



Smoking, drinking and drug use among young people

England: 2016

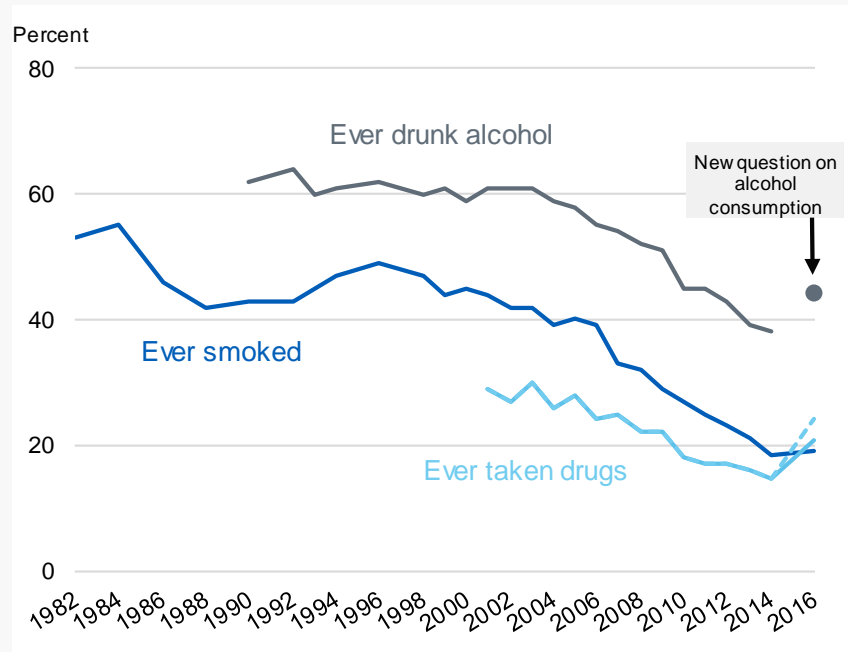
Key findings¹

In 2016

- 19% of 11-15 year old pupils had ever smoked, which is similar to 2014.
- 44% of pupils had ever drunk alcohol which is not comparable with earlier surveys.
- 24% of pupils reported they had ever taken drugs. This compares to 15% in 2014.

Part of the increase since 2014 may be explained by the addition of questions on nitrous oxide and new psychoactive substances. After allowing for this however (solid line on chart), it still represents a large increase which has not been observed in other data sources². Therefore an estimate from the next survey in 2018 is required before we can be confident that these survey results reflect a genuine trend in the wider population. In the meantime the results for drug taking from this survey should be treated with caution.

- 3% of pupils were weekly (regular) smokers, 10% had drunk alcohol in the last week and 10% had taken drugs in the last month.



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This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

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1: Introduction

This survey is the latest in a series designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15. Information was obtained from 12,051 pupils in 177 schools throughout England mainly in the autumn term of 2016¹.

Full details of the survey design and data collection are given in the Appendix to this report.

Each survey now includes a core section of questions covering the following:

- pupils' experience of smoking, drinking and drug use;
- consumption of cigarettes and alcoholic drinks in the last week; and
- awareness and availability of specific named drugs.

More detailed questions were also asked but the sample was split in two in order to make it possible for pupils to complete the questionnaire in one school period. Half the pupils were asked additional questions on smoking and drinking and the other half were asked additional questions on drug use. The additional questions included:

- where pupils get cigarettes, alcohol and drugs;
- attitudes of pupils and their families to smoking, drinking and drug taking;
- impact of school lessons and other sources of information about smoking, drinking and drug taking. dependence on smoking;
- exposure to second-hand smoke;
- where and with whom pupils drink;
- experience of drunkenness; and
- types of drugs taken.

1) A small number of schools were surveyed after Xmas in the spring term of 2017. The reasons for this and the impact on the survey results is discussed in section 4 of appendix B.

Estimates from surveys

This survey, in common with other surveys, collects information from a sample of the population. The sample is designed to represent the whole population as accurately as possible within practical constraints, such as time and cost. Consequently, statistics based on the survey are estimates, rather than precise figures, and are subject to a margin of error¹, also known as a 95% confidence interval.

For example the survey estimate might be 24% with a 95% confidence interval of 22% to 26%. A different sample might have given a different estimate, but we expect that the true value of the statistic in the population would be within the range given by the 95% confidence interval in 95 cases out of 100.

Where differences are commented on in this report, these reflect the same degree of certainty that these differences are real, and not just within the margins of sampling error. These differences can be described as statistically significant².

Confidence intervals are quoted for key statistics within this report and are also shown in more detail in the excel tables. Confidence intervals are affected by the size of the sample on which the estimate is based.

In general, the larger the sample, the smaller the confidence interval, and hence the more precise the estimate.

1) Section 2 of Appendix B shows how sampling errors were calculated. The Excel appendix tables include standard errors, confidence interval and design effects for key survey estimates. 2) Implying no more than a 5% chance that any reported difference is not a real one but a consequence of sampling error. Some large differences which are not statistically significant have been annotated in the report so users are aware of this.

2: Smoking prevalence and consumption

Extensive research has demonstrated the harmful effects that smoking has on health. Smoking contributes to a variety of health conditions, including cancers and respiratory, digestive and circulatory diseases. Moreover, smoking causes more preventable deaths than any other single cause; in 2015, around 79,000 preventable deaths in England were attributed to smoking¹. Tobacco use remains one of the most significant public health challenges in the UK.

One of the national ambitions in the government's new tobacco control plan published in 2017⁵, is to reduce the number of 15 year olds who regularly smoke to 3% or less. This ambition will be measured via the Smoking, Drinking and Drugs survey.

All pupils were asked about their cigarette smoking behaviour. Pupils were categorised in three ways based on the responses given:

- Regular smokers (defined as usually smoking at least one cigarette per week);
- Occasional smokers (defined as usually smoking less than one cigarette per week); or
- Non-smokers.

The term 'current smoker' used in this report includes regular and occasional smokers.

'Ever smoked' includes 'current smokers' plus 'ex-smokers' and those who have 'tried smoking once'.

This chapter includes information on smoking prevalence, patterns of cigarette consumption, and factors associated with regular smoking.

1) [Statistics on Smoking, England – 2017](#)

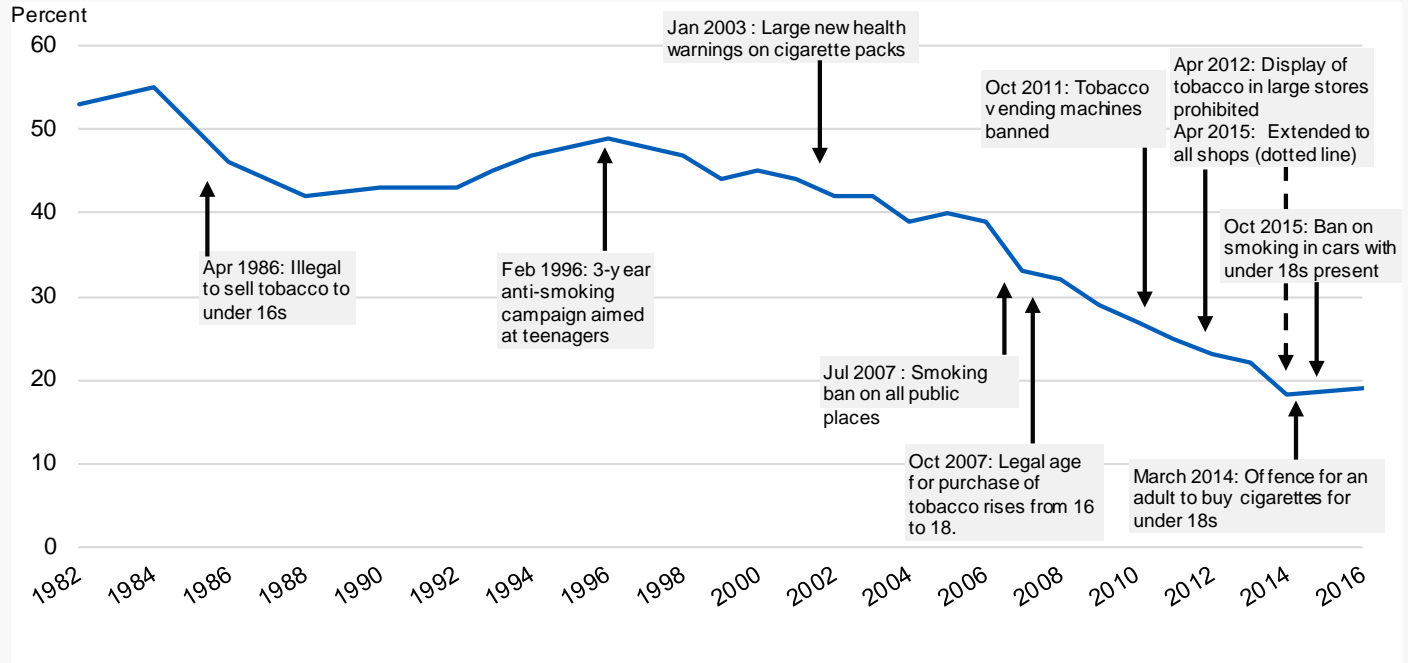
2) [Tobacco control plan for England](#)

Smoking prevalence

Ever smoked, by year

In 2016, 19% of 11-15 year old pupils had ever smoked¹, which is similar to 2014.

There has been a steady decline since 1996, when 49% of pupils had smoked at least once.

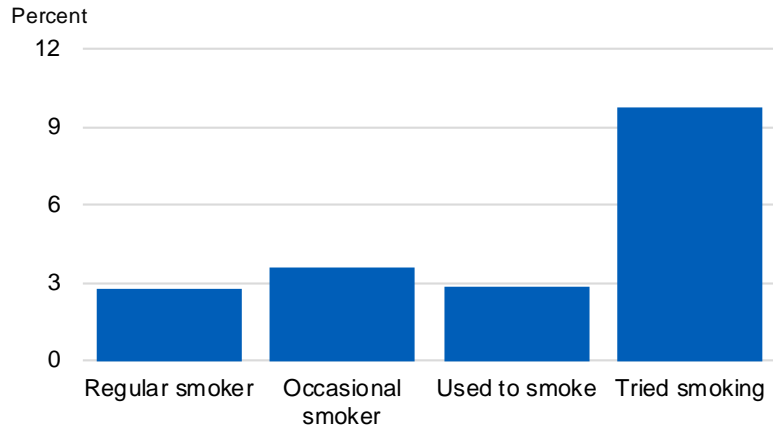


1. As noted on page 6, this is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 17% and 21%.

Smoking prevalence

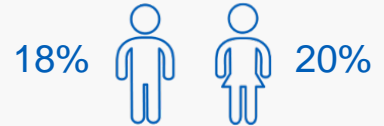
Smoking status of pupils who have ever smoked

The 19% of pupils who had ever smoked consisted of regular smokers (3% of pupils), occasional smokers (4%), those who used to smoke (3%), and those who have tried smoking (10%)¹.

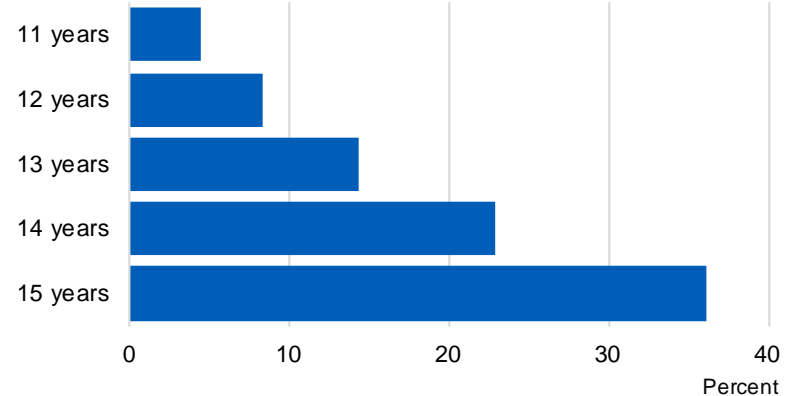


Ever smoked, by sex and age

Girls were more likely to have ever smoked than



The proportion of pupils who had ever smoked increased with age from 4% of 11 year olds, to 36% of 15 year olds.



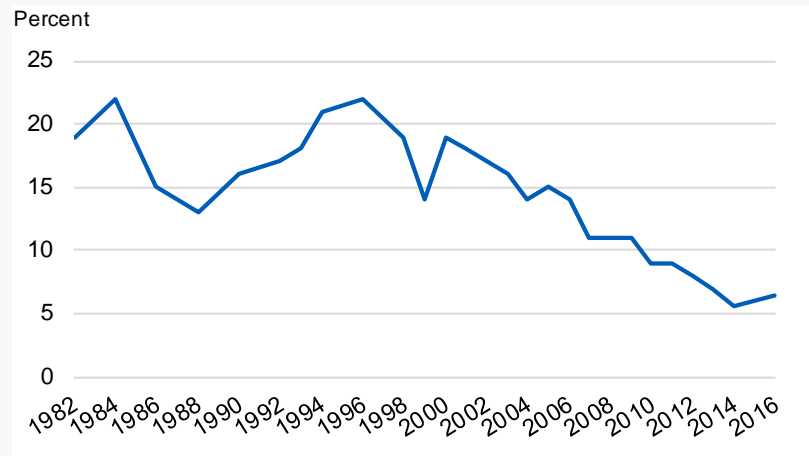
¹ Does not sum to total due to rounding. Regular and current (regular plus occasional) smoking prevalence are covered further in the following pages.

Smoking prevalence

Current smokers, by year¹

In 2016, 6% of pupils were classified as current smokers².

This proportion has generally declined over time since 1996, when 22% of pupils were current smokers.

