



Smoking, drinking and drug use among young people in England in 2000

Edited by

Richard Boreham and Andrew Shaw

Principal Authors

Harriet Becher, Richard Boreham, Peter Emery, Kerstin Hinds, Jim Jamison, Ian Schagen.

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Notes to tables

1. Percentages do not add to 100% because of rounding.
2. A few children failed to answer each question. These 'no answers' have been excluded from the analysis, and so tables that describe the same population may have slightly varying bases.
3. Percentages based on fewer than 50 cases are shown in square brackets because of the relatively large sampling errors attached to small numbers.
4. Percentages based on fewer than 30 cases are not shown.
5. The following convention has been used
0 = less than 0.5%, but not zero
- = Zero
6. In tables where age is a variable, those aged 16 have been included with the 15 year olds. This is because the survey did not include pupils in year 12, and the small number of 16 year olds sampled from year 11 are not representative of all schoolchildren aged 16. Similarly pupils aged 10 have been included with 11 year olds.
7. The school year classification is based on the years or forms of maintained secondary schools. The school years of pupils attending middle and upper schools and some non-maintained schools have been adjusted accordingly.

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Summary of main findings

The main purpose of this survey was to continue to monitor smoking, drinking and drug use among secondary school children aged 11-15. Information was obtained from more than 7,000 pupils in 225 schools throughout England during the autumn term of 2000.

Smoking prevalence and cigarette consumption (Chapter 3)

In 2000, 10% of pupils aged 11-15 were regular cigarette smokers (defined as usually smoking at least one cigarette a week). This proportion had decreased from 13% in 1996 to 9% in 1999. The marginal increase in 2000 (from 9% to 10%) was not sufficient to mark a clear reversal of this trend, though it does suggest a steadier fall since 1996 than did the 1999 figure.

Prevalence of smoking was strongly related to age. Only 1% of 11 year olds were regular smokers compared with 23% of 15 year olds.

In the early 1980s, boys and girls were equally likely to smoke. Since then girls have been consistently more likely to smoke than boys. In 2000, 12% of girls were regular smokers, compared with 9% of boys. This gender difference was not present among 11 and 12 year olds, but first appeared at age 13, and was maintained at 14 and 15.

Although girls were more likely to smoke, boys who were regular smokers had smoked more cigarettes in the last week than girls who were regular smokers (an average of 50 compared with 44 for girls). The number of cigarettes smoked by regular smokers has remained quite stable over the entire period since 1982.

Dependence on smoking and family attitudes towards smoking (Chapter 4)

Pupils' own assessment of their dependence on smoking was related to the length of time that they had smoked. Pupils who had been regular smokers for more than a year were markedly more likely to indicate that they were dependent on cigarettes. For example, 72% of these pupils said that they would find it difficult not to smoke for a week and 83% that they would find it difficult to give up smoking altogether. The respective figures for those who had smoked regularly for less than one year were 39% and 58%.

Although largely agreed on the difficulty of giving up smoking, longer-term smokers were quite evenly split about whether or not they wished to do so. Forty two per cent of those who had been regular smokers for more than a year indicated that they would like to give up altogether. Fewer (34%) of those who had been regular smokers for less time said that they wished to give up.

The great majority of pupils perceived that their families had negative attitudes towards smoking; 88% of pupils said that their parents would either stop them smoking or try to persuade them not to smoke. Perceived family attitudes were related to smoking status. Pupils who did not smoke generally felt that if they started smoking, their parents would stop them (65%) rather than try to persuade them to give up (25%). In contrast, regular smokers were less likely to say that their parents would stop them from smoking (21%), and more likely to say their parents would try to persuade them to give up (54%).

Previous research had suggested that parental attitudes were also related to children's age. That is, parents would be more likely to stop younger children smoking, whereas parents of older children would prefer the less firm option of persuading them not to smoke. However, an analysis of family attitudes by age and smoking status together showed that in this survey differences in parental attitudes were primarily explained by smoking status and that age made little difference. It is not clear, though, whether perceived parental attitudes affected smoking behaviour or, conversely, whether attitudes were sometimes adjusted when smoking became a reality.

Where children get cigarettes (Chapter 5)

A large majority of regular smokers usually bought cigarettes from shops, with 80% mentioning this source in 2000. This percentage was consistently even higher (85%- 89%) from 1982 to 1998, but it is not yet possible to be sure that purchasing of cigarettes by pupils from shops is on a downward trend. Since 1982, the proportions of

regular smokers obtaining cigarettes from other sources have increased markedly. In 2000, 22% of regular smokers mentioned vending machines as a source of cigarettes, 37% bought cigarettes from other people, and 50% were given cigarettes by friends. The questionnaire addresses sources of cigarettes rather than volume, so these results indicate that pupils are using a wider range of sources to obtain cigarettes without implying an increase in cigarette consumption.

Although the proportion of regular smokers buying cigarettes from shops declined only after 1998, there is evidence of a longer term decline in purchasing from shops among all pupils. The proportion of all pupils who had tried to buy cigarettes from a shop in the last year fell from 27% in 1986 (when the question was introduced) to 19% in 2000. There was also an increase in the proportion of this group who had been refused the purchase of cigarettes on at least one occasion in the last year (45% in 2000, up from 31% in 1986).

The average number of cigarettes bought by pupils at their last purchase has been decreasing. Among those who bought cigarettes, the proportions buying packs of twenty cigarettes fell from 54% in 1988 to 32% in 2000, with a corresponding rise in purchasing of packs of ten cigarettes from 38% to 60%. However, there has been no decline over this period in the total number of cigarettes smoked by current smokers.

Drinking in the previous week (Chapter 7)

Twenty four per cent of pupils had had an alcoholic drink in the previous week. This proportion has fluctuated between 20% and 27% since the question was introduced in 1988, but with no sustained increase or decrease over time.

As with cigarette smoking, drinking was strongly related to age. Only 5% of 11 year olds had drunk alcohol in the last week compared with 49% of 15 year olds.

In most previous surveys boys had been more likely than girls to have drunk in the last week. In 2000, there was no significant difference overall in the proportions of boys (25%) and girls (23%) who drank, although a few more 15 year old boys than girls had had a drink in the last week (51% compared with 45%).

Over the past decade, two types of drink have gained substantial popularity among young drinkers. The proportion having drunk spirits within the previous week has increased from 35% in 1990 to 59% in 2000. Alcopops, introduced onto the market in 1995, were drunk by 62% of drinkers in 2000. The introduction of alcopops has broadened the range of drinks consumed by drinkers, but does not seem to have affected the overall proportion of pupils who drink. In 2000, fewer pupils (20%) had drunk shandy than had their counterparts in 1990 (31%). The proportions drinking other types of drinks, including beer/lager/cider (75% in 2000) and wine (44%), have remained fairly stable.

Although the proportion of pupils who drank in the previous week has fluctuated rather than increased over time, there has been a clear increase in the amount of alcohol consumed by those who drank. Estimated average consumption in the previous week rose from 5.3 units in 1990 to 10.4 units in 2000. The increase in consumption was concentrated on spirits, beer (along with lager and cider) and alcopops (which were first asked about in 1996). The amount of other types of drink consumed remained fairly constant.

The increase in alcohol consumed in the previous week by drinkers was seen among both boys (5.7 units in 1990, 11.6 in 2000) and girls (4.7 units in 1990, 9.1 in 2000). Beer, lager, cider and shandy account for approximately half the amount drunk by boys, and a third of the amount drunk by girls, among whom alcopops accounted for a quarter, spirits a fifth and wine (or fortified wine) a further fifth of the alcohol drunk.

Usual drinking behaviour (Chapter 8)

Forty percent of pupils had never had a whole alcoholic drink, although this figure was much higher among 11 year olds (76%) than 15 year olds (14%). By the age of 14, a large majority of pupils have had an alcoholic drink.

The proportion of pupils who usually drink at least once a week has fluctuated between 16% and 20% since the question was first asked in 1996, but with no consistent increase or decrease over time.

Just under half (46%) of pupils who currently drink never buy alcohol, a figure which has remained at around this level since the question was first asked in 1996. Purchasing from off-licences (17% in 2000) or shops/supermarkets (9%) has become markedly less common over this period, whereas increasing numbers have been purchasing from friends or relatives (17% in 2000).

Drug use (Chapter 10)

Pupils had high levels of awareness of illegal drugs. In 2000, the proportions who had heard of cannabis (88%),

cocaine (86%) and heroin (85%) approached nearly nine in ten. Even among 11 year olds, as many as three quarters had heard of each of these drugs, though awareness of other drugs such as ecstasy was much lower among younger pupils than it was among 15 year olds.

Over one third (36%) of pupils had at some point been offered at least one drug. Twenty eight per cent had been offered cannabis, 17% a 'stimulant' (a group of drugs which includes cocaine or ecstasy) and 6% heroin. There was a sharp increase with age in the numbers of young people exposed to drugs in this way. Sixty one per cent of pupils had been offered drugs by the age of 15, compared with only 15% who had had this experience by the age of 11.

Around one pupil in six (16%) reported that they had ever used one or more drugs and 14% had done so in the last year. Both figures represent fewer than half the number who had been offered drugs. Among 15 year olds, 32% of pupils had ever used drugs, 29% had used drugs in the last year and 21% had used drugs in the last month.

Cannabis was by far the most widely used drug. Twelve per cent reported use of this drug in the last year. Every other individual drug had been used in the last year by no more than 3%, with a total of 4% using any Class A drug in this period. By age 15 three in ten had used at least one drug in the last twelve months, nearly all of whom had used cannabis. Nine per cent had used at least one Class A drug, though the drugs that cause the most harm (cocaine and heroin) had respectively been used in the last year by only 2% and 1% of 15 year olds.

The 2000 figures for drug use were marginally above those recorded in the previous two years.

Health education (Chapter 11)

The proportion of pupils who remembered having lessons on smoking in the last 12 months had increased from 42% in 1986 to a peak of 78% in 1998 and in 2000 stood at 66%. Recall of lessons about alcohol followed a similar pattern, with 36% of pupils remembering a lesson about alcohol in 1988, 66% in 1998 and 58% in 2000. Lessons about drugs were remembered by 38% of pupils in 1988; this increased to 64% in 1996 and thereafter has remained at around this level.

There are two opposing views about giving pupils lessons on smoking, drinking or drug use. One view is that talking about these issues encourages experimentation, while the other is that ignorance of the issues means pupils experiment because they do not understand the potential consequences. This survey found no evidence that having lessons on smoking, drinking and drugs either encouraged or discouraged experimentation or use.

Smoking, drinking and drug use (Chapter 12)

Smoking, drinking and drug use were all highly interrelated behaviours. Pupils who smoked were more likely to drink, and pupils who drank were more likely to smoke. Similarly pupils who either drank or smoked were more likely to take drugs. There was a stronger relationship between smoking and drug taking than there was between smoking and drinking or between drinking and drug use. All three behaviours were strongly linked to age. Nevertheless, these relationships were evident even once the greater age of pupils who smoked, drank and/or used drugs was taken into account.

Social and educational factors (Chapter 13)

Pupils' social characteristics were related to smoking, drinking and drug use although the strength and direction of the relationships varied for different behaviours. Of the three behaviours, smoking has been shown (from this survey and others) to have the strongest relationship with social and educational characteristics. Prevalence of smoking was higher among those receiving free school meals (the main indicator of disadvantage collected in this survey). Drug use had a weaker relationship, with a slightly higher prevalence among those taking free school meals. In contrast, drinking showed no relationship with free school meals.

The type of school attended had a modest association with levels of smoking and drug use, but was not related to whether pupils drank alcohol. Pupils at the small number of secondary modern schools in the sample were slightly more likely to smoke and use drugs even once their age, sex, ethnicity and uptake of free school meals was taken into account, whilst pupils at private schools were slightly less likely to smoke.

Pupils who had played truant or had been excluded were more likely than those who had not to smoke, drink or take drugs, even once age differences had been taken into account.

Comparisons between England and Scotland (Chapter 14)

The age range of pupils surveyed was different in England and Scotland. Therefore in order to compare the two

countries, analysis was restricted to those aged 12-15.

There was no difference in overall prevalence of regular smokers between England and Scotland, although among 15 year olds there were more regular smokers in England than in Scotland. Pupils in England were a little more likely to have drunk alcohol in the last week, but those who did drink consumed less than their counterparts in Scotland. There were no significant differences between England and Scotland in the proportions of pupils who used drugs in the last month or last year.

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1 Introduction

Richard Boreham

1.1 Background to the 2000 survey

The Department of Health commissioned the National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER) to conduct the 2000 survey of smoking, drinking and drug use among secondary school pupils in England. This survey is the latest in a series established in 1982 and which provides national estimates of the proportion of young people aged 11-15 who smoke, drink alcohol and/or take illegal drugs. An equivalent survey was also conducted in Scotland.

From 1982 to 1998, surveys were conducted biennially (with an additional survey in 1993). Initially, the survey covered cigarette smoking prevalence and smoking behaviour. In 1988 the focus was widened to include alcohol consumption. In 1998 questions about illegal drugs were introduced and since then the survey has been carried out annually. Core questions on smoking, drinking and drug use are asked every year, with alternate surveys focusing in more detail either on smoking and drinking, as in 2000, or on illegal drugs, as in 1999.

This long established series of surveys acts as an official measure of progress towards targets for reducing smoking and drug use among young people.

The current target for reducing children's smoking was set in *Smoking Kills, A White Paper on Tobacco*¹ and is measured against a 1996 baseline for 11-15 year olds. The target is:

- To reduce smoking among children from 13% to 9% or less by the year 2010, with a fall to 11% by the year 2005.

The Anti Drugs Co-ordinator's first annual report² contains targets for reducing drug use among young people. The other key performance indicators measured in part by this survey (against a 1999 baseline for 11-15 year olds) are:

- To reduce the proportion of people under the age of 25 reporting the use of Class A drugs by 25 per cent by 2005 (and by 50 per cent by 2008).
- To reduce the availability of Class A drugs by 25 per cent by 2005 (and by 50 per cent by 2008).

As well as monitoring overall prevalence of smoking, drinking and drug use, the survey also informs policy and practice by measuring further aspects of behaviour, knowledge and attitudes.

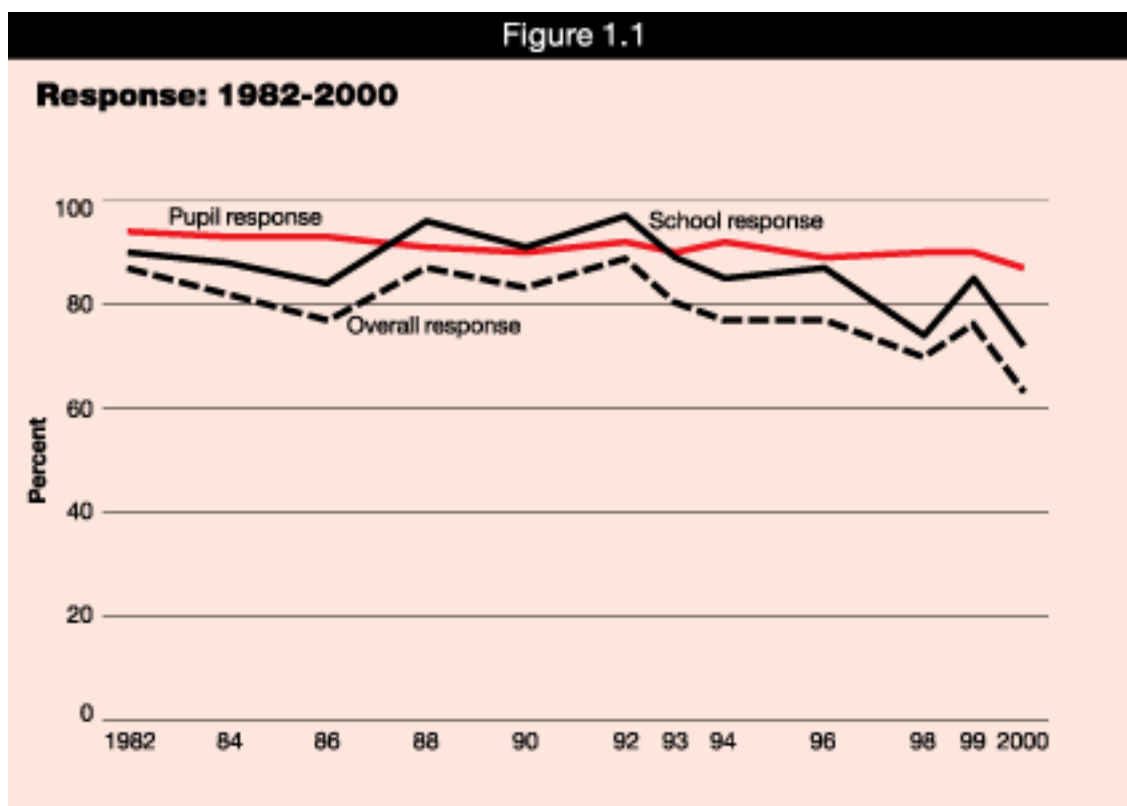
1.2 Sample design and response rates

The survey was conducted in schools by asking pre-selected groups of pupils to complete a confidential questionnaire and smoking diary. Both the schools and pupils were selected randomly in a way designed to give every eligible child in England the same chance of inclusion in the study.

The survey population (that is, the coverage of the survey) is pupils in school years 7-11 in England. Therefore, those taking part are mainly aged 11-15. Schools with any pupils in this age range are eligible for selection, with the exception of special schools. All other types, namely comprehensive, secondary modern, grammar and private schools, are included. Coverage was similar in Scotland, although among years S1-S4 and those taking part are mainly 12-15 year olds. More detail about the survey design can be found in Appendix A.

In total, 225 schools agreed to take part in the survey out of the 313 selected, a response rate of 72%. Field work was conducted in the autumn term of 2000. Approximately of 35 pupils per school were selected from across all classes in years 7 to 11 to take part. The response from selected pupils in participating schools was substantially

higher, with 87% completing a questionnaire to yield a total of 7089 completed questionnaires. The product of these rates produces an overall response of 63%.



The most common reasons that schools gave for not wanting to take part were a lack of staff time and recent participation in other surveys, particularly surveys which covered smoking, drinking or drug use.

Response was lower in the following categories of schools:

- Private schools
- Schools with less than 750 pupils
- Schools with low levels of pupils with English as an alternative language
- Schools with low levels of pupils eligible for free school meals
- Schools with higher GSCE pass rates

Analysis was conducted to see whether there was any need for weighting to correct for the differential response rates (see Appendix A for details). Non-response weights made no difference to survey estimates and so weighting was not applied. The results from the 2000 survey are therefore comparable with those from previous surveys.

Full details of the survey design are included in Appendix A, and the main aspects of the design are outlined in this section:

- Pupils completed a questionnaire and smoking diary in exam conditions within one school period under the supervision of an interviewer
- If four or more pupils were absent a second visit to the school was undertaken

Details of statistical analysis techniques used in this report are contained in Appendix B.

1.3 How reliable are children's answers?

Collecting information in school classrooms rather than homes, and repeated assurances of confidentiality, are key factors in encouraging honest reporting of behaviours which pupils may wish to conceal from adults or to exaggerate to their peers. Biochemical evidence from several previous surveys had indicated that pupils gave generally accurate answers about their smoking behaviour. Given this evidence, the decision was taken not to collect any biochemical evidence in 2000; nor were measures taken to test the truthfulness of reporting of drinking and drug use.

The earlier biochemical evidence was derived from saliva samples obtained between 1990 and 1998 from pupils

in half the participating schools. Samples were tested for the presence of cotinine, which is a major metabolite of nicotine and reflects recent exposure to tobacco smoke, in order to validate the estimates of the prevalence of smoking derived from the questionnaire and diary. Results have consistently indicated that children are largely honest about their smoking only a few children in each survey have had saliva cotinine levels that clearly contradicted their self-reported smoking behaviour.³ In these previous surveys the results of saliva cotinine tests have not been used to re-classify the smoking behaviour of individual children (and if they had, prevalence rates would not have been altered).

It might be expected that the act of taking saliva samples during questionnaire completion would itself encourage pupils to be more honest, and therefore increase significantly the proportion of pupils reporting that they were smokers. However, this has not been the case; in the surveys in this series between 1990 and 1998 there have been no significant differences in smoking prevalence between the test and non-test halves of the samples. Hence, if there was any impact of omitting the saliva testing in 2000 it is highly likely to have been very small.

While there is no specific evidence on honesty in reporting drinking or drug use, it is assumed that the proven high level of honesty for smoking is matched for these substances.

Of course, honesty is not the only factor affecting the accuracy of responses. Accurately recalling levels of consumption of cigarettes or alcohol is not straightforward for children or adults. Uncertainty of recall accuracy is discussed in the relevant chapters.

1.4 Precision of estimates

As the data are based on a sample (rather than a census) of pupils, the estimates are subject to sampling error. Appendix A details how to calculate sampling errors for this survey.

Differences are generally commented upon only if they are significant at the 95% confidence level, implying no more than a 5% chance that any reported difference is not a real one but a consequence of sampling error.

In addition to sampling error, survey estimates are subject to other types of error or bias, including under-reporting or over-reporting of claimed behaviour and non-response bias. However, previous sections of this introduction and Appendix A describe a number of steps taken to limit and test potential sources of error in the data collected by this survey.

Table 1.1

Notes and references

1 *Smoking Kills, A White Paper on Tobacco* (Cm 4177: Stationery Office, 1998).

2 *Tackling Drugs to Build a Better Britain. The Government's 10-year Strategy for Tackling Drug Misuse* (Cm 3945 London: The Stationery Office, 1998).

3 See Goddard & Higgins (1999) *Smoking, drinking and drug use among young teenagers in 1998* for a fuller discussion.

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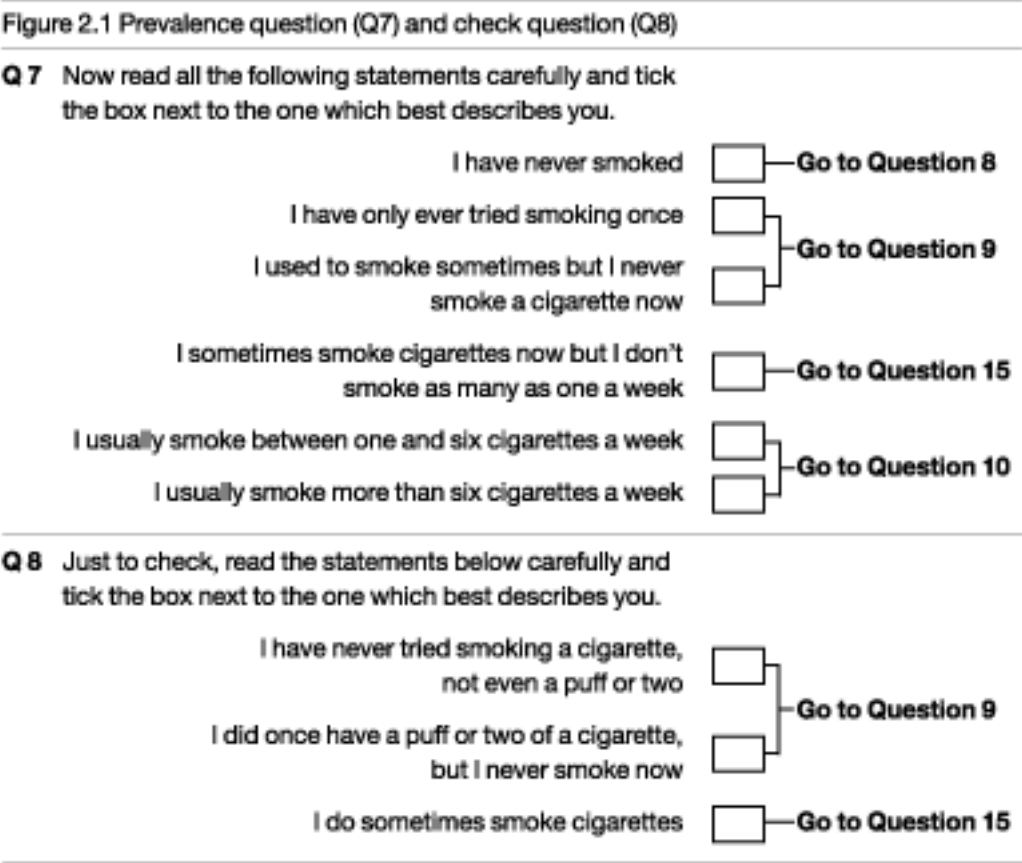
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2 Classification of smoking behaviour

Harriet Becher

2.1 Introduction

The self-completion questionnaire used in this series of surveys contains two questions a 'prevalence' question (Q7) and a 'check' question (Q8) designed to assess pupils' smoking status. In addition, pupils are asked to fill in a smoking diary, against which their previous answers are compared. These sources of information are used to classify pupils according to whether they are regular smokers (defined as usually smoking at least one cigarette a week), occasional smokers (defined as smoking less than one cigarette a week) or non-smokers. Those pupils who say at the prevalence questions that they are not smokers, but who record that they have smoked cigarettes in the diary, are reclassified in the analysis as occasional smokers (regardless of the number of cigarettes recorded).



