



Cabinet Office

# Risk behaviours and negative outcomes

Trends in risk behaviours and negative outcomes amongst children and young people

This paper is not a statement of government policy

September 2014, Horizon Scanning Programme Team

# Summary

This paper looks at the trends in how a range of risk behaviours and negative outcomes have changed over time for children and young people. It also considers whether new risk behaviours could be emerging.

It is based on desk research by the Cabinet Office Horizon Scanning Programme Team, informed by discussions with academics and colleagues across government.

The geographic coverage of statistics used varies- some cover the UK, others England and Wales only. Sources are referenced and the geographic coverage for each figure is provided.

This paper should be regarded as a brief evidence note, rather than an exhaustive summary of the evidence in this area.

**This paper is not a statement of government policy.**

## *Key Messages*

1. There has been a slow and steady decline in the numbers of children and young people participating in a number of behaviours and suffering from outcomes that could be broadly termed as 'risky' or negative over time, such as drinking, drug use, smoking, youth crime, suicide and teenage pregnancy.
2. There is significant variation in behaviours and outcomes amongst this generation of children and young people. Risk behaviours tend to 'cluster' and participation in multiple risk behaviours is associated with a range of negative outcomes such as low educational attainment, being bullied and emotional health problems. We are unable to identify whether the decline in risk behaviours and negative outcomes applies for all groups of young people. In particular, we cannot tell whether it applies to the most vulnerable, who participate in multiple risk behaviours.
3. Despite declining risk behaviours amongst young people, they still tend to be more likely to participate in risk behaviours than older people and young people's participation in some risk behaviours in the UK are high when compared internationally.
4. If these trends towards declining risk behaviours and negative outcomes continue, it could lead to significant improvements in children and young long term health prospects. However, there is also a possibility that new risk behaviours may emerge and that risk behaviours and negative outcomes may persist amongst the most vulnerable.

# Children and young people's wellbeing

According to the 2014 Children's Society Good Childhood Report, whilst most children aged 8-15 are satisfied with their lives as a whole and find their lives worthwhile, 9% of children have low life satisfaction. Four-fifths of young people in the UK aged 16-24 report medium or high life satisfaction.

In 2010/11, just over a third of children in the UK were completely happy with their lives overall (34%). However, well over half of respondents were completely happy with their friends (56%) and family (62%). By contrast, less than one in five respondents were completely happy with their school work or appearance (both 19%).

The Children's Society has identified significant increases in the overall happiness of children aged 11-15 from 1994 to 2008 in the UK. However, it appears that in more recent years this upward trend has stopped.

## Sources

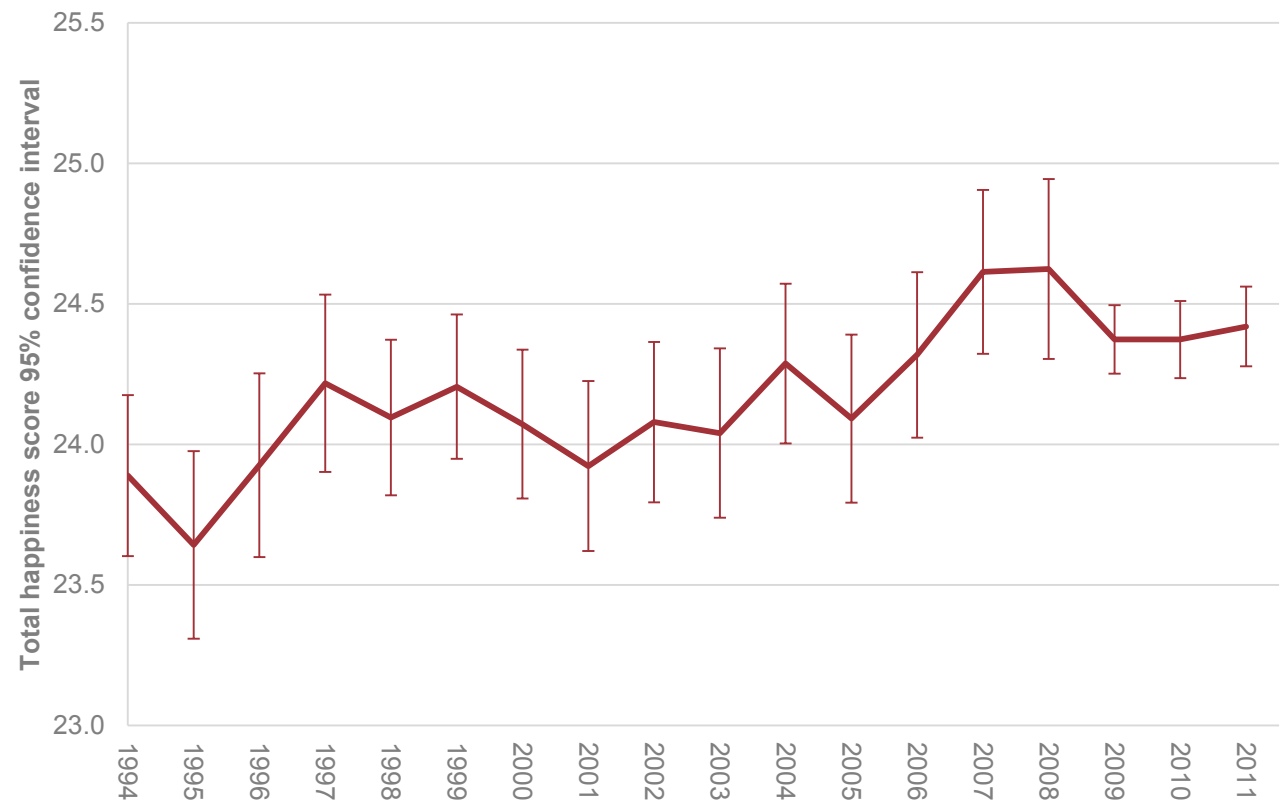
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Time trends in children's overall happiness scores 1994 to 2011; Children's Society (2014)



