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This chapter looks at the health of teenagers in Southwark – a population of about 16,000 people. These years are a time of great change and exploration for young people. The majority achieve a safe and happy transition to adulthood but this chapter inevitably focuses on some topics that are a concern to many people. These are:

- ◆ Sexual health
- ◆ Teenage pregnancy
- ◆ Alcohol and drug use
- ◆ Smoking
- ◆ Violence and crime

Sexual health

Sexual health is particularly important to this age group because young people are at greater risk of infections or unplanned pregnancy. Nearly 50 percent of diagnosed sexually transmitted infections (including 65 % of Chlamydia infections) in 2007 were amongst young people⁽²⁷⁾.

The *National Survey of Sexual Attitudes and Lifestyles* (Natsal II) suggests that risky sexual behaviour is more common in London than elsewhere in Britain. The average number of heterosexual partners was higher in London (men had an average of 4.5 partners compared to 3.7 in Britain as a whole and London women had 2.7 compared to 2.3). Data also showed that people in London were more likely to have more than one sexual partner at the same time⁽²⁸⁾.

Many of the challenges in addressing sexual health are similar to those relating to teenage pregnancy and more information is contained in the next section. This section focuses on diagnoses of sexually transmitted infections (STIs) and then looks at two relatively recent interventions; Chlamydia screening and HPV vaccination.

Health Protection Agency key messages to young people

Have fewer sexual partners and avoid overlapping sexual relationships

Use a condom when having sex with a new partner and continue to do so until both have been screened

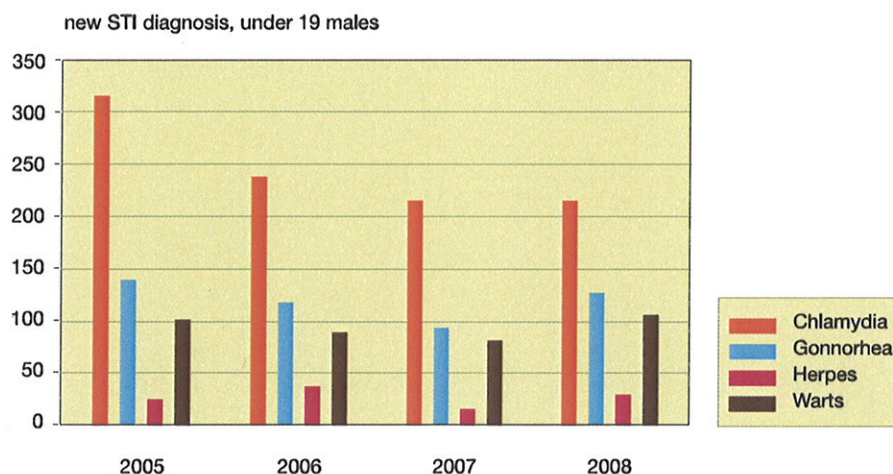
Get screened for Chlamydia every year and whenever you changed partner

If you are a man who has sex with men, then always use a condom and have an annual sexual health screen including an HIV test

The position in Southwark

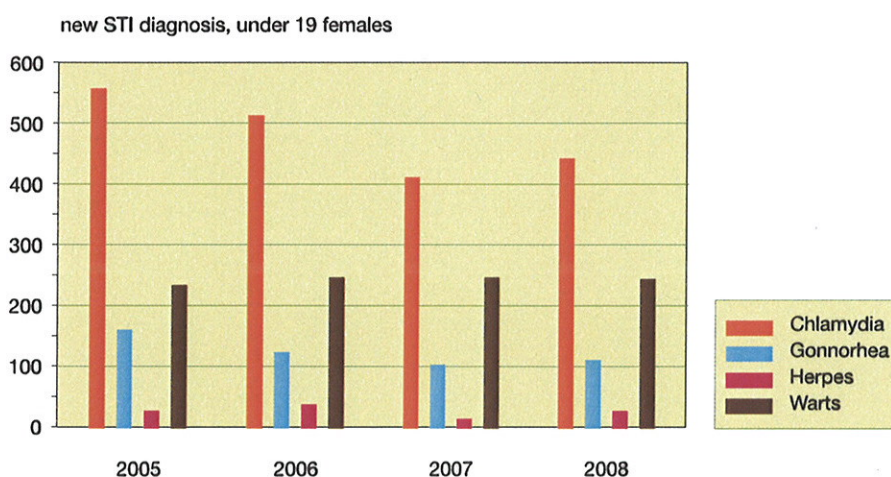
The number of sexually transmitted infections in young people detected at GUM clinics has fallen or levelled off in recent years although some of this may be due to changes in the location of services (more diagnoses are taking place in community settings). Figures 4.1 and 4.2 show the trend over the last four years.