2.2 Smoking behaviour according to the questionnaire

The questionnaire assesses smoking status in two stages. Those pupils who say at the prevalence question that they have never smoked are then routed to the check question (see Figure 2.1). In each survey, a small proportion (6% in 2000) of those who initially say that they have never smoked admit at the check question that they have done so, and are therefore reclassified. Table 2.1 shows the effect of using this combined measure to classify smoking behaviour. The proportion of pupils saying that they had never smoked is reduced from 59%

using the prevalence question alone to 55% using the prevalence and check questions combined. The proportion who admit to having experimented briefly with smoking cigarettes increases from 16% to 20%. Table 2.3 shows how the final smoking classification is assigned. (**Tables 2.1, 2.3, Figure 2.1**)

2.3 Cigarettes smoked according to the diary

In addition to the questionnaire, pupils were asked to complete a diary for the previous seven days. Each day was divided into six sections: early morning, morning, dinner time, afternoon, teatime and evening. For each of the previous seven days, pupils were asked a question about what they had been doing at each time of day, and were asked to indicate how many cigarettes, if any, they had smoked. The diary was completed after the questionnaire, and regardless of what pupils had said about their smoking at the prevalence questions.

The purpose of the diary is to provide a better estimate of how many cigarettes children smoke than can be obtained by asking a direct question about their smoking behaviour. Table 2.2 shows the number of cigarettes recorded on the diary, compared with pupils' responses in the questionnaire. It should be noted that complete consistency between the questionnaire and the diary would not be expected, since the prevalence question asks about a pupil's 'usual' behaviour, while the diary refers to a specific week. Nevertheless, both regular and occasional smokers appear to have underestimated how much they smoked. Of those pupils who reported at the prevalence question that they usually smoked between one and six cigarettes a week, 73% recorded on the diary that they had smoked seven or more cigarettes in the past week. This underestimation does not affect their classification as regular smokers, since this depended only on their saying that they smoked at least one cigarette a week at the prevalence question.

However, this under-reporting is also present among occasional smokers (those who said at the prevalence question that they did smoke, but not as many as one a week). Nearly half (49%) of these had smoked between one and six cigarettes in the previous week, and a further 20% had apparently smoked seven or more cigarettes, on average at least one per day. That is, 69% of self-reported 'occasional' smokers in 2000 actually reported behaviour in the previous week that was consistent with the survey definition of regular smokers. Proportions have been similarly high in previous years. These children have not been reassigned to the 'regular smokers' group because of the possibility that their smoking behaviour during the previous week was not typical (this preserves continuity with previous surveys in the series).

This under-reporting of smoking behaviour is consistent with that observed in previous surveys in the series,¹ as well as in other surveys of smoking among adults.² It is likely that underestimation is, in most cases, not deliberate, but arises from the difficulty of the task of recalling the number of cigarettes smoked over a given period. In addition there may be a tendency to under-report 'unhealthy' behaviours such as cigarette smoking. It has also been suggested that the instability, experimentation and rapid change that is a feature of young people's lives means that some may find the concept of 'usual' behaviour referred to in the prevalence question difficult to grasp. As a consequence, some of the children classified in the survey as occasional smokers may actually resemble regular smokers according to the definition we are using.³ (**Table 2.2**)

Where children say at the prevalence question that they are non-smokers, but record cigarettes on the diary, they are reclassified as occasional smokers, regardless of the number of cigarettes recorded. Thus the use of the diary leads to a larger proportion of pupils classified as occasional smokers, but the proportion of pupils classified as regular smokers is not affected. The full classification of smoking behaviour, based on both the questionnaire and the diary, is shown in Table 2.3. (**Table 2.3**)

Notes and references

1 Goddard E, Higgins V (1999) *Smoking, drinking and drug use among young teenagers in 1998* Stationery Office, London.

2 For an example see the comparison between saliva cotinine and self-reported smoking among adults discussed in Boreham, R (2001) *Use of tobacco products*, pp 97-120 in Eren B & Primatesta P *Health Survey for England: The Health of Minority Ethnic Groups '99*, (London: SO).

3 See Goddard, E and Higgins, V *Smoking, drinking and drug use among young teenagers in 1998: Volume 1: England*, 1999 (London: SO).

Table 2.1

Table 2.2

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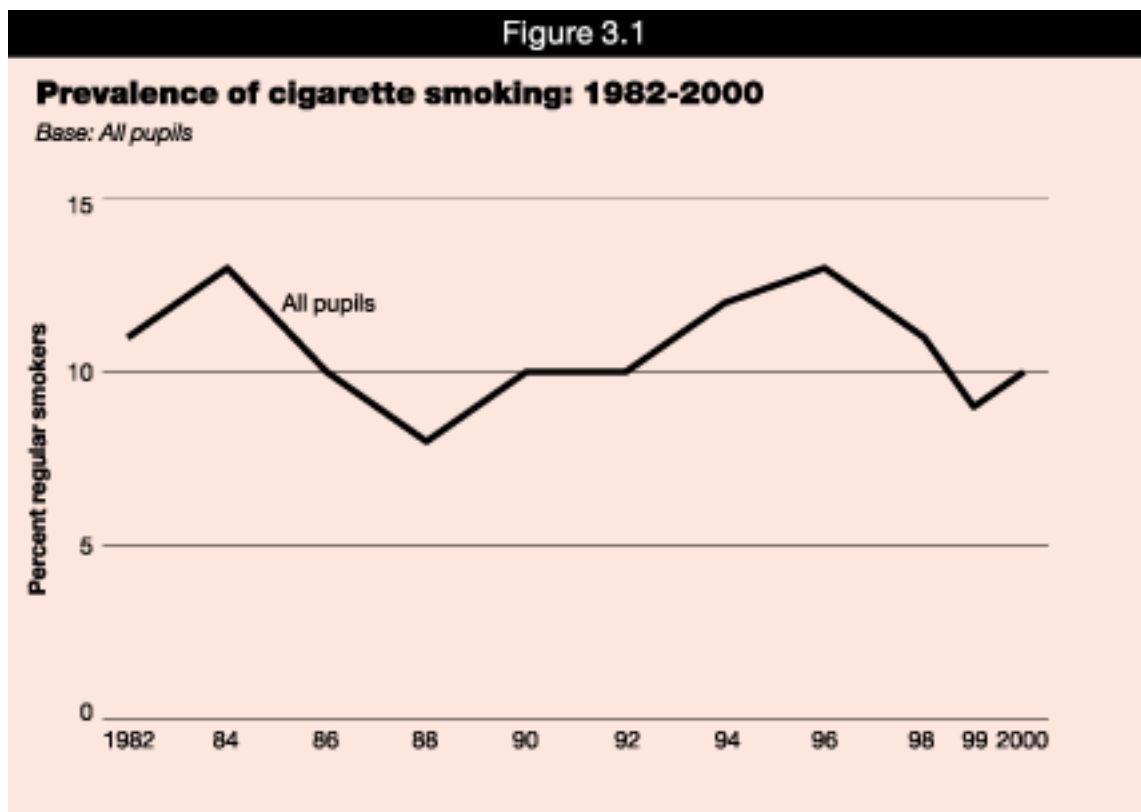
3 Smoking prevalence and cigarette consumption

Harriet Becher

3.1 Trends in cigarette smoking prevalence

The Government's target¹ is to reduce the number of children aged 11-15 who smoke regularly from a baseline of 13% in 1996 to 11% by 2005 and 9% by 2010. One of the aims of this survey is to measure progress towards this target.

The proportion of pupils who were regular smokers (defined as usually smoking at least one cigarette a week) had fallen from 13 per cent in 1996 to 9 per cent in 1999, but increased to 10 per cent in 2000. However, because of the fluctuations in smoking behaviour since 1982, it is not possible to tell whether this is the beginning of a new upward trend in cigarette smoking. (Figure 3. 1)



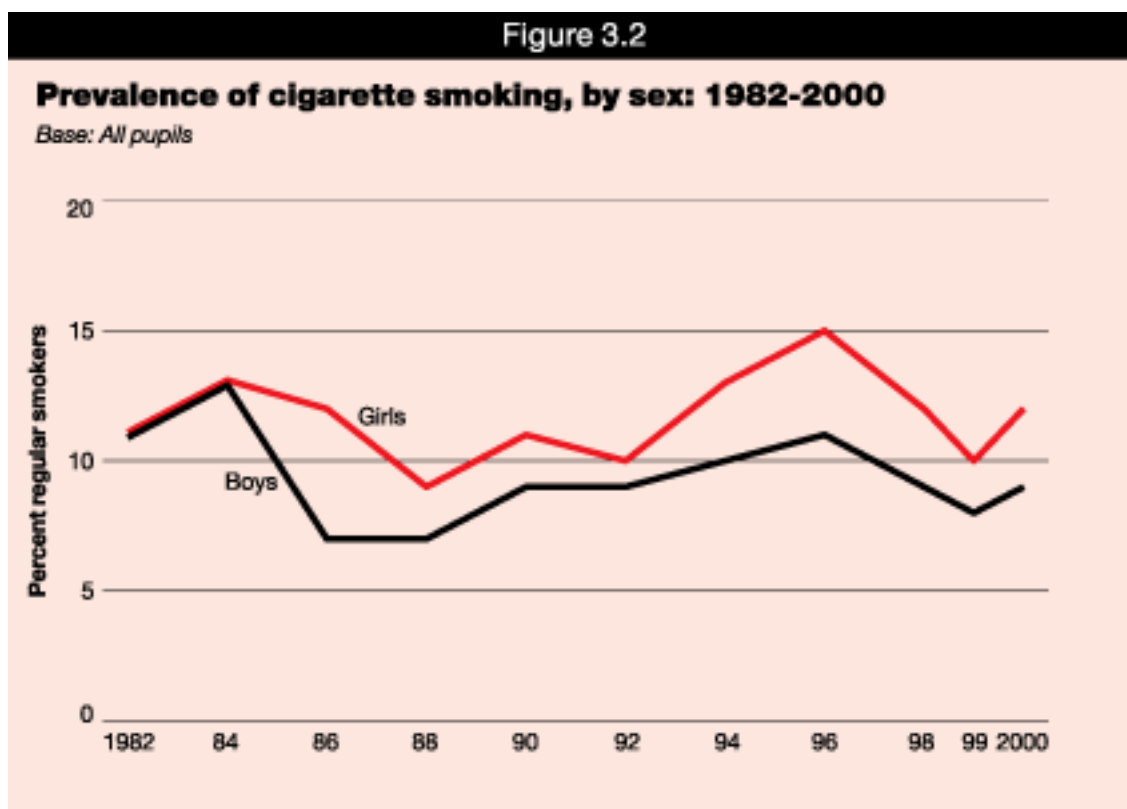
As Figure 3.2 shows, there are clear differences in the prevalence of cigarette smoking between boys and girls. In the early 1980's, boys and girls were equally likely to smoke, but since then girls have been consistently more likely to smoke than boys. In 2000 12% of 11-15 year old girls were regular smokers, compared with 9% of boys. (Table 3.1, Figure 3.2)

3.2 Smoking behaviour in relation to sex, age and school year

Previous surveys have shown that the prevalence of smoking increases sharply with age and also with progress through the school (these two factors are of course closely linked). Of the two, age is more strongly related to

cigarette smoking prevalence.

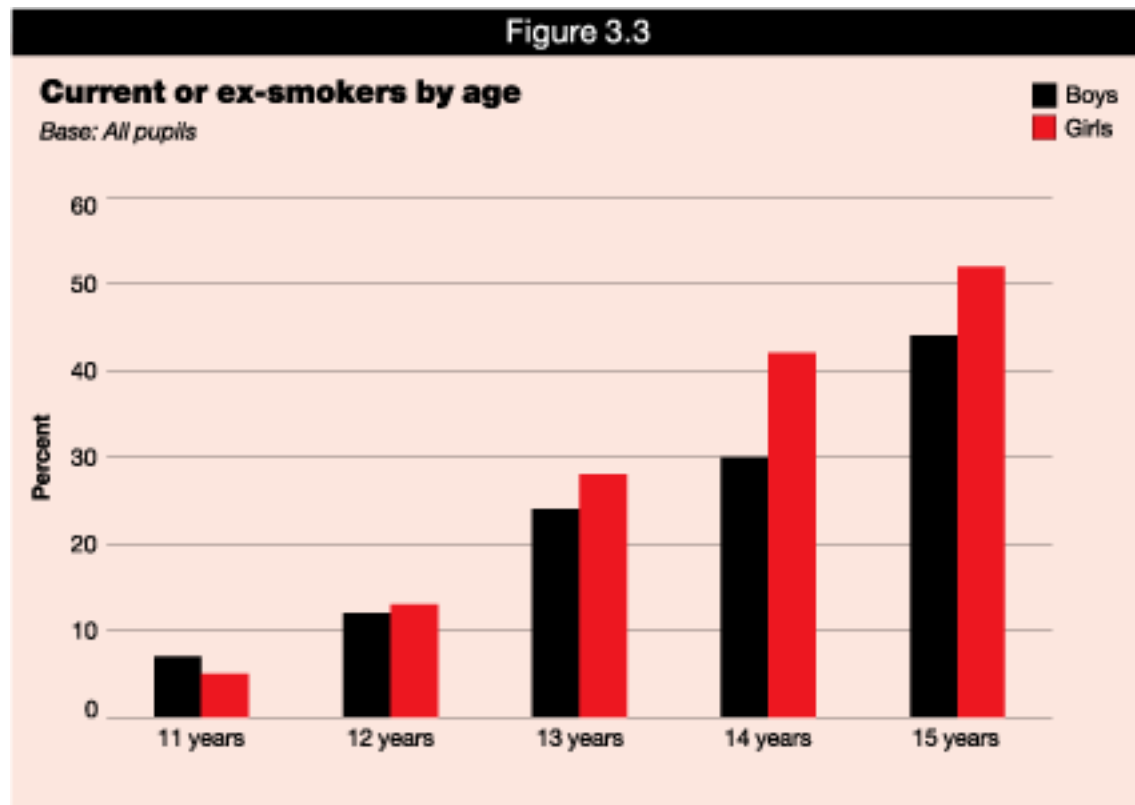
These patterns are repeated in the 2000 survey. Only 1% of 11 year olds in 2000 were regular smokers, and 80% had never even tried smoking. The numbers of children experimenting with smoking increased significantly for each age group, so that by the age of 15, around a quarter (23%) of pupils were regular smokers, with only 33% never having tried a cigarette.



The difference in smoking behaviour between boys and girls can be shown by looking at the proportions who are current or ex-smokers at each age, compared with the proportions who have never tried smoking, or who have only tried it once. There is no significant difference in smoking prevalence at ages 11 to 13 between boys and girls, although by age 13 gender differences in the proportions of current smokers begin to emerge. However, by age 14 more girls are in the current or ex-smokers category than boys (42% compared with 30%). The gap between girls and boys remains at age 15, so that more girls are current or ex-smokers than boys from age 14 upwards. This suggests that 13 and 14 are key ages for experimentation, since it is at this point that the gender difference emerges.

(Tables 3.2-3.5, Figure 3.3)

Figure 3.3



3.3 Smoking behaviour by ethnic group

In the 2000 questionnaire, pupils were asked to identify their ethnic group. As a result it is possible to look at differences in self-reported smoking behaviour between ethnic groups.

Although small base sizes for some groups make it difficult to draw reliable conclusions, some significant differences do emerge in the numbers who are current or ex-smokers, compared with those who have never tried, or who have only experimented briefly.

Girls who identify themselves as 'Black or Black British', as 'Other', and most notably as 'Asian or Asian British', are less likely to be current or ex-smokers than girls who identify themselves as 'White' or 'Mixed'. Among boys, however, there are no significant differences in smoking behaviour between these groups. In contrast to findings for the sample as a whole, among the Asian and Other groups, girls are less likely to be smokers than boys. These findings mirror those reported in other studies.² (Table 3.6)

3.4 Cigarette consumption according to the diary

The numbers of cigarettes recorded on the diary as being smoked on each day of the previous week were added together to give a measure of cigarette consumption.

Since this series of surveys began in 1982, cigarette consumption among both boys and girls has remained relatively stable. The average number of cigarettes smoked per week by boys who were regular smokers has fluctuated in the low to mid 50s (apart from the 1998 figure of 65, which is probably a statistical 'blip'). The corresponding figure for girls has similarly fluctuated in the mid to high 40s. The mean number of cigarettes smoked overall per pupil (for all pupils, including non-smokers) has also remained fairly steady, at around five to seven cigarettes a week. (Table 3.7)

Table 3.8 shows cigarette consumption for regular and occasional smokers in 2000. Twenty one per cent of regular smokers had smoked an average of 10 or more cigarettes per day in the last seven days, and further 35% had smoked an average of between 5 and 10 cigarettes per day. Only one percent of regular smokers had not smoked any cigarettes in the last seven days. As discussed in section 2.3, there was some discrepancy between the self-reported smoking habits of 'occasional' smokers, and the number of cigarettes recorded in the smoking diary. 21% of occasional smokers had not smoked any cigarettes, and 56% had smoked less than one cigarette a day on average. However 23% of self-reported occasional smokers had smoked at least one cigarette a day on average over the last 7 days.

In addition, Table 3.8 shows the mean numbers of cigarettes recorded on the diary by regular and occasional smokers. The median number of cigarettes is also given, since a few pupils recorded a large number of

cigarettes on the diary, distorting the mean value. A very small number of pupils (6 in England) were judged to have entered an unrealistically high value on the diary data from these pupils is not included. With this exception, these figures are based on all smokers, including those who recorded no cigarettes on the diary. Unsurprisingly, both mean and median consumption were much higher for regular smokers (mean 46 cigarettes, median 40) than for occasional smokers (mean 7 cigarettes, median 2). Among regular smokers, consumption was higher for boys than for girls. **(Table 3.8)**

Notes and references

1 The government's smoking strategy is set out in *Smoking Kills: A White Paper on Tobacco*, Cm 4177, Stationery Office (1998).

2 Nazroo J, Becher H, Kelly Y & McMunn A (2001) *Children's health* in Erens B & Primatesta P (eds) *Health Survey for England: The Health of Minority Ethnic Groups '99*, (London: SO).

Table 3.1

Table 3.2

Table 3.3

Table 3.4

Table 3.5

Table 3.6

Table 3.7

Table 3.8

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Prepared 27 November 2001

4 Dependence on smoking and family attitudes towards smoking

Harriet Becher

4.1 Introduction

Regular smokers were asked a series of questions intended to assess the extent to which they were dependent on smoking. These questions were first introduced in England in 1994, and cover how easy or difficult pupils think it would be to go without smoking for a week; how easy or difficult they think it would be to give up altogether; whether pupils would like to give up altogether, and whether they have ever actually tried to give up smoking. In addition, since 1988 pupils have been asked how long it has been since they started smoking at least one cigarette a week, to provide an indication of the length of time for which they have been a regular smoker.

The relatively small numbers of pupils who were regular smokers precludes very accurate comparisons between boys and girls, or between pupils of different ages. Therefore, unless there is a substantial difference between any of these groups, this chapter will focus on all regular smokers.

4.2 Changes over time in dependence on smoking

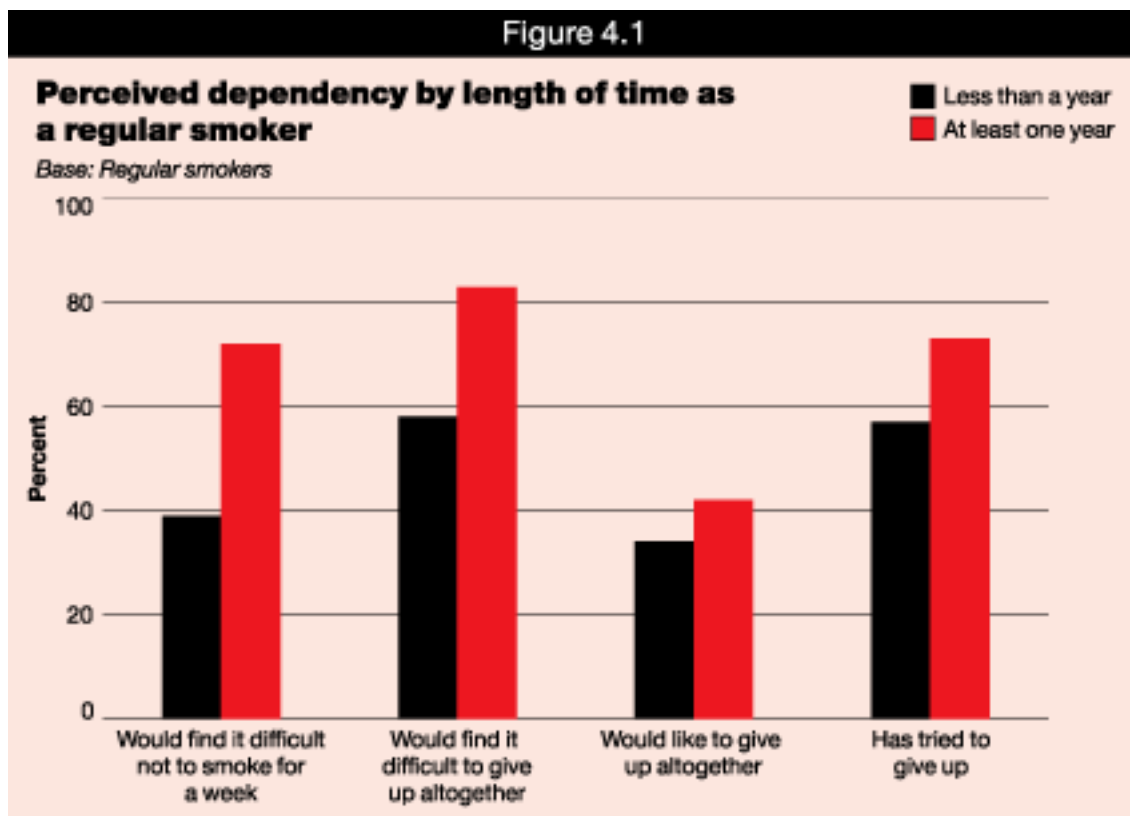
In 2000 over half of pupils questioned (58%) said they had been smoking regularly for more than one year. This is lower than the figures recorded in 1996 and 1998 (67% and 65% respectively).

The proportion of pupils who thought that they would find it difficult to go without smoking for a week has remained stable over time, at 58% (with an apparent 'blip' of 65% in 1996). The figure in 2000 was 58%. Similarly the proportion saying they would find it difficult to give up smoking altogether has hovered at between 70% and 75%, and was 73% in 2000.

Among regular smokers, the proportion who say they would like to give up altogether has fluctuated over time with no clear trend, and stood at 39% in 2000. The fact that this latter measure does not include those pupils who tried to give up and succeeded (and are therefore no longer in the 'regular smokers' group) makes it less reliable than the other measures of dependency used, and may explain the extent of the fluctuation. Furthermore, given that a much higher proportion have tried to give up than would like to give up (66% compared with 39%), it is difficult to say exactly what this question is measuring. However, the fact that so many current smokers have tried unsuccessfully to give up is consistent with what is known about adult smokers.¹ (**Tables 4.1-4.4**)

4.3 Dependence on smoking by smoking behaviour

The length of time that pupils had been a regular smoker affected their attitudes towards giving up smoking. Compared with pupils who had been a regular smoker for one year or less, those who had been a regular smoker for longer were more likely to say that they would find it difficult not to smoke for a week (72% compared with 39%) and more likely to find it difficult to give up smoking altogether (83% compared with 58%). Smokers who had been smoking for longer were more likely to have tried to give up in the past and failed (73%) than those who had been a regular smoker for one year or less (57%). Despite their perceived greater dependence on cigarettes, smokers who had been smoking regularly for more than a year were keener to give up 42% would like to stop smoking compared with 34% of smokers who had been a regular smoker for less time. (**Table 4.6, Figure 4.1**)



The number of cigarettes smoked in the last seven days was used to classify regular smokers into 'heavy' (10 or more cigarettes a day on average), 'medium' (3 or more, but less than 10 cigarettes a day on average) or 'light' (less than 3 cigarettes a day), in order to examine the relationship between number of cigarettes smoked and dependence. Even among light smokers there was evidence that pupils were dependent on cigarettes; 28% of light smokers would find it difficult not to smoke for a week, and 46% of light smokers would find it difficult to give up smoking altogether.

The more cigarettes pupils smoked, the greater their perceptions of their own dependence on cigarettes. Pupils who were classified as medium smokers were much more likely to feel dependent than light smokers. Heavy smokers perceived themselves as the most dependent, but the difference between them and medium smokers was not as great as the difference between medium and light smokers. Eighty seven percent of heavy smokers would find it difficult not to smoke for a week, compared with 65% of medium smokers and 28% of light smokers. There was a similar pattern in terms of whether pupils would find it difficult to give up smoking altogether, 92% of heavy smokers would find it difficult compared with 81% of medium smokers and 46% of light smokers.

Although pupils who smoked more cigarettes felt themselves to be more dependent, the proportion of regular smokers who wanted to give up increased from 33% of light smokers to 46% of heavy smokers. **(Table 4.7)**

Pupils who were more dependent on cigarettes, either through length of time smoking or through heavier levels of smoking, were more likely to have tried to give up than their less dependent counterparts. However, the fact that pupils had tried to give up and had failed did not deter them from wanting to give up. Regular smokers who had already tried to stop smoking were three times as likely as those who had not already tried, to say that they would like to give up (50% compared with 17%). **(Table 4.5)**

4.4 Attitudes of the family towards pupils' smoking

All pupils, regardless of their smoking status, were asked about their own family's attitudes to smoking. Although questions referred to the feelings of the family, it is likely that children were thinking mainly of their parents when they answered them. Self-reported non-smokers (including some who were later reclassified as occasional smokers because they had recorded some cigarettes on the diary) were asked how they thought their family would feel if they started smoking. Occasional and regular smokers were asked how their family felt about their smoking. Smokers who replied at this question that their family did not know they smoked (55% in 2000) were then asked how they thought their family would feel if they knew that they smoked. The answer categories corresponded, so it is possible to compare perceived parental attitudes towards smoking for non-smokers, occasional smokers and regular smokers.