# Smoking

There has been a long-term decline in the prevalence of smoking since the mid-1990s amongst 11-15 year olds in England. In 2013, less than a quarter (22%) of pupils had tried smoking at least once. In 2003, 42% had done so. The percentage who are regular smokers (smoke at least once a week), has decreased from 9% in 2003 to 3% in 2013

The percentage of 16-19 year olds that smoke has declined from 31% in 1998 to 15% in 2012. For 20-24 year olds there has been a decline over the same period from 40% to 29%. This appears to be a continuation of an ongoing trend back to 1974, though there are some signs that for 20-24 year olds, the trend may have reversed.

The most recently available data that allows comparison with other countries shows that the proportion of 15 year olds who reported smoking at least once a week in 2010 was lower in Great Britain (14 per cent) than the average for all countries that took part in the Health Behaviours of School Aged Children Survey (18 per cent). It was also lower when compared to other countries like France (20 per cent), Germany (15 per cent) and Italy (23 per cent)

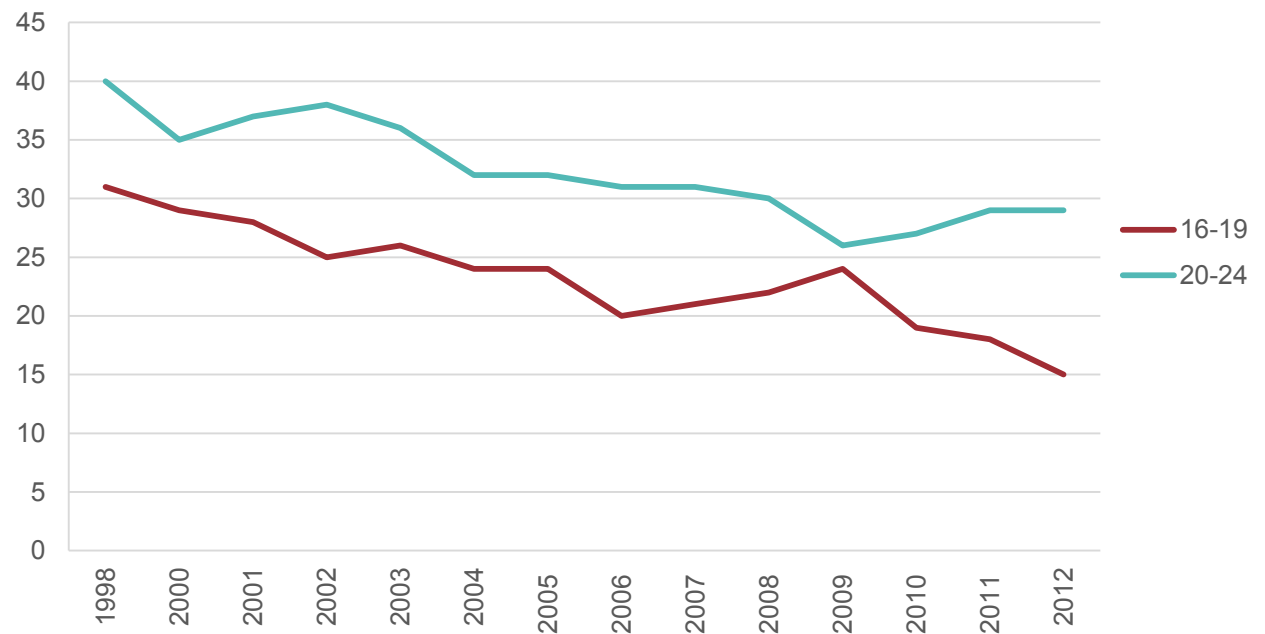
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HSCIC (2014) *Smoking, Drinking and Drug Use amongst Young People in England in 2013* [online]. Available from: <http://www.hscic.gov.uk/catalogue/PUB14579>

Percentage that smoke by age in Great Britain 1998-2012; ONS (2013)



# Drinking

One in ten pupils (9%) aged 11 to 15 in England had drunk alcohol in the last week in 2013. This continues the downward trend since 2003, when a quarter (25%) of pupils had drunk alcohol in the last week.

The percentage of young people aged 11-15 drinking at least once a week has declined from 19% in 2003 to 5% in 2013. Among those pupils who reported drinking in the last four weeks the proportion reporting getting drunk within that time was 56% in 2006 and 50% in 2012.

In 2013, the average (mean) alcohol consumption by pupils who had drunk in the last week was 8.2 units. This is below the mean consumption levels recorded between 2007 and 2012, which varied between 10.4 units and 14.6 units since 2007, with no clear trend.