Figure 4.1 Number of new diagnoses of STIs in South East London GUM clinics 2004 to 2008 (males aged under 19 years)



Source: HPA centre for infections

Figure 4.2 Number of new diagnoses of STIs in South East London GUM clinics 2004 to 2008 (females aged under 19 years)



Source: HPA centre for infections

There were also known to be 61 children and young people aged under 25 years with HIV in Southwark in 2007. Of these, 31 were aged less than 16 years (source: HPA). Infections in this young age group are normally the result of mother to baby transmission in the uterus or through breast feeding and have far reaching consequences for the rest of their lives. As these young people become sexually active the importance of safe sex messages becomes even greater.

Chlamydia screening

The National chlamydia screening programme (NCSP) aims to control and prevent Chlamydia infection in 15 to 24 year olds⁽²⁹⁾. The programme is delivered by opportunistic screening in health and non-health venues (including primary care, pharmacists, schools, universities and prisons) and by following up contacts of those infected to prevent further transmission.

Table 4.1 summarises recent results of the local programme compared to London and England. In Southwark 5.1 percent of the 15 to 24 year old population were screened in the June quarter of 2009 and the PCT is on target to achieve a target of 17 percent screened over the year. The proportion of tests found to be positive was relatively high in Southwark.

Table 4.1 Chlamydia screening coverage in Southwark, London and England, April to June 2009

	NSCP Index tests	partner & contact tests	proportion of population tested	proportion of tests found positive
England	207,866	2,165	4.1%	6.8%
London	38,486	128	4.6%	5.9%
Southwark	1,686	31	5.1%	8.5%

Source: NCSP

HPV vaccine

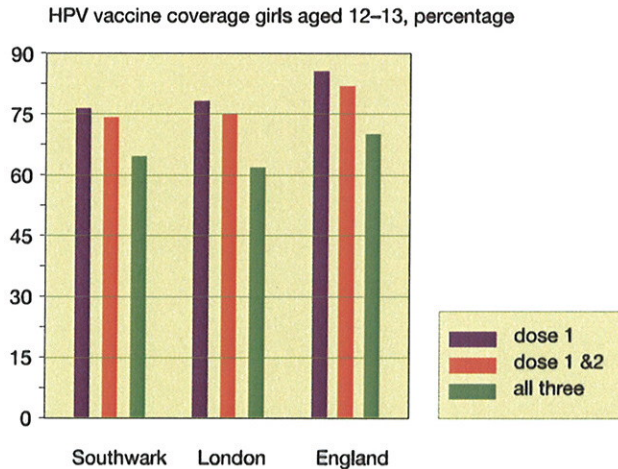
Immunisation against human papillomavirus (HPV) was introduced in 2008 and became the first vaccine to help prevent cancer. The vaccine protects against two sub-types of the virus (HPV-16, and HPV -18) that are responsible for 70 percent of cervical cancer in the UK. All girls aged 12 to 13 years and 17 to 18 years are offered the vaccine at their school or college, while those not in full-time education are provided vaccination by their GP.

The national target is for 95 percent of girls aged 12 to 13 years to receive the vaccine. In Southwark most 12 to 13 year old girls had received at least one dose of the vaccination between September 2008 and July 2009:

- ◆ 78% had received 1 dose
- ◆ 76% had received 2 doses
- ◆ 66% had received all three doses.