Where pupils answered that their parents would either stop them smoking or would try to persuade them not to

smoke, family attitudes can be interpreted as negative towards smoking. For those pupils who said they didn't know how their family would feel, we can infer that their family's attitude may be fairly neutral, since parents have apparently not expressed any feelings to the child either way. Meanwhile, those pupils who said that their parents did not mind, or that their family would encourage them, can be taken to have families with positive attitudes towards smoking.

The main message is that family attitudes are perceived as overwhelmingly negative towards smoking: 88% of pupils said that their parents would either stop them smoking or try to persuade them not to. Non-smokers were the most likely (90%) and regular smokers the least likely (75%) to report negative family attitudes. Regular smokers were correspondingly more likely than non-smokers to say that their parents were either neutral or positive towards smoking. Even so, negative family attitudes appeared to be the norm regardless of smoking status.

Among those children who said that their parents were negative towards smoking, distinctions can be drawn between whether their parents would actively stop them smoking, or whether they would take the milder option of trying to persuade them not to smoke. Non-smokers were more likely to say that their parents would stop them (65%) than to say their parents would attempt to persuade them not to smoke (25%). There was a similar pattern for occasional smokers although the pattern was less pronounced (43% compared with 38%) and among regular smokers the pattern was reversed with parents of regular smokers being less likely to stop their children smoking (21%) than to persuade them (54%). **(Table 4.8)**

Among current smokers, it is possible to distinguish between 'open' smokers, whose parents knew that they smoked, and 'secret' smokers, who said their parents did not know about their smoking. This latter group answered the more hypothetical question about how they thought their family would feel if they knew the pupil smoked. Open smokers were less likely to say their parents would stop them from smoking, and more likely to say their parents would try to persuade them not to smoke or wouldn't mind, than secret smokers. Occasional smokers were more likely to belong to the secret smoker group. For this reason it could be argued that the differences in perceived parental attitude between regular and occasional smokers are explained by the differences between open and secret smokers. However, if we look at the two groups separately, it is clear that among both the open and secret smokers the same pattern of differences exists. That is, regular smokers are less likely than occasional smokers to say their parents would actively stop them smoking, regardless of whether their parents actually know that they smoke. **(Table 4.9)**

The proportions of children reporting negative family attitudes were similar across age bands. However, there were differences in the type of negative attitude reported. Younger children were more likely than older children to say that their parents would stop them smoking; among non-smokers 72% of 11 year olds and 53% of 15 year olds said that their parents would stop them smoking. There was a similar age gradient among smokers although the proportions saying that their parents would stop them smoking were lower than among non-smokers (43% of 11 year olds compared with 25% of 15 year olds).

(Table 4.10)

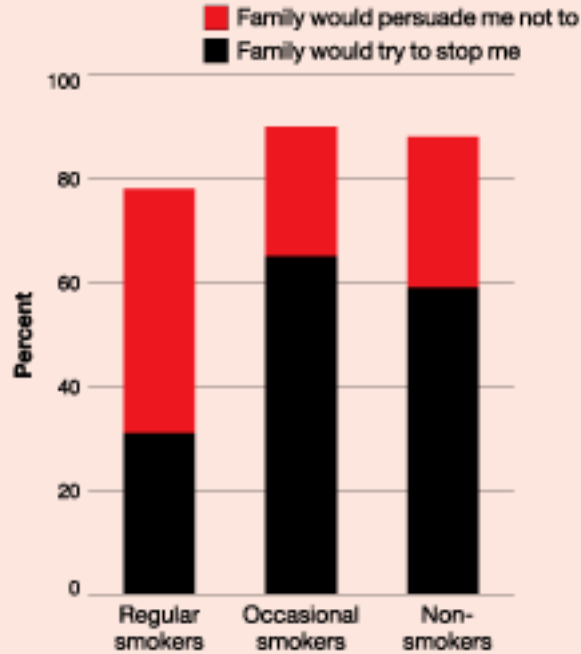
Previous surveys in this series have also suggested that perceived family attitudes are related to both smoking status and age.² Since the two factors are themselves strongly related, it is difficult to tell whether both contribute to parental attitude, or whether one factor is responsible. For example, it is possible that the differences in parental attitude observed between smokers and non-smokers are because smokers tend to be older, rather than being due to cigarette smoking status per se.

Looking at perceived family attitude by age-standardised smoking status allows us to assess the individual effects of both factors, as shown in Table 4.11. After the age profiles of each group are taken into account the differences between regular, occasional and non-smokers remain. The implication is that differences in perceived parental attitude are primarily explained by smoking status, and that age makes much less difference. Regular smokers who report that their parents are negative towards smoking are less likely to say that their parents would actively stop them smoking, and more likely to say that their parents would just try to persuade them not to smoke, than occasional or non-smokers. However, the direction of causality is not clear that is, whether perceived parental attitude affects smoking behaviour, or whether smoking behaviour has an influence on parental attitude. **(Table 4.11, Figure 4.2)**

Figure 4.2

Attitude of family towards pupils' smoking, by age-standardised smoking status

Base: All pupils



Notes and references

1 For discussion see Lader, D and Meltzer, H *Smoking Related Behaviour and Attitudes* 1999 (London: Office for National Statistics).

2 See Goddard, E and Higgins, V *Smoking, drinking and drug use among young teenagers in 1998: Volume 1: England*, 1999 (London: SO).

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5 Where children get cigarettes

Harriet Becher

5.1 Introduction

The Enforcement Protocol to tackle underage tobacco sales was launched on 13 September 2000 by representatives from the Department of Health, Local Authorities, Trading Standards Officers, and Environmental Health Officers. Local Authorities are to publish an annual review of enforcement action, as required by the Children and Young Person's (Protection from Tobacco) Act 1991. However, despite the fact that it is illegal to sell any tobacco product to children under the age of 16, previous surveys have shown that many children can and do buy cigarettes in shops and from vending machines.

Current smokers (both regular and occasional) were asked where they usually obtained their cigarettes. They were given the option to name more than one source, if they often got their cigarettes from different places or people. Current smokers were also asked how easy or difficult they found it to buy cigarettes from a shop.

In addition, the questionnaire asked all pupils (including non-smokers) whether they had tried to buy cigarettes from a shop in the past year. Those pupils who answered that they had tried to buy cigarettes from a shop were asked whether they had been refused. They were also asked whether their last attempt at purchase had been successful, and if so how many cigarettes they had bought that time. Finally, in order to measure frequency of purchase pupils were asked how often (if at all) they bought cigarettes from shops and vending machines.

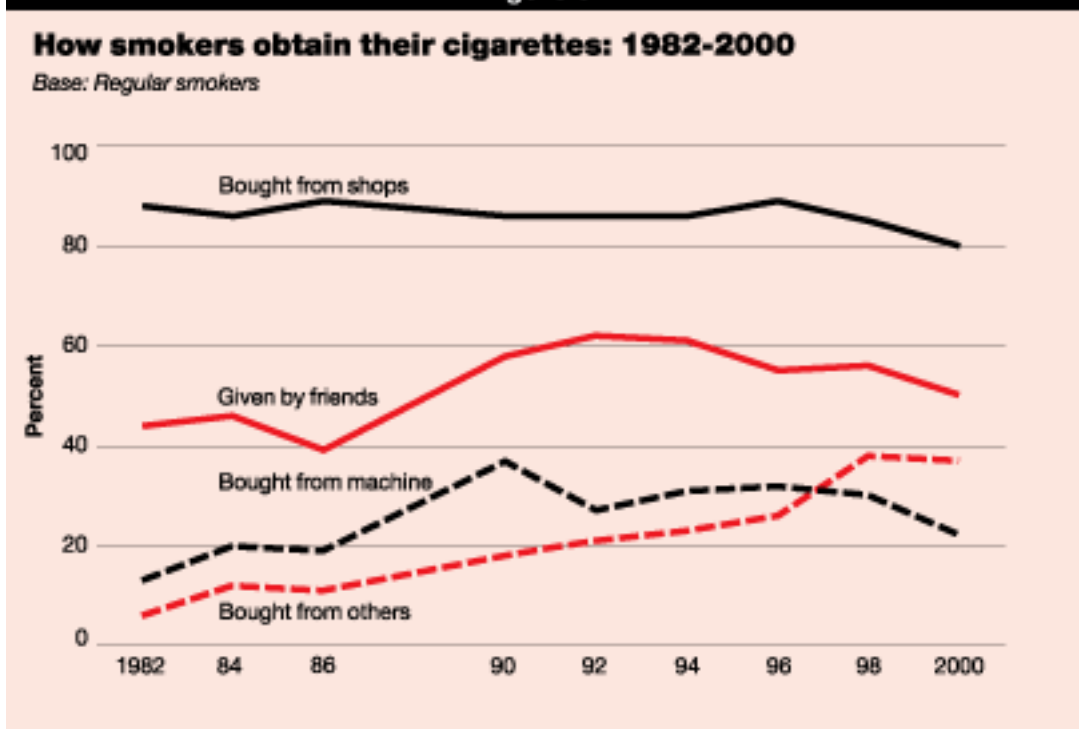
5.2 Trends in how regular smokers obtain their cigarettes

The proportion of regular smokers buying cigarettes remained fairly constant between 85% and 89% from 1982 (when the question was first asked) to 1998. There was a small decrease from 1998 to 2000, so that the proportion of regular smokers buying cigarettes from shops was at its lowest at 80%, although it is not possible to tell whether this is the start of a decline in purchasing from shops. There has been a broad increase since 1982 in the proportion of regular smokers mentioning other sources of cigarettes. The questionnaire addresses source of cigarettes rather than volume, and it is possible that fewer cigarettes are obtained from these alternative sources. Nevertheless, the implication is that pupils are using a wider range of sources to obtain cigarettes than they were in 1982. (**Table 5.1, Figure 5.1**)

5.3 Sources of cigarettes for regular and occasional smokers

Sources of cigarettes were very different for regular smokers when compared with occasional smokers. Regular smokers were more likely than occasional smokers to buy their cigarettes all methods of buying cigarettes were more likely to be mentioned by regular smokers (for example 71% of regular smokers bought cigarettes from newsagents compared with 31% of occasional smokers). By far the most common method of getting cigarettes for occasional smokers was to be given them by their friends, mentioned by 74%, and this was the only method which was more common among occasional smokers than among regular smokers (it was mentioned by 50% of the latter group).

Figure 5.1



The fact that regular smokers were more likely to buy cigarettes from shops may be partly because regular smokers tend to be older than occasional smokers, and therefore find it easier to buy cigarettes. This explanation might be supported by the fact that, as previous reports in this series have shown, older smokers are more likely to buy their cigarettes from shops than younger smokers. However, Table 5.4 suggests that the differences between regular and occasional smokers remain even after smoking status is age-standardised. It would seem that age per se is not a factor in the sources of cigarettes named by smokers. Rather, regular smokers are more likely than occasional smokers to buy their cigarettes, regardless of age. One explanation is that since regular smokers smoke more cigarettes per week than occasional smokers (as shown by this survey), they are more likely to need to buy cigarettes themselves rather than get them from friends. (Tables 5.2-5.4)

5.4 Perceived difficulty in buying cigarettes from a shop

Smokers were asked how difficult or easy they found it to purchase cigarettes from a shop, if they usually did so. Twenty one per cent of smokers in 2000 said that they found it difficult on the whole to buy cigarettes from a shop meaning that for nearly four in five it was not perceived as difficult. A higher proportion of occasional smokers than regular smokers found it difficult (28% compared with 19%). These findings are very similar to those reported in 1998 and 1996. There was no significant difference between the proportions of boys and girls who said that they found it easy to buy cigarettes (this is in contrast to findings in 1998 and 1996, which suggested that boys were more likely than girls to say they found buying cigarettes difficult).

Perhaps unsurprisingly, a much higher proportion of those who had been refused cigarettes in the past year reported that it was difficult to buy cigarettes than those who had not been refused cigarettes 23% compared with 5%. Nevertheless, three quarters (77%) of those who had been refused in the last year still said that on the whole it was easy to buy cigarettes from a shop, suggesting that children are not easily deterred by refusal. Again these patterns are similar to those reported in previous sweeps of the survey.

(Tables 5.5, 5.6)

5.5 Cigarette purchase from shops in the last year

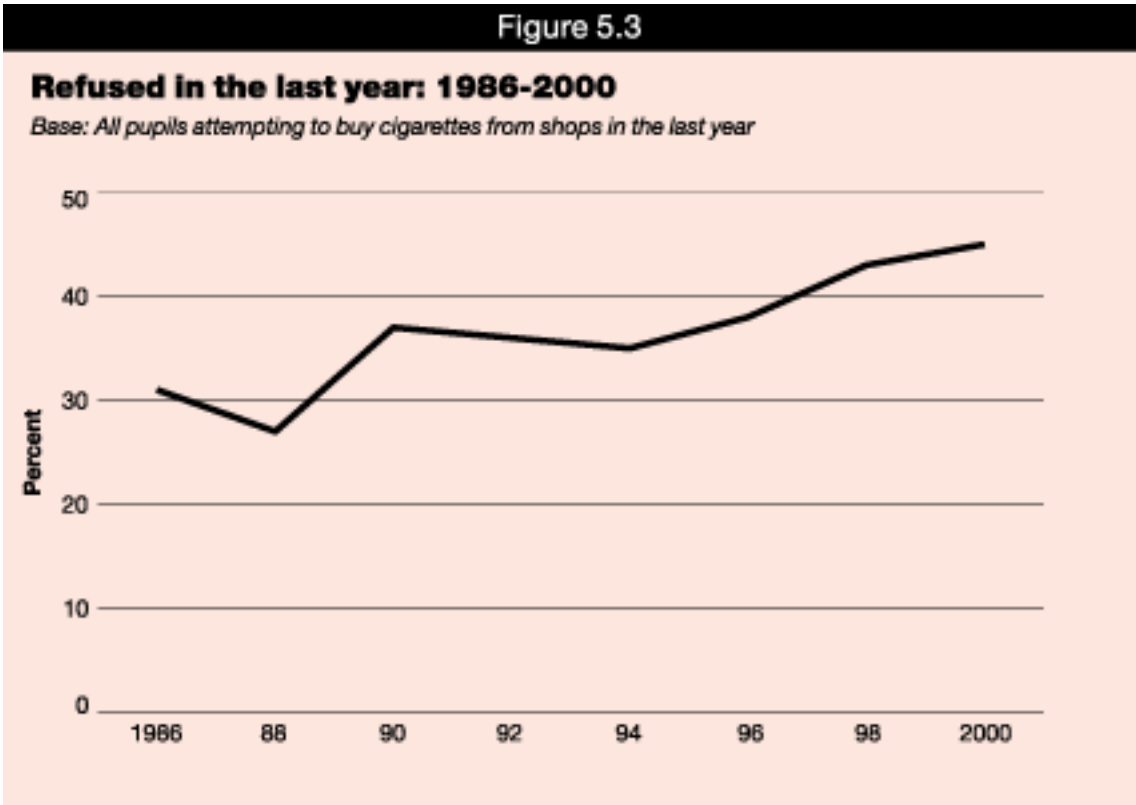
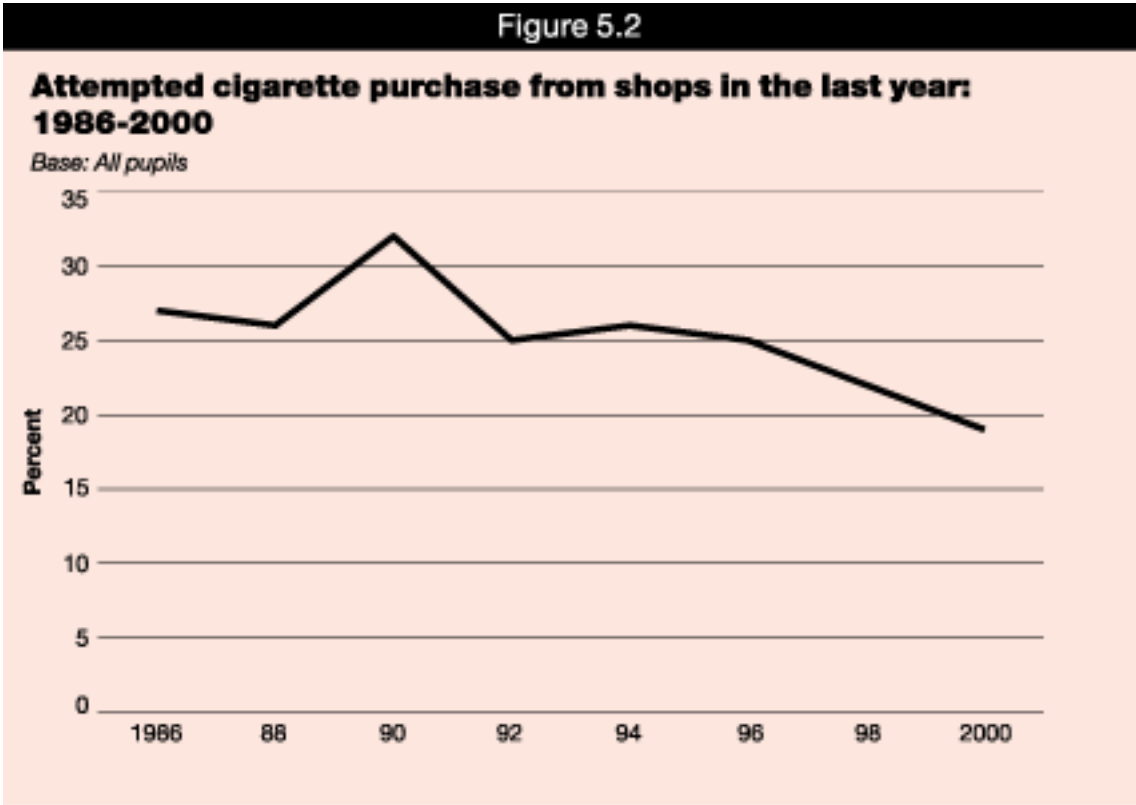
Since 1990 the proportion who report having tried to buy cigarettes from shops has fallen. In 2000, 19% of all pupils said they had tried to buy cigarettes in the past year. This is significantly lower than the 22% reported in 1998, and is the lowest level ever measured in this series of surveys.

Of those pupils who had tried to buy cigarettes in a shop, 45% had been refused at least once (9% of all pupils). This figure, the number of children refused as a proportion of those attempting to purchase cigarettes, has increased over time since 1986, when it was 31%.

Boys were slightly more likely than girls to have been refused at least once this pattern has been shown in most

previous surveys in the series. Younger children were more likely to have been refused cigarettes than older children; 63% of 12 year olds attempting to buy cigarettes had been refused at least once as opposed to 39% of 15 year olds.

(Tables 5.7, 5.8, Figures 5.2, 5.3)



5.6 Last time children tried to buy cigarettes from a shop

Those children who admitted having tried to buy cigarettes from a shop in the past year were asked about what had happened the last time they tried. In 2000, 15% of these pupils were refused at their last attempt. Unsurprisingly, success was strongly related to age; younger children were more likely than older children to have

been refused the last time (47% of 11-12 year olds compared with 7% of 15 year olds). In each age group girls appeared a little less likely than boys to have been refused, although small numbers mean that this difference is only significant for 15 year olds. It is possible that this is because girls as young teenagers tend to mature slightly more quickly than boys, making it less obvious to shopkeepers that they may be under 16.

Regular smokers were also less likely to have been refused at their last attempt to buy cigarettes than occasional or non-smokers 10% of regular smokers had been refused compared with 19% of occasional smokers and 19% of non-smokers. This difference reduces slightly when smoking status is age-standardised, suggesting that age does affect whether pupils were likely to be refused, but that their smoking status was a more important factor. This may be due to the fact that regular smokers are more likely to buy cigarettes from shops (as discussed in section 5.3), and are therefore more likely to know which shops will serve them. **(Tables 5.9-5.11)**

5.7 How many cigarettes were bought last time

Under the Children and Young Person's (Protection from Tobacco) Act 1991, it is an offence to sell cigarettes by retail to any person other than in pre-packed quantities of 10 or more cigarettes in their original package. Pupils who had been successful at their last attempt to purchase cigarettes were asked how many they had bought on that occasion.

Since 1988 the proportion of children buying packs of ten has increased, and the proportion of children buying packs of twenty has decreased. In 1988 38% of children had bought a pack of ten at their last purchase; this increased to 54% in 1998 and to 60% in 2000. One possibility is that the increasing cost of cigarettes may be deterring children from larger purchases. Four per cent of children in 2000 had bought less than 10 cigarettes at their last purchase. **(Tables 5.12-5.14)**

5.8 Frequency of purchase from shops and vending machines

All pupils were asked how often they bought cigarettes from shops and from vending machines. More than four in five pupils (81%) said that they never bought cigarettes from a shop, while 8% did so at least once a week. Seven per cent of pupils reported that they bought cigarettes from a machine. These figures are similar to those recorded in 1998, when these questions were first asked.

The guidelines produced and promoted by the National Association of Cigarette Machine Operators demand that machines be sited in areas where a nominated responsible adult can supervise them. Of those pupils who did use vending machines, 73% said that the last vending machine they had used was in a pub, club or restaurant where alcohol was for sale. Older children who used vending machines were more likely to use them in places where alcohol was for sale (83% of 15 year olds compared with 54% of 11-13 year olds had done so the last time). In addition, girls were more likely than boys to have used a vending machine in licensed premises. **(Tables 5.15-5.17)**

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Prepared 27 November 2001

6 Drinking: Introduction

Jim Jamison, Ian Schagen and Peter Emery

6.1 Background

Although this series of surveys began in 1982, questions about alcoholic drinks did not feature in the questionnaire until 1990. The initial drinking content of the questionnaire consisted of a few questions about usual drinking behaviour, along with questions about the consumption of different types of drinks in the last seven days.

In 1996 the drinking section was expanded to ask more questions about general drinking behaviour and to add 'alcopops' (alcoholic lemonades, such as *Hooch*, and similar drinks) to the categories of drinks. In 2000, the definition of 'alcopops' was extended to include pre-mixed alcoholic drinks (such as *Bacardi Breezer*) and the examples given were updated.

One further question was added in 2000 on the specific days when alcohol had been drunk. However, since the 2000 survey questionnaire had to cover smoking, drinking and drug use and be completed within one school period, some of the general questions about drinking behaviour (such as where alcohol was usually drunk and who usually drank alcohol with) were omitted.

6.2 Self-reported alcohol consumption

The section on drinking begins by asking the pupils if they have 'ever had a proper alcoholic drink a whole drink, not just a sip'. The section starts with this question so that those who have drunk alcohol are directed to more detailed questions while those who have not can be directed to the next section. In 2000, two fifths of the sample said that they had never had a proper alcoholic drink (a repeat of the 1998 and 1999 figures) and 3% said that they had done so but did not drink at all now, compared with 4% in both 1998 and 1999.

The range of alcoholic drinks available to young people continues to grow but it would be impractical to include every type of drink individually in this survey. Pupils who had drunk alcohol in the last seven days were asked how much they had drunk of different types of drink (not counting drinks labelled as low alcohol) and their answers were converted into units. Pupils were asked about the following types of drink:

- Beer, lager and cider
- Shandy
- Wine
- Martini and sherry
- Spirits and liqueurs
- 'Alcopops' and pre-mixed alcoholic drinks

A unit of alcohol is 8 grams by weight or 1cl (10ml) by volume of pure alcohol. This is the approximate amount contained in half a pint of ordinary strength beer or lager (4% alcohol by volume), a single pub measure of spirits (25ml), a small glass of ordinary strength wine (9% alcohol by volume), or a single pub measure of sherry or fortified wine. The following table shows how measures of each type of drink were converted into units of alcohol.

Type of drink	Measure	Units of alcohol
Beer, lager or cider	Pint	2
	Large can	1.5
	Half pint, small can or bottle	1
	Less than half a pint	0.5

Shandy	Pint	1
	Large can	0.75
	Half pint, small can or bottle	0.5
	Less than half a pint	0.25
Wine, fortified wine or spirits	Glass	1
	Less than a glass	0.5
Alcopops	Can or bottle	1
	Less than a bottle	0.5

In defining the number of units drunk, the alcoholic strength and volume measures of drinks are assumed to be the same such that for example a pint of beer is defined as 2 units of alcohol regardless of the brand of beer, and a glass of wine is defined as 1 unit regardless of the size of the glass. It would be impractical to collect very accurate information on strength and volume in this type of survey. Hence, total alcohol consumption is estimated using a set of consistent assumptions, which nevertheless clearly imply a degree of approximation in these measurements.

Previous research¹ has found that if variation in alcoholic strength were taken into account, consumption of those aged 16-24 increased by about one fifth for young men and one tenth for young women. While that age group drinks more than those aged 11-15, the types of drink consumed may be similar and the alcohol consumption of those covered by this survey is likely to be underestimated for the same reason.

As discussed in Chapter 1, it may be reasonable to assume that young people are unlikely to deny the fact that they drink alcohol. There may, however, be some uncertainty about the accuracy of reported levels of consumption and under-reporting may be a real possibility. People responding to surveys may underestimate how much they drink, for a variety of reasons, including forgetfulness. Also, when developing the questionnaire, a balance had to be sought between the need to collect detailed information and the practicality of keeping the questionnaire straightforward so that pupils could complete it as reliably as possible.