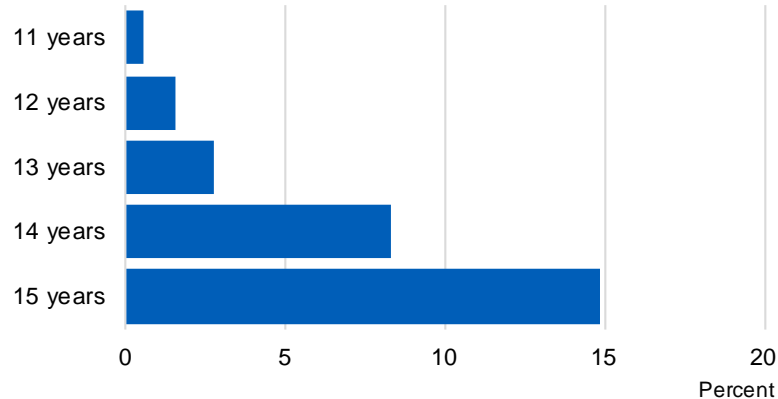


Current smokers, by sex and age

5% of boys were current smokers and 8% of girls².



The proportion of current smokers increased with age: from less than 1% of 12 year olds to 15% of 15 year olds.



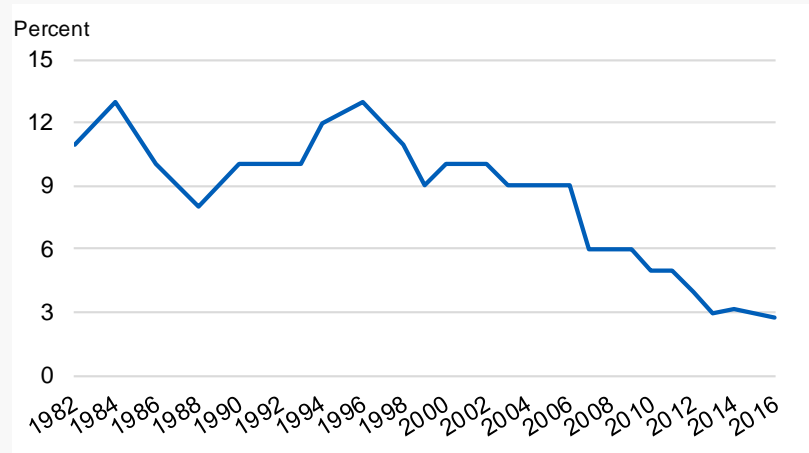
1) See 'ever smoked' chart on page 8 for dates of key policy initiatives. 2) As noted on page 6, this is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 5% and 8%. 3) Not a statistically significant difference.

Smoking prevalence

Regular smokers, by year¹

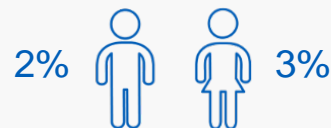
In 2016, 3% of pupils were classified as regular smokers².

This proportion has generally declined over time since 2002, when 10% of pupils were regular smokers.

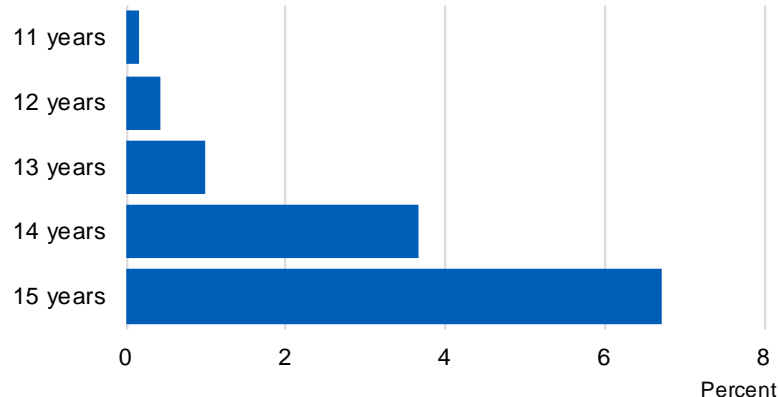


Regular smokers, by sex and age

Similar proportions of girls and boys said they were regular smokers.



The proportion of regular smokers increased with age: from less than 1% of 11 and 12 year olds, to 7% of 15 year olds.



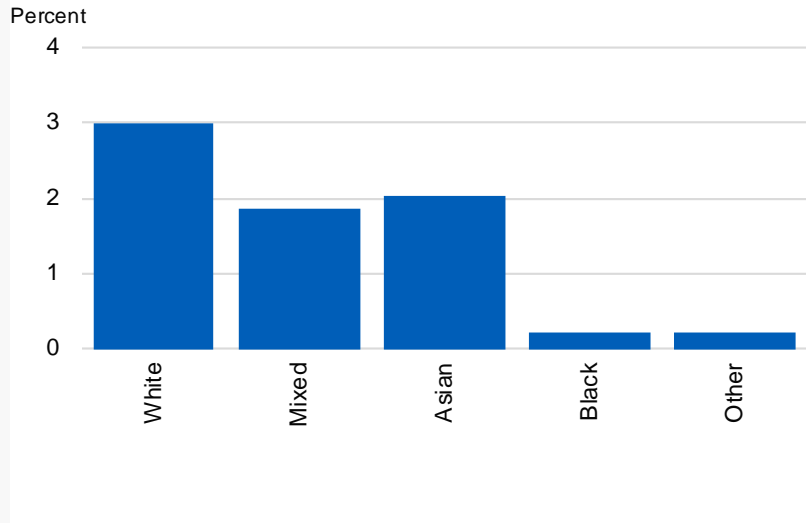
1) See 'ever smoked' chart on page 9 for dates of key policy initiatives.

2) As noted on page 6, this is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 2.1% and 3.3%.

Smoking prevalence

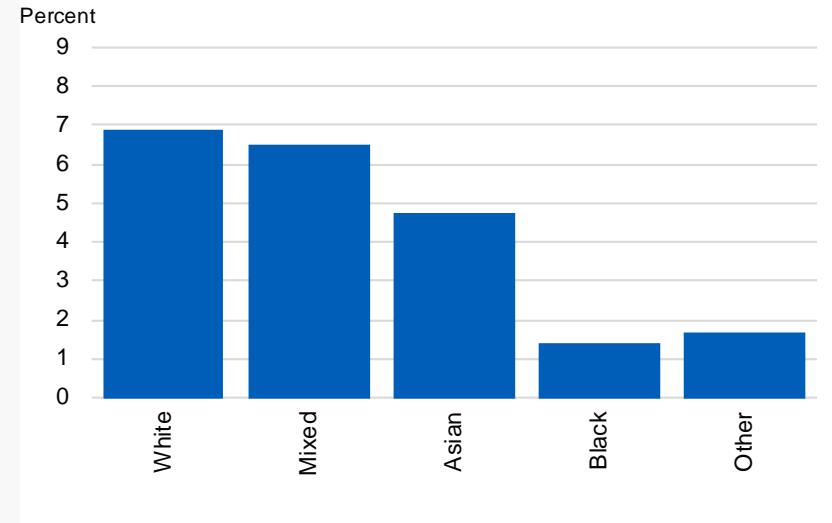
Regular smoking prevalence, by ethnicity

Regular smoking prevalence was highest amongst pupils of White, Mixed and Asian ethnicities, and lowest amongst pupils of Black and Other ethnicities.



Current smoking prevalence, by ethnicity

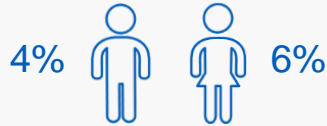
Current smoking prevalence was highest amongst pupils of White and Mixed ethnicities, and lowest amongst pupils of Black and Other ethnicities.



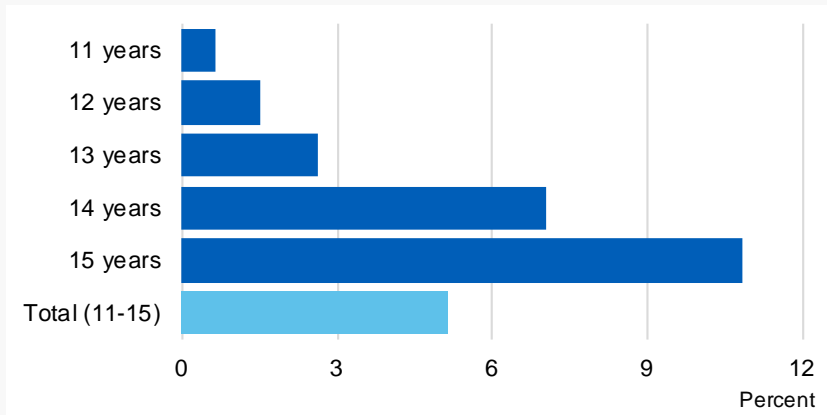
Cigarettes smoked in the last week

Smoked in the last week¹

5% of pupils said they had smoked in the last week; 4% of boys and 6% of girls².

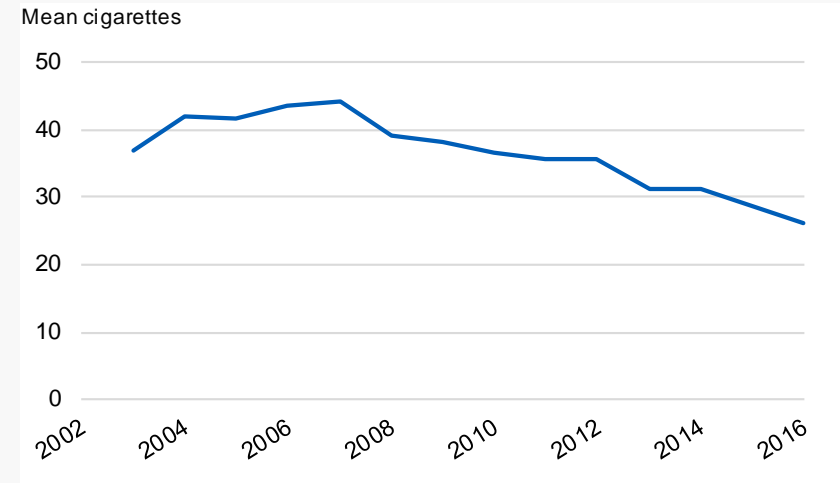


The proportion increased with age, from 1% of 11 year olds, to 11% amongst 15 year olds.



Mean cigarettes smoked in last week (regular smokers)

In 2016, mean consumption of cigarettes in the last week by regular smokers was 26.1, which has fallen gradually since 2007 when it was 44.1.



1) This differs from regular smoking (shown on page 11) as it may include some occasional smokers who had smoked in the last week, and may exclude some regular smokers who did not smoke in the last week. 2) Not a statistically significant difference.

Factors associated with regular smoking

A logistic regression model was used to explore which characteristics were associated with regular smoking.

This identifies associations, not causes; in other words, factors which identify pupils with an increased or decreased risk of smoking regularly¹.

The following factors were correlated with regular smoking (see data table 2.11 for the strengths of association for each factor):



1) See Appendix B for more information on the regression model used.

Comparison of estimates of smoking with other data sources

The results from this survey can be compared with estimates for children from the Health Survey for England (HSE)¹ which is carried out in the respondent's home. We would expect the estimates from HSE to be lower than SDD as children seem to be less likely to admit to risky behaviours such as smoking, drinking and drug taking when completing surveys at home¹. This is evident in the 2015 HSE results¹ which are much lower than those from SDD. However, HSE also collects saliva samples from children and when including children with saliva cotinine levels of 12ng/ml or more, indicating personal tobacco or nicotine use, the prevalence of assumed regular cigarette smoking was similar for SDD (see HSE 2015 report, table B¹).

Estimates for Scotland are available from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS³). SALSUS is also carried out in schools under exam conditions but it only covers 13 and 15 year olds. SALSUS showed that 2% of 13 year olds and 7% of 15 year olds in Scotland were regular smokers compared to 1% and 7% respectively from SDD in England in 2016.

Estimates from Wales are available from the Healthy Behaviours in School Children Survey (HBSC⁴). HBSC is also carried out in schools under exam conditions, and like SDD covers children in years 7 to 11. In 2013/14 the survey showed that 4% of pupils smoked at least once a week, and it was 9% for year 11 pupils only. This compares to 3% and 7% respectively (regular smokers) from SDD in England in 2016.

1) [Health Survey for England 2015](#) 2) [Section A8 of Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUTH? Survey 2014.](#)

3) [Scottish Schools Adolescent Lifestyle and Substance Use Survey, 2015.](#)

4) [Health Behaviour in School Aged Children 2013/14](#)

3: Young people who smoke

This chapter focuses on the behaviour of pupils who are categorised as current smokers. It covers where pupils get their cigarettes, including direct and proxy purchasing; dependence on smoking; and whether or not pupils' families know about their smoking.

Current smokers include regular smokers (defined as usually smoking at least one cigarette per week) and occasional smokers (defined as usually smoking less than one cigarette per week). The category of occasional smokers includes pupils who said that they did not smoke but who recorded some cigarette consumption in the last week.

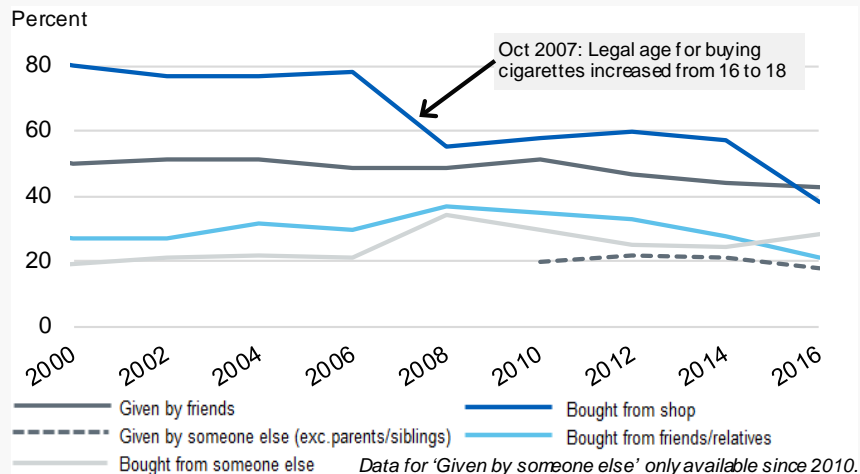
Three things should be kept in mind when considering the findings in this chapter.