The numbers of 16-24 year olds in Great Britain that drink heavily on a single occasion has also declined. For men aged 16 – 24 years, the proportion drinking more than 8 units on at least 1 day decreased from 32% to 22% between 2005 – 2012 and for women drinking more than 6 units has declined from 27% to 17% over the same period, although the downwards trend has flattened out in the most recent years.

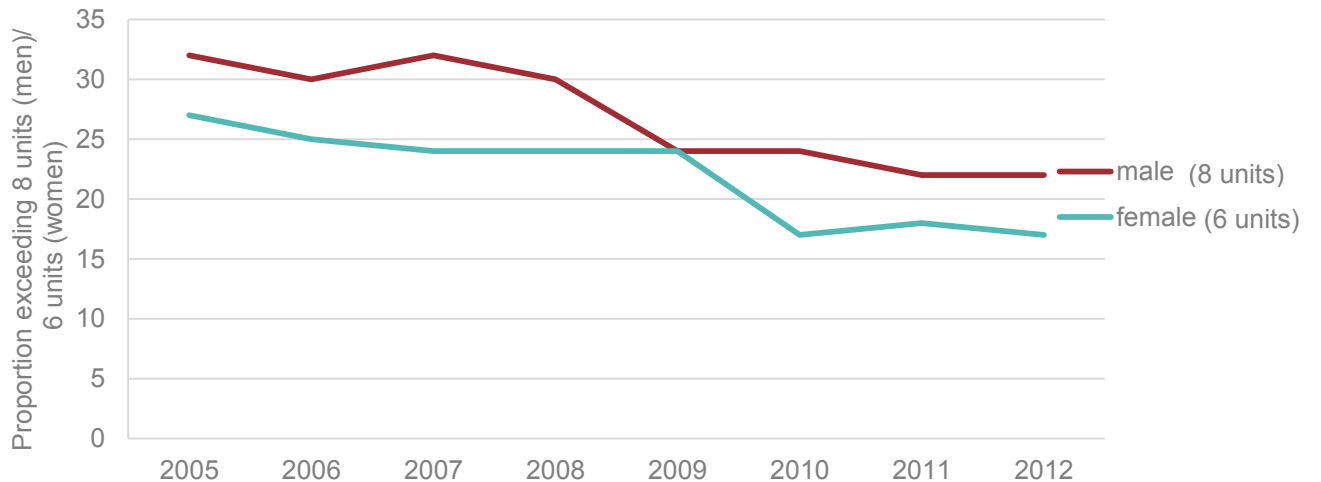
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Amount of alcohol drunk on heaviest drinking day by 16-24 year olds in Great Britain 2005-2012; ONS (2013)



# Drug use

The prevalence of drug use among 11 to 15 year olds in England has declined since 2001. In 2013, 16% of pupils reported that they had ever taken drugs and 11% said they had taken drugs in the last year, compared with 29% and 20% in 2001.

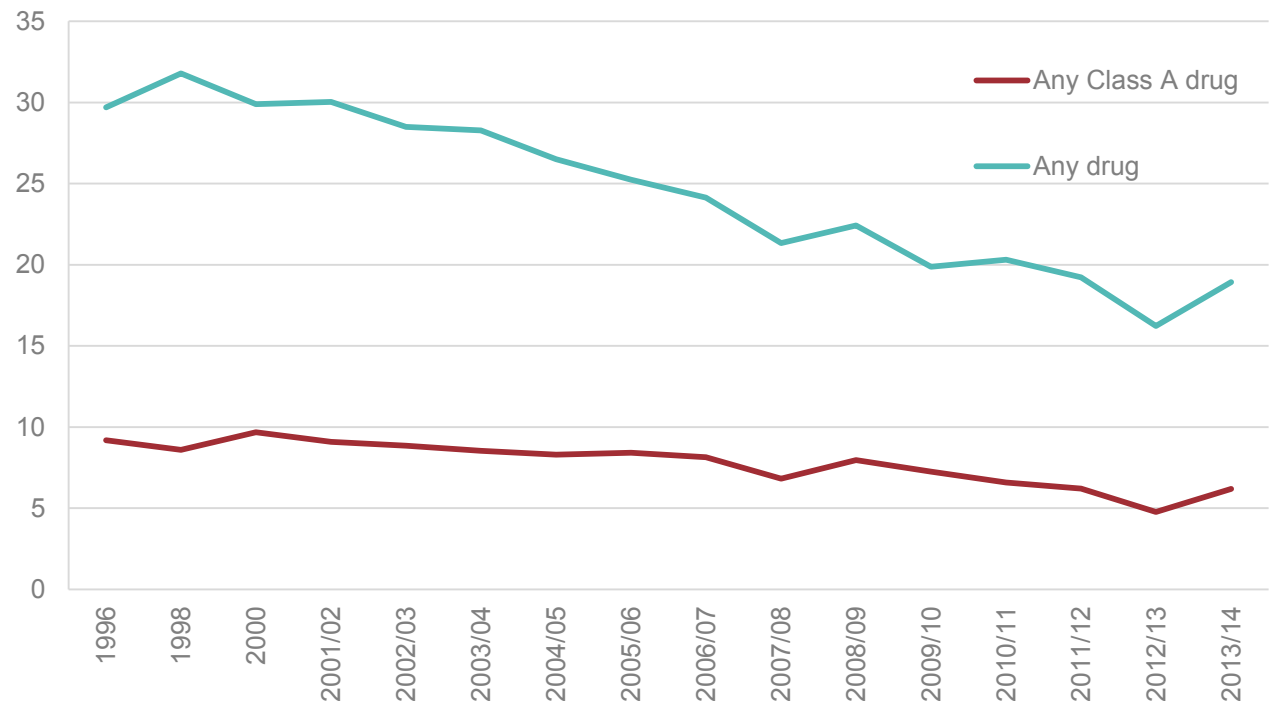
The proportion of 16-24 year olds in England and Wales who have taken any illicit drug in the last year has increased from 16.2% in 2012/13 to 18.9% in 2013/14 but this is still lower than the 28.3% reported in 2003/04. Class A drug use shows a similar trend with a decrease in use over the last decade, but an increase compared to last year – 4.8% in 2012/13 to 6.2% in 2013/14.