Notes and references

1 Goddard E (1991) *Drinking in England and Wales in the late 1980s*. HMSO, London.

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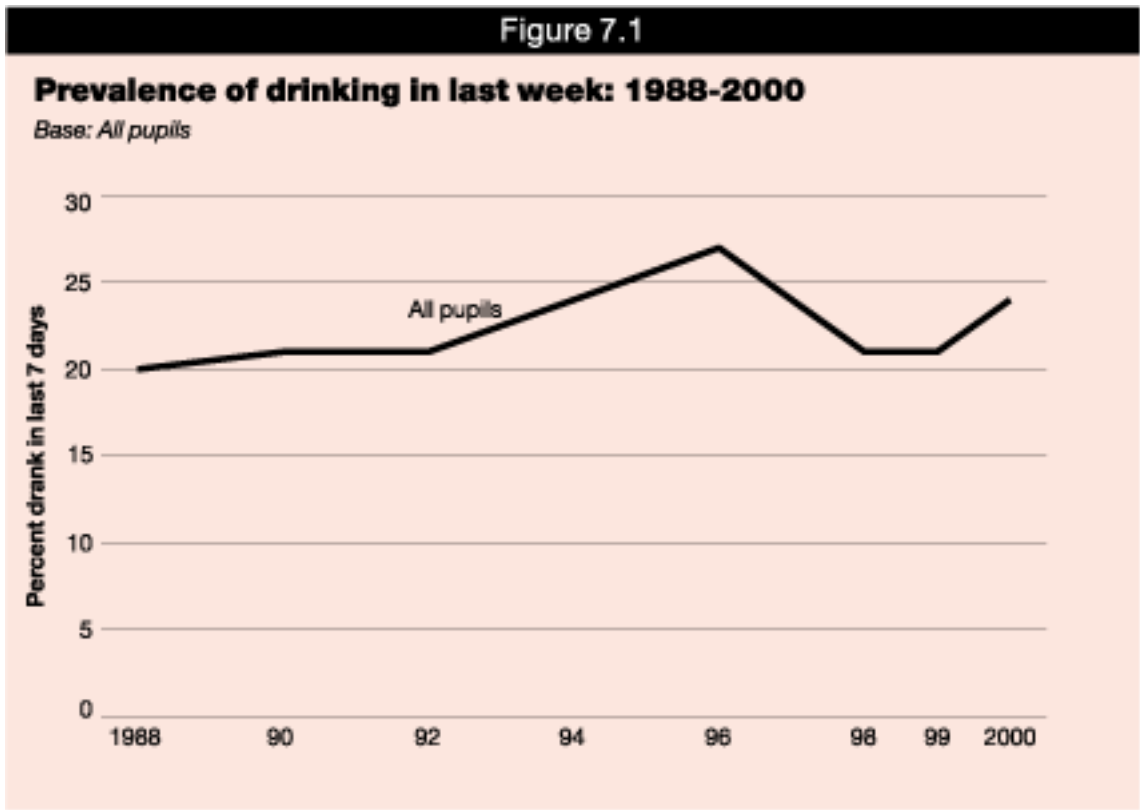
7 Drinking in the previous week

Jim Jamison, Ian Schagen and Peter Emery

7.1 Prevalence of drinking

Pupils who had ever drunk alcohol were asked if they had had an alcoholic drink in the last seven days. In 2000, 24% of the total sample of young people aged 11-15 in England said that they had. The proportion of pupils who had drunk in the last week has fluctuated between 20% and 27% since the question was first introduced in 1988, with no sustained increase or decrease over time.

In most previous surveys, boys have been more likely to have had a drink in the previous week than girls, although the gap between boys and girls has fluctuated over time. In 2000, there was no significant difference between the proportions of girls and boys who had drunk in the previous week. (Table 7.1, Figures 7.1, 7.2)



As in previous surveys, the proportions drinking in the last week increased sharply with age. Only 5% of those aged 11 had had a drink in the last week, but this increased greatly by age 14 and by age 15. One half (49%) of 15 year olds and a third (32%) of 14 year olds had drunk in the last week. Fifteen year old boys were more likely than 15 year old girls to have drunk in the last week (52% compared with 46%). (Table 7.2, Figure 7.3)

7.2 Drinking days in the last week

In 1998, those who drank in the last week were asked for the first time to indicate on which days in the last week they had had a drink. In 2000, 86% had drunk only on one or two days, while a very small proportion (3%) had done so on five or more days. Even among 15 year old drinkers, over 80% had drunk on no more than two days and usually only on one. As in 1998, weekends were the most popular times for drinking. Of those who had had a

Figure 7.2

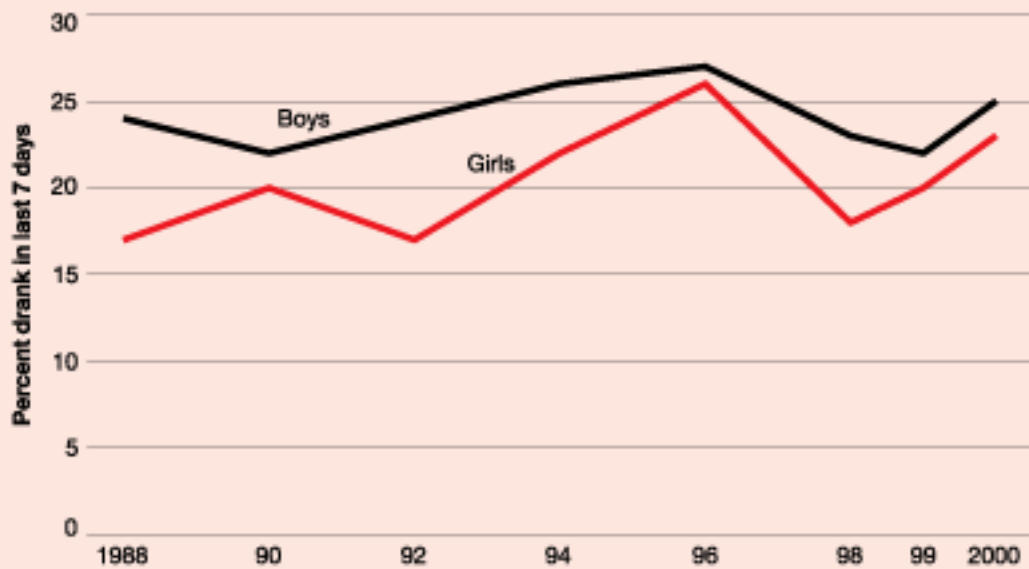
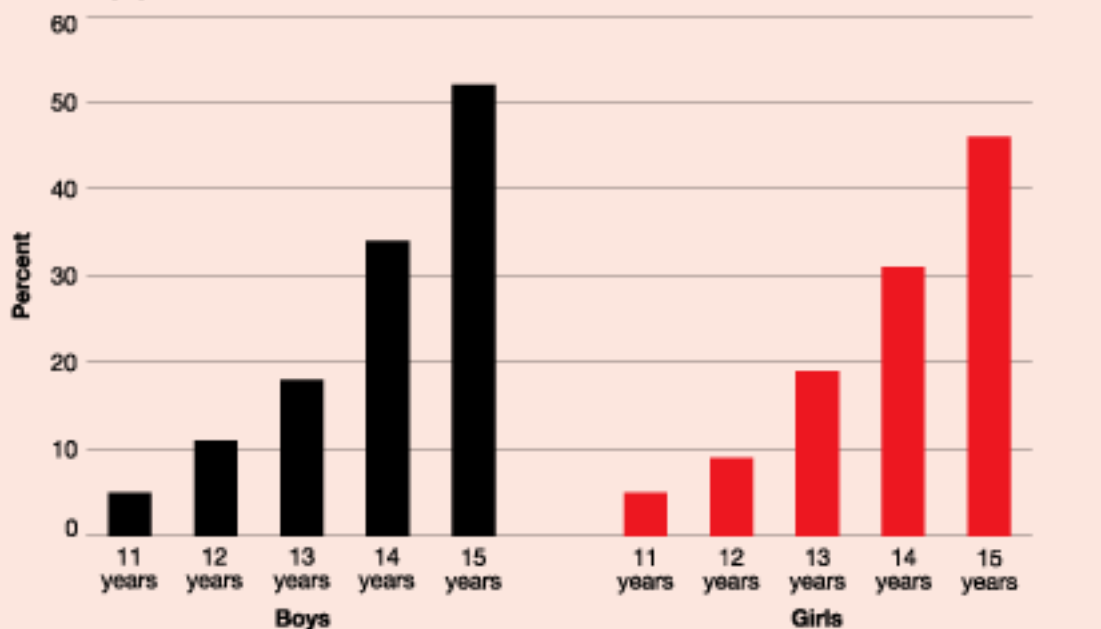
Prevalence of drinking in last week, by sex: 1988-2000*Base: All pupils*

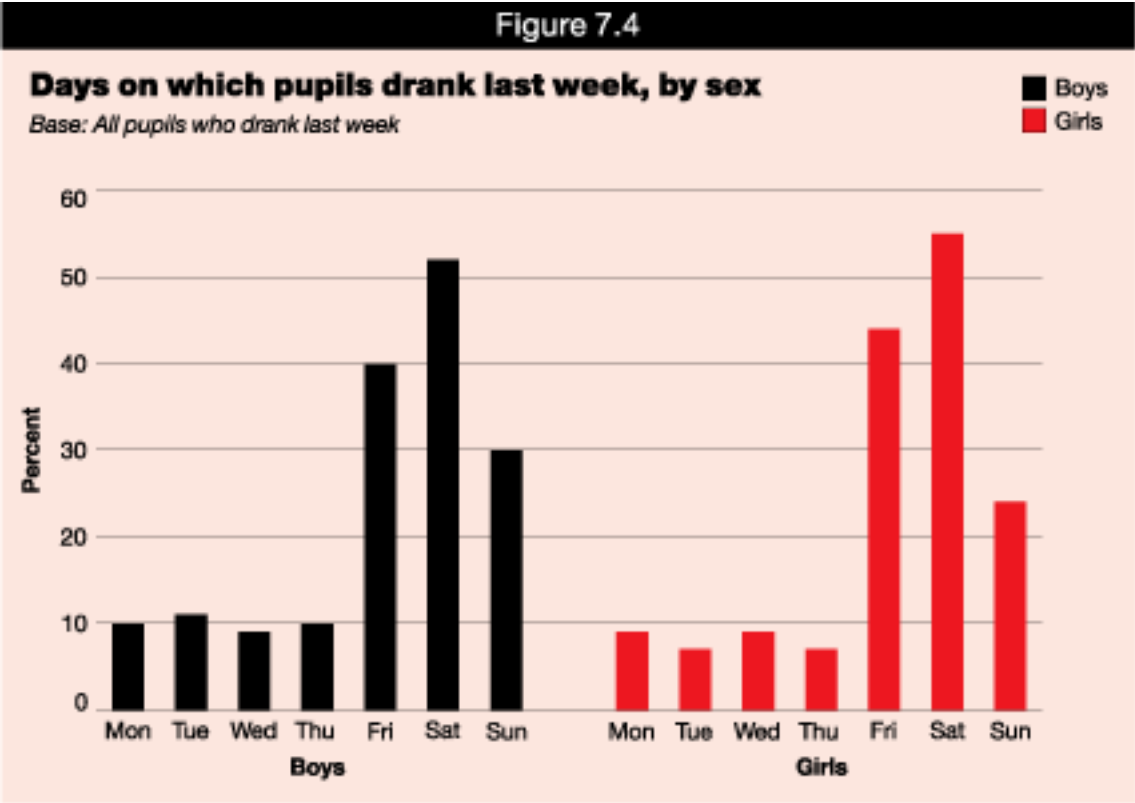
Figure 7.3

Percentage of pupils who drank alcohol last week, by sex and age*Base: All pupils*

drink in the past seven days, 42% had done so on Friday, 54% on Saturday and 27% on Sunday. There was very little variation in the proportions of drinkers in each age group who drank on weekdays, but weekend drinking varies by age. The proportion of drinkers in the last week who drank on Friday increased with age, from 18% of pupils aged 11-12 to 50% of aged 15. There was a less marked but similar difference with Saturday drinking, with 46% of drinkers in the youngest age group drinking on a Saturday compared with 60% of the oldest age group. (Tables 7.3-7.6, Figure 7.4)

7.3 Alcohol consumption

The rest of the analysis in this chapter mainly focuses on those who reported having drunk alcohol during the week before the survey that is, 24% of the sample of 11-15 year olds. The information given is representative of what this age group drinks as a whole in a typical week, but is not a measure of what all pupils usually drink. This is because not all less frequent drinkers (who tend to be younger) would be asked the detailed questions about their drinking in the last week.



7.4 **Average weekly alcohol consumption per drinker**

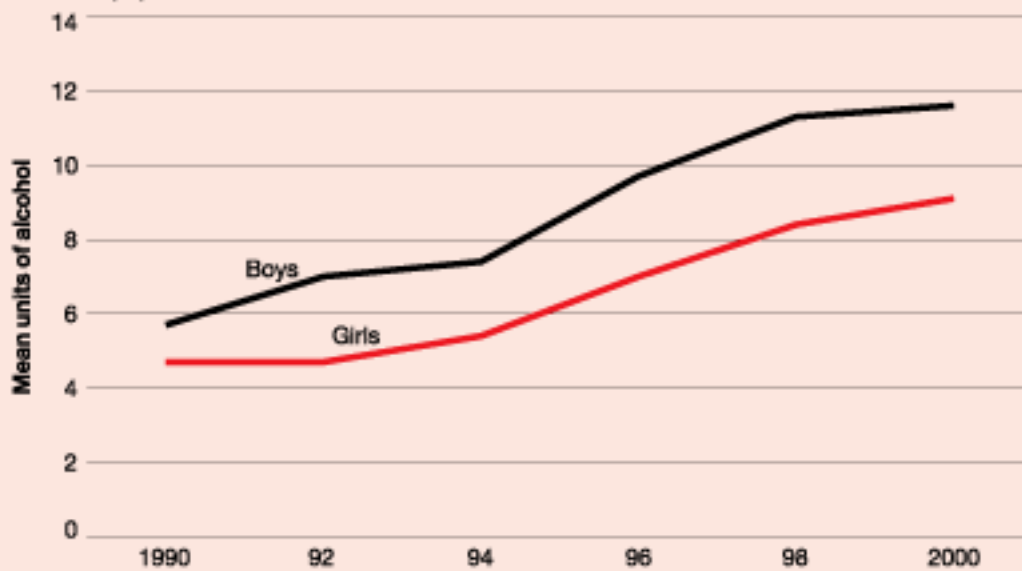
Pupils were asked how much alcohol they had drunk in the previous seven days. Although the proportion of pupils who drank in the previous week had fluctuated over time, there had been a clear increase in the amount of alcohol drunk by those who do drink. In 1990, pupils who drank consumed an estimated 5.3 units of alcohol in the past week, which had nearly doubled to 10.4 units in 2000. This magnitude of increase in the amount drunk by those who had drunk in the last seven days was found among both boys (5.7 units of alcohol in 1990, 11.6 in 2000) and girls (4.7 units in 1990, 9.1 in 2000).

Older pupils who drank, tended to drink more than their younger counterparts. Pupils aged 11-13 who drank in the last week averaged 6.4 units, while for 15 year old pupils' average consumption was twice this amount (12.8 units). The amount of alcohol drunk by those who had drunk in the previous week had nearly doubled between 1990 and 2000 for all age groups. (Tables 7.7-7.9, Figure 7.5)

Figure 7.5

Mean alcohol consumption (units): in last week, by sex: 1990-2000

Base: All pupils who drank last week



7.5 Types of drink

As well as questions about beer, wine and spirits, the 2000 survey repeated questions included in 1996 and 1998 about 'alcopops' alcoholic 'soft' drinks (such as Hooch) and pre-mixed alcoholic drinks (such as Bacardi Breezer and Smirnoff Ice) that were first available in 1995. The definition of 'alcopops' was extended for the 2000 survey to include examples of contemporary brands, particularly newly popular pre-mixed drinks.

Three quarters of drinkers, though somewhat more boys and fewer girls, had drunk beer, lager or cider in the last seven days. Around six in ten had drunk 'alcopops' and a similar proportion spirits, though these drinks were a little more popular among girls than boys. Wine drinking, too, was more common among girls (52%) than boys (38%). Drinking of shandy and fortified wine were each reported by a fifth of drinkers.

When we consider the consumption of types of alcohol by those drinking in the past week in the past ten years several features emerge:

- Among drinkers, prevalence of drinking beer, lager, cider, wine and fortified wine have all remained fairly steady over the period.
- Prevalence of drinking spirits has risen substantially from 35% of drinkers in 1990 to 59% in 2000.
- Among drinkers, prevalence of drinking shandy has decreased from 31% in 1990 to 20% in 2000.

In 1996 and 2000, around three fifths of pupils who had drunk in the last week reported drinking of 'alcopops'. In 1998, the equivalent proportion was around two fifths, which may have reflected the impact of changing fashions for these types of drink and, perhaps, non-inclusion of emerging new brands in the 1998 survey. It could also be explained due to the introduction of a voluntary code on the naming, packaging and merchandising of alcoholic drinks by the Portman Group (drinks industry body) in 1996, in response to criticism of the growing 'alcopop' market. This may have made certain 'alcopops' less appealing to children. In addition, the price of 'alcopops' was increased from January 1997 as a result of Budget measures, perhaps making them less affordable for many pupils. (**Table 7.10**)

The types of drinks that pupils had drunk varied by age. Spirits and 'alcopops' were more likely to have been drunk by older pupils than younger ones, while the converse was the case for shandy and wine. There was no relationship between beer, lager or cider and age, nor was there for fortified wine. (**Table 7.11**)

Pupils were also asked whether they usually drank normal strength or strong beer, lager or cider. Seventy per cent of those who had drunk alcohol in the past week indicated that they drank normal strength brands and 30%

that they drank strong brands. The strength of beer normally drunk did not vary by age. Those who usually drank strong beer drank a greater amount of alcohol than those who usually drank normal strength beer, even without allowing for the extra alcohol in the higher strength brands - strong beer drinkers averaged 5.9 pints of beer in the last week compared with 3.6 pints for normal strength beer drinkers.

(Table 7.12)

7.6 Alcohol consumption of different types of drink

Overall levels of consumption among drinkers had increased from 5.3 units of alcohol in the last week in 1990 and 6.0 in 1992 to 10.4 in 2000. Consumption figures for individual drinks are not available for 1990, but it is possible to see changes in consumption of different types of drinks between 1992 and 2000. Although overall consumption has increased, there was no difference in the amount of shandy, wine or fortified wine drunk by pupils who drank in the previous week. Consumption of beer, lager or cider increased from 3.7 units in 1992 to 4.7 units in 2000, and drinking of spirits had more than doubled over time from 0.8 units in 1992 to 1.9 units in 2000. 'Alcopops' were first available in 1995 and consumption was first measured in 1996 at 1.4 units of alcohol among drinkers in the last week, and in 2000 the equivalent figure was 2.3 units. **(Table 7.13)**

Among pupils who drank, there was no difference between boys and girls in the amount of shandy, fortified wine, spirits or 'alcopops' drunk in the last week. However, boys drank more beer, lager or cider (6.3 units) than girls (2.9 units), whereas girls drank more wine 1.4 units compared with 0.7 units among boys who drank. **(Table 7.14)**

In order to assess the impact of 'alcopops' it is necessary to look at trends in consumption of other drinks since alcopops were first introduced in 1996:

- The proportion drinking in the last week was lower in 2000 than in 1996.
- The proportion of those who drank in the last week who drank different types of drinks has remained stable between 1996 and 2000 for all types of drinks except spirits and fortified wines which have shown an increase.
- The amount of each type of drink drunk in the last week has remained stable, apart from spirits where the amount drunk has increased.

The introduction of alcopops to the market does not seem to have affected the number of pupils who drink but it has contributed to the increase in the total amount drunk by drinkers. Furthermore, it seems to be an extra type of drink that pupils can choose to drink, as its introduction has not resulted in a decrease in the amount of any other types of drink that were drunk. **(Table 7.14)**

An alternative way of looking at consumption is to look at the total consumption accounted for by different types of drink (for the purposes of this analysis shandy was included in with beer, lager and cider, and wine and fortified wine were combined). Among boys consumption is dominated by beer, lager, cider and shandy which account for 57% of alcohol units drunk by boys. Beers also accounted for more of the overall consumption for girls than other drinks, although not to the same extent as these drinks did for boys. A third (33%) of the alcohol drunk by girls in the last week was beer, lager or cider; 'alcopops' accounted for 26%, spirits 22% and wine and fortified wine 19%. **(Figure 7.6)**

Figure 7.6

Alcohol consumption of each type of drink as a percentage of the total, by sex

Base: All pupils who drank last week

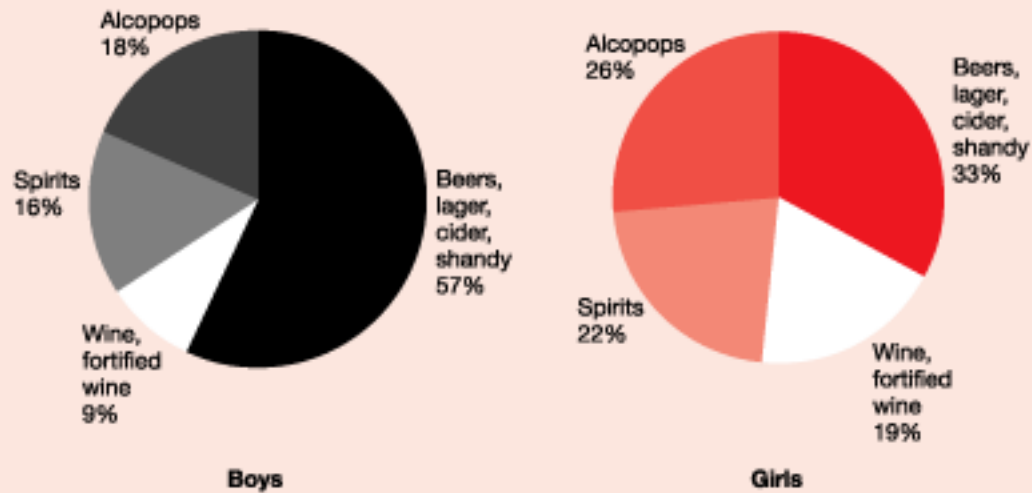


Table 7.1
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Prepared 27 November 2001

8 Usual drinking behaviour

Jim Jamison and Ian Schagen

8.1 Introduction

All of the pupils who said that they had ever had a proper alcoholic drink were asked how often they usually drank alcohol, when they last drank alcohol, and from where they usually buy their alcohol. It should be borne in mind that some children in this age group will not have regular settled patterns of behaviour and some may have found the questions difficult to answer.

8.2 Usual drinking frequency

As reported in Chapter 7, two fifths of the whole sample had never had a 'proper alcoholic drink', but this is strongly related to age. Seventy six per cent of 11 year olds reported that they had never had an alcoholic drink, but this fell to just 14% among the 15 year old pupils.

Just under a fifth (18%) of 11-15 year olds said that they usually had an alcoholic drink at least weekly. In 1999, a similar proportion (17%) claimed to drink every week. This proportion appears to have remained fairly stable in recent years, as in 1998 the figure was 16% and in 1996 it was 20%. Of course many more 15 year olds four in ten drink weekly, including a small but significant proportion (5%) of 15 year old boys who claim to drink almost every day.¹

The proportion of boys reporting that they drink at least weekly has been consistently higher than that of girls. In 2000 this difference remained, with 19% of boys and 17% of girls usually having an alcoholic drink at least once a week. (**Tables 8.1, 8.2**)

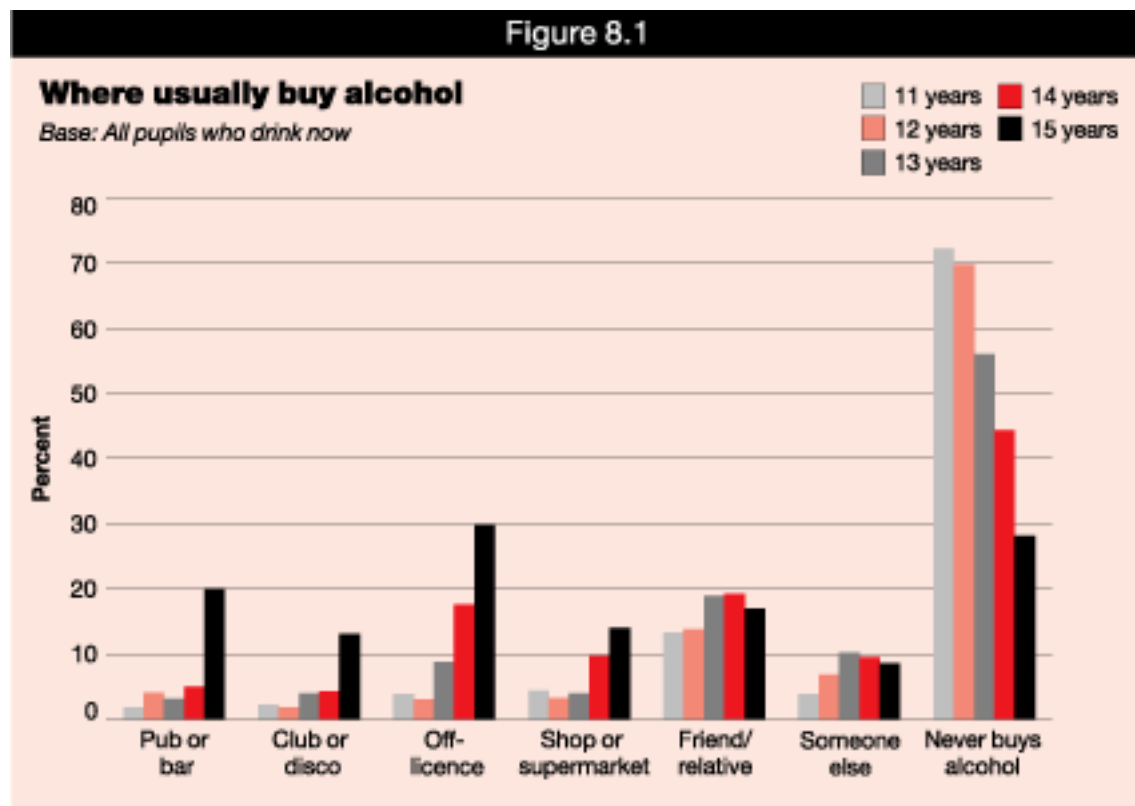
8.3 Buying alcohol

Pupils who had ever had an alcoholic drink were asked to indicate where they usually bought alcohol and were given a list of five named sources to tick, a sixth category 'from someone else' and a final category of 'I never buy alcohol'. Just under half (46%) ticked this final category. This repeats the finding from the 1996, 1998 and 1999 surveys that one in two of the pupils who had ever had a drink had never actually bought alcohol.

