heightened by reports through the media, which typically draw attention to unwise use and the resultant damage or misuse. In response to this growing worry, a section on illegal drugs was added when the latest edition of the Health Related Behaviour Questionnaire, Version 11, appeared. At that time, reflecting widespread hesitancy about bringing the topic into the open, the section appeared as an optional extra after the main body of the questionnaire. It soon transpired that few schools had doubts about the importance of drug education and the need for reliable information; in fact we began to receive alarmed telephone calls from teachers that had received their survey results and were horrified to find evidence of substantial drug use in their own patch. From then onwards the illegal drugs section became as much a part of the questionnaire as the alcoholic and smoking questions.

Our aim, with respect to illegal drugs, has always been to collect data about the following:

1. Knowledge of the different types of drug.
2. Contact with drug users and suppliers.
3. Personal experience of drugs.

To make the collection of data tidier, we generated a checklist of drugs shown above and referred the questions to this checklist.

The questionnaire and the drug data

The topic areas included in the latest version of the Health Related Behaviour Questionnaire include:

- AIDS
- Leisure pursuits
- Alcohol use
- Medication
- Aspirations
- Money
- Dental care
- Physical activity
- Diet
- Relationships
- Doctor
- Self-esteem, etc.
- Drugs
- Smoking
- Homework
- Social activities
- Hygiene
- TV, videos, etc.
- Jobs
- Worries
The content of the Health Related Behaviour Questionnaire is under regular scrutiny, and from time to time new questions are added — usually in response to precepts from users — and the lesser-used ones are removed.

The purpose of all surveys is to provide reliable data for individual schools and District Health Authorities over a wide range of health issues, against which they can (1) decide priorities, (2) allocate resources objectively, and (3) monitor change.

The large collection of data available annually — obtained from 171 surveys in 1993 — is a valuable by-product of a service available to schools and Health Authorities across the UK.

The quality of the data

The quality of the data is heavily dependent upon the quality of the individual questions and the manner in which the survey is administered.

This extremely important aspect is addressed in the introduction to each of the Young People reports — see, for example, Young People in 1993 (2).

The annual 'Young People' reports

Beginning with our 1986 data, every year has seen the publication of a new Young People report, in which the data collected during the previous year are published in tabular form, each table summarising the responses to one of the questions. The results are separated by age and sex. Since decisions about which year groups to survey are made by schools, or groups of schools, on the basis of their own perceived need for information, not all the secondary years are equally represented. Typically, Years 8 and 10 receive the most attention, and in some years the number of Year 7 or Year 11 pupils is too small to be worth reproducing in an annual report.

However, all five year groups were represented in Young People in 1993, and they will be again in the 1994 report, which will contain data for about 46,000 young people.

Collating the data

In order to study the way exposure to illegal drugs, and their reported use, are changing, we assembled the data presented in the Young People reports for 1989, 1991 and 1993, with a view to making predictions of the values to be expected in 1995. The total data bank in the Unit’s archive now contains information for more than 300,000 pupils between the ages of 11 and 16, collected since 1982.

The boys and girls in Years 9 and 11 only were examined in the 1989 and 1991 samples. The 1989 sample was Year 9 (13-15) Year 11 (15-16) Boys Girls Boys Girls 1055 1430 1287 1216. The 1991 sample was Year 9 (13-14) Year 11 (15-16) Boys Girls Boys Girls 2706 2695 2212 2148. The 1993 sample was Year 9 (13-14) Year 11 (15-16) Boys Girls Boys Girls 2796 2695 2212 2148.

The overall 1994 total (including other year groups) is currently 40,680.

Effective sample size

Most of these year-group samples are very large by any survey standards. However, each year group should also be seen in the context of the other year groups that form a part of the annual sample. If the relatively small sample of just over 1000 Year 7 pupils in the provisional 1994 data bank gives data that are consistent with the values obtained from the much larger Year 8-11 samples, then its status is enhanced. On its own, without the other supporting samples, it would not carry the same weight. Therefore the effective number of pupils validating each year group’s data is greater than the number of pupils in that particular year group.