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Proportion of 16-24 year olds reporting drug use in the last year in England and Wales 1996-2013/14; Home Office (2014)



# Teenage pregnancy and early sexual behaviour

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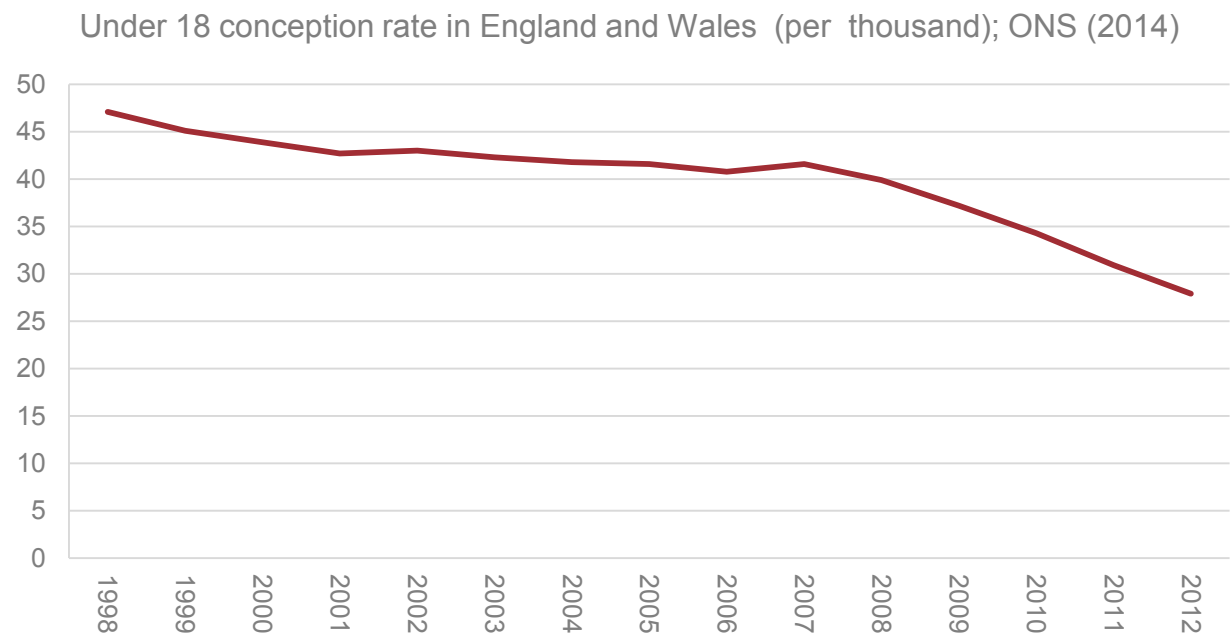
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Following a downward trend since the late 1990s, teenage (under 18) conception rates in England and Wales are now at their lowest since records began in 1969. However, though data issues make comparison difficult, the UK has one of the highest teenage birth rates of any developed country.

There does not appear to have been a dramatic shift in sexual behaviours over the last decade. The median age of first sexual intercourse in Great Britain in 2010-12 was 16.75 years, the same as it was ten years ago.

Among 16-24 year olds in Great Britain in 2010-12, 31% of men and 29% of women first had sex before age 16, which is not significantly different from the figures for 16-24 year olds in the previous survey (1999-2001). However, the proportion of 16-24 year olds reporting first heterosexual intercourse before age 16 years in 2010-12 for both men and women is higher than for older groups.

Young people (15-24 years) in the UK have higher rates of sexually transmitted infections than older groups. In 2012 the majority of heterosexual people diagnosed in sexual health clinics were under 25. 64% of those diagnosed with Chlamydia, 54% of those diagnosed with genital warts and 55% of those diagnosed with gonorrhoea were aged 15-24 years. Unfortunately, long time trends are not available for this data.



# Youth crime

There were 99,000 proven offences by young people in England and Wales in 2012/13, down 28% from 2010/11 and down 63% since 2002/03.