Those who did buy alcohol most commonly did so from friends or relatives (17%) and off-licences (17%). In recent years, there appears to have been a notable shift towards buying from friends and relatives and away from purchasing in off-licences. However, it is not possible to tell whether alcohol purchased by friends or relatives was done so legitimately (by an older relative or friend to bypass the underage sales legislation), or whether the alcohol was smuggled illegally. Prevalence of purchasing from an off-licence fell from 27% in 1996 to 17% in 2000, in contrast purchasing from friends or relatives increased from 9% in 1998 to 17% in 2000. Purchasing of alcohol from shops or supermarkets over this period has also declined: 13% having been reported in 1996, 10% in 1998, 12% in 1999, with a decline to 9% in 2000. Reported purchases from a pub or bar (9%), from a club or disco (7%) and from 'somewhere else' (8%) have remained fairly consistent over the past four surveys.

The 2000 survey confirms that a minority of 11 and 12 year olds are able to buy alcohol at shops and licenced premises. The numbers doing so expand rapidly in the early teenage years. By the age of 15, three pupils in ten were buying alcohol from off-licences and two in 10 were being served in pubs or bars. (**Tables 8.3, 8.4, Figure 8.1**)

Figure 8.1



As in previous years, the less frequent drinkers were more likely than the more frequent drinkers to report that they never bought alcohol. Forty one per cent of 15 year olds who drank less than once a week never bought alcohol compared with only 13% of those who drank at least once a week. Purchasing from official outlets was higher among frequent drinkers than among less frequent, but there was no difference in the proportions of frequent versus less frequent drinkers who bought alcohol from friends or relatives or from someone else. (Table 8.5)

Notes and references

1 In the 2000 survey, 8% reported that they usually had a drink about once a fortnight and 9% indicated once a month. If the fortnightly figure is halved and the monthly divided by four and then these figures are added to the 18% who usually drink each week, this produces an estimate of 24% for the percentage expected to be have an alcoholic drink in any given week. This figure matches the 24% who said that they had a drink during the week prior to the survey (see previous Chapter), underlining that in any one week about a quarter of 11-15 year olds drink alcohol.

Table 8.1
Table 8.2
Table 8.3
Table 8.4
Table 8.5

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9 Drug use: Introduction

Jim Jamison and Ian Schagen

9.1 The Policy Context

The government published a ten-year strategy to tackle drug use in 1998,¹ which included the following Key Performance Targets:

'To reduce the proportion of people under the age of 25 reporting the use of Class A drugs by 25 per cent by 2005 (and by 50 per cent by 2008).'

'To reduce the availability of Class A drugs by 25 per cent by 2005 (and by 50 per cent by 2008).'

This survey measures the proportion of children aged 11-15 who have been offered drugs and who have used drugs, and thus contributes to the monitoring of these targets.

9.2 Obtaining information about drug use

This survey first gathered national information on drug use among young teenagers in 1998. The 1999 survey provided more detailed information on drug use, as well as children's experience and awareness of drug issues (although some limited information on solvent abuse was provided by the 1994 survey).

The questions on drugs continue to be developed from year to year. The main changes to the questions are not so extensive as to preclude comparisons with previous surveys. However, tables comparing drug use in 2000 with drug use in previous years should be read with more caution than is necessary for similar tables of smoking and drinking data.²

9.3 Groupings of drugs in analysis

Some tables provide data on pupils' knowledge or experience involving specific drugs. Within these tables, certain sets of drugs which have a similar chemical effect can logically be grouped together. The groupings used are as follows:

- Stimulants: cocaine, crack, ecstasy, amphetamines, poppers
- Psychedelics: LSD, magic mushrooms
- Opiates: heroin, methadone

9.4 Definition of Class A drugs

Table 9.1 lists the specific drugs that pupils were asked about in this survey, and indicates their classification under the Misuse of Drugs Act. This divides controlled drugs into three categories according to their harmfulness: Class A drugs are considered to cause the most harm. (**Table 9.1**)

This report includes prevalence of use of Class A drugs, although the following points need to be borne in mind about the definition of use of Class A drugs:

- The classification of certain drugs depends on the method of delivery used. For example, amphetamines are a Class B drug if taken orally and a Class A drug if injected. Therefore, we cannot state whether the amphetamine use reported in the survey should be reported as 'Class A' or 'Class B'.
- The Class A drugs mentioned in the survey (amphetamines when injected, ecstasy, cocaine, crack, heroin, LSD, magic mushrooms, methadone) are not an exhaustive list of Class A drugs.

Notes and references

1 *Tackling drugs to build a better Britain*, Cm 3945, The Stationery Office (1998).

2 In all three years of the survey, pupils have been asked to indicate on a list of drugs which, if any, they had heard of and which had been offered to them. In light of responses in 1998, the question structure was changed. In 1998 pupils had been asked to tick next to any and all the drugs that applied, whereas in 1999 (and 2000) they were asked to tick 'yes' or 'no' separately for each drug on the list. This change was designed to reduce the level of item non-response, since pupils would be less likely to overlook any drug if they had to go through the list systematically.

Pupils were also asked whether they had taken any of the drugs on the list, and if so, when was the last time they took each drug. To improve the accuracy of pupils' responses, the street names of each of the drugs were also included. To give some idea as to whether children were over-reporting their awareness of and use of drugs, a bogus substance called 'Semeron' was included in the list. In 1998, Semeron was also described as 'Bang' which is sometimes used as a street name for cannabis, and thus there was some confusion as to the true level of over-reporting in that year, although less than 0.5% use of Semeron was reported in 1998 and 1999 (Bang was removed from the list of street names for Semeron from 1999). Over-reporting of the use of cocaine is also possible in all years, since the street name for cocaine, 'Coke' may have been recognised by children (particularly the younger ones), who were actually thinking of cola drinks. Other amendments to street names have also been made since 1998 to reflect changes in the drug market.

When drawing comparisons over time, it is important to note two further changes to the survey. In 1998 one of the categories of drugs was 'Glue or Solvents', in 1999 an additional category of 'Gas (Butane, lighter refills)' was added, and then in 2000 the two categories were combined to become 'Gas, Aerosols, Glue and other solvents'.

In all years, pupils were given the opportunity to report having heard of, been offered or used 'other drugs' that were not named on the list. In 1998, details of these drugs were not obtained, so it was impossible to know whether pupils actually had an illegal drug in mind. In 1999 and 2000, pupils were asked to write in the names of these other drugs and sometimes these answers could be transferred back to an appropriate named drug on the list. Other drugs that were not relevant, such as prescription drugs or paracetamol could also be excluded. This change may explain why in 2000, there is less reporting of the use of 'other drugs' than in 1998.

Table 9.1

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10 Drug use

Jim Jamison, Ian Schagen and Peter Emery

10.1 Awareness of different drugs

In 2000, pupils had high levels of awareness of many drugs, though these levels were slightly below those found in 1999. In 2000, 8% reported that they had never heard of any of the drugs listed compared with just 4% in 1999.

On individual drugs cannabis (88%), cocaine (86%) and heroin (85%) had been heard of by very high proportions of pupils. Crack (76%) and ecstasy (70%) had been heard of by at least seven out of ten pupils, while awareness was a little lower for amphetamines (64%), magic mushrooms (64%), and LSD (59%). Poppers, methadone and anabolic steroids were the only drugs of which most pupils were unaware.

Awareness levels were very similar among boys and girls, although boys were more likely than girls to have heard of anabolic steroids, which may be due to the use of anabolic steroids in bodybuilding. **(Table 10.1)**

Awareness of every type of drug increases with age. Yet even at age 11 there were high levels of awareness of cannabis (76%), cocaine (76%) and heroin (74%). There was much less awareness of ecstasy and amphetamines at this age, but with age more and more pupils had heard of these drugs. Indeed, by the age of 15 over 80% of pupils were aware of each of a wide range of drugs: cannabis, cocaine, crack, ecstasy, amphetamines, LSD, magic mushrooms and heroin. **(Table 10.2)**

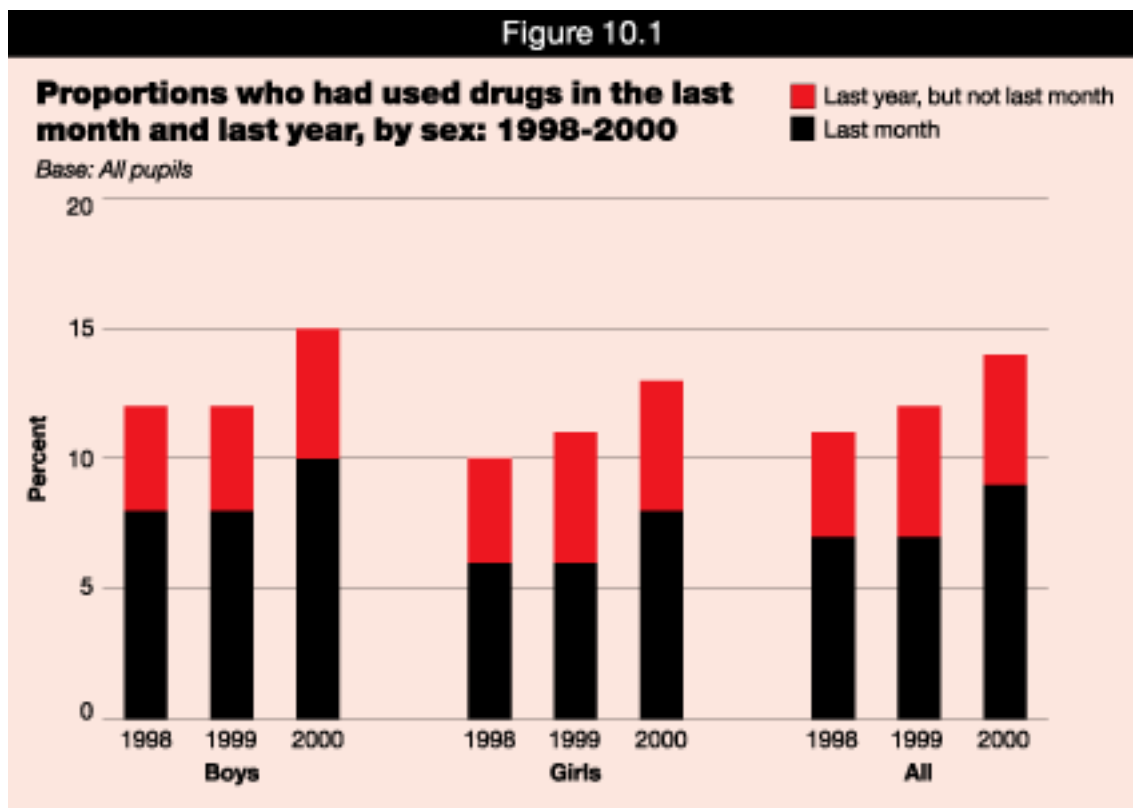
10.2 The types of drugs pupils have been offered

In both 1999 and 2000, just over a third of the pupils surveyed had been offered at least one of the listed drugs. Cannabis (28%) had been offered to substantially more pupils than any other drug. Indeed, apart from gas, aerosols, glue and other solvents (13%), no other drug had been offered to more than 8% of pupils. However, at least one pupil in six had been offered a drug in the 'stimulants' category. Boys were marginally more likely to be offered drugs than girls (38% and 34% respectively), which was a pattern that had also been seen in 1998 and 1999.

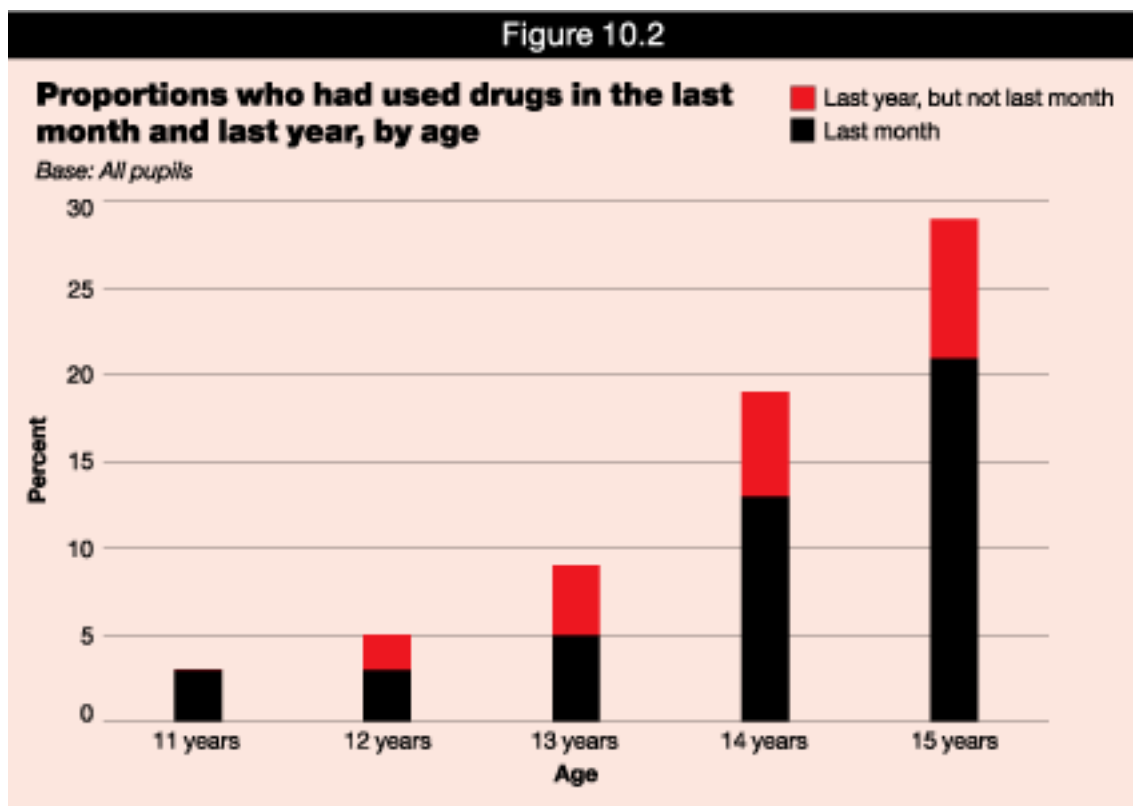
Older children were much more likely to have been offered drugs than younger children. Over half of 15 year olds (56%) had been offered cannabis compared to 6% of 11 year olds, and one third (32%) had been offered at least one stimulant, compared to 7% of 11 year olds. **(Tables 10.3, 10.4)**

10.3 Prevalence of drug use

In 2000, around one pupil in six (16%) reported that they had ever used one or more drugs, 14% had used drugs in the past year and 9% had taken drugs in the last month. The 2000 figures for drug use were marginally above those recorded in the previous two years – use of drugs in the last month had increased from 7% in 1998 to 9% in 2000, and use of drugs in the last year increased from 11% to 14% over the same period. All three surveys have shown the rate of drug use among boys to be a couple of percentage points above that among girls.¹ **(Table 10.5, Figure 10.1)**



There was a steep increase with age in the proportions of young people who had taken drugs in the last month and in the last year. Three per cent of 11 year olds had taken drugs in the last month compared with 21% of 15 year olds, and the age gradient was even steeper for the use of drugs in the last year 3% of 11 year olds compared with 29% of 15 year olds. (Table 10.5, Figure 10.2)

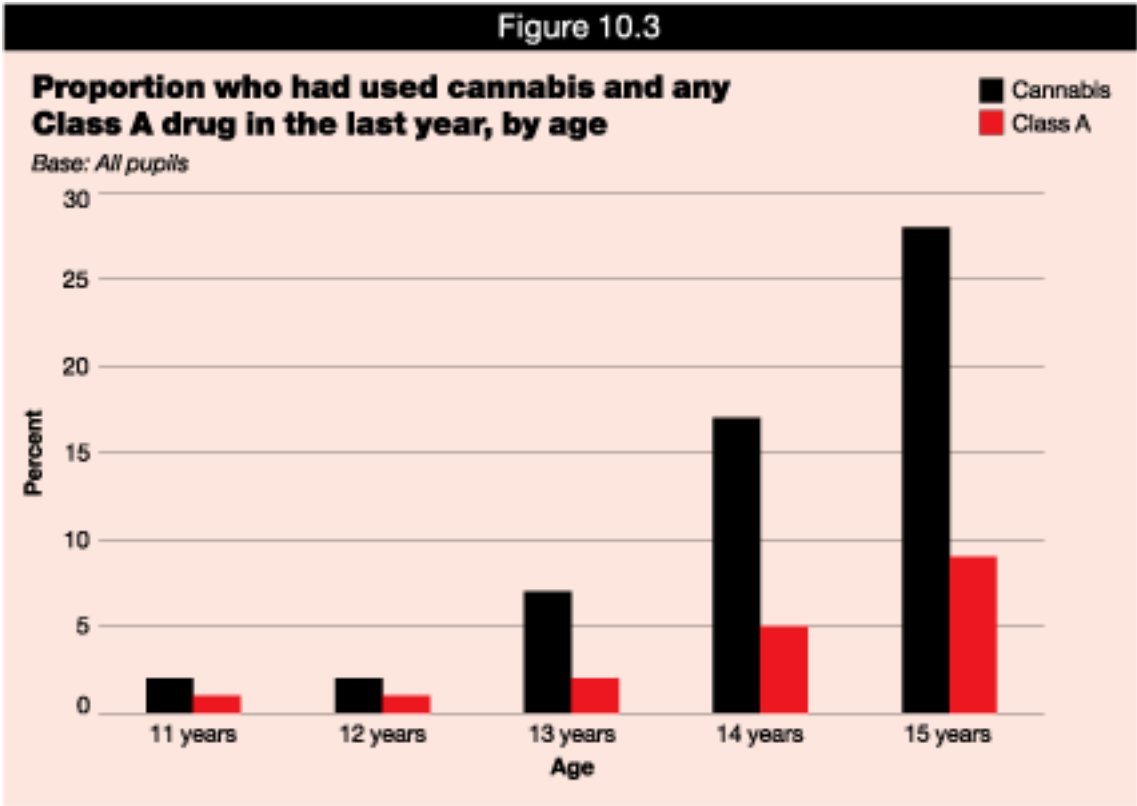


10.4 Types of drug used in the last year

Cannabis was by far the most widely used drug. Twelve per cent reported use of this drug in the last year (compared with 14% reporting the use of any drug in the last year). Every other individual drug had been used by no more than 3% in the last year, with a total of 4% using any Class A drug.

However, by age 15 29% had used at least one drug in the last twelve months, nearly all of whom had used cannabis (compared to 3% of 11 year olds reporting the use of any drug in the last year). Nine per cent of 15 year olds had used at least one Class A drug, though use of cocaine and heroin was 2% and 1% respectively. Between the ages of 11 and 15, use of cannabis increases much more quickly with age than does use of Class A drugs.

Young people from an Asian background were only about half as likely to have used drugs as their counterparts in other ethnic groups. (Tables 10.7, 10.8, Figure 10.3)



Notes and references

1 The questions about last use of drugs were asked in a grid format (see questionnaire in Appendix C). In calculating whether drugs had been used in the last month, some cases were excluded from the analysis if they met the following criteria at least one row of the grid incomplete, and among rows that had been completed, none of these drugs had been taken in the last month. A similar system was used to calculate use of drugs in the past year and any use of drugs. There are alternative methods of dealing with cases with non-complete rows, such as assuming that non-completed rows are because pupils have never taken that particular drug. This alternative method would result in slightly lower figures of drug use.

- Table 10.1
- Table 10.2
- Table 10.3
- Table 10.4
- Table 10.5
- Table 10.6
- Table 10.7
- Table 10.8
- Table 10.9

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11 Health education

Jim Jamison and Ian Schagen

11.1 Introduction

Questions about the content of health education lessons in the last 12 months were first asked of pupils in the 1986 and 1988 surveys. These questions were not included in the 1990 or 1992 surveys, but were re-introduced in 1994 and have been included on every survey since then. The 2000 survey covers lessons on smoking, drinking and drug use, although other survey years have covered a wider range of health related issues.¹

In 1994 as well as being asked about drugs in general, for the first time pupils were also asked about whether they remembered any lessons covering solvent abuse. From 1996 pupils were asked about lessons covering the specific drugs heroin, crack or cocaine and ecstasy. The 2000 survey repeated these questions. Specifically, pupils were asked whether they remembered having any health education lessons in the last 12 months for each of seven different topics:

- Smoking
- Alcohol
- Heroin
- Crack or cocaine
- Solvent abuse/glue sniffing
- Ecstasy
- Drugs in general

It should be noted that, as in previous years, pupils completed questionnaires in the autumn term. Thus these questions about lessons in the last 12 months would refer predominantly to the previous school year, and that for year 7 pupils this would cover the time when they would have been at primary school.

11.2 Health education lessons in the last year

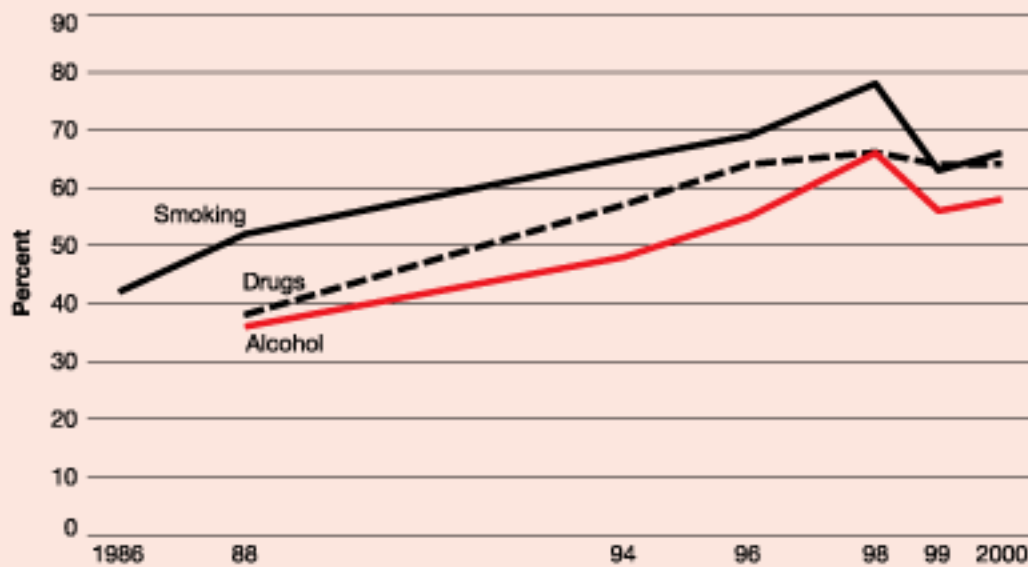
The proportion of pupils who remembered having lessons on smoking in the last 12 months had increased from 42% in 1986 to a peak of 78% in 1998 and in 2000 stood at 66%. Recall of lessons about alcohol followed a similar pattern with 36% of pupils remembering a lesson about alcohol in 1988, 66% in 1998 and 58% in 2000. Lessons about drugs in general were remembered by 38% of pupils in 1988; this increased to 64% in 1996 and has remained around this level since then. (**Table 11.1, Figure 11.1**)

Pupils who remembered having lessons about either smoking, drinking or drugs were more likely to remember having had lessons about all three of these topics than just having had lessons on one or two of these topics. It is possible that the reason pupils were more likely to recall all three topics may be because the topics are taught together in the same lesson, but it is not possible to tell whether this was the case as this information was not collected as part of the survey.

Figure 11.1

Proportions remembering topics of health education lessons: 1986-2000

Base: All pupils



Number of different topic lessons remembered

	%
None	24
One	12
Two	16
All three of smoking, drinking, drugs	48
Base	6986

In addition to being asked about recall of lessons about drugs in general, since 1996 pupils have also been asked whether they remember having lessons covering specific drugs. In 2000, lessons about solvents were remembered by a third of pupils (33%), while lessons about heroin, crack or cocaine, and ecstasy were each recalled by around a quarter (25% to 27%). Recall of lessons related to specific drugs fell between 1999 and 2000 for all these four topics, having been fairly constant between 1996 and 1999. (**Table 11.1**)

The same proportions of boys and girls remembered lessons on the topics listed. Older pupils were more likely than younger ones to report having received lessons on the various topics. (**Tables 11.2, 11.3**)

11.3 The association between health education and behaviour

There are two opposing views about the effects of lessons about smoking, drinking or drug use on pupils' behaviour. One view is that if pupils receive lessons about smoking, drinking or drug use, then this may encourage pupils to experiment, rather than dissuade them from trying cigarettes, alcohol or drugs. The alternative view is that ignorance of the effects of smoking, drinking and drug use results in experimentation without understanding what the consequences might be. In theory, an analysis of prevalence of smoking, drinking and use of drugs by whether pupils remembered having lessons about these particular topics would determine whether there was any support for either of these hypotheses. However, there is the complicating factor of age older children are more likely to remember having lessons on these topics, and older children are more likely to smoke, drink or use drugs. Thus any relationship could be as a result of age differences rather than exposure to topics as part of lessons. This potential confounding effect can be counteracted by standardising to ensure that school year profile (that is, the proportions in each school year) among pupils who remembered having lessons on these topics is the same as the school year profile among those who did not remember having lessons.