Facts and trends

The rest of this article is divided into two sections.

In Part 1 we examine the most recent complete data bank, for 1993, in detail.

In Part 2 we use data collected between 1989 and 1994 to suggest what the drug-related data for 1995 may reveal.

Part 1

1993: THE FACTS

The first three tables present some analyses of illegal drug use based on the data collected from 2,176 young people aged 15-16.

Table 1. Encouragement to use named drugs

These percentages show that a third of the young people in their GCSE year had been offered cannabis, amphetamines, hallucinogens, or ecstasy are next in frequency.
Table 2. Have you ever taken any of these drugs? (Percentage responding 'yes'.)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>10.7</td>
<td>9.6</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>2.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Cannabis leaf</td>
<td>28.1</td>
<td>21.7</td>
</tr>
<tr>
<td>Cannabis res/viol</td>
<td>20.9</td>
<td>13.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Crack</td>
<td>1.0</td>
<td>0.7</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>6.7</td>
<td>3.0</td>
</tr>
<tr>
<td>Hallucinogens (natural)</td>
<td>10.1</td>
<td>6.3</td>
</tr>
<tr>
<td>Hallucinogens (synthetic)</td>
<td>12.9</td>
<td>8.6</td>
</tr>
<tr>
<td>Heroin</td>
<td>1.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Solvents</td>
<td>5.4</td>
<td>6.9</td>
</tr>
<tr>
<td>Tranquillizers</td>
<td>1.7</td>
<td>1.5</td>
</tr>
<tr>
<td>None of the above</td>
<td>65.3</td>
<td>72.0</td>
</tr>
</tbody>
</table>

Table 3. Do you know the drug or drugs used by someone known personally to you? (Percentage responding ‘yes’).

<table>
<thead>
<tr>
<th>Drug</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>28.0</td>
<td>31.5</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>6.0</td>
<td>5.9</td>
</tr>
<tr>
<td>Cannabis leaf</td>
<td>46.7</td>
<td>46.9</td>
</tr>
<tr>
<td>Cannabis res/viol</td>
<td>32.8</td>
<td>24.9</td>
</tr>
<tr>
<td>Cocaine</td>
<td>6.0</td>
<td>10.1</td>
</tr>
<tr>
<td>Crack</td>
<td>5.3</td>
<td>7.7</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>31.0</td>
<td>35.3</td>
</tr>
<tr>
<td>Hallucinogens (natural)</td>
<td>23.3</td>
<td>24.4</td>
</tr>
<tr>
<td>Hallucinogens (synthetic)</td>
<td>26.5</td>
<td>24.6</td>
</tr>
<tr>
<td>Heroin</td>
<td>6.0</td>
<td>6.7</td>
</tr>
<tr>
<td>Solvents</td>
<td>13.9</td>
<td>18.2</td>
</tr>
<tr>
<td>Tranquillizers</td>
<td>6.0</td>
<td>6.2</td>
</tr>
<tr>
<td>Don't know a drug user</td>
<td>28.3</td>
<td>27.0</td>
</tr>
</tbody>
</table>

Bargain Basement

Our Unit is bursting at the seams with books, resources, questionnaire scripts, and people! To make room for fresh arrivals, some 'old friends' have to be moved on. Here is a selection.

£10

Young People in 1991

A survey of 28,928 pupils in Years 8-11, described in the Sunday Telegraph as the 'biggest-ever study of children aged 12 to 15'. With 106 tables and associated commentary, don't think of this as out-of-date material - it passes its value as a historical record to be compared with current behaviour data increases.

£5

Parents and Health Education

Wonderful stuff. 'Horse's mouth' comments from 3507 primary parents are distilled into this 110-page book, published in 1988. The invitation was to complete a questionnaire about their children's health education and then write what they liked. They did.

Health Education Priorities for the Primary School Curriculum

The questionnaire results themselves, to which the above comments were appended. What 10,894 pupils, 18,770 parents, 1554 teachers and 446 health-care professionals thought were high or low priority for school-based health education. 200 pages. Published in 1988.