- The findings are based on a relatively small proportion of 11 to 15 year olds.
- The profile of current smokers is weighted towards girls: 58% of current smokers are girls, compared with 42% of boys.
- More than half of current smokers are aged 15 (60%). 26% are aged 14 and just 14% are aged between 11 and 13.

Where pupils get cigarettes¹

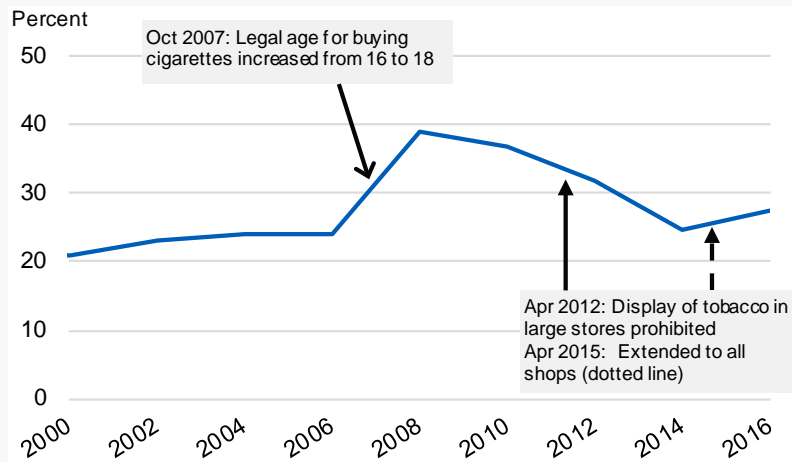
Usual sources, by year (regular smokers)²

The most common source of cigarettes for regular smokers in 2016 was to be given them by friends (43%). 38% usually bought cigarettes from shops, a sharp decline from 57% in 2014 (The display of tobacco products in all shops has been prohibited since 2015).



Difficulty buying from shops (current smokers)

The proportion of smokers who said they found it difficult to buy cigarettes from shops increased to 28% in 2016. This follows a period where reported difficulty fell for several years, having been preceded by a sharp increase in 2008³.



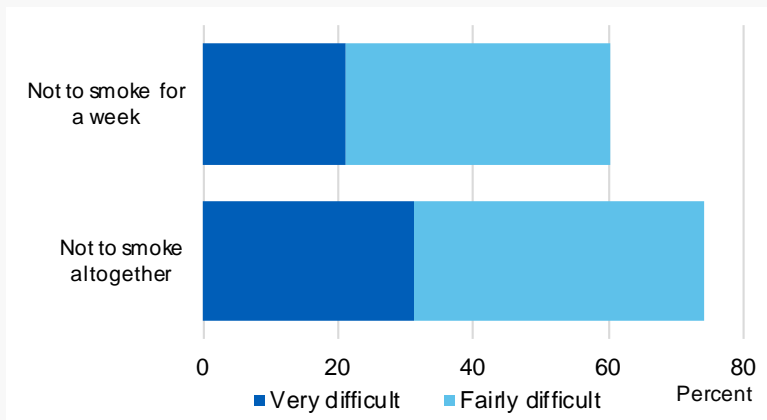
1) Over the years, there have been changes in legislation designed to limit young people's access to cigarettes. See page 8 for dates of other key policy initiatives. 2) Pupils could give more than one answer. Only the most common sources are discussed – see table 3.1 for a full list. 3) Legal age for buying cigarettes increased from 16 to 18 in Oct 2007.

Dependency on smoking¹

Dependency on smoking

Pupils who smoke regularly tend to see themselves as dependent on the habit.

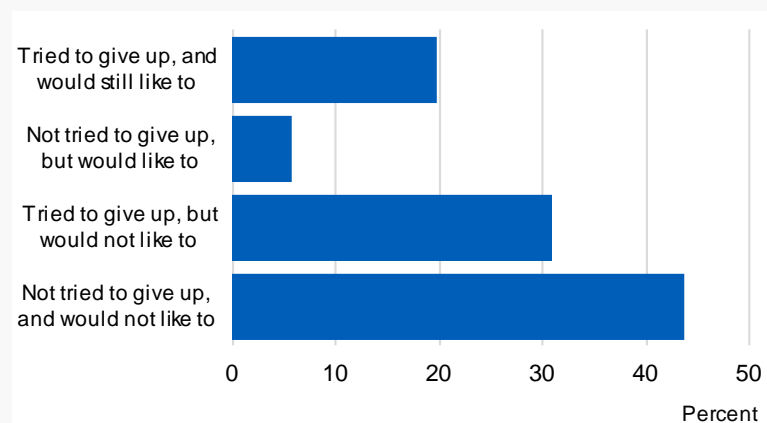
60% of regular smokers reported that they would find it very or fairly difficult to not smoke for a week, while 74% reported that they would find it very or fairly difficult to give up smoking altogether.



Desire to giving up smoking

20% of regular smokers were committed to giving up; they had tried in the past and said that they would still like to.

But over twice as many (44%) were unconcerned about dependence on smoking; they had never tried to give up and did not want to



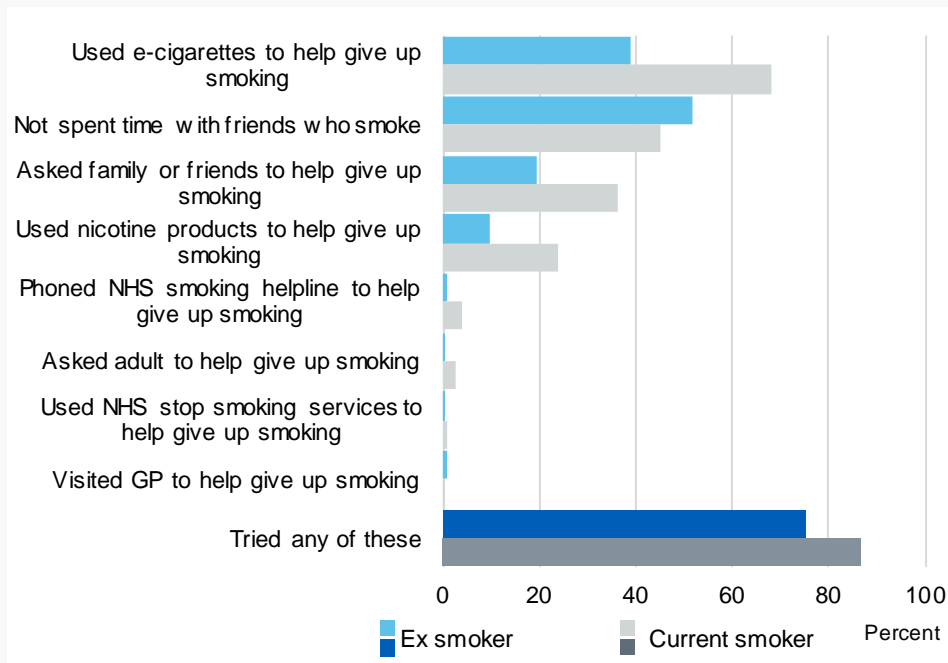
1) Regular smokers only

Help giving up smoking¹

Approaches and services used to help give up smoking²

Most current and ex-smokers had used one of the services or approaches asked about (87% and 75% respectively).

The most common approach for ex-smokers was to not spend time with friends who smoked (52%), and while current smokers often took this approach (45%), they were more likely to use e-cigarettes (68%) to try to help give up smoking.



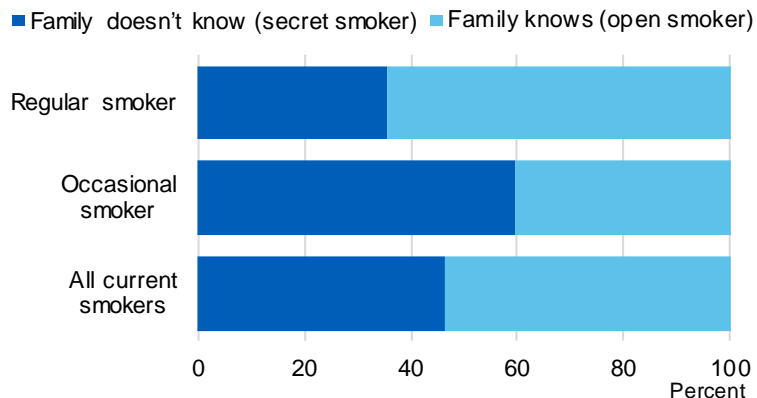
1) Only current and ex-smokers are shown (not those who only tried cigarettes). 2) Pupils could give more than one answer.

Family knowledge of pupil smoking¹

Family knowledge by pupil smoking status

Of the pupils that currently smoke, 47% were secret smokers.

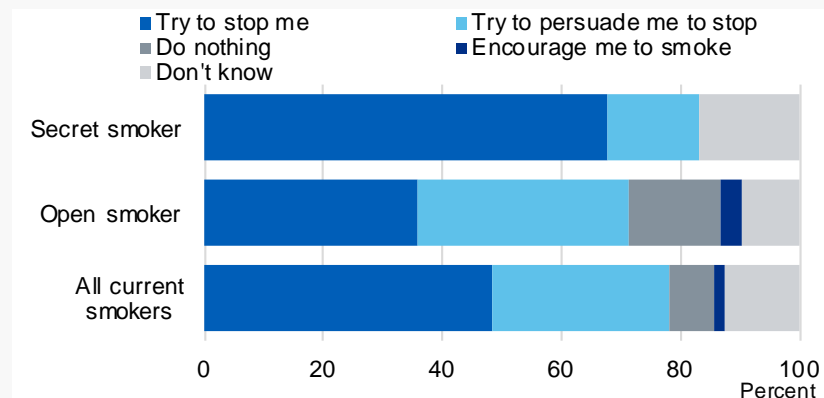
Occasional smokers were more likely to be secret smokers; 60% compared with 36% of regular smokers, and regular smokers were more likely to be open smokers; 64% compared with 40% of occasional smokers.



Perceived family attitude by family's knowledge of whether pupil smokes

Secret smokers were more likely than open smokers to think their family would try to stop them smoking if they found out (68% compared with 36%).

Open smokers were more likely than secret smokers to report that their family would do nothing about them smoking (15% compared with 0%).



1) Excludes 'reclassified' occasional smokers; pupils who recorded some smoking in the past seven days, but described themselves as non-smokers and so were not given the opportunity to record whether their families knew they smoked.

4: Young people and smoking: the context

This chapter focuses on the context of young people and cigarette smoking, specifically the circumstances that may influence whether they smoke.

Pupils were asked about the smoking behaviours of their families and friends, exposure to second hand smoke, their own and their families' attitudes to smoking, and from what sources they get useful information about smoking.

Where pupils have seen cigarettes on display in shops is also discussed. The Tobacco Advertising and Promotion (Display) (England) Regulations 2010¹ led to a staged prohibition of the display of cigarettes and other tobacco products in shops.

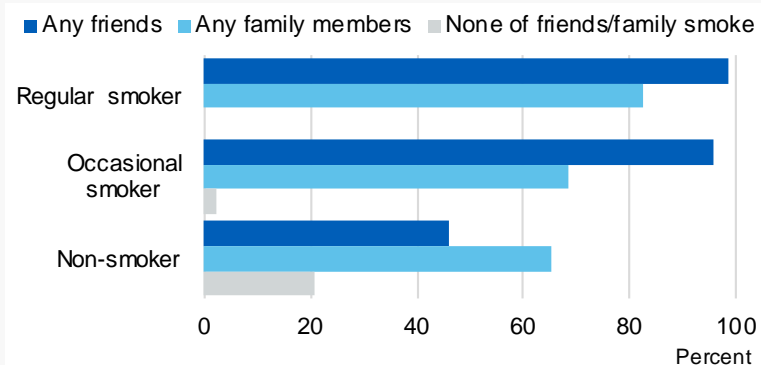
Specifically, the display of tobacco was banned in April 2012 for large shops and the ban was extended to small shops in April 2015.

1) [The Tobacco Advertising and Promotion \(Display\) \(England\) Regulations 2010](#)

Whether family or friends smoke

Smokers pupils know, by smoking status

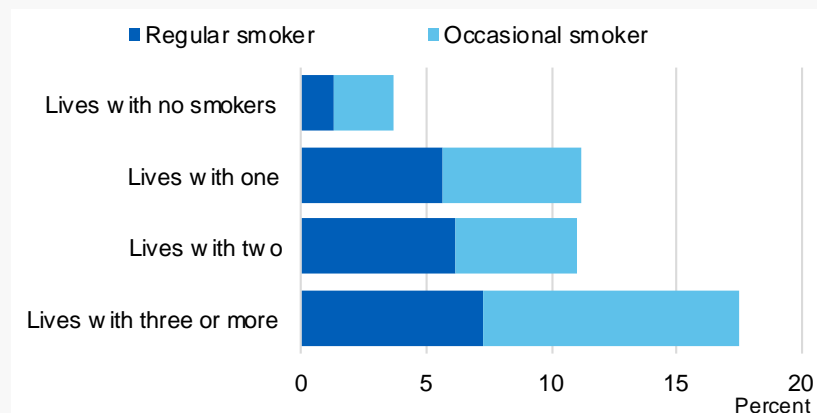
Almost all regular and occasional smokers had a friend who smoked, compared with less than half of non-smokers. Regular smokers were also more likely to have a family member who smoked (83%) than occasional smokers (68%) or non-smokers (65%). Less than 1% of regular smokers and 2% of occasional smokers reported not knowing anyone who smoked, compared with 21% of non-smokers.



Smokers pupil lives with, by smoking status

Pupils were more likely to smoke themselves if they lived in a household with other smokers.

The proportion of pupils who smoked increased as the number of smokers in the household increased. 7% of pupils who lived with three or more smokers were regular smokers themselves, compared to only 1% in households with no other smokers.