There was no significant difference between the prevalence of regular smoking for pupils who remembered lessons about smoking compared to those who did not. Similarly there was also no difference for prevalence of drinking in the last week, or ever trying drugs. The survey asks only whether pupils remembered lessons on

these topics, and does not take into account other factors such as frequency and quality of lessons. With this caveat in mind, the findings of this survey do not support the view that having lessons about smoking, drinking or drug use encourages these behaviours, but neither is there any indication that lessons discourage them. (Tables 11.4-11.6)

11.4 Schools' smoking policies

In each school involved in the survey, a member of staff was asked about the school's smoking policy and the action that would be taken if pupils were found smoking, drinking alcohol or taking illegal drugs on the premises. A question was also asked about action taken should a pupil be clearly under the influence of alcohol or illegal drugs in school. Replies were received from 218 out of the 225 schools who took part in the survey. The relationship between schools' policies on smoking, drinking and drug use and whether pupils smoke, drink or take drugs is examined in Chapter 13.

Smoking policies for adults

The vast majority of schools (93%) had smoking policies of some kind, covering smoking by adults teaching staff, non-teaching staff and adult visitors. Responsibility for deciding the smoking policy of the school usually lay with the governors (75%), headteachers (68%) and to a lesser extent the Local Education Authority (25%). Pupils, mentioned by 11% of the schools, were more likely to have some say than parents, mentioned by 6%.

Half the schools (53%) did not allow adults to smoke anywhere on school premises. Half the schools allowed some smoking around a third allowed smoking outside schools buildings, and a third allowed smoking by adults in certain areas in the buildings (normally in specially designated rooms). In less than one school in ten smoking was allowed in staffrooms or private offices.

In 88% of the schools smoking by adults was prohibited in front of pupils at any time in school hours. The same proportion (88%) reported that the smoking policy applied at all times, not just during school hours.

Smoking, drinking and drug use policies for pupils

The most common action that would be taken by schools if pupils were found smoking, drinking, taking drugs or under the influence of drink or drugs would be to send a letter home. This action would be taken by between 79% and 88% of schools in each of these circumstances. Other actions that would be taken varied depending on what pupils had been found doing.

Schools tended to be more lenient if pupils were found smoking than if they were found drinking or taking drugs. Seventy eight per cent of schools would give the pupil a verbal warning if they were found smoking on school premises and 60% would put a note on the pupil's record. Far fewer schools would refer pupils to a counsellor (14%) or exclude repeat offenders (28%).

If pupils were found drinking alcohol on school premises, verbal warnings (66%) and a note on the pupils record (74%) would still be the more prevalent actions with similar proportions of schools taking these actions as for smoking. In contrast to smoking however, pupils found drinking repeatedly would be more likely to be referred to a counsellor (36%) or excluded (58%).

Actions taken against pupils who were found taking drugs on school premises would be more severe. Sixty nine percent of schools would consider excluding persistent offenders, which is higher than for pupils caught smoking or drinking. The same proportion of schools would put a note on the pupil's record. Schools would also be much more likely to refer a pupil to counselling (63%), than if they were found smoking or drinking. Although a substantial proportion (56%) would still give a verbal warning, this is lower than for smoking or drinking.

Action taken against pupils who were clearly under the influence of drink or drugs (but who were not caught taking either) most closely reflected actions that would be taken if pupils were found taking drugs, except that the proportions of schools who would refer the pupil to a counsellor (51%) or exclude repeat offenders (48%) were lower.

Notes and references

1 When the questions were first introduced in 1986, smoking was asked as a separate category, but drugs in general and alcohol were asked as a combined category. Drugs in general and alcohol were split into separate categories from 1988 onwards.

Table 11.2
Table 11.3
Table 11.4
Table 11.5
Table 11.6

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Prepared 27 November 2001

12 Smoking, drinking and drug use

Jim Jamison, Ian Schagen, Peter Emery and Richard Boreham

12.1 Introduction

Previous chapters in this report have looked at the individual patterns of use of cigarettes, alcohol and drugs. To summarise, smoking, drinking and use of drugs all increased substantially with age. In addition girls were more likely than boys to smoke, whereas boys were more likely than girls to take drugs. In 2000, there was no difference in the proportion of boys or girls who drank alcohol in the past week, although historically boys had been more likely than girls to do so, and a higher proportion of boys than girls said that they usually drank at least once a week. This chapter investigates the relationship between each of these behaviours.

12.2 Smoking and drinking

Smoking and drinking were highly inter-related. Pupils who drank were more likely to be regular smokers 33% of pupils who usually drank every week were regular smokers, whereas only 1% of pupils who had never had a drink were regular smokers. Conversely, 57% of regular smokers drank every week compared with 6% of those who had never smoked. This appears to show that smokers were more likely also to drink, than drinkers were to smoke. However this is an artefact caused by the fact that a higher proportion of pupils drank (17%) than smoked (10%).

Among pupils who usually drink at least once a week, girls were more likely than boys to smoke regularly (41% compared with 26%), which is not unexpected, given that girls were more likely to smoke. (**Tables 12.1, 12.2**)

As smoking and drinking behaviour were both strongly related to age, it could be the case that the observed relationship is due to the fact that older pupils were more likely to smoke and drink than younger pupils. However among 15 year olds, those who smoked were more likely than non-smokers to drink at least once a week (67% and 20% respectively), and those who drank at least once a week were more likely than non-drinkers to smoke regularly (39% compared with 6% respectively). This suggests that the relationship between smoking and drinking is not all accounted for by age. (**Tables 12.3, 12.4**)

At age 11, 69% of pupils neither drank nor had ever smoked but by age 15 the equivalent percentage was 11%. Less than 1% of 11 year olds smoked regularly and drank at least weekly, whereas 16% of pupils aged 15 did. (**Table 12.5**)

12.3 Drug use in relation to smoking and drinking

The likelihood of pupils using drugs is closely related to whether or not they smoked. Fifty three per cent of regular smokers had used drugs in the last month compared with 1% of those who had never smoked. For each category of smoking behaviour, older pupils were more likely to have used drugs and boys were more likely than girls to have done so. For all ages, pupils who smoked regularly were most likely to have used drugs.

There was a clear relationship between usual drinking frequency and drug use, though this was less marked than for smoking. Thirty one per cent of those who drank at least once a week had used drugs in the last month, whereas only 2% of those who had never had a drink had used drugs. Within each category of drinking frequency, there was no overall pattern of difference between boys and girls. For all ages, pupils who usually drank once a week or every two weeks were more likely to have used drugs in the last month and in each drinking category, the older pupils (aged 14 and 15) were more likely to have used drugs.

(**Tables 12.6-12.9**)

Table 12.10 shows the relationship between smoking status, drinking status and proportion of pupils taking drugs in the last month and year. Pupils who were regular smokers and who usually drank at least once a week were

the most likely group to have taken drugs in the last month (61%). Drug use was more strongly related to smoking status than drinking status 30% of regular smokers who drank less than once a month had taken drugs in the last month compared with only 5% of regular drinkers who did not smoke. Only 1% of pupils who had never smoked and drank less than once a month had taken drugs in the last month. **(Table 12.10)**

12.4 Assessing the relative importance of different factors to predict whether pupils used drugs

It is clear from the previous sections that drug use is associated with smoking and drinking behaviour in children, as well as to other factors such as sex and age. In order to determine to what extent these factors predict likelihood of taking drugs, a statistical technique called logistic regression (see technical annex) was used. Separate models were run for boys and girls, with age, smoking status and drinking status as independent variables and drug use in the last year as the dependent variable.

It is important to note that this analysis does not infer causality and that models could be run predicting smoking or drinking with drug use as one of the independent variables. However, given that the average age at which children first try drugs is older than the age at which they first experiment with cigarettes or alcohol,¹ it was decided to have drug use as the dependent variable in the models.

Smoking status and drinking status were significant predictors of drug use in the last year for both boys and girls, even when adjusted for age. Whether a pupil was a regular smoker was the strongest predictor of whether they had taken drugs in the last year. The odds of boys, who smoked regularly, taking drugs in the last year were 50 times as high as for boys who had never smoked independent of their age or their drinking behaviour, and this pattern was also found among girls. Among boys who usually drank at least once a week, their odds of having taken drugs in the last year were five times those of boys who did not drink² for girls the equivalent multiplier was four times. **(Table 12.11)**

12.5 Smoking, drinking and drug use among 15 year olds

Defining drinkers as being those who usually drink at least once a week results in more pupils being defined as drinkers than are defined as regular smokers. This can make interpretation difficult as has already been shown in section 12.1 smokers appeared to be more likely to drink than drinkers were to smoke, although obviously there were the same number of pupils who both drank and smoke. There is also the factor of age that is related to smoking, drinking and drug use and which needs to be taken into account.

In order to examine which of smoking, drinking and drug use are more closely related to each other, definitions need to be chosen such that the groups of smokers, drinkers and drug users are of similar size.³ Age differences also need to be accounted for. This can be done by using the following groups among 15 year olds only and analysing the prevalence of combinations of each of these behaviours.

- Smoke at least one cigarette a week (23% of 15 year olds)
- Drink at least twice a week (22% of 15 year olds)
- Taken drugs in last month (21% of 15 year olds)

Smoking and drug use were more closely associated with each other than smoking and drinking or than drinking and drug use. Where pupils could be classified into two of the groups, smoking and drug use (7% of pupils) were more closely related than smoking and drinking (3% of pupils), or drinking and drug use (3% of pupils). This pattern was seen for both boys and girls.

Six per cent of 15 year old boys and 7% of 15 year old girls were regular smokers, drank at least twice a week and had taken drugs in the last month. In contrast, 59% of 15 year old boys and 63% of 15 year old girls did not fall into any of these groups. **(Table 12.12)**

Notes and references

1 Goddard E, Higgins V (2000) *Drug use, smoking and drinking among young teenagers in 1999*. Stationery Office. London.

2 This includes those who had never had a proper alcoholic drink, and also those who had but who had answered that they never drank alcohol now.

3 This is so that, for example, the overlap between smoking and drug use can be directly compared to the overlap between drinking and drug use. If there were twice as many drinkers

as smokers, then among pupils who took drugs there would probably be a higher proportion that drank than smoked because there were more drinkers in the population. If the proportion of drinkers and smokers are the same, it is possible to compare prevalence of smoking and drinking among pupils who take drugs.

Table 12.1

Table 12.2

Table 12.3

Table 12.4

Table 12.5

Table 12.6

Table 12.7

Table 12.8

Table 12.9

Table 12.10

Table 12.11

Table 12.12



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13 Social and educational factors

Richard Boreham

13.1 Introduction

The central aims of this survey are to measure the prevalence of smoking, drinking and drug use among young people and to monitor trends. The survey is not designed to investigate the causes of these behaviours. There is not scope within the questionnaire to collect, for example, information about pupils' families, friends and local environments. Collection of standard socio-economic measures such as social class is problematic because pupils either do not know what jobs their parents or guardians have, or are unable to provide the relevant detail for detailed social class coding. Proxy measures of social class, such as number of cars owned by the pupil's family, have been tried in the past, but there was evidence of over-reporting and these measures were not felt to be reliable.¹ However, pupils are asked about one indicator of social disadvantage - whether they receive free school meals (or vouchers for free school meals).² There were other measures that potentially could have been used in the analysis at an individual level, namely questions about truancy or school exclusion, but these were felt to be measures of behaviour rather than social circumstances. The relationships of truancy and exclusion to smoking, drinking and drug use have been looked at separately.

Other surveys do collect wider information and this chapter gives comparative examples from the Health Survey for England, a household survey. This alternative dataset was examined because the data are able to provide alternative measures of socio-economic status (namely social class and household income) that are too problematic to collect directly from pupils.³

In addition to this limited data on individual pupils, a range of information is available about each participating school and its pupils as a whole. It is possible, therefore, to investigate whether smoking, drinking and drug use are related to school characteristics by using a technique called multi-level modelling. The following school level variables were tested to see whether they predicted behaviour.

Type of school	Comprehensive, Secondary Modern, Grammar and Private
English as an Additional Language	Banded into None, < 5% and 5%+ of pupils
GCSE 5 A*-C pass rate	Banded into < 30%, 30%< 60% and 60%+ of pupils
Townsend Deprivation Index	Banded into quintiles. The Townsend Index was used as the deprivation measure as it could be calculated at postcode sector level which is the best approximation to the main catchment area of a school
School size	Banded into < 750 pupils, 750< 1000 pupils and 1000+ pupils
Government Office Region	North East, North West (inc Merseyside), Yorks and Humber, East Midlands, West Midlands, Eastern, London, South East and South West
Eligible for Free School Meals	Banded into < 5%, 5%< 10% and 10%+ of pupils
Sex	Mixed, Boys only and Girls only
Action if child caught smoking on school premises	Exclusion for repeat offenders ⁴
Action if child caught drinking on school	Exclusion for repeat offenders ⁴

premises

Action if child caught taking drugs on school premises

Exclusion for repeat offenders⁴

Models were run separately for three dependent variables: being a regular smoker, drinking in the past week, and using drugs in the last year, and separate models were run for boys and girls. Age is a very strong predictor of smoking, drinking and drug use, and therefore all models were controlled by age. As the focus of this chapter is on social and educational characteristics, the relationship between age and smoking, drinking and drug use is not commented on, but is covered in previous chapters.

Amount of variation in behaviours explained by school level variables

Before models were run with any variables as predictors, null models were run (with no predictor variables) to determine the amount of variation in each of smoking, drinking and drug use that was explained at the individual level and the school level.

Most of the variation in whether pupils are likely to smoke, drink or take drugs is explained by individual level factors. It appears that only around one eighth of the variation is due to school level factors for each of these behaviours, which perhaps is not surprising given the steep increase with age in prevalence of smoking, drinking and drug use that has been shown in other chapters. **(Table 13.1)**

Testing predictors

A multi-stage iterative analysis was used in order to determine which individual and school level factors predicted the prevalence of each of smoking, drinking and drug use.

First stage models were run for each potential individual level and school level predictor and were controlled for age and ethnicity of pupils (two demographic characteristics which have been shown to have a relationship with smoking, drinking and drug use).

Second stage models were then run containing any factors which were significant predictors from the first set of models (and age and ethnicity), to see whether predictors acted independently or were inter-related.⁵

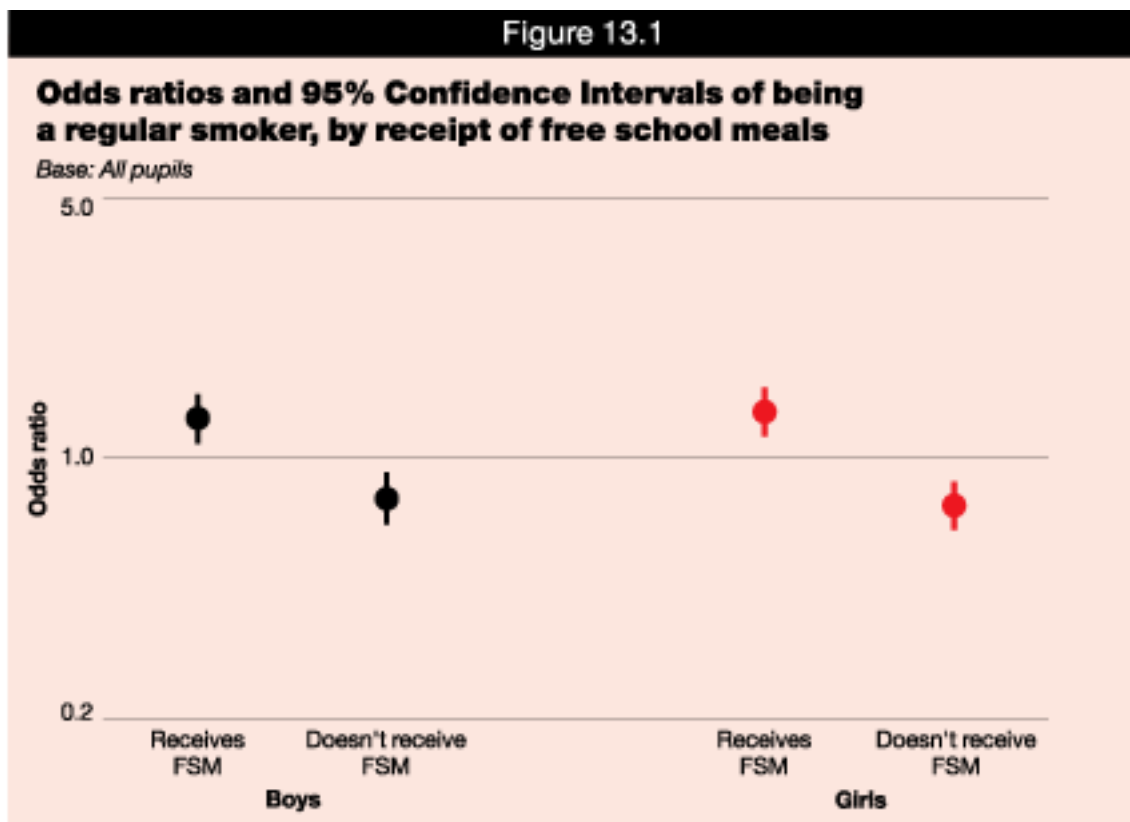
Results from the second stage models showed that pupils' receipt of free school meals and type of school were the only factors which were significant predictors (once age and ethnicity were all taken into account), although neither was a significant predictor for all of smoking, drinking and drug use. Third stage models were then run with age, ethnicity and receipt of free school meals as individual level characteristics and type of school as a school level characteristic, so that models for smoking, drinking and drug use could be compared.

13.2 The effect of pupils' social characteristics on smoking, drinking or drug use

Pupils' social characteristics were related to smoking, drinking and drug use although the strength and direction of the relationships were different for different behaviours. Pupils who received free school meals were more likely than those who did not receive free school meals to smoke regularly or to have taken drugs in the last year, but there was no difference in prevalence of drinking in the last week between pupils who received free school meals and those who did not.

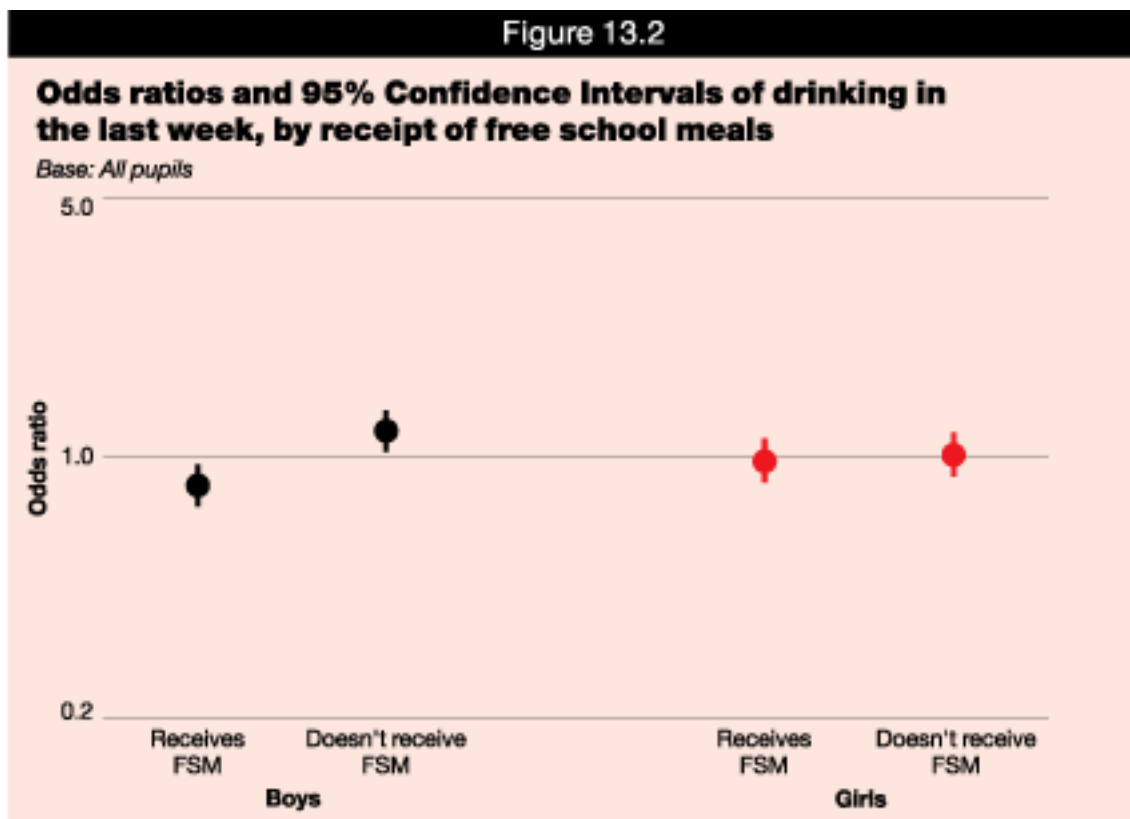
Evidence from the Health Survey for England showed similar relationships for alternative measures of social characteristics. Prevalence of smoking was higher among those in manual social classes. In contrast, drinking was more prevalent among the highest income groups and showed no relationship with social class.

Boys who received free school meals had higher odds (1.28 compared to average) of being a regular smoker than those who didn't (0.78), and results for girls were similar (see Appendix B for an explanation of odds ratios). **(Table 13.2, Figure 13.1)**



Analysis of the same age range of children interviewed as part of the Health Survey for England showed that smoking did not vary by household income, but was higher among manual social classes. (Tables 13.4, 13.5)

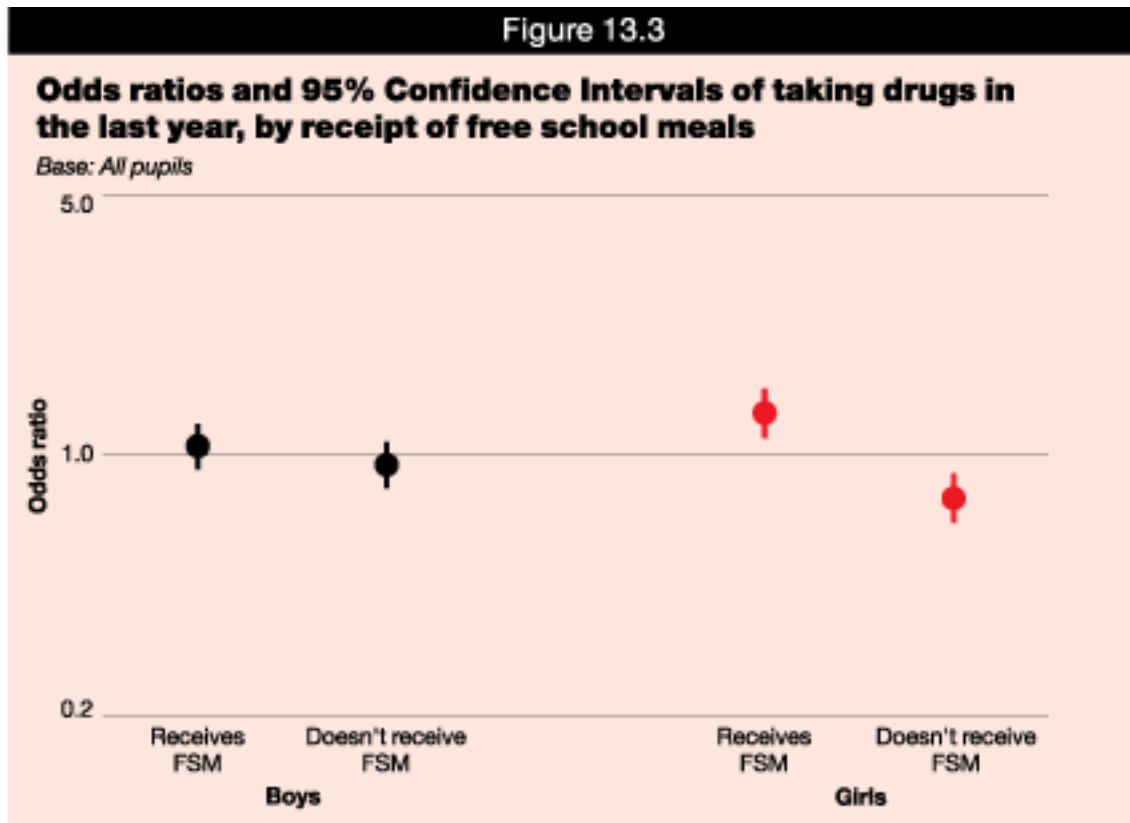
There was a relationship between whether boys received free school meals and whether they had drunk in the previous week; it was in the opposite direction to the relationship between free school meals and smoking. There was no relationship for girls between receipt of free school meals and drinking. (Table 13.3, Figure 13.2)



Analysis of the same age range of boys interviewed as part of the Health Survey for England showed that prevalence of drinking increased as income increased and was higher in non-manual social classes. The relationship between social characteristics and drinking was weaker among girls. Among girls, drinking was not

related to social class, although girls in higher income groups were more likely than those in lower groups to usually drink at least once a week. (Tables 13.4, 13.5)

Among boys, uptake of free school meals was not related to having taken drugs in the last year. Girls who received free school meals were slightly more likely (odds ratio 1.30) than those who didn't (odds ratio 0.77) to have taken drugs in the last year. (Table 13.6, Figure 13.3)



Research among adults aged 16 and over has shown that smoking prevalence has strong income and class gradients, with those in the lowest income groups and in manual social classes being most likely to smoke. Adults' drinking is related to income and class, although patterns are different for men and women. Women in non-manual social classes and in the highest income groups were more likely to drink more than 14 units of alcohol per week, whereas among men those in the highest income groups were also more likely to drink over 21 units of alcohol per week, but there was no relationship between drinking in the last week and social class.⁶

13.3 Whether the type of school predicts smoking, drinking or drug use

It should be noted that 87% of participating schools were comprehensives, and that there were only a small number of secondary modern (10), grammar (9) and private schools (11) that took part, which is a reflection of the overall proportions of these schools in England. Given the relatively small numbers of non-comprehensive schools, results should be treated with caution.