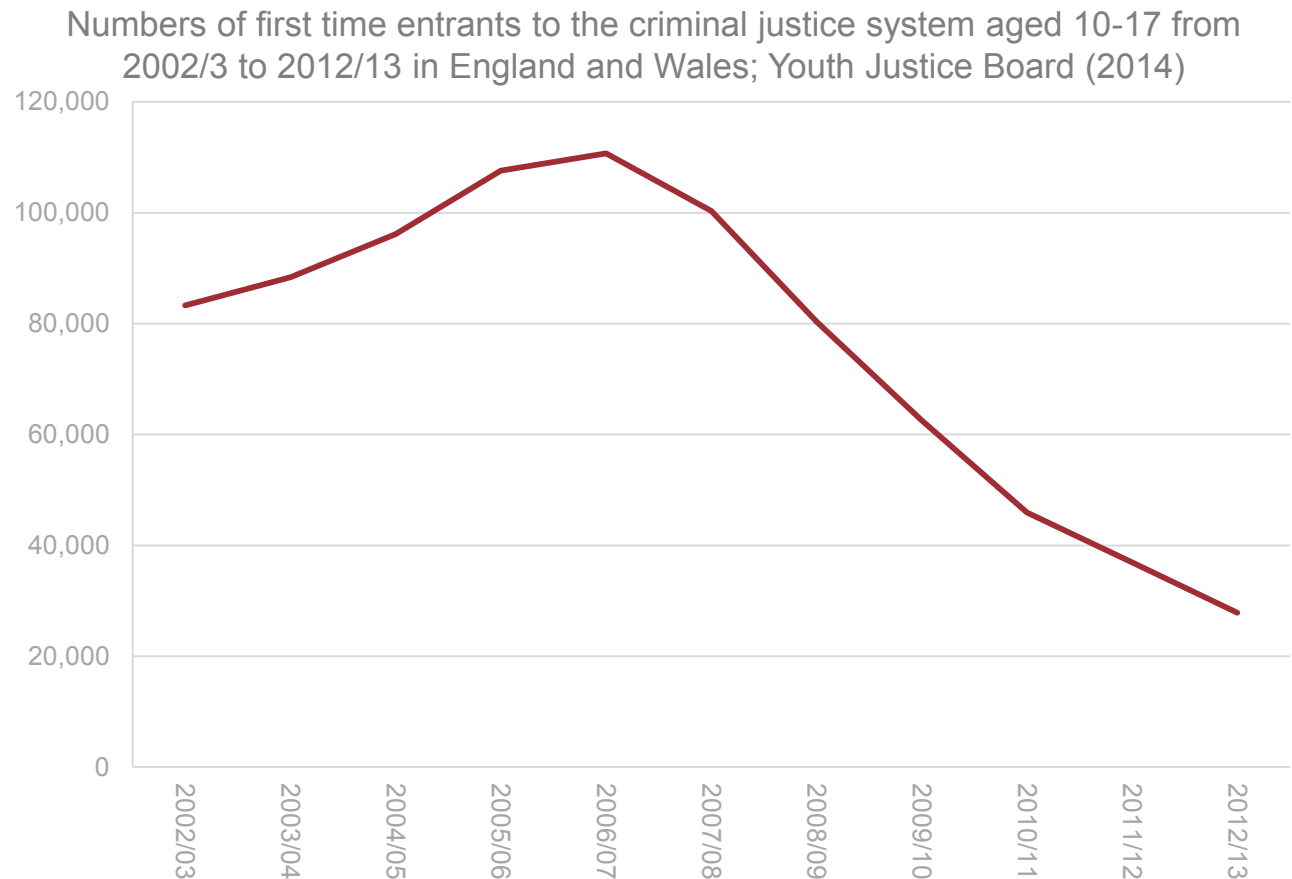
Also, the number of young people who are first time entrants to the criminal justice system in England and Wales is on a downward trend. The number of juvenile (aged 10-17) entrants to the criminal justice system has fallen from 83,000 in 2002/3 to 28,000 in 2012/13. Similarly, the numbers of ASBOs given to young people has declined rapidly from a peak in 2005.

It appears likely that criminal justice policies have had some impact on both increasing the number of juvenile first time entrants in the mid 2000s and on the recent decline.

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# Suicide

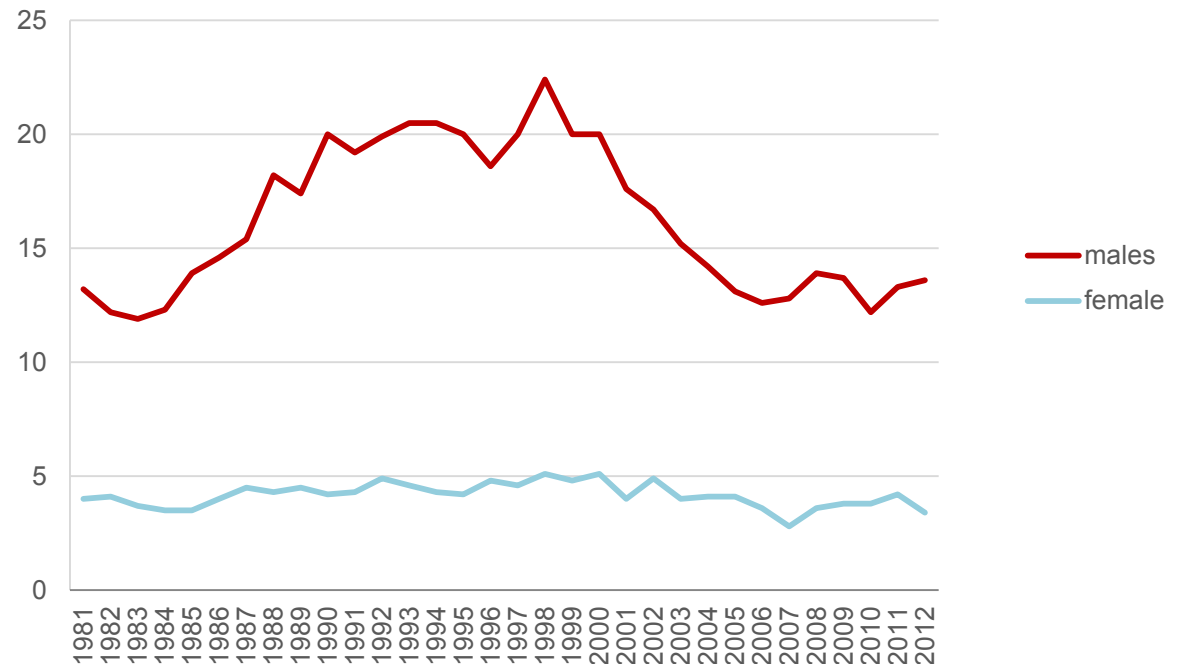
Suicide rates amongst young men in the UK aged 15-29 rose from a rate of 13.2 per 100,000 in 1981 to a peak of 22.4 in 1998. They then declined rapidly to 2005 and since then have stabilised at around 13 per 100,000, a similar rate to 30 years ago. The risk of suicide for men increases markedly between the ages of 15-19 and 20-24.