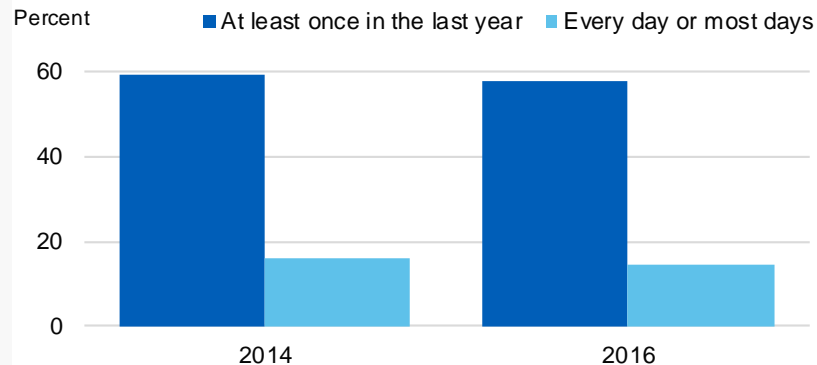
Exposure to second hand smoke

In the last year, 48% of pupils reported being exposed to second hand smoke indoors or in a car. 57% reported exposure in their own or someone else's home, and 26% reported exposure in a car.

A ban on smoking in cars with under 18s present was introduced in October 2015.

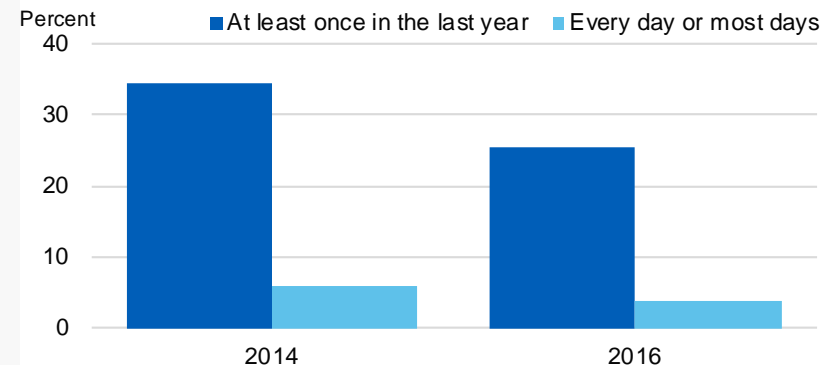
Exposure at home¹

The proportion of pupils reporting exposure to second hand smoke was 57% in 2016, similar to 2014 when it was 59%. 14% were exposed every day or most days.



Exposure in a car

The proportion of pupils reporting exposure to second hand smoke in a car fell from 34% in 2014, to 26% in 2016. Those exposed every day or most days fell from 6% to 4%.

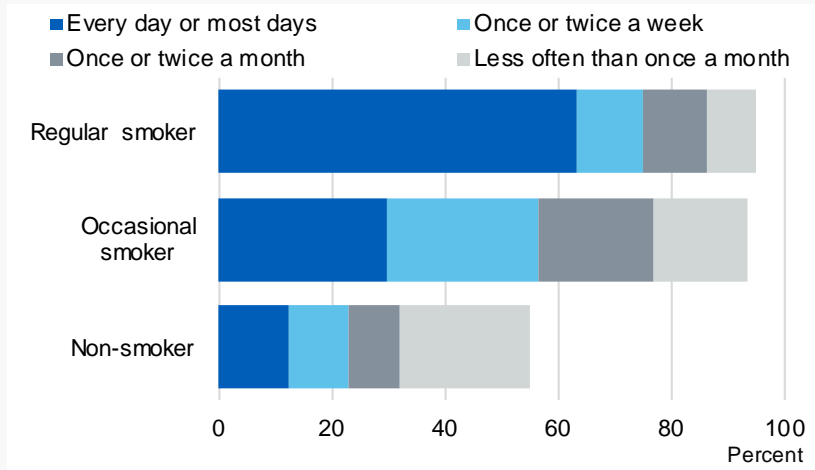


1) Includes at home or in someone else's home.

Exposure to second hand smoke

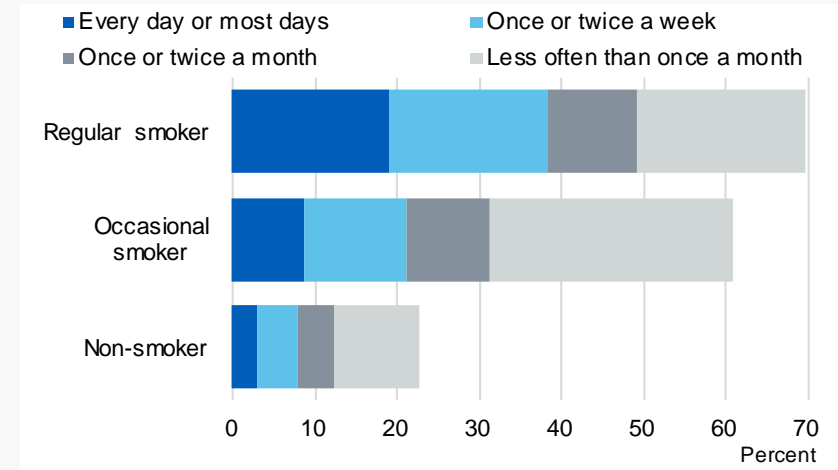
Exposure at home¹, by smoking status

Regular smokers were far more likely to be exposed to second hand smoke in the home. 63% of regular smokers were exposed on every or most days in the last year, compared to 29% of occasional smokers, and 12% of non-smokers.



Exposure in a car, by smoking status

19% of regular smokers were exposed to second hand smoke in a car on every or most days in the last year, compared to 9% of occasional smokers, and 3% of non-smokers.

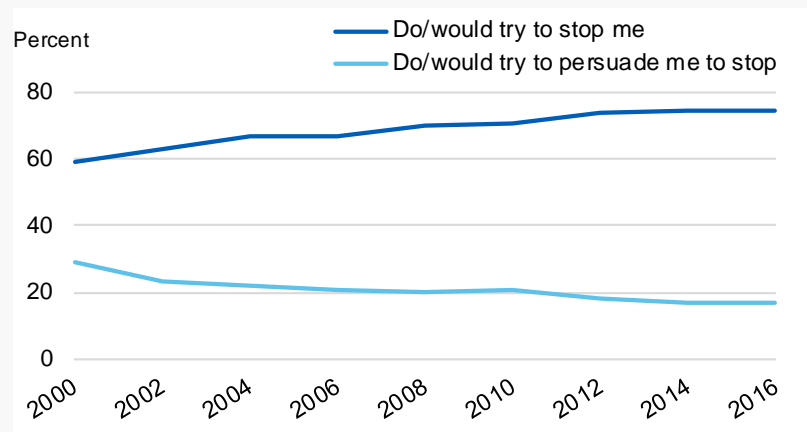


1) Includes at home or in someone else's home.

Attitudes to smoking

Perceived family attitudes to smoking over time¹

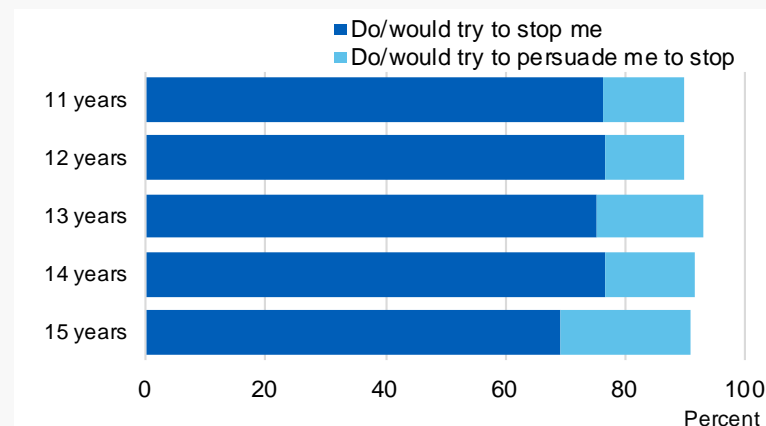
74% of pupils reported that their family do or would try and stop them smoking. A further 17% reported that their family do/would try and persuade them to stop. These levels are similar to 2014.



Perceived family attitudes to smoking, by age¹

Broadly similar proportions of pupils aged between 11 and 14 said that their parents do/would try to stop them smoking (75% to 77%), but it was lower among 15 year olds (69%).

15 year olds were most likely to report that their family do/would try and persuade them to stop (22%).



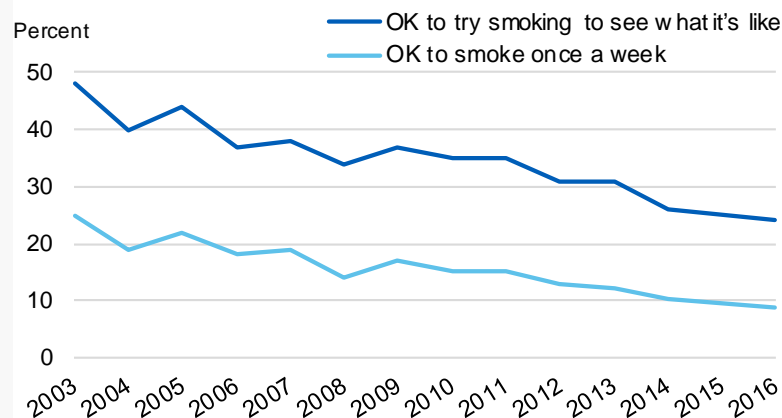
1) Includes responses from pupils who smoke and whose families know they do, pupils who smoke and who think their families don't know, and those who don't smoke.

Attitudes to smoking

Pupils' attitudes towards smoking, by year

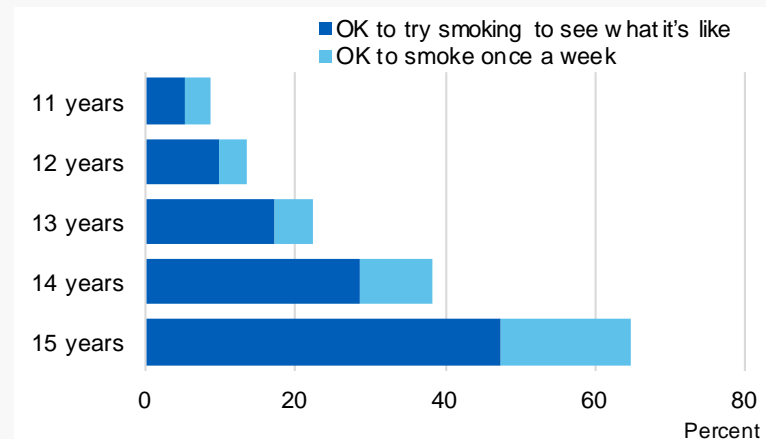
24% of pupils reported that it was OK to try a cigarette to see what it was like, and 9% reported that it was OK to smoke once a week.

Since these questions were first asked, there has been a general decline in positive attitudes towards smoking.



Pupils' attitudes towards smoking by people of their same age, by age

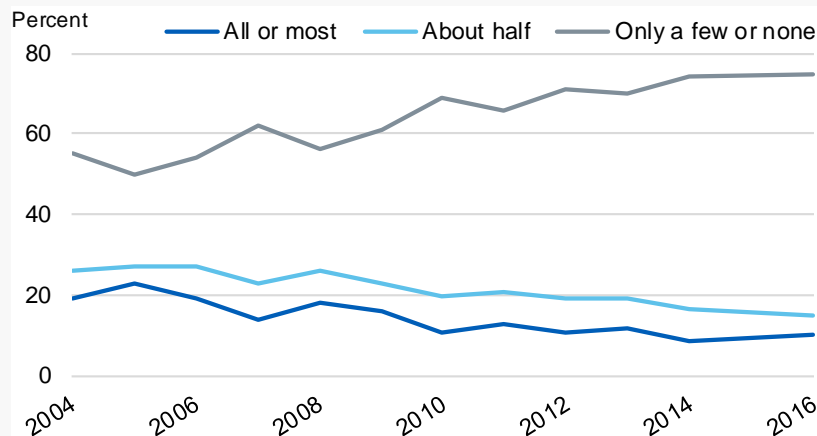
Younger pupils were less likely to think that it was OK to try smoking to see what it was like; 5% of 11 year olds, compared with 47% of 15 year olds, or that it was OK to smoke once a week; 3% and 17% respectively.



Pupils' beliefs and perceptions of smoking

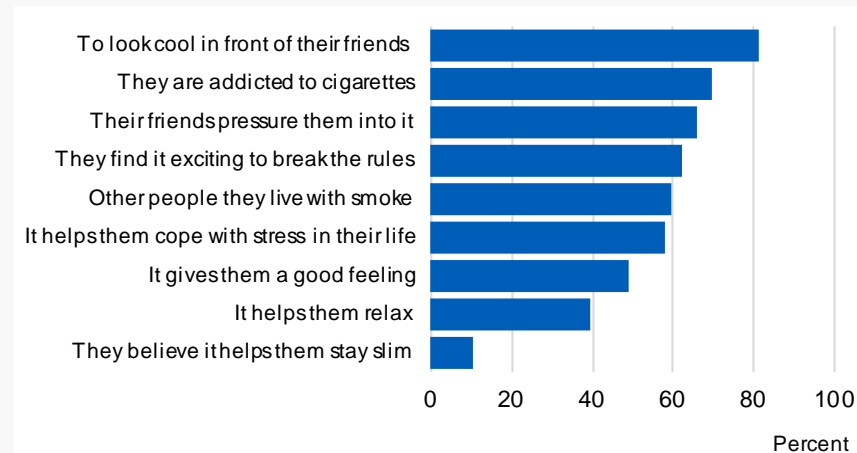
Perceptions of how many people of pupil's age smoke, by year

Since 2004, there has been an upward trend in the proportion of pupils who believe that either none or a few of their peers smoke, and a downward trend in the proportion who believe about half or more of their peers smoke.



Beliefs about why people their own age smoke

The most common reason given as to why pupils believed others their own age smoke was 'to look cool in front of friends' (81%). The next most common reasons were because 'they were addicted to cigarettes' (70%), and 'their friends pressure them into it' (66%).