Despite the relatively small number of secondary modern schools in the sample, pupils at this type of school were more likely to smoke and use drugs even once their age, ethnicity and receipt of free school meals was taken into account. Pupils at private schools were less likely to smoke. The likelihood of pupils drinking alcohol was not related to the type of school. (Tables 13.2, 13.3, 13.6, Figures 13.4 , 13.5)

13.4 Relative importance of school level and individual level social and educational characteristics

Despite the different range of school-level predictors, very little of the variation in pupils smoking, drinking or drug use is explained by the factors at the school level. Social factors at the pupil level do explain some of the variation, although other factors such as age were more important predictors of behaviour. This does not necessarily mean that social factors are not important, but may be a reflection of the difficulty in collecting reliable and valid information about individual pupils' social characteristics. There may be factors such as the behaviour and attitudes of close friends which also influence pupils' decisions about whether to smoke, drink or take drugs.

Figure 13.4

Odds ratios and 95% Confidence Intervals of being a regular smoker, by school type

Base: All pupils

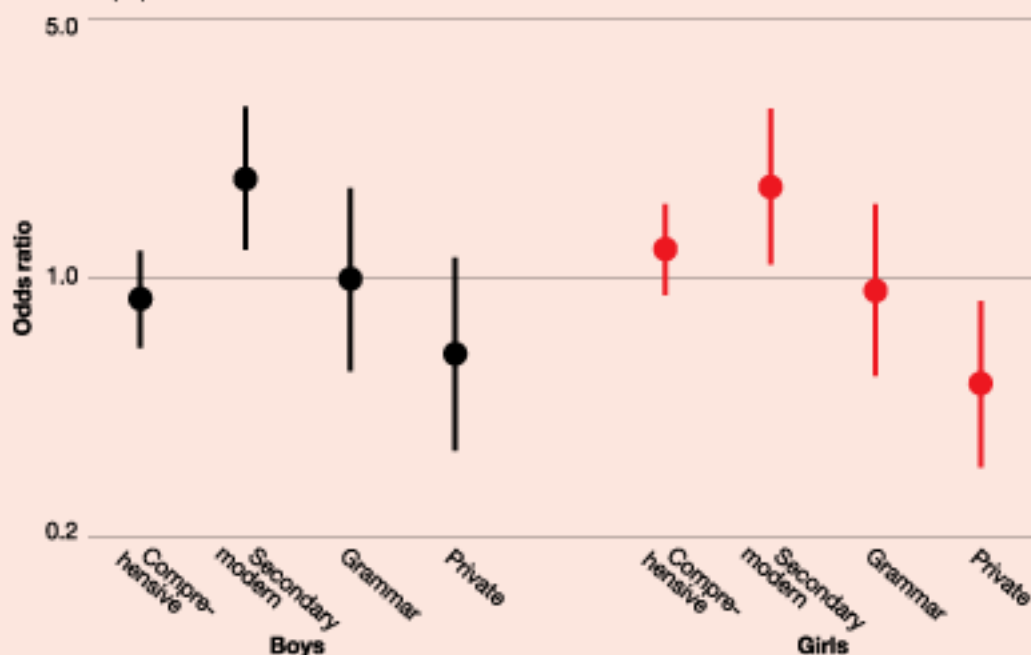
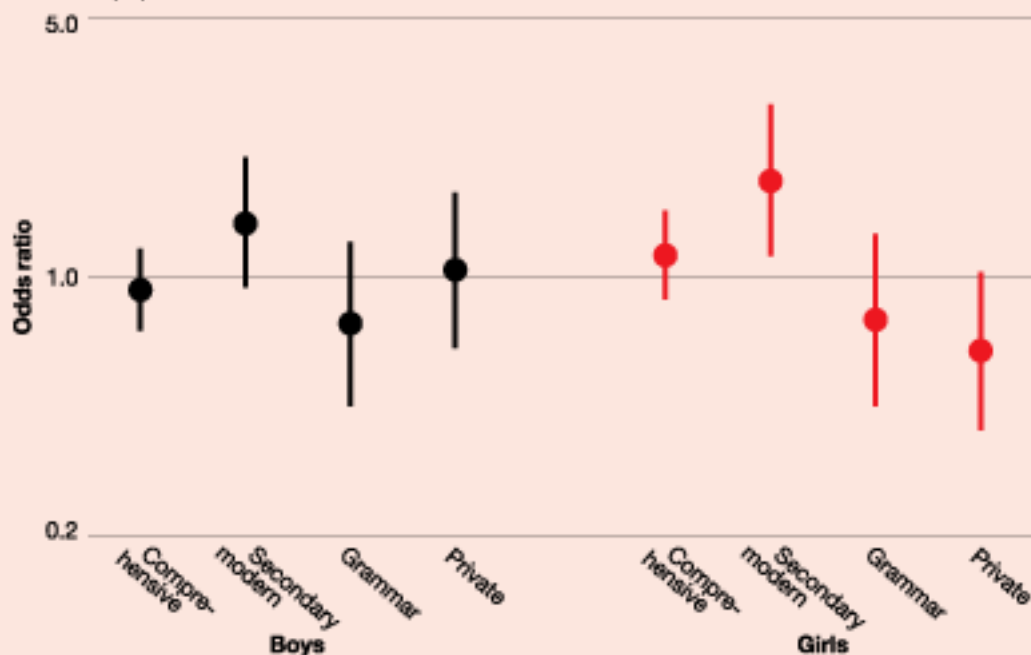


Figure 13.5

Odds ratios and 95% Confidence Intervals of taking drugs in the last year, by school type

Base: All pupils



13.5 Pupils who truant or who have been excluded

Pupils were asked whether they had ever played truant or been excluded from school. Levels of truancy and exclusion described here are thus self-reported, and should be viewed with some caution.

Boys aged 15 were much more likely to have played truant or been excluded than those aged 11. Thirty three percent of 15 year old boys had truanted and 17% had been excluded compared with 6% and 4% respectively among 11 year old boys. There was a similar pattern for girls, although generally girls were less likely to have

played truant or been excluded than boys. As age is strongly related to truanting and exclusion, it is necessary to ensure that age does not confound any analysis of smoking, drinking and drug use by truanting and exclusion. Therefore age standardisation was used to ensure that the age profiles of those who had played truant was the same as those who had not, and similarly for the analysis of school exclusion. It is important to note that pupils who truant or are excluded are less likely to be included in the interviewed sample, than those who did not, although the response rate among pupils was high (87%).

The wealth and complexity of factors impacting on the behaviours in question mean that it is difficult to establish the exact nature of any relationship between smoking, drinking and drug use and playing truant or being excluded. However, smoking, drinking and drug use were much more prevalent among both boys and girls who had ever played truant than those who had not. Similar differences were found between pupils who had been excluded and those who had not been. It is not possible from these data to tell if playing truant or being excluded causes smoking, drinking or drug use, or if those who were already smoking, drinking or taking drugs are likely to start playing truant or to be excluded.

(Tables 13.7, 13.8)

Notes and references

1 See Goddard and Higgins (2000) p31 *Drug use, smoking and drinking among young teenagers in 1999* for a fuller discussion.

2 Data on free school meals is usually gathered on the basis of eligibility; however, this survey asks whether pupils receive free school meals rather than whether they are eligible.

3 The Health Survey for England is conducted face-to-face and in people's homes in England only and the data analysed was collected from 1995 to 1997. Although the method of data collection and interviewing time period are different from this survey, it is reasonable to compare in broad terms the relationships between different socio-economic measures captured in the different surveys and smoking and drinking.

4 Exclusion for repeat offenders was one of a number of measures that could be taken by schools if pupils were caught smoking, drinking or taking drugs on school premises. It was the only action taken to be included in the analysis as it was the most severe action that a school could take.

5 Some measures were likely to be inter-related: for example there were no private schools which had any pupils with English as an Additional Language, or that had pupils who were entitled to free school meals.

6 Boreham R et al (1999) *Risk factors for cardiovascular disease* in Erens B & Primatesta P *Health Survey for England: Cardiovascular Disease '98*. The Stationery Office. London.

Table 13.1

Table 13.2

Table 13.3

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Next

14 Comparison of smoking, drinking and drug use in England and Scotland

Kerstin Hinds

14.1 Introduction

Comparing results for England and Scotland requires some care since the age distributions of the two samples are different. This is due to the different education systems in the two countries. In England, pupils transfer to secondary school a year earlier than in Scotland, (most are aged 11 rather than 12), and transfer is usually based on the child's age at the beginning of the school year, rather than on 1st March.

The different structures of the two samples mean that direct comparison between respondents of all ages in the two countries may be misleading, as pupils in the sample in England are mostly aged 11-15 whereas those in the sample in Scotland are mostly aged 12-15. (**Table 14.1**)

In this chapter, we therefore mainly focus on *only those aged 12, 13, 14 or 15* at the time of interview in the two countries and leave out those who were older or younger. The mean age of those in each age group¹ is then very similar for the English and Scottish samples. However, there is an additional complication in that the English sample comprises comparatively more 15 year olds than the Scottish sample (in England, 24% of pupils aged 12-15 are 15, while in Scotland only 18% are 15). This chapter takes account of this difference by 'age-standardising' the data that is, adjusting the analysis so that pupils at each age account for the same proportion of the whole sample. Thus when total figures are given, in this chapter, each of the four age categories, 12, 13, 14 and 15 represent 25% of the total in both England and Scotland.

Employing this age standardisation technique means that total figures here may vary from those in other chapters in this report. All figures reported in this Chapter are age-standardised apart from those in section 14.5.

In previous reports, adjustments to reflect the different age-profiles of the English and Scottish samples have not been made and '11-15' year olds in England (including more 16 year olds and 11 year olds) have simply been compared with '12-15' year olds in Scotland. As well as the more accurate comparison between the countries for 2000, the present report also includes headline comparisons using the previous method, so that changes over time can be identified. This section on trends is at the end of the chapter (section 14.5).

One further factor that might affect comparison between the English and Scottish samples, would be different fieldwork periods relative to the school year. In both countries fieldwork took place from September to December, but it was staggered to reflect the fact that the English schools began the year in September whereas Scottish school children began their school year in August. As a result 3% of fieldwork in England compared with 15% of fieldwork in Scotland was completed in September. Even with this staggered start in both countries the majority of fieldwork took place in October (61% in England and 56% in Scotland). We judge that the data are comparative in this regard.

14.2 Smoking

As described in Chapter 2, pupils' smoking status was classified using a question on prevalence of smoking and a diary record of cigarettes smoked in the past week. Regular smokers were those who said they generally smoked at least one cigarette each week, occasional smokers said they smoked sometimes, or said they did not now smoke but in the diary reported having had cigarettes in the past week. In 2000, 12% of pupils aged 12-15 in

both England and Scotland smoked regularly. Among those aged 15 the proportion of regular smokers was higher in England than in Scotland (23% compared with 19%) while for all other age groups there were no significant differences between the two countries. A higher proportion of pupils in England than in Scotland were classified as occasional smokers (10% compared with 8%). **(Tables 14.2, 14.3)**

Despite the similar smoking status of pupils in England and Scotland, in 2000 there were some differences in the behaviour reported by pupils who smoked (whether regularly or occasionally). In England, smokers were more likely to have had their first cigarette at a older age. A quarter of pupils who smoked in England (26%) said they had first tried smoking aged 10 or under, compared with a third of those in Scotland (35%).

Smokers in England were also less likely to smoke heavily than their Scottish counterparts. Fifteen per cent of smokers aged 12-15 in England smoked 10 or more cigarettes per day in the last week compared with 20% of those in Scotland. **(Table 14.4)**

Teenage smokers in England had more difficulty buying cigarettes in shops than their Scottish counterparts, as smokers in England were less likely to attempt to buy from a shop and those that did so were more likely to be refused. Two thirds of pupils in England who smoked had tried to buy cigarettes in a shop in the past year (68%), while in Scotland nearly three quarters of these pupils had tried this (73%). Just over a half of smokers in England who had tried to buy cigarettes in a shop in the past year had been refused service during this time (53%), a slightly higher proportion than in Scotland (48%). English smokers also purchased cigarettes from shops much less frequently. In England 21% of smokers who had tried to buy cigarettes from a shop said they bought cigarettes from a shop almost every day, compared with 37% in Scotland. **(Table 14.5)**

In England 31% of pupils who smoked sometimes bought cigarettes from a vending machine; in Scotland 27% did so.

Family attitudes towards smoking were similar in England and Scotland. There was no difference in the proportion of pupils who said their parents did not know they smoked in the two countries, nor in the reactions of those parents who did know their children smoked. Children who did not smoke were asked what their parents would do if they did smoke, and again there were no notable differences between England and Scotland (tables not shown). Chapter 5 of this report shows these findings for England in detail.

14.3 Drinking in the previous week

Pupils in England were a little more likely to report having drunk alcohol in the previous week than those in Scotland. Just over a quarter (27%) of those aged 12-15 in England had drunk alcohol in past week compared with just under a quarter (24%) of those in Scotland. These differences between the countries were found for both boys and girls. In both countries boys and girls were equally likely to have drunk alcohol in the past week in 2000.

Turning to look at the amount pupils had drunk, those who had drunk alcohol in the past week in England were likely to have consumed fewer units than their Scottish counterparts. Twenty three per cent of those in England had consumed 14 or more units in the past week compared with 28% of those in Scotland. **(Tables 14.6, 14.7)**

14.4 Drug use

Pupils aged 12-15 in England were marginally less likely than their Scottish counterparts to report having been offered drugs. In total 38% of the English pupils had been offered drugs compared with 40% of those in Scotland. **(Table 14.8)**

However, there was no difference in drug use between the two countries; those aged 12-15 in England were no less likely to have used drugs than those in Scotland. Ten per cent of those in England and 12%² of those in Scotland had used drugs in the last month and 16% and 17% respectively had done so in the last year. On the whole there were no differences between English and Scottish pupils in the proportions using drugs for either boys or girls or for different age groups. The one exception was 14 year old boys, who in England were less likely to have reported using drugs in the last year than their Scottish counterparts, although this may be a statistical aberration. **(Table 14.9)**

There were no differences between pupils in England and those in Scotland in the individual drugs used in the past year. **(Table 14.10)**

14.5 Trend data for England and Scotland

Comparing differences between England and Scotland in 2000 with those in 1998 and previous years, we do not use the age standardised figures, but rather compare directly between the samples in the two countries. Thus comparisons in this section are between pupils aged 11-15 in England and 12-15 in Scotland.

Smoking

The proportion of pupils reported as being regular smokers was still found to be the same in England and Scotland in 2000, even though the age-profiles were slightly different in each country. Without age standardisation, the total figures include a smaller proportion of older children and thus the overall percentage in both countries was 10% (as compared with 12% with age standardisation). Historically, England had a lower proportion of regular smokers than Scotland, however this gap has been narrowing for some time and apparent differences have not been statistically significant in recent years. It would now appear that levels of regular smoking are generally the same in the two countries. **(Table 14.11)**

Use of alcohol

Comparing alcohol use in England and Scotland over time, it appears that similar trends are at play. The proportion of pupils consuming alcohol in the previous week in both countries rose through the first half of the 1990s (although the rise was more dramatic in Scotland), peaking in 1996. There was then a large fall in 1998 and there has been a smaller rise in 2000. In every year higher proportions of pupils in England than in Scotland have reported drinking in the last week. The current position is that 24% of all pupils in English schools and 21% of those in Scottish schools report drinking in the last week. **(Table 14.12)**

Drug use

Over the limited time for which data are available (1998-2000), it appears that drug use in England has risen slightly while that in Scotland has remained stable. Levels of drug use in the last year and the last month no longer show any significant difference between the two countries, while in 1998 such differences were found. For example, in 1998 11% of pupils in England and 15% of those in Scotland reported having used drugs in the last year. By 2000 the corresponding figures were 14% and 14%. **(Table 14.13)**

Notes and references

1 For example 14 year olds consist of all those who were 14 at their last birthday.

2 Significance tests were carried out on percentages to one decimal place.

Table 14.1
Table 14.2
Table 14.3
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Appendix A: Survey design

Sample design

A sample was required of children of secondary school age with separate national samples for England and Scotland. The sample for Scotland is described in the separate survey report for Scotland.

In England the target population was children who were in years 7 to 11 inclusive in secondary schools, or at an equivalent level in middle and upper schools.

The survey covered almost all types of secondary school (comprehensive, secondary modern, grammar and other secondary schools) in both the maintained and non-maintained sectors of education. Only special schools (for children with learning disabilities) and hospital special schools (for children spending a period in hospital) were excluded from the survey.

The sample was selected in two stages. At the first stage 313 schools were selected from the NFER database¹ which was first sorted by type of school (comprehensive, secondary modern, grammar and private), whether schools were single sex or mixed, local education authority and then finally by number of pupils. For each school, the probability of selection was proportional to the numbers of pupils aged 11-15 recorded on DfES Form 7 census data, collected in January 1999. This means that larger schools had a higher chance of inclusion.

At the second stage, approximately 35 pupils were then selected in each school to give an appropriately sized group for conducting the survey in one place during a single lesson. Clearly, at this stage, each pupil in larger schools had a relatively small chance of being selected. This counter balances the method of selecting schools to fulfil the criterion that, overall, every eligible pupil had an equal chance of participating.

All 313 schools were approached, invited to take part,² and asked to send an electronic copy of their registers to NFER. For schools that provided a register, a systematic sample of pupils was taken by NFER and details of the selected pupils were passed back to the school and onto interviewers. For schools that were unable or unwilling to provide an electronic copy of registers, interviewers visited the schools to take a manual systematic sample. The 35 or so selected pupils per school were drawn from across all classes in school years 7-11.

Probabilities of selection

Given the requirement that each child in the target population should have the same probability of being selected to take part in the survey, the overall probability of selection (or sampling fraction) is the product of the sampling fractions at the first and second stages, that is:

$$F = f_1 \times f_2$$

where f_1 = probability of selecting the school

f_2 = probability of selecting the pupil

Schools were sampled with probability proportional to the number of pupils aged 11-15, so that roughly equal numbers of pupils could be sampled from each selected school. Thus:

$$f_1 = n_1 \times \frac{s}{S}$$

where n_1 = total number of schools to be selected
 s = number of pupils in an individual school aged 11-15
 S = total number of pupils aged 11-15

and $f_2 = \frac{n_2}{s}$

where n_2 = number of pupils to be selected from each school

Overall, therefore, for each pupil the sampling fraction is:

$$F = (n_1 \times \frac{s}{S}) \times (\frac{n_2}{s}) = \frac{n_1 \times n_2}{S}$$

Sample size

The survey aimed to achieve a sample of about 7500 pupils in England. Based on previous surveys in this series, it was expected that about 80% of schools would co-operate, and that 90% of selected pupils would agree to take part in the survey. On this basis, 313 schools were selected with the aim of selecting an average of 35 pupils per participating school.

As in previous years, schools with fewer than 35 pupils in the required age ranges were deleted from the sampling frame.

Despite prolonged efforts over several months by NFER and the National Centre for Social Research, it did not prove possible to achieve the expected response rate. Among the reasons cited by schools declining to take part were:

- A perceived overload of both local and national surveys covering this topic, leading to an 'overemphasis' on the subject with pupils
- An unwillingness to sacrifice curriculum time for this purpose
- Overload/shortages of school staff time to help in the administration of the survey

Ultimately 225 schools (72%) participated. The mean number of pupils selected randomly was 36, one more than projected. The vast majority of selected pupils participated (87%) yielding a total sample of 7089 pupils.

Stratification of the sampling frame

Previous surveys in the series have shown that children's behaviour varies according to the characteristics of the school rather more than by region, so schools were stratified in England as follows:

1. Into four main school types:

Comprehensive

Grammar

Secondary modern

Private

3. Within these types by:

Boys only

Girls only

Mixed

4. In each of the 12 major strata formed, schools were ordered by local education authority within region.

Table A1 shows the allocation of the required sample of schools to each of the major strata and the number of schools actually selected in England. (**Table A1**)

Sampling within selected schools

Sampling fractions at the second stage (i.e. within schools) were calculated by NFER and adjusted for the effect of rounding on the number of schools selected in each stratum at the first stage. Expected quota sizes are shown in Table A2. These were based on information about the number of pupils at each school collected in the DfES's annual school census of January 1999. Actual quota sizes therefore varied to the extent to which the size of the

school had changed in the interim. (Table A2)

Precision of results and the measurement of change

Since the data in this report were obtained from a sample of the population, they are subject to sampling error. Any sample is only one of an almost infinite number that might have been selected, all producing slightly different estimates. Sampling error stems from the probability that any selected sample is not completely representative of the population from which it is drawn.

Sampling error shows the amount by which the value of a sample estimate of a variable can be expected to differ from the true value of that variable in the population. With a simple random sample, the formula for calculating the sampling error for a percentage p , is:

$$\sqrt{\frac{p(100-p)}{n}}$$

where n is the sample size

Since the sample of pupils was clustered in schools, sampling errors are not the same as they would have been for a simple random sample of the same size. Sampling errors for four key variables which take account of the complex design are shown in Tables A3-A6 in this appendix.

The formula for calculating sampling errors of differences in percentages p_1 and p_2 between surveys (assuming simple random samples) is:

$$\sqrt{\frac{p_1(100-p_1)}{n_1} + \frac{p_2(100-p_2)}{n_2}}$$

In general, attention is drawn to differences between estimates only when they are significant at the 0.05 confidence level, thus indicating that there is less than 5% probability that the observed difference could be due to random sampling variation, when no difference occurred in the population from which the sample is drawn.

It is important to recognise that sampling error is only one of the sources of error which affect the accuracy of any survey results. Other sources of inaccuracy include non-response bias, and over-and under-reporting, both of which are difficult to quantify. It can be assumed, however, that since the results compared in this report are from surveys conducted in the same way and using the same methods of collecting information, non-sampling errors will be similar in each survey and so will not affect comparisons.

Sampling errors

Tables A3-A6 give true standard errors and 95% confidence intervals, taking account of the complex sample design for four key variables. Since the survey used a multi-stage sample design which involved both clustering and stratification it would be incorrect to calculate standard errors using the formulae which assumes a simple random sample design. The calculation of the standard errors and design effects (defts) was carried out using Kish's methodology.³ (Tables A3-A6)

Fieldwork Procedures

Schools were given letters for pupils to take home and give to their parents or guardians informing them of the survey. Parents were asked to reply only if they did not want their child to take part in the survey.⁴

Interviewers arranged with schools a convenient time to conduct the survey. If four or more pupils were absent on this occasion, interviewers organised one further visit to the school so that these pupils had a second opportunity to take part.

All pupils taking part in the survey gathered together in a classroom for one school period to complete a questionnaire and a 7 day retrospective smoking diary under the supervision of an interviewer. The interviewer gave a brief introduction explaining why the survey was being carried out, and explained how the questionnaire and diary should be filled in. The questionnaire and smoking diary used are contained in the Appendices C and D.

Pupils were not allowed to discuss the questions with each other or look at other pupils' answers. Thus 'exam-like' conditions were sought, though pupils could request and receive help if they did not understand questions. In general, teachers were not present during the completion of questionnaires in order to encourage pupils to give honest answers.

Interviewers stressed that pupils' answers would be completely confidential and that their answers would not reflect on them or their school. Questionnaires were serial numbered for administrative purposes, but serial numbers were not linked to pupils' names.

Non-response weighting

A logistic regression of school level response was undertaken, in which school level variables associated with a differential response were entered as independent variables. A high percentage of pupils attaining 5 or more A*-C GCSEs was most powerful predictor of non-response. No other factors were significant predictors once GCSE pass rates were taken into account.

A non-response weight was calculated using the logistic regression model, and key estimates were compared with and without this non-response weight applied to the data. These key estimates were prevalence of cigarette smoking, prevalence of drinking in the last week and use of drugs in the last month, last year or ever. Comparisons were made for different ages and both sexes. There were no significant differences between the weighted and unweighted estimates, even at the 50% confidence level. Therefore the data in this report are not weighted and are comparable with all other surveys in the series.

Notes and references

1 NFER maintains a database containing records for all schools in England, Northern Ireland, Scotland and Wales. It also contains schools in the Isle of Man, the Channel Islands, Service Children's Education Authority (armed forces) schools and British schools around the world. In addition, details are held for all colleges in the Further and Higher Education sectors and for all Universities.

2 One school was deemed ineligible after being approached, as it was a Japanese language school.

3 Kish, L. (1970) *Survey Sampling*, London: John Wiley.

4 Two schools who had sent their own letters out asking parents to reply to give permission for their child to take part had to be excluded from the survey, because of the potential response bias.

Table A1
Table A2
Table A3
Table A4
Table A5
Table A6

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Appendix B: **Analysis techniques**

In addition to extensive two-way and three-way cross-tabulations of data, this report includes analyses which made use of the statistical techniques outlined here.