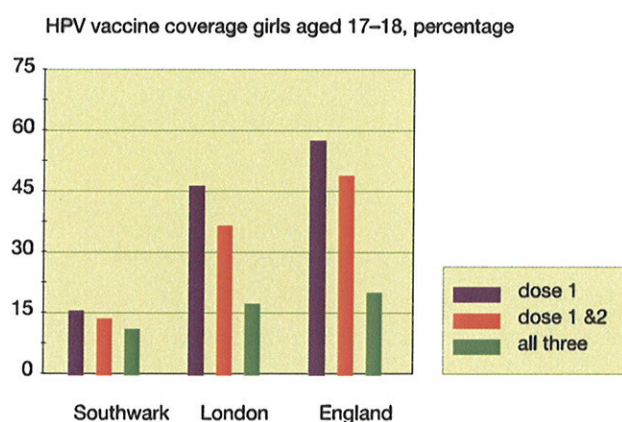
Vaccine coverage is much lower for 17 to 18 year old girls (for whom access is more difficult), with 11 percent of this age group receiving all three doses. Figures 4.3 and 4.4 show the most recent performance data. The shortfall against vaccination targets in Southwark was also due in part to the late start of the programme locally – it was not possible to complete three doses for some girls before the end of the school year.

Figure 4.3 HPV vaccine doses given to 12 to 13 year olds from September 2008 to July 2009



Source: Southwark Vaccination Returns

Figure 4.4 HPV vaccine doses given to 17 to 18 year olds from September 2008 to July 2009



Source: Southwark Vaccination Returns

The *Southwark Pupil Voice* survey 2008 asked local students if there was someone or somewhere to go to at school if you had a problem or question about sexual health. Only 48 percent said that there was in relation to sex and contraception and 41 percent said there was in relation to infections like HIV or Chlamydia. A publicity campaign has been undertaken to improve signposting for young people to sexual health services and to give further health support for schools.

Teenage pregnancy

Teenage pregnancy has important consequences for both mother and baby. Mothers are more likely to face isolation, disadvantage and exclusion from education and employment, while their babies are more likely to have poor health and even premature death. Young women from deprived areas, with low educational attainment, who are not in education, employment or training, are persistently absent from school or who are known to the police are all more likely to become pregnant before the age of 18⁽³⁰⁾.

Some young parents experience considerable social stigma, and this is likely to increase their social exclusion. According to one local young mother:

'The stares [my son] and I get from people really bothers me sometimes. It used to make me feel like I had done something wrong but I don't let it bother me anymore.'

The children of teenage mothers are one and a half times more likely to become teenage parents themselves⁽³¹⁾ because the disadvantages, low aspirations, and low social capital that teenage mothers suffer are easily passed on to their child. Reducing the level of teenage pregnancy is thus an important way of improving the overall life chances of young people.

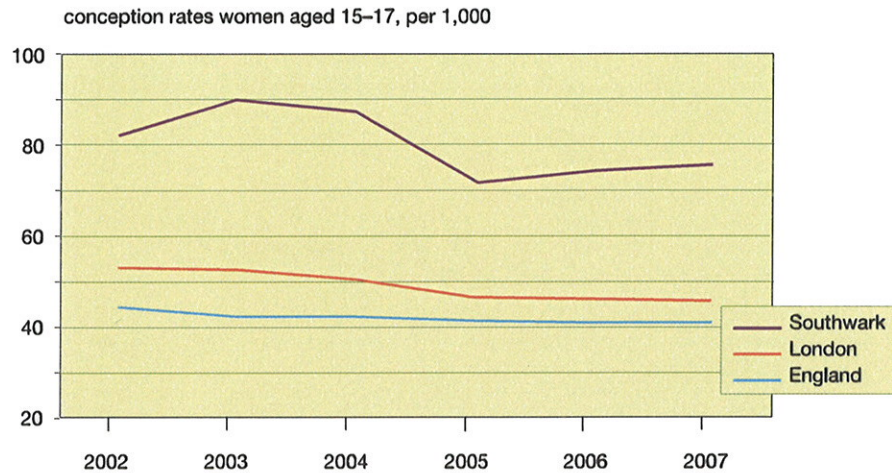
The position in Southwark

Southwark has the highest teenage conception rate in England. The annual conception rate was 80.5 per 1000 in the 15 to 17 year old population in 2007⁽³²⁾ (with 20 percent of these occurring in girls under 16 years of age). Southwark's rate is nearly double the average of 41.7 per 1000 in England⁽³³⁾.