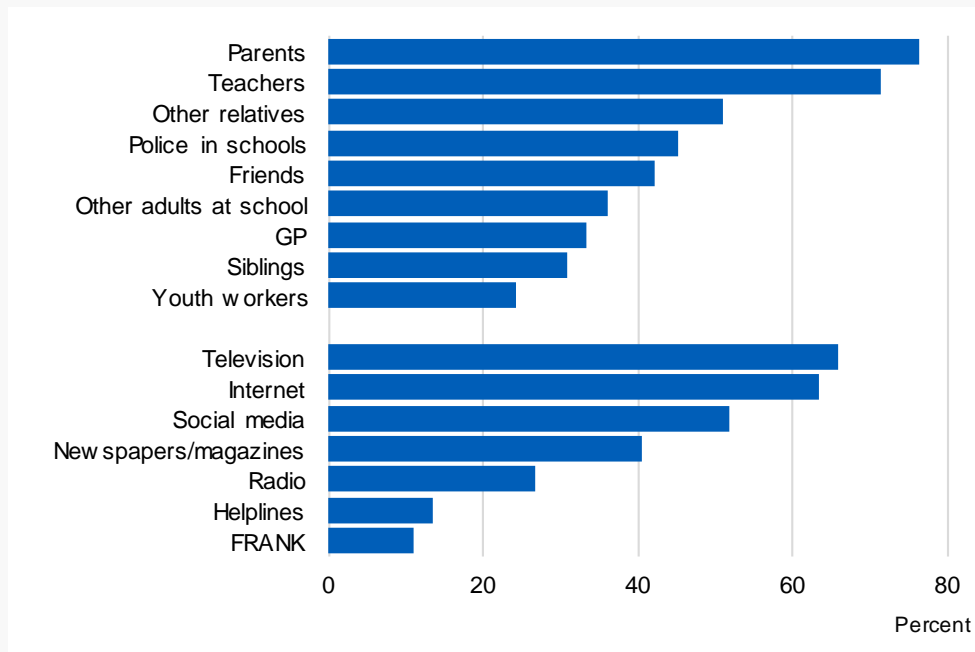


Sources of helpful information about smoking

Sources of helpful information about smoking

Pupils were most likely to cite parents as providing helpful information about smoking (76%) with teachers also being a popular answer (71%).

In relation to different forms of media, television (66%) and the internet (63%) were the most popular sources of helpful information about smoking.



Where cigarettes are seen on display

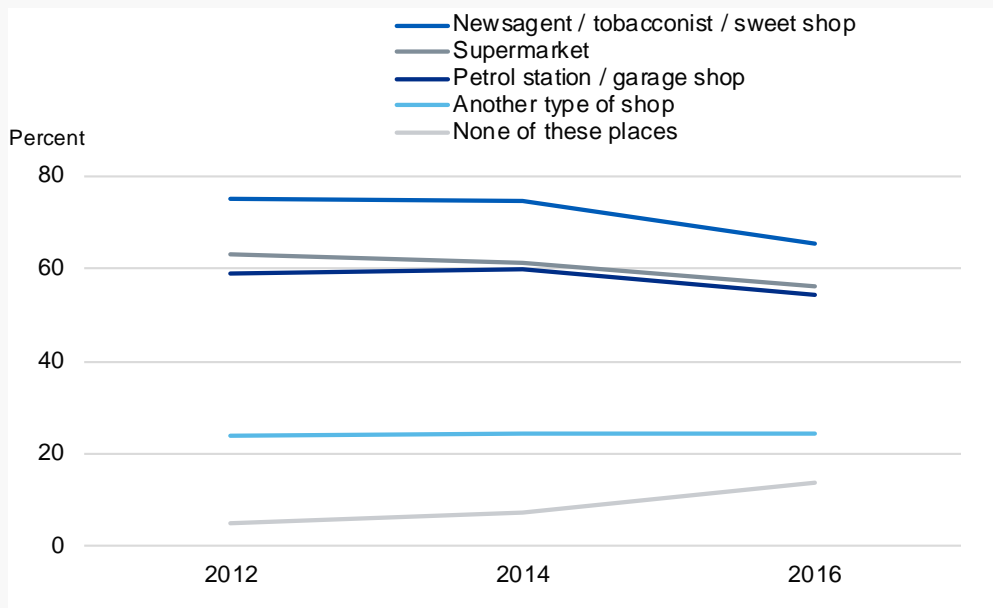
Where pupils have seen cigarette packets on display in the last year¹

Pupils were most likely to have seen cigarettes on display in newsagents/tobacconists/sweet shops, with 65% having done so in 2016.

Compared to 2014, the proportion fell for supermarkets, newsagents/tobacconists, and petrol stations, though remains above 50% for each.

24% reported having seen them on display in another type of shop.

14% of pupils had not seen cigarettes on display at any shop in the last year, up from 5% in 2012.



1) In 2010, the law was changed to provide for a phased ban on retailers having tobacco products on open display. Large premises, including supermarkets, were prohibited from displaying tobacco products for sale from April 2012. The ban was extended to all shops from April 2015.

5: Use of electronic cigarettes

In 2014, pupils were asked for the first time about e-cigarettes, with further questions added in 2016.

New legislation came into force in England and Wales on 1 October 2015, introducing a minimum age of sale of 18 for e-cigarettes and prohibiting the purchase of these products on behalf of someone under the age of 18.

In 2015, Public Health England (PHE) published an independent evidence review on electronic cigarettes which concluded that the devices are significantly less harmful than smoking. The review also found no evidence that electronic cigarettes act as a route into smoking for children or non-smokers¹.

Pupils were asked about awareness, frequency and length of use, sources of e-cigarettes, and about success in obtaining them from shops.

Pupils were categorised in three ways based on the responses given:

- Regular users (defined as usually using an e-cigarette at least once per week);
- Occasional users (defined as using an e-cigarette sometimes but less than once per week); or
- Non-users (including those who reported using them just once or twice in total).

Current users include both regular and occasional users.

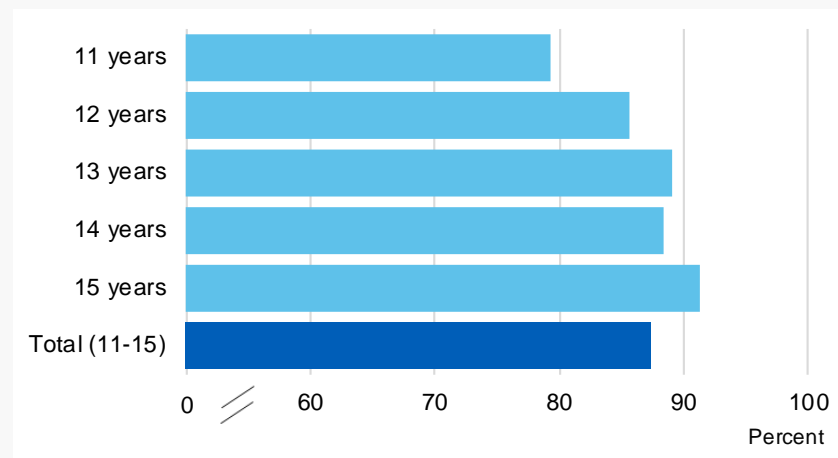
1) <https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update>

E-cigarette awareness and prevalence

E-cigarette awareness, by age

The majority (87%) of pupils were aware of e-cigarettes.

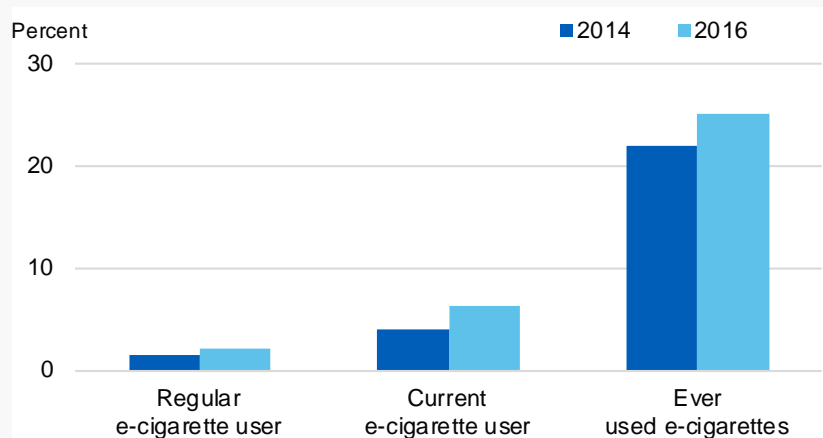
Awareness increased with age, from 79% of 11 year olds to 91% of 15 year olds.



E-cigarette prevalence, by year

A quarter of pupils (25%) reported they had ever used e-cigarettes¹. This is up from 22% in 2014.

Current and regular e-cigarette prevalence remain low but have increased from 4% to 6%, and from 1% to 2% respectively since 2014.



1) As noted on page 6, this is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 23% and 27%.

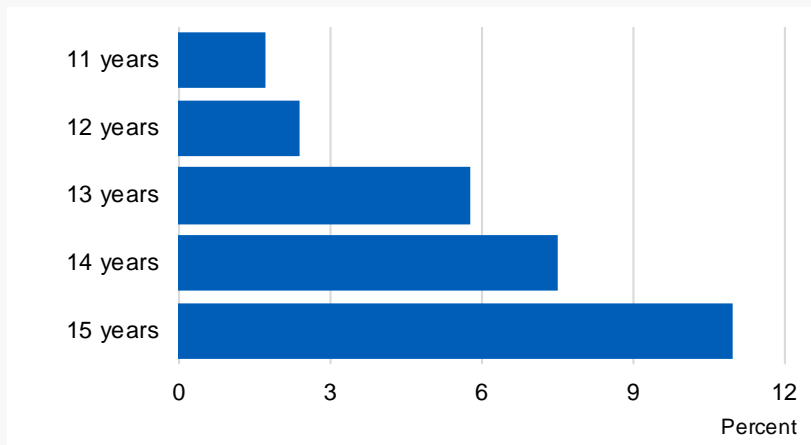
E-cigarette prevalence

Current e-cigarette use, by sex and age

Boys were more likely than girls to be current e-cigarette users.



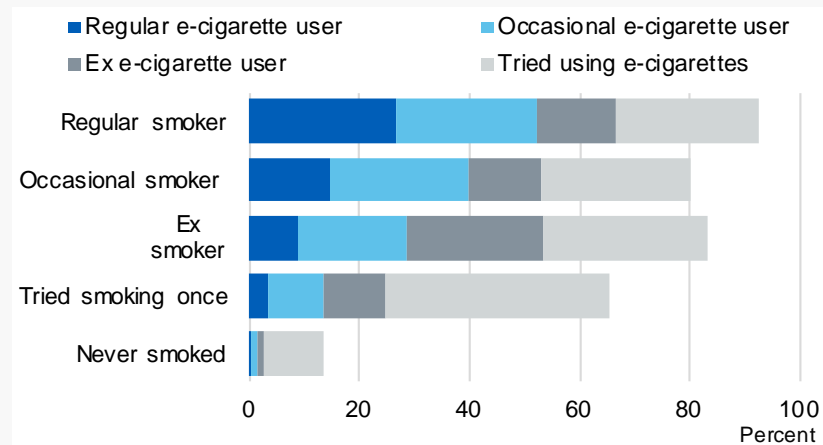
Current e-cigarette use increased with age: 2% of 11 year olds, to 11% of 15 year olds.



E-cigarette use, by cigarette smoking status

E-cigarette use was strongly linked to cigarette smoking status. Most regular smokers (93%) reported having ever used e-cigarettes, with 27% reporting regular use.

Just 13% of non-smokers reported having ever used e-cigarettes.

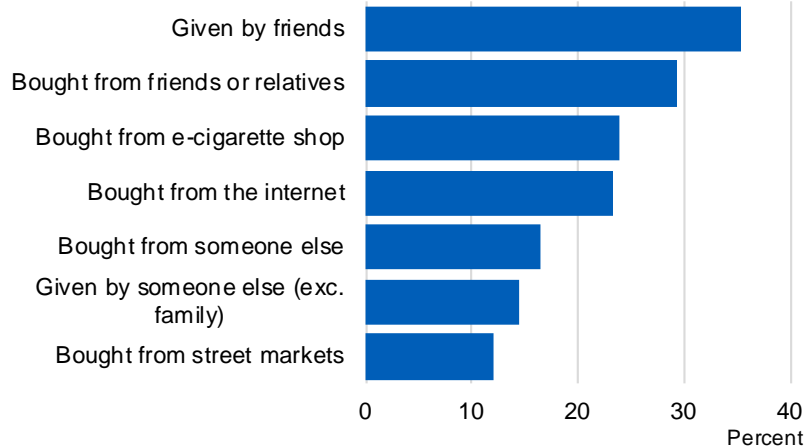


Sources of e-cigarettes

Main sources¹ of e-cigarettes (regular users)

Regular e-cigarette users were most commonly given them by friends (35%), or bought them from friends or relatives (29%).

24% said they usually bought them from e-cigarette shops, and 23% bought them from the internet.



Difficulty buying from shops

All pupils

6% of all pupils had asked someone else to buy them e-cigarettes or refills from a shop in the last year.

Of these pupils, 72% were successful.

Current e-cigarette users

42% of current e-cigarette users had asked someone else to buy them e-cigarettes or refills from a shop in the last year.

Of these users, 83% were successful.

1) Pupils could give more than one answer. Only the most common sources are discussed – see table 5.6 for a full list.

6: Alcohol drinking prevalence and consumption

In 2009, the Chief Medical Officer of England published the first official guidance on alcohol aimed specifically at children and young people¹. It recommended that the healthiest and safest option was for children to remain alcohol free up to age 18. If they did drink alcohol it should not be at least until the age of 15. For young people aged 15 to 17, it was suggested they should only drink in a supervised environment, and no more than once a week.

The guidance was based on a body of evidence that drinking at a young age, and particularly heavy or regular drinking, can result in physical or mental health problems, impair brain development, and put children at risk of alcohol-related accident or injury. More broadly it is also associated with missing or falling behind at school, violent and antisocial behaviour, and unsafe sexual behaviour².

The 2012 Alcohol Strategy³ had a particular focus on excessive drinking by adults, but also included the ambition to achieve 'a sustained reduction in both the numbers of 11 to 15 year olds drinking alcohol and the amounts consumed'.