Age standardisation

Age is a key factor in both attitudes and behaviour related to smoking, drinking and drug use and most of the survey estimates show significant differences between pupils of different ages. When different subgroups' answers to particular questions are being compared, it is necessary to consider the potential effect of the age profiles of these subgroups. If the age-profiles differ substantially, then this may account for all or part of any differences observed on the measures concerned.

Age standardisation is a technique which is used to weight the data so that the age-profiles of different subgroups become the same (are standardised). Thus one is able to establish whether or not attitudinal or behavioural differences found between subgroups are due solely to the ages of pupils in different subgroups.

Logistic regression

Logistic regression is used to investigate the effect of two or more independent or predictor variables on a two-category (binary) outcome variable. The parameter estimates from a logistic regression model for each independent variable give an estimate of the effect of that variable on the outcome variable, adjusted for all other independent variables in the model.

Logistic regression models the logarithm of the 'odds' of a binary outcome variable. The 'odds' of an outcome is the ratio of the probability of its occurring to the probability of its not occurring. The parameter estimates obtained from logistic regression have been presented as odds ratios for ease of interpretation. The odds ratios for a given category of a categorical independent variable gives the change in the odds of the outcome occurring compared to the overall odds ('to average'). In logistic regression a 95% confidence interval which does not include 1.0 indicates that the given parameter estimate is statistically significant.

Multi-level modelling

Multi-level modelling is used to examine whether the characteristics of schools taking part impact on pupils' behaviours, over and above any effects due to the individual characteristics of the pupils.

The benefit of using a multi-level modelling approach over traditional multiple regression is that, whilst either will give unbiased estimates of regression coefficients, only multi-level models give accurate estimates of the standard errors of these coefficients (because the models account for the correlations within schools). This is important when assessing the relative impact of school characteristics on the survey's key estimates.

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Day of interview 111-114 AM interview 1 1st visit 1

Month of interview 110-120 PM interview 2 2nd visit 2

WE PROMISE THAT YOUR ANSWERS ARE CONFIDENTIAL, SO
THEY WILL NOT BE SHOWN TO ANYONE THAT YOU KNOW

Yes ☒

No ☐

2

Some questions don't apply to everybody. It always tells you by the box which question you should answer next.

Q 1 Are you a boy or a girl?

Boy	<div>119</div> <div></div>	Go to Question 2
Girl	<div></div>	

Q 2 Which year are you in at school?

Year 7	<div>120</div> <div></div>	Go to Question 3
Year 8	<div></div>	
Year 9	<div></div>	
Year 10	<div></div>	
Year 11	<div></div>	

Q 3 How old are you now?

10 years old	<div>121-122</div> <div></div>	Go to Question 4
11 years old	<div></div>	
12 years old	<div></div>	
13 years old	<div></div>	
14 years old	<div></div>	
15 years old	<div></div>	
16 years old	<div></div>	
17 years old	<div></div>	

Q 4 When is your birthday?

Date

Month

Go to Question 5

DO NOT WRITE IN THIS BOX

123-124

D

125-126

M

Q 1 Are you a boy or a girl?

Boy	<div>119</div> <div></div>	Go to Question 2
Girl	<div></div>	

Q 2 Which year are you in at school?

Year 7	<div>120</div> <div></div>	Go to Question 3
Year 8	<div></div>	
Year 9	<div></div>	
Year 10	<div></div>	
Year 11	<div></div>	

Q 3 How old are you now?

10 years old	<div>121-122</div> <div></div>	Go to Question 4
11 years old	<div></div>	
12 years old	<div></div>	
13 years old	<div></div>	
14 years old	<div></div>	
15 years old	<div></div>	
16 years old	<div></div>	
17 years old	<div></div>	

Q 4 When is your birthday?

Date

Month

Go to Question 5

DO NOT WRITE IN THIS BOX

123-124

D

125-126

M

Q 5 To which of these ethnic groups do you belong?

White	<input type="checkbox"/>	Go to Question 6
Mixed	<input type="checkbox"/>	
Asian or Asian British	<input type="checkbox"/>	
Black or Black British	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

The next set of questions are about cigarettes. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

Q 6 Do you smoke cigarettes at all nowadays?

Yes	<input type="checkbox"/>	Go to Question 7
No	<input type="checkbox"/>	

Q 7 Now read all the following statements carefully and tick the box next to the one which best describes you.

I have never smoked	<input type="checkbox"/>	Go to Question 8
I have only ever tried smoking once	<input type="checkbox"/>	Go to Question 9
I used to smoke sometimes but I never smoke a cigarette now	<input type="checkbox"/>	
I sometimes smoke cigarettes now but I don't smoke as many as one a week	<input type="checkbox"/>	Go to Question 15
I usually smoke between one and six cigarettes a week	<input type="checkbox"/>	Go to Question 10
I usually smoke more than six cigarettes a week	<input type="checkbox"/>	

Q 8 Just to check, read the statements below carefully and tick the box next to the one which best describes you.

I have never tried smoking a cigarette, not even a puff or two	<input type="checkbox"/>	Go to Question 9
I did once have a puff or two of a cigarette, but I never smoke now	<input type="checkbox"/>	
I do sometimes smoke cigarettes	<input type="checkbox"/>	Go to Question 15

Q 9 How do you think your family would feel if you started smoking?

	138
They would stop me	<input type="text"/>
They would try to persuade me not to smoke	<input type="text"/>
They would do nothing	<input type="text"/>
They would encourage me to smoke	<input type="text"/>
I don't know	<input type="text"/>

Go to Question 20 on page 6

Q 10 How long is it since you started smoking at least one cigarette a week?

	139
Less than 3 months	<input type="text"/>
3-6 months	<input type="text"/>
6 months to 1 year	<input type="text"/>
more than 1 year	<input type="text"/>

Go to Question 11

Q 11 How easy or difficult would you find it to go without smoking for as long as a week?

	140
Very difficult	<input type="text"/>
Fairly difficult	<input type="text"/>
Fairly easy	<input type="text"/>
Very easy	<input type="text"/>

Go to Question 12

Q 12 How easy or difficult would you find it to give up smoking altogether if you wanted to?

	141
Very difficult	<input type="text"/>
Fairly difficult	<input type="text"/>
Fairly easy	<input type="text"/>
Very easy	<input type="text"/>

Go to Question 13

Q 13 Would you like to give up smoking altogether?

Yes	<input type="text"/>	Go to Question 14
No	<input type="text"/>	
I don't know	<input type="text"/>	

Q 14 Have you ever tried to give up smoking?

Yes	<input type="text"/>	Go to Question 15
No	<input type="text"/>	

Q 15 How does your family feel about you smoking?

They stop me	<input type="text"/>	Go to Question 17
They try to persuade me not to smoke	<input type="text"/>	
They do nothing	<input type="text"/>	
They encourage me to smoke	<input type="text"/>	
They don't know I smoke	<input type="text"/>	Go to Question 16
I don't know	<input type="text"/>	Go to Question 17

Q 16 How do you think your family would feel if they knew that you smoked?

They would stop me	<input type="text"/>	Go to Question 17
They would try to persuade me not to smoke	<input type="text"/>	
They would do nothing	<input type="text"/>	
They would encourage me to smoke	<input type="text"/>	
I don't know	<input type="text"/>	

Spenn 128

Q 17 Where do you **usually** get your cigarettes from? (Please tick more than one box if you **often** get cigarettes from different people or places.)

I buy them from a supermarket	<input type="checkbox"/>	<div>Go to Question 18</div>
I buy them from a newsagent, tobacconist or a sweet shop	<input type="checkbox"/>	
I buy them from a garage shop	<input type="checkbox"/>	
I buy them from some other type of shop	<input type="checkbox"/>	
I buy them from a machine	<input type="checkbox"/>	
I buy them from friends or relatives	<input type="checkbox"/>	
I buy them from someone else	<input type="checkbox"/>	
Friends give them to me	<input type="checkbox"/>	
My brother or sister gives them to me	<input type="checkbox"/>	
My mother or father gives them to me	<input type="checkbox"/>	
I take them	<input type="checkbox"/>	
I get them in some other way	<input type="checkbox"/>	

Score 142

Q 18 On the whole, do you find it easy or difficult to buy cigarettes from a shop?

Very difficult	<input type="checkbox"/>	<div>Go to Question 19</div>
Fairly difficult	<input type="checkbox"/>	
Fairly easy	<input type="checkbox"/>	
Very easy	<input type="checkbox"/>	
I don't usually buy cigarettes from a shop	<input type="checkbox"/>	

Q 19 How old were you when you first tried smoking a cigarette, even if it was only a puff or two? Write in the box your **age** then, in numbers not words.

I was years old

Go to Question 20

Q 20 In the past year, have you ever gone **into a shop** to buy cigarettes? This includes buying cigarettes for somebody else.

Yes ☐ ¹⁰⁷ Go to Question 21
No ☐ Go to Question 25 on page 7

Q 21 At **any** of these times when you went into a shop to buy cigarettes, did the shopkeeper refuse to sell them to you?

Yes ☐ ¹⁰⁸ Go to Question 22
No ☐

Q 22 The **last** time you went into a shop to buy cigarettes, what happened?

I bought some cigarettes ☐ ¹⁰⁹ Go to Question 23
They refused to sell me any cigarettes ☐ Go to Question 24

Q 23 How many cigarettes did you buy last time? Write the **number** in the box.

I bought ¹⁷⁰⁻¹⁷¹ cigarettes Go to Question 24

Q 24 How often do you buy cigarettes **from a shop**?

Almost every day ☐ ¹⁷²
Once or twice a week ☐
Two or three times a month ☐
About once a month ☐
Only a few times a year ☐ Go to Question 25

Q 25 How often do you buy cigarettes from a **machine**?

- Almost every day ☐ 1/14
- Once or twice a week ☐ 2
- Two or three times a month ☐ 3 — Go to Question 26
- About once a month ☐ 4
- Only a few times a year ☐ 5
- Never buy from a machine ☐ 6 — Go to Question 27

Q 26 Thinking about the last time you bought cigarettes from a machine, where was the machine situated?

- A pub, club, restaurant or somewhere else where alcohol was for sale ☐ 1/15
- A café or restaurant where alcohol was not for sale ☐ 2
- Amusement arcade ☐ 3 — Go to Question 27
- Petrol station ☐ 4
- Somewhere else (**please write in**) ☐ 5

The next set of questions are about alcohol. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

Q 27 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol**

Yes ☐ ¹⁷⁶ Go to Question 28
No ☐ Go to Question 46 on page 14

Q 28 How old were you when you had your first proper alcoholic drink? Write in the box your **age then**, in numbers not words.

I was ¹⁷⁷⁻¹⁷⁸ years old Go to Question 29

Open 179-200

Q 29 How often do you **usually** have an alcoholic drink?

Almost every day ☐ ²⁰⁸
About twice a week ☐ ²
About once a week ☐ ³
About once a fortnight ☐ ⁴ Go to Question 30
About once a month ☐ ⁵
Only a few times a year ☐ ⁶
I never drink alcohol now ☐ ⁷

Q 30 If you buy alcohol, where do you **usually** buy it?

In a pub or bar ☐ ²⁰⁹⁻²¹⁴
In a club or disco ☐ ²
From an off-licence ☐ ³
From a shop or supermarket ☐ ⁴ Go to Question 31
From a friend or relative ☐ ⁵
From someone else ☐ ⁶
I never buy alcohol ☐ ⁷

Q 31 When did you **last** have an alcoholic drink?

Today	<input type="checkbox"/>	Go to Question 32
Yesterday	<input type="checkbox"/>	
Some other time during the last 7 days	<input type="checkbox"/>	
1 week, but less than 2 weeks ago	<input type="checkbox"/>	Go to Question 46 on page 14
2 weeks, but less than 4 weeks ago	<input type="checkbox"/>	
1 month, but less than 6 months ago	<input type="checkbox"/>	
6 months ago or more	<input type="checkbox"/>	

Q 32 On which of these days during **the last 7 days** did you have an alcoholic drink? **Tick whichever apply**

Sunday	<input type="checkbox"/>	Go to Question 33
Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	

Q 33 During the **last 7 days**, how much BEER, LAGER AND CIDER have you drunk? Please don't count drinks labelled low alcohol.

Have not drunk beer, lager or cider in the last 7 days

Less than half a pint

Half a pint or more

333

Go to Question 36

Go to Question 34

Q 34 Write in the boxes below the number of pints, half pints, large cans, small cans and bottles of BEER, LAGER AND CIDER drunk in the last 7 days.

pints



334-335

half pints



336-337

large cans



338-339

small cans



340-341

bottles



342-343

Go to Question 35

Q 35 Do you usually drink normal strength or strong beer? If you usually drink both normal and strong beer, please tick the type you drank most recently.

Normal strength beer

354

Strong beer

Go to Question 36

Q 36 During the **last 7 days**, how much SHANDY have you drunk?

Have not drunk shandy in the
in the last 7 days

Less than half a pint

Half a pint or more

231

Go to Question 38

Go to Question 37

Q 37 Write in the boxes below the number of pints, half pints, large cans and small cans of SHANDY drunk in the last 7 days.

pints



half pints



large cans



small cans



236-237

238-239

240-241

242-243

Go to Question 38

Q 38 During the **last 7 days**, how much WINE have you drunk?

Have not drunk wine in the
in the last 7 days

Less than a glass

One glass or more

244

Go to Question 40

Go to Question 39

Q 39 Write in the box below, the number of glasses of WINE drunk in the last 7 days.

glasses



245-246

Go to Question 40

Q 40 During the **last 7 days**, how much MARTINI AND SHERRY have you drunk?

Have not drunk martini or sherry in the last 7 days

Go to Question 42

Less than a glass

One glass or more

Go to Question 41

Q 41 Write in the box below, the number of glasses of MARTINI AND SHERRY drunk in the last 7 days.

glasses



Go to Question 42

Q 42 During the **last 7 days**, how much SPIRITS (e.g. whisky, vodka, gin) AND LIQUEURS have you drunk?

By a glass we mean a single pub measure

Have not drunk spirits or liqueurs in the last 7 days

Go to Question 44

Less than a glass

One glass or more

Go to Question 43

Q 43 Write in the box below, the number of glasses of SPIRITS (e.g. whisky, vodka, gin) AND LIQUEURS drunk in the last 7 days.

glasses



Go to Question 44

Q 44 During the **last 7 days**, how much **ALCOPOPS** (e.g. *Hooch, Two Dogs, etc.*) or **PRE-MIXED ALCOHOLIC DRINKS** (e.g. *Bacardi Breezer, Metz, Smirnoff Ice, V2 etc.*) have you drunk?

Have not drunk alcopops or pre-mixed alcoholic drinks in the last 7 days

Less than a bottle

One bottle or more

203

Go to Question 46

Go to Question 45

Q 45 Write in the boxes below the number of cans and bottles of **ALCOPOPS** (e.g. *Hooch, Two Dogs, etc.*) or **PRE-MIXED ALCOHOLIC DRINKS** (e.g. *Bacardi Breezer, Metz, Smirnoff Ice, V2 etc.*) drunk in the last 7 days.

cans



204-205

Go to Question 46

bottles



206-207

The next set of questions are about drugs (apart from cigarettes and alcohol). Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

Q 46 Have you ever heard of the following drugs?
Please tick one box on each line

	Yes	No
Cannabis (Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed)	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (Speed, Uppers, Whizz, Sulphate, Billy, Crystal Meth)	<input type="checkbox"/>	<input type="checkbox"/>
LSD (Acid, Tabs, Trips, Dots)	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy ('E', Mitsubishi/Mitzi, Roloex, Doves, MDM, Beans, Rolo, 'K')	<input type="checkbox"/>	<input type="checkbox"/>
Sermon (Sem)	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrates, Liquid Gold, Rush)	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers (Downers, Barbiturates, Blues, Temazies, Jellies, Tranx, Temazepam)	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Brown, Smack, Skag, Junk, Gear, 'H')	<input type="checkbox"/>	<input type="checkbox"/>
Magic Mushrooms (Shrooms)	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (Linctus, Physeptone, Meth)	<input type="checkbox"/>	<input type="checkbox"/>
Crack (Rock, Stone)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Coke, Charlie, 'C')	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic Steroids (Roids)	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs that would not be given to you by a doctor or chemist (please tick box and write below the name of the drug)	<input type="checkbox"/>	<input type="checkbox"/>

Go to Question 47

Q 47 Have you ever been offered any of the following drugs?
Please tick one box on each line

	Yes	No
Cannabis (Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Joints, Smoke, Weed)	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (Speed, Uppers, Whizz, Sulphate, Billy, Crystal Meth)	<input type="checkbox"/>	<input type="checkbox"/>
LSD (Acid, Tabs, Trips, Dots)	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy ('E', Mitsubishi/Mitzi's, Rolexes, Doves, MDM, Beans, Rolls, 'X')	<input type="checkbox"/>	<input type="checkbox"/>
Seremon (Sem)	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrates, Liquid Gold, Rush)	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers (Downers, Barbiturates, Blues, Temazies, Jellies, Tranox, Temazepam)	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Brown, Smack, Skag, Junk, Gear, 'H')	<input type="checkbox"/>	<input type="checkbox"/>
Magic Mushrooms (Shrooms)	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (Linctus, Physeptone, Meth)	<input type="checkbox"/>	<input type="checkbox"/>
Crack (Rock, Stone)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Coke, Charlie, 'C')	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic Steroids (Roids)	<input type="checkbox"/>	<input type="checkbox"/>
Gas (Butane, lighter refills), Aerosols, Glue and other solvents (to inhale or sniff)	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs not from a doctor or chemist (please tick box and write below the name of the drug)	<input type="checkbox"/>	<input type="checkbox"/>

Go to Question 48

Q 48 Have you ever used or taken any of these? (even if only once)

Yes ☐ Go to Question 49

No ☐ Go to Question 50 on page 17

Spem 124 125

Q 49 When was the last time you ever used or took any of the following, if ever?
Tick one box on each line.

	In the last month 101	In the last year 102	More than a year ago 103	Never 104
Cannabis (Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Drow, Ganja, Spliff, Joints, Smoke, Weed) 105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (Speed, Uppers, Whizz, Sulphate, Billy, Crystal Meth) 106	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (Acid, Tabs, Trips, Dots) 107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy ('E', Mtsibishis/Mtzi, Rolexes, Doves, MDM, Beans, Rolfs, 'X') 108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semeron (Sem) 109	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrates, Liquid Gold, Rush) 110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers (Downers, Barbiturates, Blues, Temazos, Jellies, Tranx, Temazepam) 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Brown, Smack, Skag, Junk, Gear, 'H') 112	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic Mushrooms (Shrooms) 113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone (Linctus, Physeptone, Meth) 114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack (Rock, Stone) 115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Coke, Charlie, 'C') 116	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anabolic Steroids (Roids) 117	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas (Butane, lighter refills), Aerosols , Glue and other solvents (to inhale or sniff) 118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs not from a doctor or chemist (please tick box and write below the name of the drug) 119	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to
Question 50

Please check that you have ticked a box on every line.

The next set of questions are more general questions. Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers.

Q 50 Do you get free school meals, or vouchers for free school meals?

Yes	<input type="checkbox"/>	Go to Question 51
No	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

Q 51 Have you ever stayed away from school without permission (truanted)?

Yes	<input type="checkbox"/>	Go to Question 52
No	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

Q 52 Have you ever been excluded from school?

Yes	<input type="checkbox"/>	Go to Question 53
No	<input type="checkbox"/>	Go to Question 54
Don't know	<input type="checkbox"/>	

Q 53 Was it a fixed term exclusion or a permanent exclusion?

A **fixed term exclusion (or suspension)** is when you are not allowed to go to school for a set amount of time because of your behaviour.

A **permanent exclusion** is when you are **never** allowed to go back to your school because of your behaviour.

Fixed-term	<input type="checkbox"/>	Go to Question 54
Permanent	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

Q 54 In the last twelve months have you had any lessons, videos or discussions in class on the following topics:
Tick one box on each line

	Yes <small>346</small>	No <small>347</small>	Don't know <small>348</small>	
Smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heroin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crack or Cocaine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go to Question 55
Solvent abuse/glue sniffing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ecstasy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Spere 353-388

Q 55 Were there any questions you meant to go back and complete?
Please check.

If you have finished, please complete the diary next, starting with yesterday and working backwards through the week.

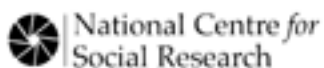
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Next

We welcome your comments on this site.

Prepared 27 November 2001

Appendix D: Dairy



2011
2012

STICK SERIAL
NUMBER LABEL

2011
2012

SURVEY OF SMOKING, DRINKING AND DRUG USE AMONG SCHOOLCHILDREN 2000

WE PROMISE THAT YOUR ANSWERS ARE CONFIDENTIAL, SO
THEY WILL NOT BE SHOWN TO ANYONE THAT YOU KNOW

WEEKLY DIARY

MONDAY

For each part of the day:

1 Answer the question about what you did by ticking **Yes** or **No**.

and 2 If you did not smoke during that part of the day write 0 in the box.

If you smoked during that part of the day write in the box the number of cigarettes you smoked yourself.

		Tick one box		Number of cigarettes smoked	
		Yes	No		
Early morning	Did you get up and go to school?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	400-409
Morning	Were you at school all morning?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	410-411
Dinner Time	Did you stay on the school premises all dinnertime?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	412-413
Afternoon	Were you at school all afternoon?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	414-415
Tea Time	Did you have your tea at home?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	416-417
Evening	Did you stay at home all evening?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	418-419

TUESDAY

For each part of the day:

1 Answer the question about what you did by ticking **Yes** or **No**.

and 2 If you did not smoke during that part of the day write 0 in the box.

If you smoked during that part of the day write in the box the number of cigarettes you smoked yourself.

		Tick one box		Number of cigarettes smoked	
		Yes	No		
Early morning	Did you get up and go to school?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	420-421
Morning	Were you at school all morning?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	422-423
Dinner Time	Did you stay on the school premises all dinnertime?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	424-425
Afternoon	Were you at school all afternoon?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	426-427
Tea Time	Did you have your tea at home?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	428-429
Evening	Did you stay at home all evening?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	430-431

WEDNESDAY

For each part of the day:

1 Answer the question about what you did by ticking **Yes** or **No**.

and **2** If you did not smoke during that part of the day write 0 in the box.

If you smoked during that part of the day write in the box the number of cigarettes you smoked yourself.

		Tick one box		Number of cigarettes smoked	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Early morning	Did you get up and go to school?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Morning	Were you at school all morning?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Dinner Time	Did you stay on the school premises all dinnertime?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Afternoon	Were you at school all afternoon?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Tea Time	Did you have your tea at home?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Evening	Did you stay at home all evening?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes

THURSDAY

For each part of the day:

1 Answer the question about what you did by ticking **Yes** or **No**.

and **2** If you did not smoke during that part of the day write 0 in the box.

If you smoked during that part of the day write in the box the number of cigarettes you smoked yourself.

		Tick one box		Number of cigarettes smoked	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Early morning	Did you get up and go to school?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Morning	Were you at school all morning?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Dinner Time	Did you stay on the school premises all dinnertime?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Afternoon	Were you at school all afternoon?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Tea Time	Did you have your tea at home?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes
Evening	Did you stay at home all evening?	<input type="checkbox"/>	<input type="checkbox"/>	➔	I smoked <input style="width: 40px;" type="text"/> cigarettes

FRIDAY

For each part of the day:

1 Answer the question about what you did by ticking **Yes** or **No**.

and 2 If you did not smoke during that part of the day write 0 in the box.

If you smoked during that part of the day write in the box the number of cigarettes you smoked yourself.

		Tick one box		Number of cigarettes smoked	
		Yes	No		
Early morning	Did you get up and go to school?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	410-417
Morning	Were you at school all morning?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	418-419
Dinner Time	Did you stay on the school premises all dinnertime?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	420-421
Afternoon	Were you at school all afternoon?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	422-423
Tea Time	Did you have your tea at home?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	424-425
Evening	Did you stay at home all evening?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	426-427

SATURDAY

For each part of the day:

1 Answer the question about what you did by ticking **Yes** or **No**.

and 2 If you did not smoke during that part of the day write 0 in the box.

If you smoked during that part of the day write in the box the number of cigarettes you smoked yourself.

		Tick one box		Number of cigarettes smoked	
		Yes	No		
Early morning	Did you get up later than you do on weekdays?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	428-429
Morning	Were you at home all morning?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	430-431
Dinner Time	Did you have your dinner or snack at home?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	432-433
Afternoon	Were you at home all afternoon?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	434-435
Tea Time	Did you have your tea or evening meal at home?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	436-437
Evening	Did you stay at home all evening?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	438-439

SUNDAY

For each part of the day:

1 Answer the question about what you did by ticking **Yes** or **No**.

and **2** If you did not smoke during that part of the day write 0 in the box.

If you smoked during that part of the day write in the box the number of cigarettes you smoked yourself.

		Tick one box		Number of cigarettes smoked	
		Yes	No		
Early morning	Did you get up later than you do on weekdays?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	508-509
Morning	Were you at home all morning?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	510-511
Dinner Time	Did you have your dinner or snack at home?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	512-513
Afternoon	Were you at home all afternoon?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	514-515
Tea Time	Did you have your tea or evening meal at home?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	516-517
Evening	Did you stay at home all evening?	<input type="checkbox"/>	<input type="checkbox"/>	→ I smoked <input type="text"/> cigarettes	518-519

We welcome your comments on this site.

Prepared 27 November 2001

Smoking, drinking & drug use among young people in England in 2000



Smoking, drinking & drug use among young people in England in 2000



Smoking, drinking & drug use among young people in England in 2000



Smoking, drinking & drug use among young people in England in 2000



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