Buy both for £8.50!

£3.50

Young People into the Nineties

A study of the trends in health-related behaviour shown by 125,833 young people in Unit surveys between 1984 and 1990. Book 1 (Doctor and Dentist, 68 pages) and 2 (Health, 90 pages) are available.

Buy both for £5.00!
Table 4: Use of drugs
This table, for the whole 1993 sample, shows the increasing percentage of older pupils that had used one or more drugs in 1993. There are consistently more boys than girls in this group.

The following points should be noted:
- The question does not ask if they are currently taking drugs.
- Some individuals may have tried just one drug once.

Table 5: Knowledge of drug-takers
This table reveals the large number of young people that have potential contact with a drug-user — from about 20% in Year 7 to 70% in Year 11. The reservation to Table 3 applies here too: many of these young people may know the same drug user, so the percentage of known drug users in the community is almost certainly lower than suggested by these figures.

THE MAIN POINTS FROM THE 1993 DATA
1. Almost half of all the Year 11 pupils had been encouraged to try at least one illegal drug.
2. A third of the Year 11 boys and almost a fifth of the girls had tried at least one illegal drug.
3. Over two-thirds of all the Year 11 pupils knew at least one drug user.
4. Not many Year 7 pupils had tried illegal drugs, but about a fifth of them knew a drug user.

Table 6: Have you ever taken any illegal drug? (Percentage responding ‘yes’)

Table 7: Have you ever taken cannabis (leaf form)? (Percentage responding ‘yes’)

Part 2
THE TRENDS

Many social science surveys, repeated annually (or periodically), suggest or demonstrate trends and are helpful in anticipating the future; sometimes intervention programmes are prompted by them. In this section, 1995 ‘predictions’ for Years 9 and 11 are shown, based on mathematical judgments of the figures for 1989, 1991, and 1993.

It will be a surprise if these predictions are found to be over-pessimistic, and the levels derived from the 1995 surveys turn out to be lower than predicted.

Table 6: Young people’s contact with illegal drugs
The question does not seek to discover amounts or frequency, and amongst the data we must assume that some young people have tried one substance only, once only.

However, if we consider the levels of reported use by the 1993 Year 9 boys and by the 1993 Year 11 boys, it follows that these boys are representative of the same cohort...

...and we observe a difference of 22% (34.7% - 12%), suggesting that in this two-year period 22.7% had tried at least one of the listed substances at least one occasion.

In these data different boys are involved, but in the equivalent surveys planned and repeated in Yorkshire Health under Tony Goodall’s co-ordination, many of the same boys (and girls) were indeed involved, with a similar outcome.

Table 7: Young people’s use of cannabis (leaf form)
Cannabis leaf is probably the most widely used illegal drug in the world.

In making predictions, we have looked mainly at the mathematical intervals to calculate a possible 1995 level. In doing this, it can be argued that the Year 11 1995 prediction for boys could be in excess of 50% rather than less than 50%.

It is also interesting to note that this mathematical prediction for cannabis leaf is greater
Table 8. Have you ever taken cannabis (resin form)? (Percentage responding 'yes')

<table>
<thead>
<tr>
<th>Year</th>
<th>BOYS</th>
<th>GIRLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>1.0</td>
<td>3.3</td>
</tr>
<tr>
<td>1991</td>
<td>3.3</td>
<td>11.4</td>
</tr>
<tr>
<td>1993</td>
<td>9.3</td>
<td>20.9</td>
</tr>
<tr>
<td>1995</td>
<td>17.07</td>
<td>30.07</td>
</tr>
</tbody>
</table>

Table 9. Have you ever taken amphetamines? (Percentage responding 'yes')

<table>
<thead>
<tr>
<th>Year</th>
<th>BOYS</th>
<th>GIRLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>1.5</td>
<td>1.1</td>
</tr>
<tr>
<td>1991</td>
<td>2.1</td>
<td>1.0</td>
</tr>
<tr>
<td>1993</td>
<td>4.0</td>
<td>2.8</td>
</tr>
<tr>
<td>1995</td>
<td>7.07</td>
<td>5.07</td>
</tr>
</tbody>
</table>