Attempting to accurately measure alcohol consumption among young people presents similar challenges to surveys of adults. Recall of their drinking can be erroneous and the majority of pupils' drinking is in informal settings where the quantities they drink are not necessarily standard measures. They are also not very knowledgeable about the alcoholic strength of different drinks. See appendix B for more background on the methods that were used to measure alcohol consumption.

This chapter includes information on drinking prevalence, frequency, and alcohol consumption levels including drunkenness.

1) [Guidance on the consumption of alcohol by children and young people. A report by the Chief Medical Officer](http://jech.bmj.com/content/61/10/902) 2) Viner R, and Taylor B, (2007) Adult outcomes of binge drinking in adolescence: findings from a UK national birth cohort. *Journal of Epidemiology and Community Health*, 61: 902-907. <http://jech.bmj.com/content/61/10/902> 3) [Government alcohol strategy 2012](#)

Changes to question to establish whether a pupil had drunk alcohol

In previous years, the question used to establish whether a pupil had drunk alcohol was:

‘Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don’t count drinks labelled low alcohol’.

Before the 2016 survey took place the questionnaire was tested with a group of pupils and this question caused confusion.

In general, pupils thought the use of the word ‘proper’ meant the question referred to spirits only.

They were also unaware of what would be considered a ‘low alcohol’ drink and some assumed low alcohol would include beer, cider, cocktails and alcopops.

In light of this feedback, the question was changed for the 2016 survey to:

“Have you ever had an alcoholic drink – a whole drink, not just a sip?”

Whilst this means the survey now gives an improved picture of the proportion of young people who have drunk alcohol, comparisons with previous years are not possible. However, large directional changes such as whether prevalence has decreased over a long period of time can be made as the impact of the new wording is small in comparison, (although the exact size of the change cannot be calculated).

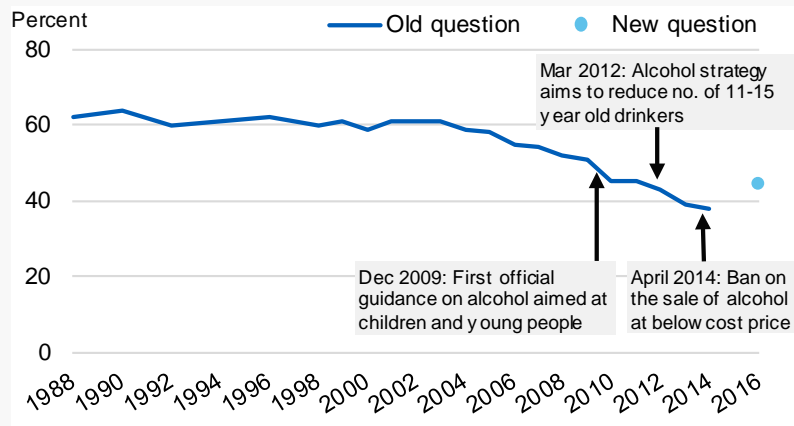
This change to the initial alcohol question may also have an impact on the more detailed questions which follow. This is because some of these were only asked of those pupils who answered ‘yes’ to the initial question on drinking alcohol, so the change to this question may lead to a slightly different group of pupils answering the more detailed questions than in previous years.

Drinking prevalence¹

Ever had an alcoholic drink, by year

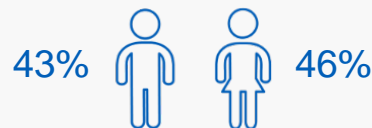
Between 2003 and 2014 there was a decline in the proportion of pupils who had ever drunk an alcoholic drink.

In 2016, 44% of pupils said they had ever drunk an alcoholic drink². *Data prior to 2016 is not comparable due to a change in the survey question.*

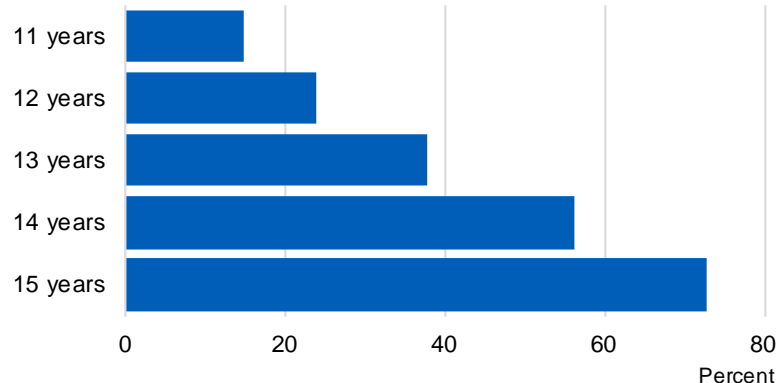


Ever had an alcoholic drink, by sex and age

46% of girls and 43% of boys said they had ever had a drink³.



Whether a pupil had drunk alcohol was related to their age, increasing from 15% of 11 year olds to 73% of 15 year olds.



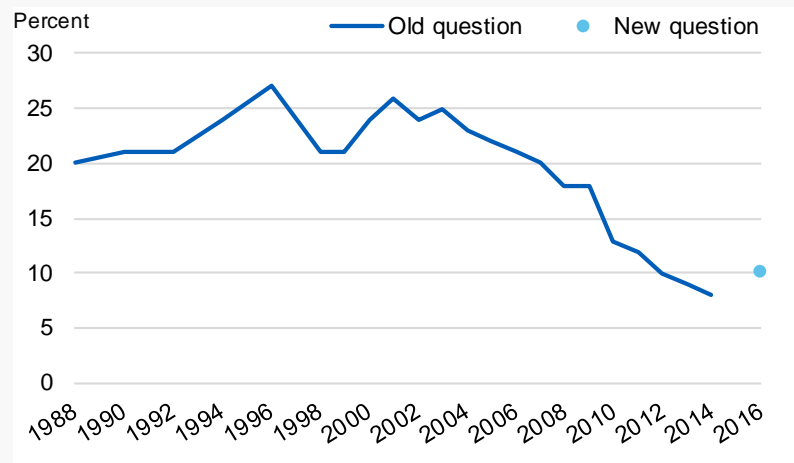
1) In 2016 the question used to establish whether a pupil had drunk alcohol changed making the results of the 2016 survey not comparable with previous years. See page 35 for further details. 2) This is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 41% and 47%. 3) Not a statistically significant difference.

Drinking prevalence¹

Had an alcoholic drink in the last week, by year²

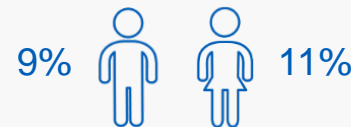
Between 2003 and 2014 there was a decline in the proportion of pupils who had drunk in the last week.

In 2016, 10% of pupils said they had drunk in the last week³. *Data prior to 2016 is not comparable due to a change in the survey question.*

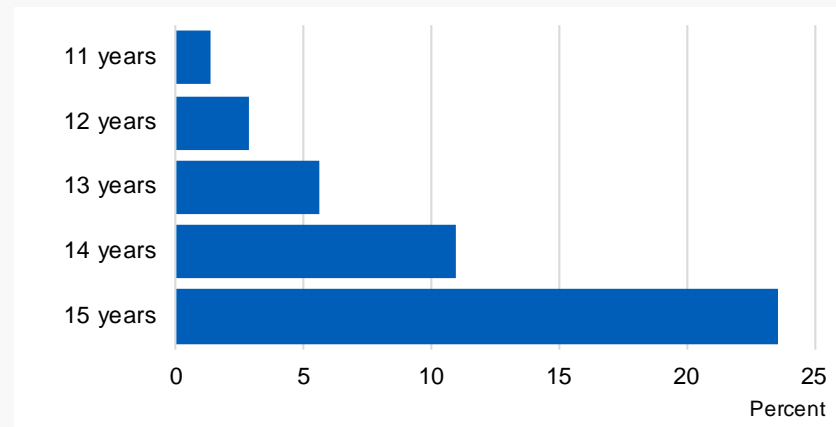


Had an alcoholic drink in the last week, by age and sex

11% of girls and 9% of boys had drunk in the last week⁴.



The proportion increased with age, from 1% of 11 year olds to 24% of 15 year olds.

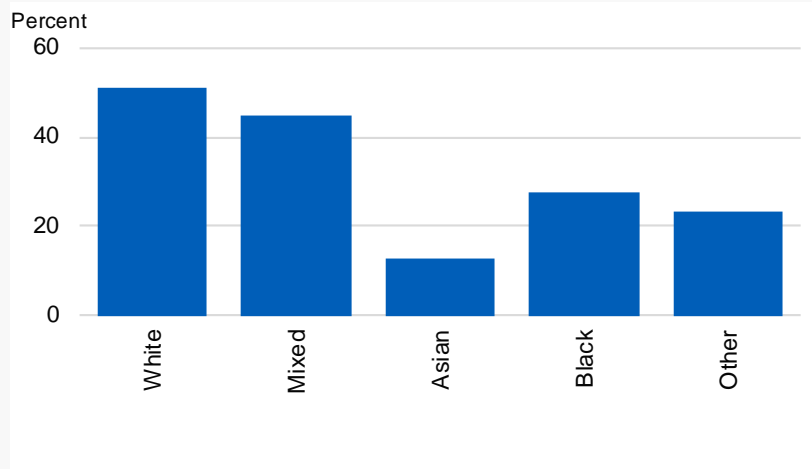


1) In 2016 the question used to establish whether a pupil had drunk alcohol changed making the results of the 2016 survey not comparable with previous years. See page 35 for further details. 2) See 'ever had an alcoholic drink' chart on page 36 for dates of key policy initiatives. 3) As noted on page 6, this is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 9% and 11%. 4) Not a statistically significant difference.

Drinking prevalence

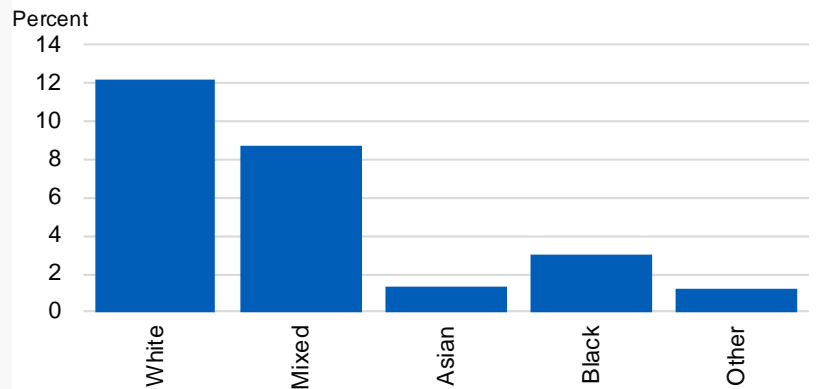
Ever had an alcoholic drink, by ethnicity

51% of White pupils and 45% of Mixed ethnicity pupils had ever had an alcoholic drink, compared to 28% of Black pupils, and only 13% of Asian pupils.



Had an alcoholic drink in the last week, by ethnicity

White and Mixed ethnicity pupils were most likely to have had an alcoholic drink in the last week (12% and 9% respectively). This compares to 3% of Black pupils and only 1% of Asian pupils.

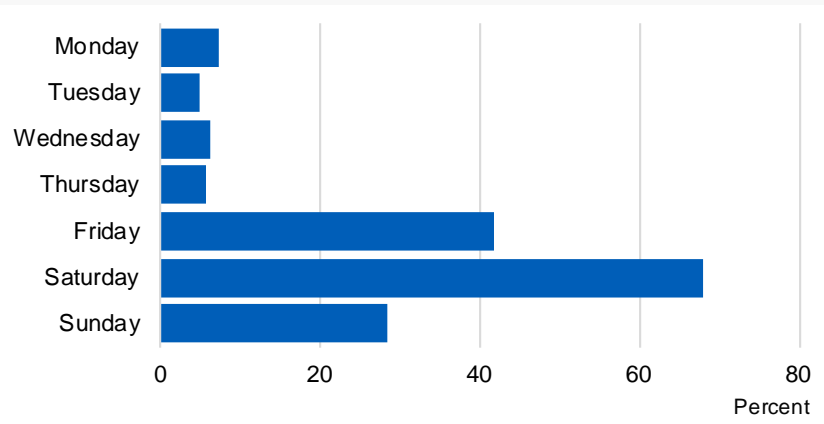


Drinking in the last week¹

When pupils drink

Pupils were most likely to drink at weekends.

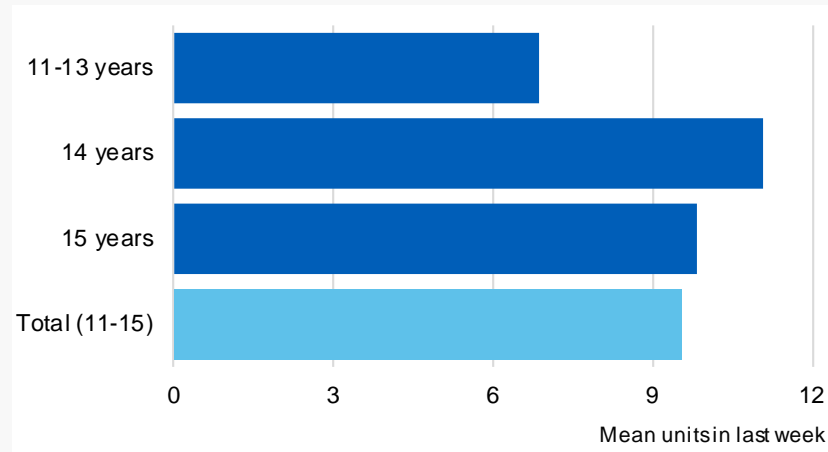
Of pupils who had drunk in the last week, 68% drank on Saturday, 42% drank on Friday, and 28% drank on Sunday. On other days of the week, between 5% and 7% of pupils drank.



How much pupils drink (mean units)², by age

Pupils who drank alcohol in the last week consumed an average (mean) of 9.6 units that week³.