Suicide rates amongst young women of the same age are significantly lower at 3.4 per 100,000 of population in 2012. This is a similar rate to that of 30 years ago and has varied less over time than for men.

## Sources

ONS (2014) *Suicides in the United Kingdom, 2012*[online]. Available from: <http://www.ons.gov.uk/ons/rel/subnational-health4/suicides-in-the-united-kingdom/2012/stb-uk-suicides-2012.html>

Suicide rate in UK for males and females aged 15-29 (per 100,000 of population); ONS (2014)



# Violence and conduct disorder

Definitions of 'conduct disorder' vary but it is generally used to describe a pattern of repeated and persistent misbehaviour. An estimated 8% of young men and 5% of young women aged 11-16 in Great Britain have a conduct disorder. This is the most common mental health disorder amongst adolescent boys. It is often, but not always, associated with violent behaviour.

Between 1974 and 1999 there was a significant rise in parental reports of adolescent behaviour problems, however, it appears that since then this trend may have slowed down or stopped.

Trends in adolescent physical fighting across 30 countries, have shown declines over time in two thirds of the countries, including the UK.

The numbers of proven 'violence against the person' offences by young people in England and Wales aged 10-17 has declined by 45% between 2009/10 and 2012/13.

Young people are also less likely to be victims of crime than in the past in England and Wales. In 2012/13, 9.4% of young men aged 16-24 were victims of violence, compared to a peak of 15.5% in 2003/04. Similarly, 4.6% of young women were victims of violence in 2012/13 compared to 7.6% in 2003/04.

## Sources

Pickett et al (2013) *Trends and socioeconomic correlates of adolescent physical fighting in 30 countries* Pediatrics, 131

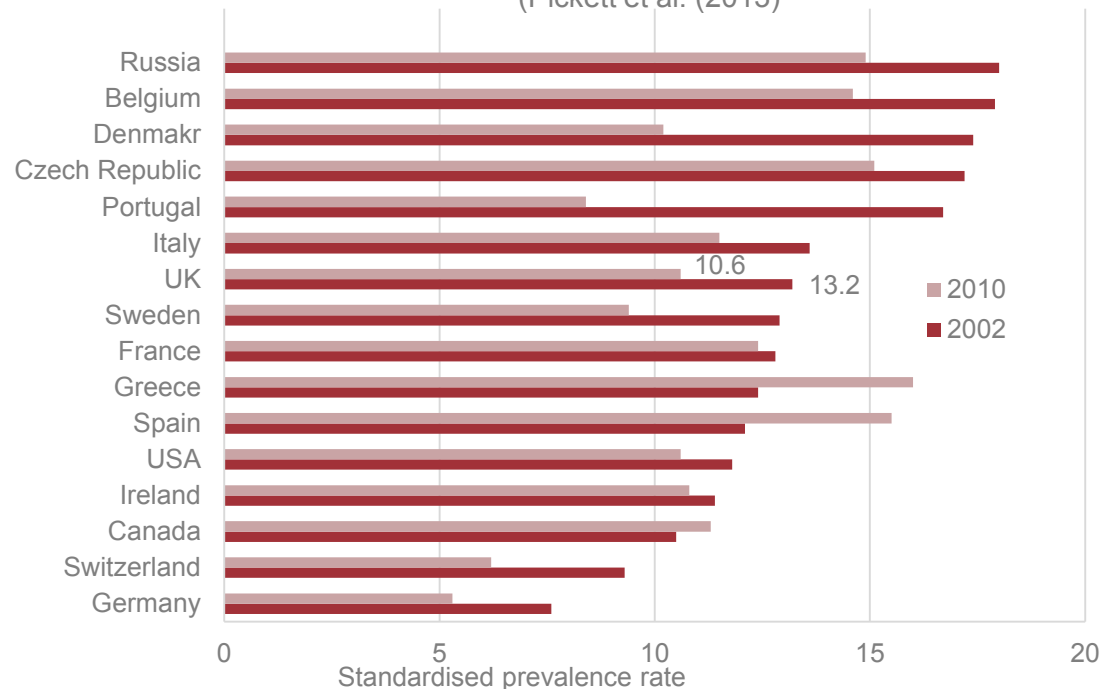
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Prevalence and time trends in frequent physical fighting in children aged 11-15 in 2002 and 2010 (Pickett et al. (2013))