Table 10. Have you ever taken solvents? (Percentage responding 'yes')

<table>
<thead>
<tr>
<th>Year</th>
<th>BOYS</th>
<th>GIRLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>2.2</td>
<td>2.5</td>
</tr>
<tr>
<td>1991</td>
<td>3.8</td>
<td>7.5</td>
</tr>
<tr>
<td>1993</td>
<td>4.1</td>
<td>5.4</td>
</tr>
<tr>
<td>1995</td>
<td>4.07</td>
<td>6.07</td>
</tr>
</tbody>
</table>

Table 11. Do you know anyone whom you think takes illegal drugs? (Percentage responding 'fairly sure' and 'certain')

<table>
<thead>
<tr>
<th>Year</th>
<th>BOYS</th>
<th>GIRLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1991</td>
<td>33.7</td>
<td>58.4</td>
</tr>
<tr>
<td>1993</td>
<td>49.6</td>
<td>71.7</td>
</tr>
<tr>
<td>1995</td>
<td>65.67</td>
<td>85.07</td>
</tr>
</tbody>
</table>

Why is illegal drug use increasing?

This drug data may be unique in its scope, because we know of no other questionnaire surveys that have duplicated it in range and sample size. This makes independent verification more difficult, but we have presented elsewhere the closest available comparative data that overlaps it, taken from the EA/MORI survey of 1989 (3, 4).

On the basis of uniformity of questionnaire and careful standardisation of administration, data preparation, and data analysis—as well as the presence within the 1991 and 1993 samples of the same regional cohort—we are confident that the observed trend is a real one.

What could be causing this steady increase in illegal drug use by young people? The Unit's research fellow, David Regis, has suggested that the answer may lie in some or all of the following reasons:

- Young people are more keen on trying drugs, and go looking for them.
- They are less resistant to trying them, and are more amenable to offers.
- Attitudes have not changed, but the greater availability or social acceptability of drugs just makes it more natural to try.

Illegal v. legal drugs

In terms of importance, where does the use of illegal drugs sit with respect to the legal drugs alcohol and tobacco?

Unlike our data for these two legal drugs, we have no information on the frequency with which illegal drugs are used. It is not, therefore, possible to compare their relative frequency of use.

What can be done, however, is to try to compare the percentages of young people that have had experience of these drugs.

In the case of tobacco, this is straightforward. One of the Health Related Behaviour Questionnaire questions asks if they have ever smoked at all, even if it was only once.

In the case of alcohol consumption, there is a question asking if they ever drink at home. Since the home is the most likely place in which to start experimenting with alcohol, this is a reasonable way of discovering if the young people have ever drunk alcohol at all.

Taking this information from our 1993 database, the result is Table 12, with the accompanying visual presentation.
Table 12. The percentage of young people that have tried these different drugs. The illegal drugs are any of those listed on page 51.

<table>
<thead>
<tr>
<th>Year</th>
<th>Alcohol (a)</th>
<th>Tobacco (b)</th>
<th>Illegal drugs (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>30.4%</td>
<td>26.7%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Boys</td>
<td>50.4%</td>
<td>38.0%</td>
<td>6.6%</td>
</tr>
<tr>
<td>YEAR 9</td>
<td>47.9%</td>
<td>35.0%</td>
<td>6.6%</td>
</tr>
<tr>
<td>YEAR 10</td>
<td>47.9%</td>
<td>35.0%</td>
<td>6.6%</td>
</tr>
<tr>
<td>YEAR 11</td>
<td>50.4%</td>
<td>45.5%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Girls</td>
<td>22.5%</td>
<td>36.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>YEAR 9</td>
<td>22.5%</td>
<td>36.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>YEAR 10</td>
<td>45.5%</td>
<td>36.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>YEAR 11</td>
<td>45.5%</td>
<td>36.0%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

With respect to alcohol, experience clearly starts at an early age, with almost 50% of the Year 7 children having sampled it, in most cases with parental approval.