Southwark has a combination of risk factors that make for high levels of teenage pregnancy. Local mapping by postcode has shown that some of the larger council estates with high rates of poverty and deprivation have particularly high teenage conception rates⁽³⁴⁾. Teenage pregnancy levels are also relatively high for Black Caribbean, and mixed race ethnic groups⁽³⁴⁾.

It is estimated that 88 (30 %) of the 292 teenage conceptions in Southwark in 2007 were carried to term⁽³⁵⁾. There are differences in abortion patterns between different ethnic groups. The termination rate is highest among Black African teenagers at 74 percent and lowest in the White British group⁽³⁴⁾. High termination rates can mean that teenage pregnancy is not very visible and some communities may thus be unwilling to acknowledge the existence of risky sexual activity amongst their young people.

Figure 4.5 Teenage conception rates per 1,000 female population aged 15 to 17yrs, 2002 to 2007



Source: ONS 2009

Alcohol and drug use

Most substance misuse amongst young people is related to alcohol or cannabis, with significantly less use of Class A substances compared to adults⁽³⁶⁾. Prevention and treatment work reflects this difference, with an emphasis on psychosocial interventions.

National data suggest that:

- ◆ 25 percent of young people aged 11 to 15 have ever tried a drug
- ◆ five percent of young people aged 11 to 15 in 2007 reported usually taking a drug at least once a month, which was two percent less than in 2003⁽³⁷⁾
- ◆ England ranks 10th (among 40 European countries and the USA) for recent cannabis use by 15-year-olds, an improvement on 3rd position in 2001-02⁽³⁸⁾
- ◆ Substance misuse is linked to poor outcomes for young people, such as health problems, school failure, addiction and involvement in crime.



The Government's recent *Youth Alcohol Action Plan*⁽³⁹⁾ reports that:

- ◆ There is evidence of a trend towards increased unsupervised drinking by young people in open-air public places
- ◆ Alcohol consumed by young people is increasingly likely to be obtained from the home
- ◆ There is a sharp increase in liver cirrhosis among the 20-year-old group, which is linked to heavy consumption during teenage years.
- ◆ There was a 57 percent increase in alcohol related deaths amongst people aged 15 and 34 from 1991 to 2006.
- ◆ Alcohol consumption amongst young people is associated with offences, violence, school absenteeism, early use of class A drugs and unsafe sex resulting in sexually transmitted infections and unplanned pregnancies.

The position in Southwark

The Pupil Voice Survey asked young people in Southwark about drug and alcohol use. It found that amongst secondary school pupils in 2008:

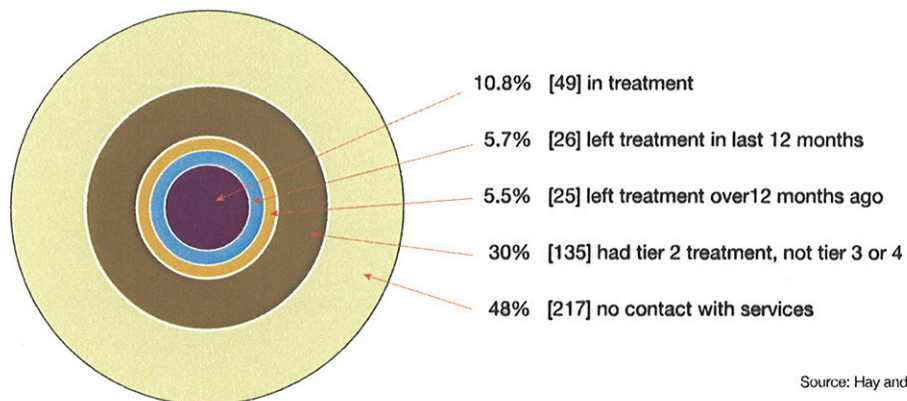
- ◆ eight percent of responders said that they had taken a drug that is not medicine
- ◆ 21 percent of responders said they drink alcohol 'sometimes' or 'often'.