Mean consumption was lowest among 11 to 13 year olds (6.9 units), and highest among 14 year olds (11.1 units).

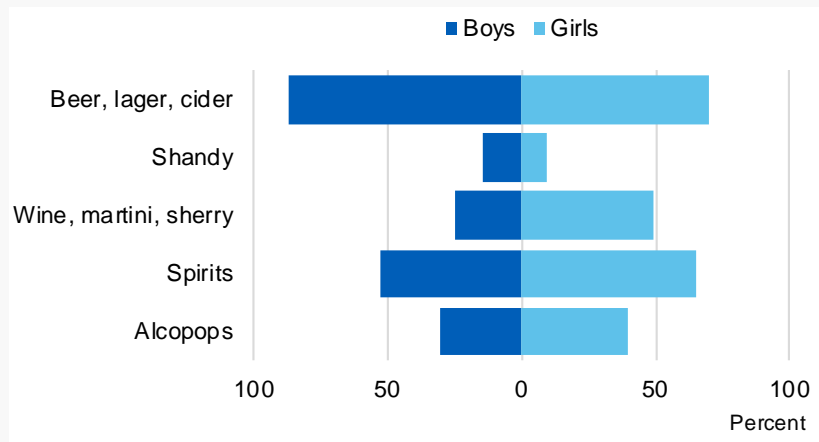


1) Based only on pupils who said they had a drink in the last week (10% of all pupils) 2) Quantities of alcohol were converted into units of alcohol, using a standard method described in Appendix B. 3) As noted on page 6, this is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 8.7 and 10.5.

Drinking in the last week¹

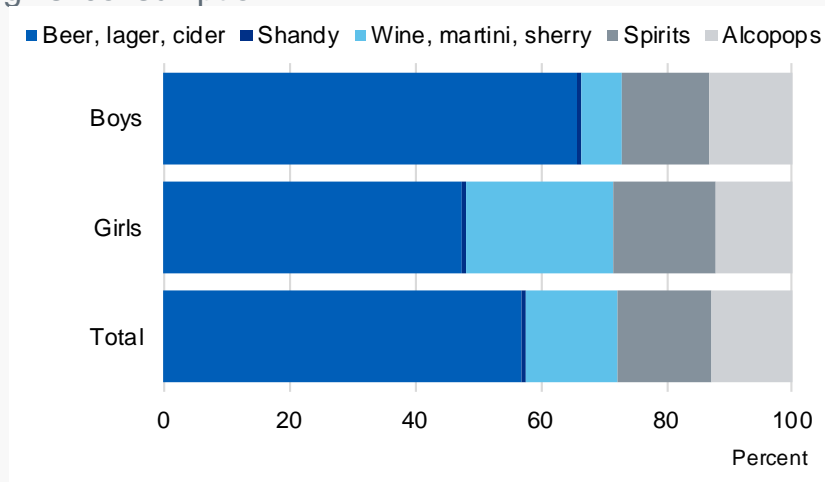
What pupils drink²

Pupils who drank in the last week were most likely to have drunk beer, lager or cider, with boys more likely than girls (87% of boys, 70% of girls). Girls were more likely than boys to have drunk spirits (65% of girls, 53% of boys), alcopops (40% and 31%) or wine, martini or sherry (49% and 25%).



What pupils drink as a proportion of total units³

Beer, lager and cider accounted for more than half the alcohol consumed by pupils in the last week. Beer, lager and cider made up two thirds (66%) of boys' consumption, compared with just under half (47%) of girls' consumption.



1) Based only on pupils who said they had a drink in the last week (10% of total). 2) Pupils could give more than one answer.

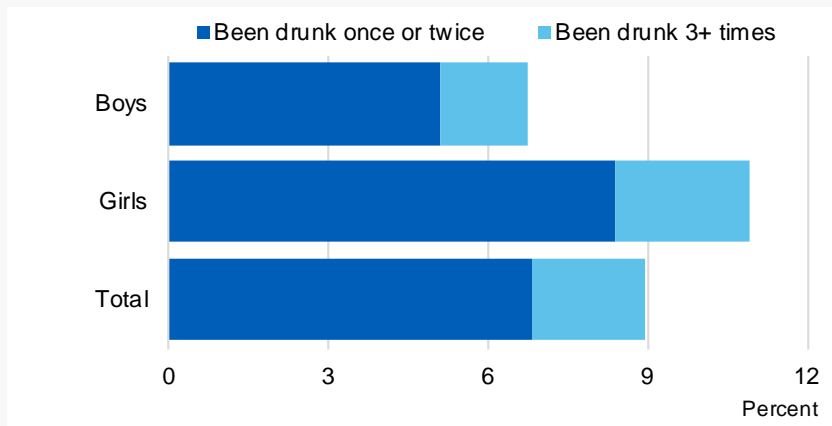
3) Quantities of alcohol were converted into units of alcohol, using a standard method described in Appendix B.

Prevalence of drunkenness

Pupils who were drunk in the last four weeks, by sex

9% of pupils said they had been drunk in the last four weeks, including 7% of pupils who had been drunk once or twice, and 2% more often.

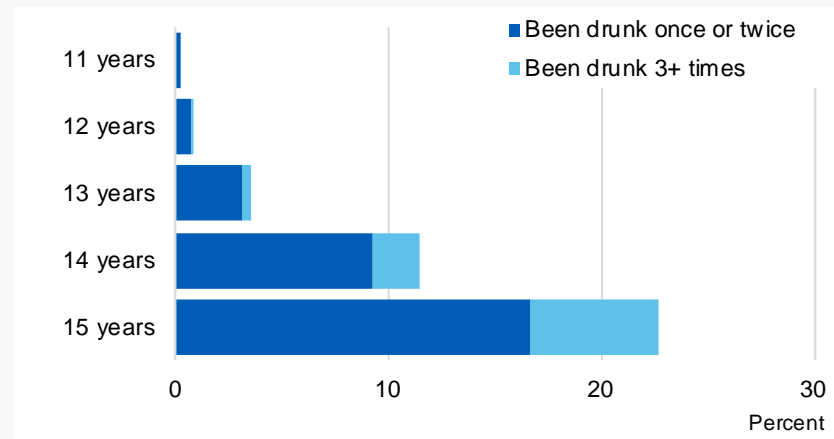
Girls (11%) were more likely to have been drunk in the last four weeks than boys (7%).



Pupils who were drunk in the last four weeks, by age

The proportion of pupils who reported having been drunk in the last four weeks increased with age.

23% of 15 year olds reported having been drunk in the last four weeks.



Factors associated with drinking in the last week

A logistic regression model was used to explore which characteristics were associated with drinking in the last week.

This identifies associations, not causes; in other words, factors which identify pupils with an increased or decreased risk of having drunk alcohol in the last week¹.

The following factors were correlated with drinking in the last week (see data table 6.26 for the strengths of association for each factor):



1) See Appendix B for more information on the regression model used.

Comparison of estimates of drinking with other data sources

The results from this survey can be compared with estimates for children from the Health Survey for England (HSE)¹ which is carried out in the respondent's home. We would expect the estimates from HSE to be lower than SDD as children seem to be less likely to admit to risky behaviours such as smoking, drinking and drug taking when completing surveys at home¹. This is evident in the 2015 HSE results² which are much lower than those from previous SDD surveys.

In HSE, 6% of 11-12 year olds and 37% of 13-15 year olds had ever had a proper alcoholic drink. This compares to 44% of all pupils in this 2016 SDD survey, although this used a different question to establish drinking prevalence than HSE 2015 so is not directly comparable. SDD 2014 used the same question as HSE and found that 38% of pupils had ever drunk alcohol.

Estimates for Scotland are available from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS³). SALSUS is also carried out in schools under exam conditions but it only covers 13 and 15 year olds.

SALSUS reported that 28% of 13 year old pupils and 66% of 15 year olds in Scotland had ever had an alcoholic drink. This compares to 38% and 73% respectively from 2016 SDD in England. SALSUS also reported that 4% of 13 year olds and 17% of 15 year olds had drunk alcohol 7 days prior to being surveyed, which compares to 6% and 24% in SDD.

Estimates from Wales are available from the Healthy Behaviours in School Children Survey (HBSC⁴). HBSC is also carried out in schools under exam conditions, and like SDD covers children in years 7 to 11. In 2013/14 the survey showed that 6% of pupils had drunk alcohol at least once a week, and was 14% for those in year 11. The equivalent figure for all pupils in 2016 from SDD was 10%.

1) [Section A8 of Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUTH? Survey 2014.](#)

2) [Health Survey for England 2015](#)

3) [Scottish Schools Adolescent Lifestyle and Substance Use Survey, 2015.](#)

4) [Health Behaviour in School Aged Children](#)

7: Young people who drink alcohol

This chapter focuses further on the behaviour of pupils who drink alcohol.

Topics covered include:

- where pupils get alcohol;
- where they buy alcohol;
- where they drink and whom they drink with;
- being drunk, including adverse consequences of drinking;
- family awareness; and
- perceived family attitude towards pupils drinking.

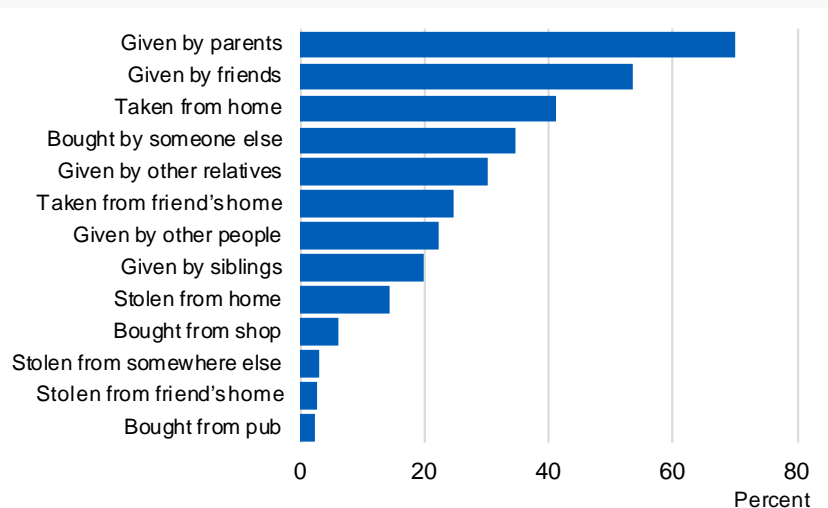
Most of the analysis is based on 'current drinkers': pupils who drink alcohol at least a few times a year. In 2016, 38% of pupils said that they drank alcohol at least a few times a year.

This increased sharply by age, from 8% of 11 year olds to 68% of 15 year olds, and therefore, the age profile of current drinkers is heavily weighted towards older pupils.

Where pupils get alcohol

How obtained alcohol in the last four weeks¹

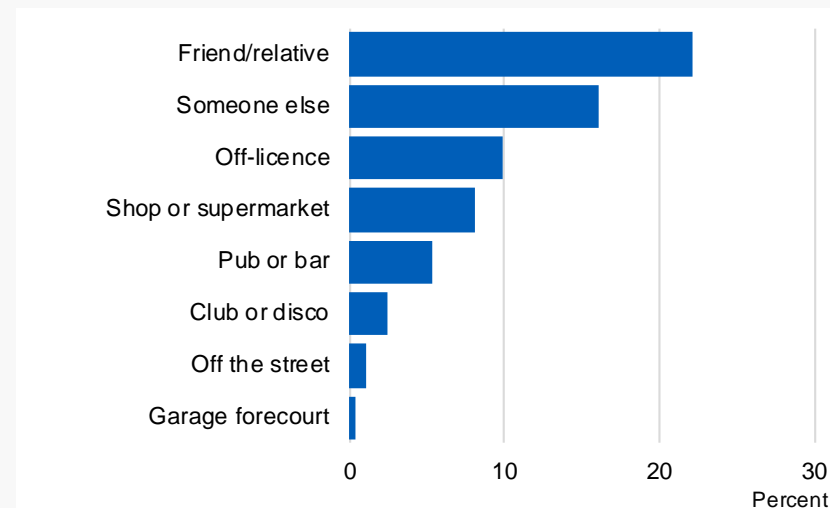
Of pupils who obtained alcohol in the last four weeks, the most common sources were to be given it by parents or guardians (70%), given it by friends (54%), or to take it from home with permission (41%).



Where current drinkers usually buy alcohol

Current drinkers were most likely to buy it from friends or relatives (22%), someone else (16%), an off-licence (10%) or a shop or supermarket (8%).

61% of current drinkers said they never buy alcohol.

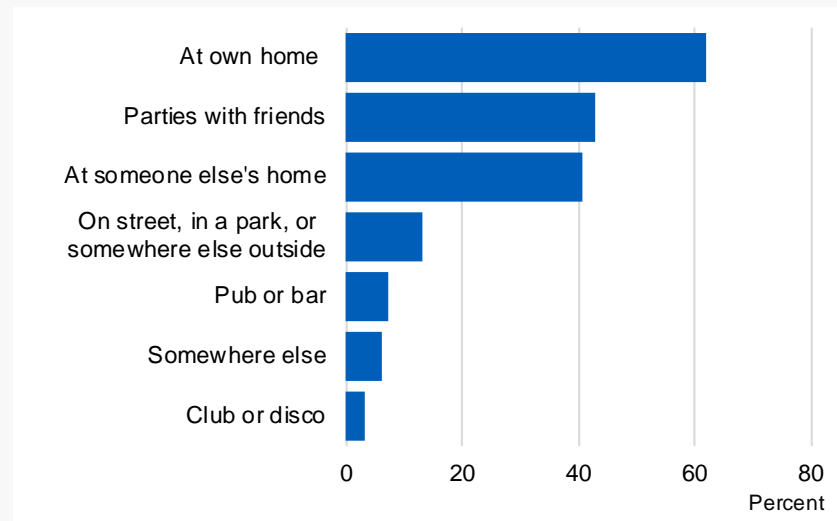


¹ Based on pupils who obtained alcohol in the last four weeks. Pupils could give more than one answer.