Experience of smoking among the Year 7 pupils is much lower — about half — but increases a little more rapidly than alcohol, so that the difference between the two sets of figures lessens.

Experimentation with illegal drugs starts later, and unlike the other two drugs the curve does not flatten off so noticeably between Years 10 and 11. This suggests that more people will begin to experiment with illegal drugs in their late teens, when smoking and drinking patterns may have become established. Many experimenters may never become regular drug users — just as the majority of experimenters do not become regular cigarette smokers — but the continuing high level of experimentation in the mid-teens is justifiable cause for concern.

When examining and comparing the use of legal and illegal drugs, it is worth pointing out that a person’s ‘alcohol career’ is typically quite different from their use of tobacco and other drugs. Our figures show that many more young people experiment with tobacco than become regular smokers. This is not so for alcohol, which easily becomes an acceptable component of most people’s lifestyles. ‘Tried drinking but gave up’ is not likely to be a common category of questionnaire response!

**Does trying cannabis raise self-esteem?**

Having studied young people’s current and predicted use of illegal drugs, it is important to try to find out what kind of people they are. Can we draw a profile of the ‘typical drug user’? The Health Related Behaviour Questionnaire allows any of the numerous recorded behaviours to be correlated with some or all of the others, and the power of modern computers means that a very large sample can readily be analysed. The starting point for this exercise was the 5070 boys and 4656 girls in Year 10 of our 1993 databank.

Within this group, as already shown in Table 4, 24.3% of the boys and 22.3% of the girls had reported trying at least one drug from the checklist on at least one occasion. It is not possible to discover which of these are regular users and which just experimented, but it is reasonable to assume that any revealed characteristics of the amorphous ‘drug-takers’ group will be more sharply defined for the habitual users.

As an initial ‘trawl’ of the data netted a list of behaviours which correlated with cannabis use/non-use at the <0.001 significance level and with a Spearman correlation coefficient >0.1. These are shown in the box. Some correlation coefficients are much higher than 0.1, indicating a more robust behavioural link, and these values are indicated in parentheses.

We find a group of highly social individuals who drink and smoke more than average, are less conscientious about schoolwork, less confident with their teachers and less confiding with their parents, and in the case of the girls are less likely to have a stable home background. Their close friends are drawn mainly from the opposite sex, and they tend to worry more about money and AIDS. They are also more likely to have been, or to fear being, in trouble with the police, although it is not known whether this is related to their experimentation with drugs.

Table 13 shows the percentage of Year 10 pupils responding to questions about trouble with the police, and worry about AIDS, indicate a clear and positive ‘cannabis’ effect.
Asthma update: the problem is increasing

A study of asthma prevalence in the USA between 1982 and 1992 has recently been published (1), confirming reports that the percentage of reported cases, as well as asthma mortality, has been rising. This is a world-wide problem.

The USA study reveals the following facts:
1. The overall death-rate increased by 40%, from 13.4 to 18.3 per million.
2. The overall prevalence of self-reported asthma increased by 42%, from 3.5 to 4.9%.
3. Within this total, males aged 5-34 increased by 25% (from 4.0% to 5.1%) and females by 82% (from 2.9% to 5.4%).
4. The report notes that the cause (etiologia) of asthma is unknown, but suggests that environmental factors are one of the many possible contributors. In 1991, it states, an estimated 65% of the people with asthma living in the USA resided in areas where at least one National Ambient Air Quality factor was exceeded.

Cross-Curricular Sex Education
Recently published by the Unit, incorporating the DfE's 5/94 sex education guidelines, these materials offer co-ordinators a practical, evaluated way of introducing an effective sex education programme with components in Art & Design, Drama, English, Geography, History, Languages, Maths, Music, PE, RE, Science, and Technology.

There are two books, the first being a co-ordinator's guide and the second containing teaching materials — a total of 428 pages for £46.00, including postage.

A sample of the contents will be sent free on request.

References