An earlier survey of Southwark pupils aged between 12 and 15 found that 19 percent had drunk alcohol in the previous seven days (22% for boys and 17% for girls)⁽⁴⁰⁾.

153 young people accessed treatment services in Southwark in 2007/08 (Southwark DAT). The majority of these were over 15 years old and male. Cannabis was the most common drug used in Southwark (70% of service users) reflecting national patterns⁽⁴¹⁾. The reported use of Class A substances was very low and there was little indication of injecting drug use. However, all data rely on self-reported drug use and are likely to underestimate drug use.

There were estimated to be 452 problematic drug users amongst 15 to 24 year olds in Southwark in March 2005⁽⁴²⁾. Figure 4.6 uses a nationally available methodology to provide a breakdown of this group according to their use of treatment services.

Figure 4.6 Estimated number of problem drug users aged 15 to 24 in Southwark according to their level of involvement in treatment, March 2005



Source: Hay and Bauld (46)

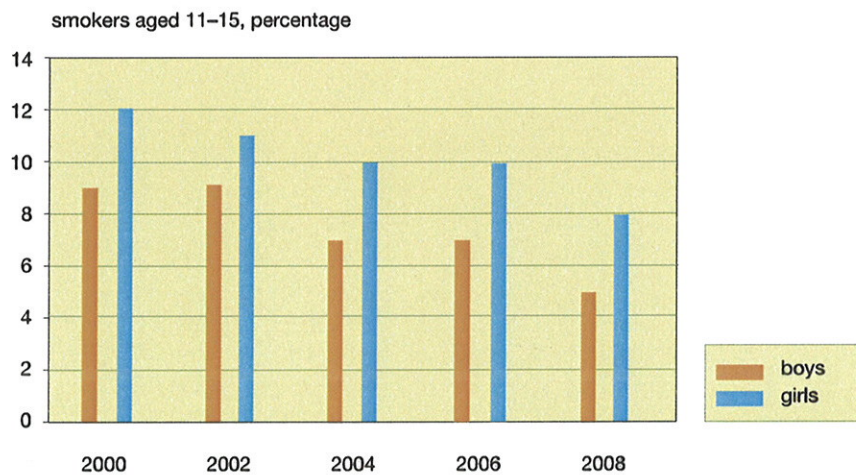
Smoking

Smoking by young people is a serious public health concern. In the short term, smoking increases coughs, phlegm production and shortness of breath⁽⁴³⁾ and impairs lung growth in children. Smoking as a teenager strongly predicts future behaviour (66% of regular adult smokers started smoking before they were 19 years old)⁽⁴⁴⁾. Children who become regular smokers are at substantially greater risk of poor health and early death from diseases such as lung cancer, heart disease and chronic obstructive lung disease when they are older.

England became smoke-free in public places from 1 July 2007. Although the main aim of the legislation was to protect against the harmful effects of second hand smoke, it is also likely to reduce social acceptance of smoking among people of all ages. Further legislation prohibited the sale of tobacco and cigarette papers to under 18 year olds from October 2007, while the Health Bill 2009 includes placing restrictions on sales from cigarette vending machines, point of sale displays and packaging⁽⁴⁵⁾.

Figure 4.7 shows that the level of smoking amongst young people nationally has started to fall in recent years and that smoking remains more common amongst girls than boys.

Figure 4.7 Percentage of people aged 11 to 15 years who are regular smokers, by gender, England 1982-2008



Source: National Centre for Social Research. 'Smoking, drinking and drug use among young people in England 2008'

The position in Southwark

The Southwark Pupil Voice survey 2008 asked primary and secondary school pupils about a range of health and other topics. It found that:

- ◆ two percent of primary school pupils and seven percent of secondary school pupils said that they smoke cigarettes sometimes or often
- ◆ seven percent of primary school pupils and eight percent of secondary school pupils said that they think they will smoke when they are older.