# Obesity, nutrition and exercise

## Sources

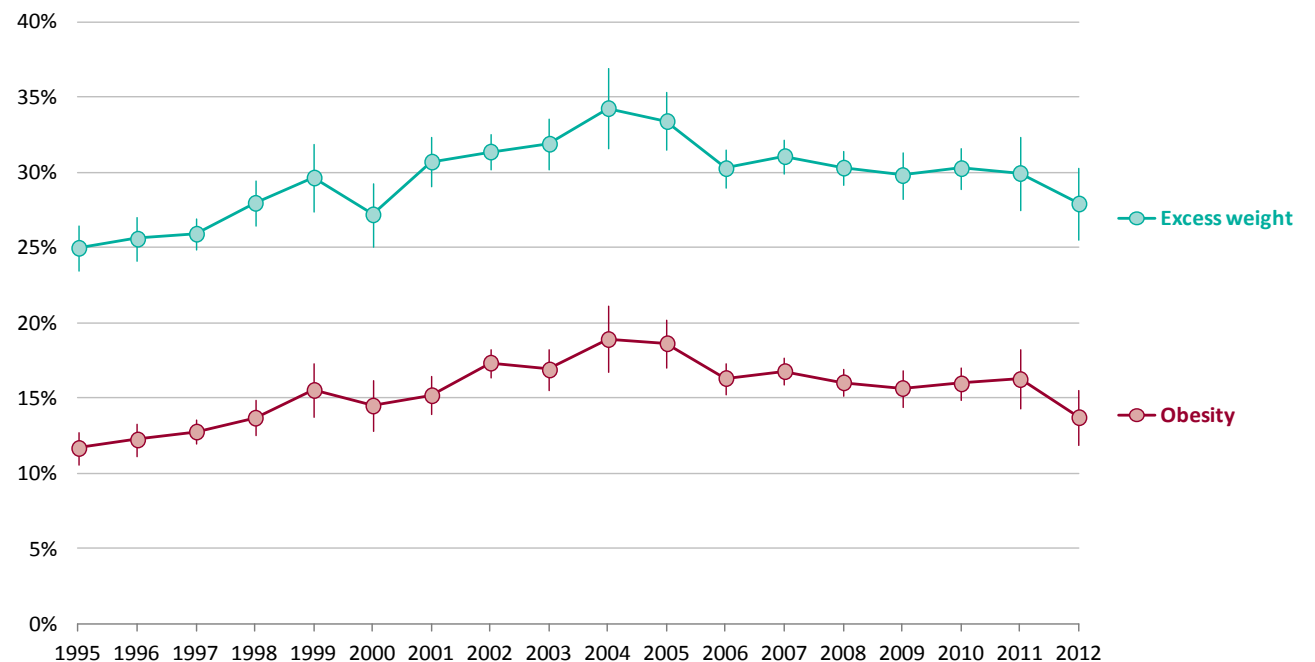
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Following significant rises through the 1990s, it appears that the percentage of children and young people who are obese or overweight may have stabilised. In 2003, 31.9% of 2-15 year olds in England were obese or overweight, in 2012 the figure was 27.9%. For 16-24 year olds, 31.2% were obese or overweight in 2003, compared to 36.3% in 2012.

The proportion consuming 5 portions of fruit and vegetables daily has risen. In 2011, 16% of boys (aged 5-15) and 20% of girls consumed at least 5 portions of fruit or vegetables per day. This is compared to 10% and 13% respectively between 2001 to 2004.

However, rates of physical activity are declining. The proportion of boys meeting current guidelines for physical activity has decreased from 28% in 2008 to 21% in 2012. For girls, rates of physical activity are lower but the decrease, from 19% in 2008 to 16% in 2012, was not as significant.

Obesity and Excess Weight in Children aged 2-15 years; Health Survey for England 1995-2012; HSCIC (2014)



# Possible emerging risk behaviours and negative outcomes

This slide sets out other risk behaviours and negative outcomes for young people about which there is limited available data.

In a number of cases, there is a shortage of clear definitions and a lack of quantitative evidence. As a result of this, it is sometimes difficult to identify the scale of the issue and whether it is on the rise.

In some cases, there is evidence suggesting that an issue is increasing in prevalence, in others the evidence is less clear.

The next slide focuses specifically on risk behaviours and negative outcomes associated with technology usage.

References for these two slides can be found in the Annex at the end of this slide pack.

## *Social isolation and loneliness*

Young people aged 18-34 in the UK are equally likely to feel lonely often (12%) as older age groups and are more likely to have felt depressed because they felt alone (53%). More people in the 18-34 age range also worry about feeling lonely (36%).

For some people loneliness may be associated with excessive internet use. Social isolation is also a potential consequence of unemployment, and may lead to wider negative impacts.

## *Self-harm*

There is a shortage of reliable data on the extent of self-harm amongst adolescents and whether it is on the rise, largely because self-harm is an issue that many people will keep hidden and not seek help for.