Children are more likely to smoke if they live with a smoker⁽⁴⁶⁾ and are exposed to second hand smoke. It is estimated that 37 percent of adults smoke in Southwark compared to a national average of 25 percent⁽⁴⁷⁾.

Local action in Southwark focuses on work with schools and businesses. One key element is to encourage the uptake, use and awareness of the Southwark Proof of Age (SPA) card⁽⁴⁸⁾. This aims to reduce the illegal selling of tobacco and its effectiveness is monitored through the use of volunteers aged under 18 making test purchase in local outlets.

Southwark Proof of Age Card



Violence and crime

Violence and other crime can affect young people and the wider community in many different ways. Levels are highest in areas with high levels of poverty, inequality and drug use and many different agencies have a role in making improvements for the future. Data for England and Wales show that⁽⁵⁰⁾:

- ◆ More than 85 percent of violent offenders are between the ages of 16 and 29
- ◆ Young people are more likely to be victims too – the risk of being a victim of violent crime is almost four times greater for men aged 16 to 24⁽⁵¹⁾
- ◆ Urban areas are worst affected; 18 out of the 32 teenage murders across the country were committed in London
- ◆ Hospital admissions for knife wounds in children aged under 16 in London increased from 110 in 2003 to 179 in 2007, although numbers have fallen more recently
- ◆ The Metropolitan Police report that 24 percent of knife victims, 31 percent of knife-enabled offenders and 27 percent of knife possessors in London were aged under 18⁽⁵³⁾.

Many factors contribute to the risk of being involved in violence⁽⁵²⁾. These include:

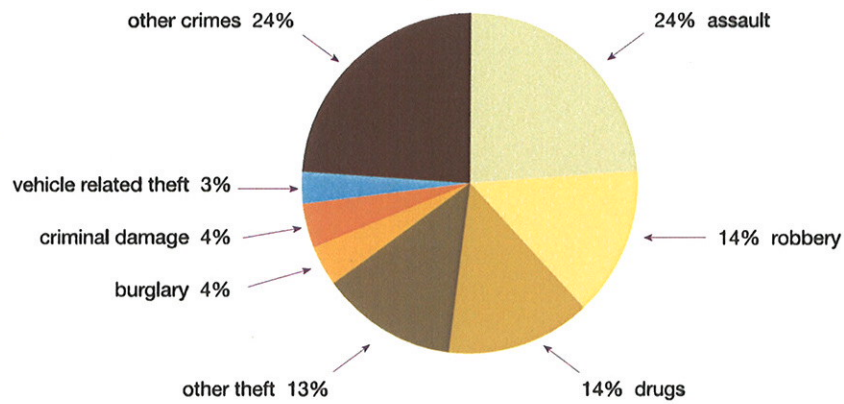
- ◆ detachment from families
- ◆ absence of (or poor/inconsistent) parental support
- ◆ weak bonds with school and other institutions
- ◆ high levels of association with delinquent peers
- ◆ high levels of hopelessness
- ◆ propensity to engage in risk taking behaviour
- ◆ living in neighbourhoods where positive opportunities are few, where social controls are weak, and where gangs are already embedded.

The position in Southwark

Southwark had an overall crime rate of 11.8 crimes per 1000 residents in the first quarter of 2008/09. This was 25 percent higher than for the same period in 2007-08 and worse than any other in its 'family' of fifteen similar boroughs. Looking specifically at youth crime, there were 1,435 offences committed by people aged 10 to 18 years in Southwark in 2008⁽⁵³⁾. Figure 4.8 gives a breakdown of these and shows that violence against the person accounted for nearly a quarter of the cases recorded.