Hospital admissions for self-harm are estimated at 200,000 per year. However, this is likely to be an under-estimate of the total numbers who self-harm.

In England in 2013-14 an estimated 20% of 15 year olds reported having self-harmed. It is possible that self-harm is on the increase. In a comparable study in 2002 6.9% of 15-16 year olds reported that they had self-harmed. A Scottish self-report survey in schools found self-harm reported by 14% of pupils aged 15-16 years and that it was at least three times more common in girls than boys.

The peak age for self-harm is 15 to 24 years. Rates are particularly high amongst groups of vulnerable young people, such as those in the youth justice system and those suffering from mental illness.

## *Anxiety and depression*

There appears to have been a significant increase in the symptoms of anxiety and depression and emotional problems amongst young people between the mid 1980s and the millennium, and this result holds in a number of high income countries. Since then the upward trends have levelled off or begun to reverse.

However, they remain at historically high levels. 17.1% of 16-24 year olds had some symptoms of anxiety or depression in 2011/12 compared to 19.3% in 2003.

## *Body appearance issues and eating disorders*

The proportion of young people aged 10-15 who say they have a relatively high level of happiness with their appearance has declined very slightly from 76.8% in 2002 to 75.4% in 2012/13.

However, according to an alternative measure, average satisfaction with appearance has declined significantly amongst girls aged 11-15 since 2008. For boys, the trend is flat.

It is estimated that around 1 in 250 females and 1 in 2,000 males will experience anorexia, usually as an adolescent or young adult, and that around five times this number will suffer from bulimia.

The percentage of the UK population that have been diagnosed with bulimia or anorexia has not changed significantly between 2000 and 2009. However, the percentage that has been diagnosed with an eating disorder more broadly has increased from 32.3 to 37.2 per 100,000 of the population aged 10-49. It is not clear whether this is due to more awareness of eating disorders or actual increases in the number of people that are suffering from them.

Numbers diagnosed are likely to underestimate the scale of the issue as many people suffering from these problems will not seek help.

# Possible emerging risk behaviours associated with digital media

The advent of social media and other new technologies means that pathways to risk may be reconfigured through new technological interfaces and new social practices. However, that does not mean that technologies necessarily increase risk behaviours or negative outcomes.

In 2009/10, 6% of young people aged 10-15 spent four hours or more and 30% spent one to three hours chatting online. The figures for the amount of time spent on games consoles are similar.

There is clear evidence that moderate use of technology is likely to have significant positive impacts, such as improved wellbeing and social connectedness. However, for the small minority of young people who use technology heavily, there could be a range of negative impacts. It is possible that this trend could intensify as young people's social interactions become increasingly technologically mediated by new devices and applications.

This implies that young people may need support to ensure that they use technologies in a way that encourages wellbeing, and to ensure that the quantity and content of technology that they use is not having a detrimental impact.

Below we set out some issues associated with social media use. Prevalence estimates vary according to definition and measurement, but do not appear to be rising substantially with increasing access to mobile and online technologies, possibly because these technologies pose no additional risk to offline behaviour, or because any risks are offset by a commensurate growth in safety awareness and initiatives. However, there is considerable uncertainty about the scale of these effects; in many areas there is a shortage of good quality evidence of causal impact and often it is too early to tell what the impacts might be.

## *'Sexualisation' and pornography*

There is widespread concern over the online sexualisation of young adolescents, including deliberate or inadvertent access of inappropriate online content. In 2013, 12% of 9 to 16 year olds in the UK had seen sexual images online. Pornography has been linked to unrealistic and maladaptive attitudes about sex and relationships; more sexually permissive attitudes; greater acceptance of casual sex; beliefs that women are sex objects; and less progressive gender role attitudes (e.g. male dominance and female submission). However, establishing causal links to changed behaviour and attitudes is highly problematic, which makes assessing the potential impacts of this issue very difficult.

## *Cyber bullying*

In 2013, 12% of children aged 9-16 in the UK reported being cyber-bullied, compared to 8% in 2010. Cyber bullies and their victims also adopt these roles offline as well, which suggest that both online and offline bullying have similar underlying social or psychological causes. There is no evidence available to suggest that cyber bullying has larger impacts than offline bullying or if technology use has increased the prevalence of bullying. The prevalence of bullying is decreasing in most countries, possibly owing to continuing reduction efforts or changed attitudes and tolerance levels. Being bullied is associated with a range of negative outcomes, such as lower wellbeing, long term mental health problems and suicide.

## *Violent computer games*

Playing violent computer games is associated reduced empathy and increased aggression. Given that a range of studies have found computer games use that fits the criteria for pathological addiction in a large minority of adolescents this is a potentially serious finding. However, it is difficult to identify a causal link with increased violence in the real world and it has even been argued that computer games could reduce crime, simply because adolescents are too busy playing them to be involved in crime. Whilst this conclusion is contentious, it does emphasise the difficulties in predicting the societal impacts of technology use. Certainly, the increased popularity of computer games has not coincided with an increase in violent crime amongst young people.

# Annex: references for possible emerging risk behaviours and negative outcomes

## Social isolation and loneliness

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# Annex: references for possible emerging risk behaviours associated with digital media

## Possible emerging risk behaviours associated with digital media

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