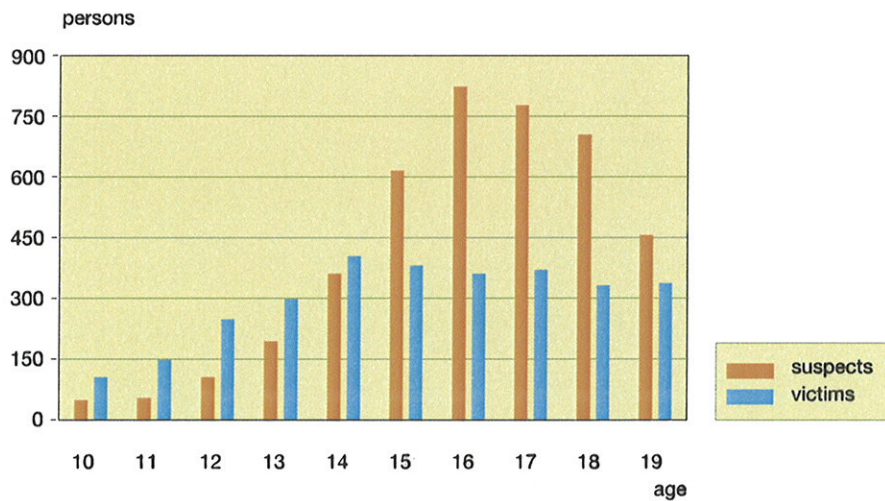
In keeping with the national picture, most offences in Southwark (88%) were committed by young males and the vast majority (94%) were by young people aged 14 or older. Just over a half (55 %) of the young offenders in Southwark were of Black or Black British heritage and 27 percent were white⁽⁵³⁾. Figure 4.9 shows the age profiles of both suspects and victims of violent crime in Southwark. It highlights the importance of considering young people (particularly those aged under 15) as victims as well as perpetrators of crime.

Figure 4.8 Types of offences committed by people aged 10 to 18 in Southwark, 2008



Source: Southwark Youth Offending Service

Figure 4.9 Age profile of victims and suspects of violent crime in Southwark, 2008



Source: Southwark Youth Offending Service

Southwark PCT has worked with local accident and emergency departments to collect simple anonymised data on the victims of violent assaults in the Borough. This will improve understanding of patterns of violence and inform interventions such as opening times of licensed premises, targeting street patrols, CCTV locations. Table 4.2 shows a breakdown of 156 A&E cases during a six-month period.

Table 4.2 Gender and ethnicity profile of the 156 victims of assault aged 1 to 18 years presenting to St. Thomas' Hospital A&E department, March to August 2009

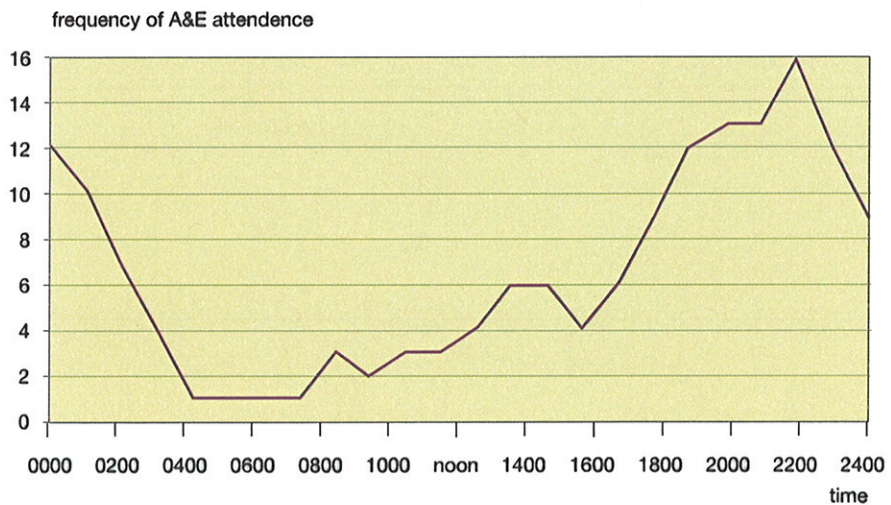
ethnic group	female	male	total
White	15%	28%	44%
Black or Black British	6%	22%	28%
Mixed	3%	2%	4%
Asian or British Asian	2%	3%	4%
Other	0%	6%	6%
Unknown	4%	10%	14%
Total	30%	70%	100%

Source: St Thomas' Hospital 2009



Figure 4.10 gives a breakdown by time of the day. Assaults peaked between 8pm and 11pm but a smaller peak occurs in the afternoon, coinciding with the end of the school day.

Figure 4.10 Time of A&E attendance of 156 victims of assault aged 1 to 18 years, St Thomas' Hospital A&E, March to August 2009



Source: St Thomas' Hospital 2009

Conclusions and recommendations

Against a trend of declining sexually transmitted infections for young people in south east London the most recent figures report an increase.

While there has been a decline in the numbers of teenage pregnancy, Southwark still has rates above the national average

There are still a considerable number of young people using illegal substances.

Smoking and alcohol remain risky lifestyle factors for young people establishing patterns of behaviour that may persist long in to adulthood.

Young people are both the perpetrators and the victims of crime in Southwark

Recommendations

- ◆ Sexual health of young people needs to be further improved as the figures relating to STIs and teenage pregnancy demonstrate
- ◆ Young people need to be supported to navigate a safe pathway through the temptations of both legal and illegal substances that can be very harmful to health
- ◆ Action to reduce youth crime needs to continue to reduce the number of both perpetrators and victims

- 27 *Sexually Transmitted Infections and Young People in the United Kingdom: 2008 Report*. Health Protection Agency
- 28 Johnson AM et al. *Sexual behaviour in Britain: partnerships, practices and HIV risk behaviours*. Lancet 2001; 358: 1835-42
- 28 NCSP: Five Years. The Fifth Annual Report of the National Chlamydia Screening Programme 2007/08
- 30 Hobcraft, John and Kieman, K., *Childhood Poverty, Early Motherhood and Adult Social Exclusion* (July 1999). LSE STICERD Research Paper No. CASE028
- 31 *Teenage Pregnancy*. Social Exclusion Unit, 1999
- 32 Note that there is an 18 month time-lag in Teenage Pregnancy data due to the way that it is collected by the Office of National Statistics, and that these figures remain provisional
- 33 Office for National Statistics, 2009. Note also that 'National' data refers to England only
- 34 *Young People's Sexual Health Needs Assessment and Equity Audit*. Southwark PCT, 2006
- 35 ONS and Local Data
- 36 National Treatment Agency report. <http://www.nta.nhs.uk/>
- 37 *Smoking, Drinking and Drug Use by Young People in England 2007* The Information Centre for Health and Social Care, 2009
- 38 *Deaths associated with volatile substance*, 2008
- 39 Department for Children, Schools and Families, The Home Office, Department of Health Youth Alcohol Action Plan
- 40 2004 survey reported in the *Southwark Alcohol Strategy 2009*
- 41 NTA Green Report Q3
- 42 Using the methodology developed by Gordon Hay and Linda Bauld, *Population estimates of problematic drug users in England who access DWP benefits: A feasibility study*. Department for Work and Pensions, working paper No 46. Glasgow University
- 43 *Smoking and the Young*. Royal College of Physicians, London, 1992.
- 44 Goddard E. *General Household Survey 2006: smoking and drinking among adults*. Office of National Statistics, 2008
- 45 Health Bill 2009. Department of Health
- 46 *Smoking, drinking and drug use among young people in England in 2008*. The Information Centre for Health and Social Care, 2009
- 47 Southwark Council: *Tobacco Control: raising the age campaign: a case study*
- 48 <http://www.southwark.gov.uk/BusinessCentre/TradingStandards/proofofage/>
- 49 Annual Workload Data 2007/08. Youth Justice Board
- 50 The Youth Justice Board
- 51 *Knife Crime*. House of Commons, Home Affairs Committee. 7th Report of Session 2008-09.
- 52 The National Youth Agency
- 53 Southwark Youth Offending Service