Where pupils usually drink

Where current drinkers usually drink¹

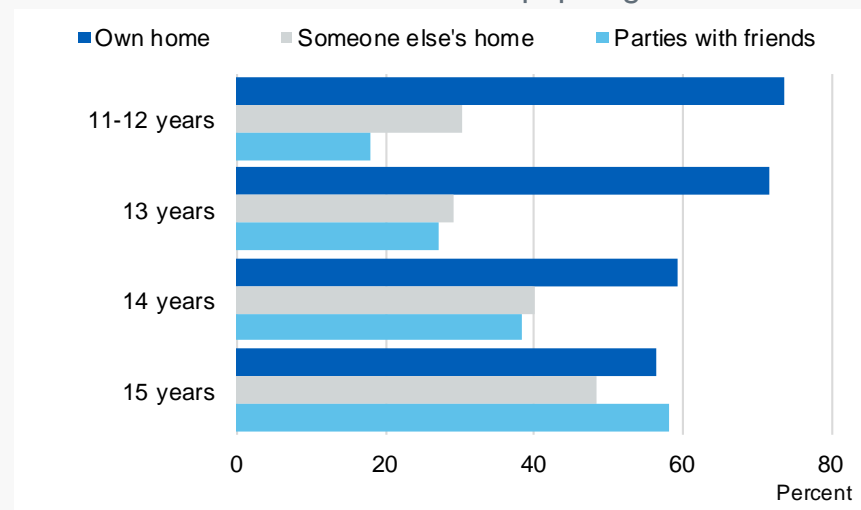
Pupils who drank alcohol were most likely to do so in their own home (62%), at parties with friends (43%), or at someone else's home (41%).



Where current drinkers usually drink, by age^{1,2}

Drinking at home was the most common location for pupils of all ages, with the exception of 15 year olds.

Drinking at parties with friends and at someone else's home become more common as pupils get older.



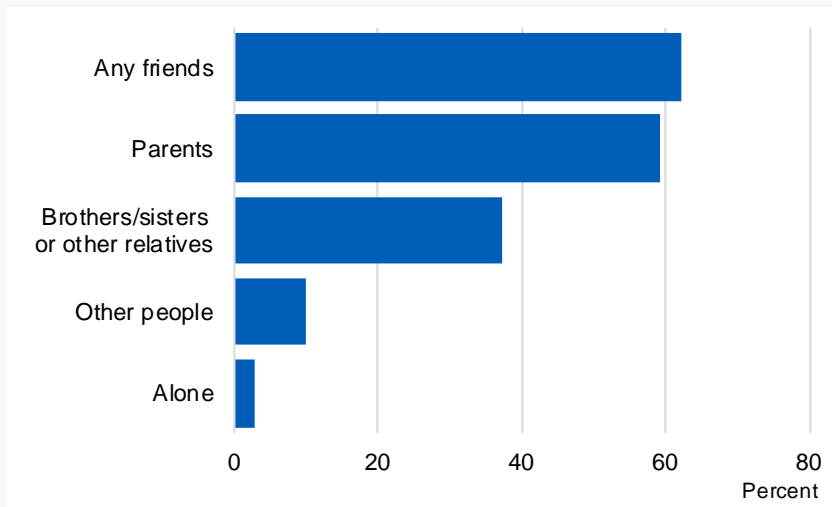
1) Pupils could give more than one answer. 2) Only the most common locations are shown.

Who pupils usually drink with

Who current drinkers usually drink with¹

Pupils who drank alcohol were most likely to say they drank with friends (62%)² or parents (59%).

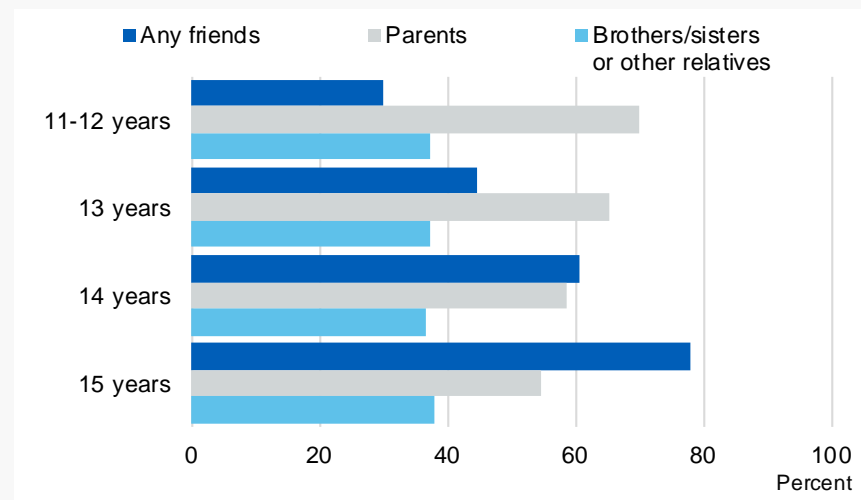
Few pupils said that they usually drank alone (3%).



Who current drinkers usually drink with, by age^{1,3}

Younger pupils who drank were most likely to say they usually drank with their parents.

Older pupils were more likely to say they usually drank with friends².



1) Pupils could give more than one answer. 2) Includes either friends of both sexes, of only the same sex, of only the opposite sex, and boyfriends/girlfriends. The breakdown is shown in table 7.12. 3) Only the most common responses are shown.

8: Young people and alcohol: the context

This chapter sets the context for alcohol consumption among young people.

It includes:

- drinking among other household members;
- perceived parental attitudes to drinking;
- pupils' attitudes towards what is acceptable for someone of their own age;
- beliefs about why people of their age drink alcohol;
- perceptions of how many people of their age drink alcohol; and
- sources of helpful information about drinking.

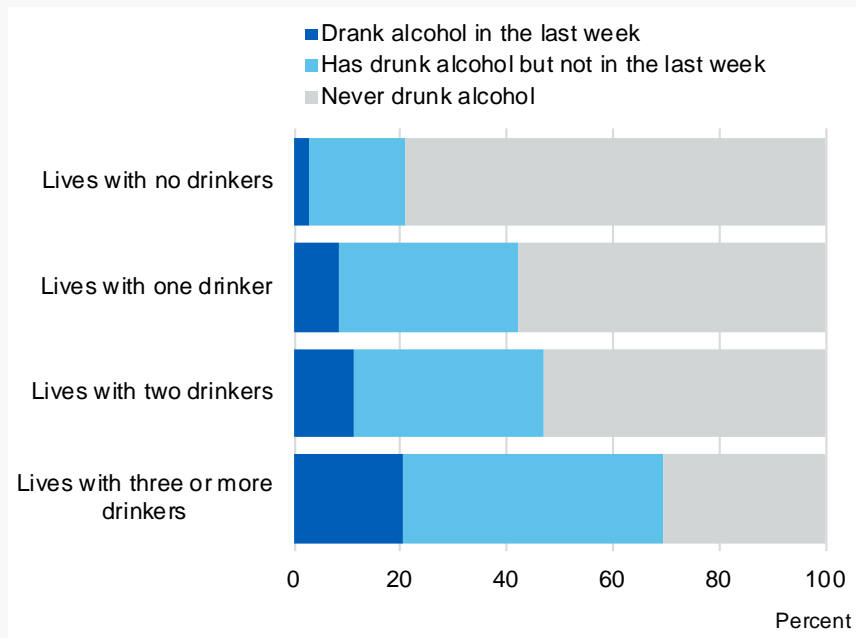
Alcohol consumption by other household members

When last drank alcohol, by number of people who drink alcohol that pupil lives with

Pupils who lived with people who drank alcohol were more likely to drink alcohol themselves.

Only 3% of pupils who lived with only non-drinkers had drunk alcohol in the last week, and 79% had never drunk alcohol.

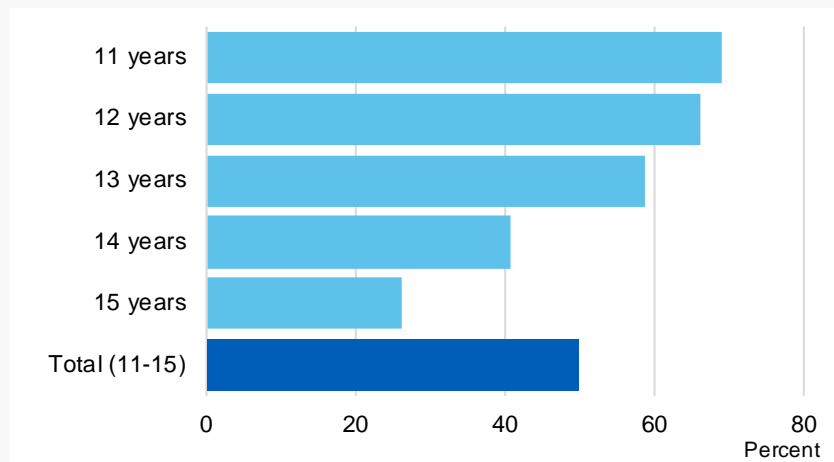
Among pupils who lived with three or more people who drank, the proportion who had drunk alcohol in the last week rose to 21%, whilst the proportion who had never drunk fell to 31%.



Perceived parental attitudes to pupils' drinking

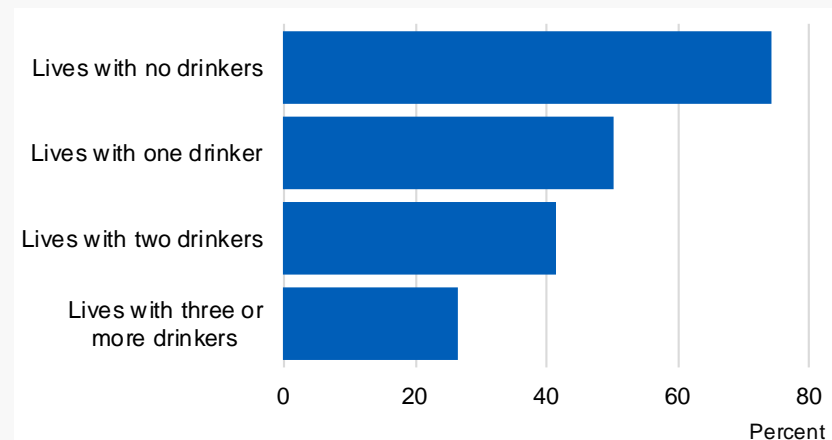
Perceived parental disapproval of drinking, by age

50% of pupils said their parents did not, or would not like them to drink alcohol. Perceived parental disapproval of their drinking decreased as the age of pupils increased.



Perceived parental disapproval of drinking, by number of drinkers pupil lives with

Pupils who lived with people who drank alcohol were less likely to say their parents did not, or would not like them drinking; 74% of pupils who lived only with non-drinkers, falling to 27% of those who lived with three or more drinkers.



Pupils' attitudes towards drinking

Attitudes to drinking by people of pupils' age, by year

Pupils' attitudes towards someone of their age drinking or getting drunk have become less tolerant.

In 2016, 50% agreed that it was ok to try alcohol to see what it's like, down from 67% in 2003.

25% said it was OK to drink alcohol once a week, down from 46% in 2003.

Getting drunk was seen as less acceptable than drinking.

In 2016, 19% said it was OK to try getting drunk to see what it was like, down from 31% in 2003.

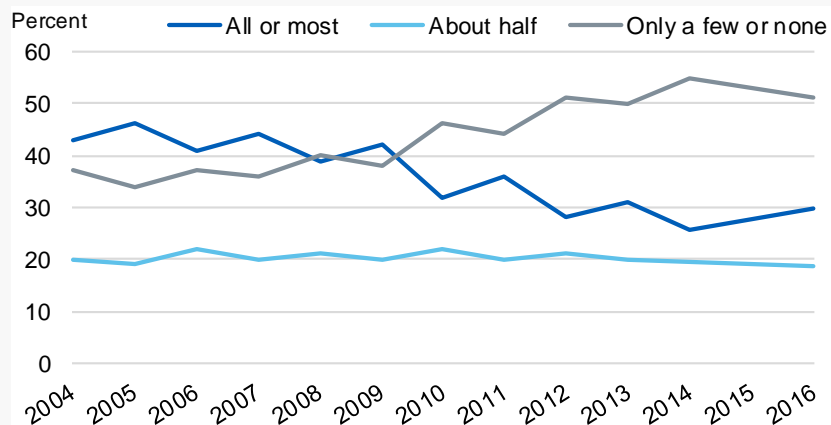
Only 7% thought it was OK to get drunk once a week, down from 20% in 2003.



Pupils' beliefs and perceptions of drinking alcohol

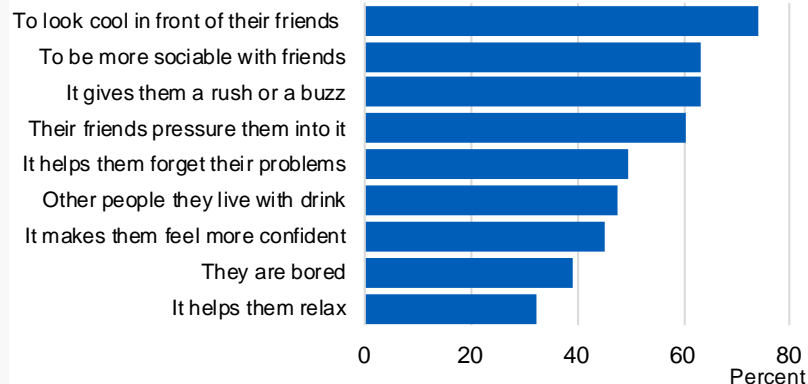
Perceptions of how many people of pupil's age drink alcohol, by year

There has been a shift in pupils' perceptions of how many people their own age drink alcohol. The proportion believing all or most do was 30% in 2016, down from 43% in 2004, whilst 51% now believe that only a few or none do, up from 37% in 2004.



Beliefs about why people of pupil's age drink alcohol¹

The most commonly held belief among young people was that pupils of their own age drank to look cool in front of their friends (74%). Other common beliefs were to be more sociable with friends (63%), because it gave them a rush or a buzz (63%) and because their friends pressured them into it (61%).



1) Pupils could give more than one answer.

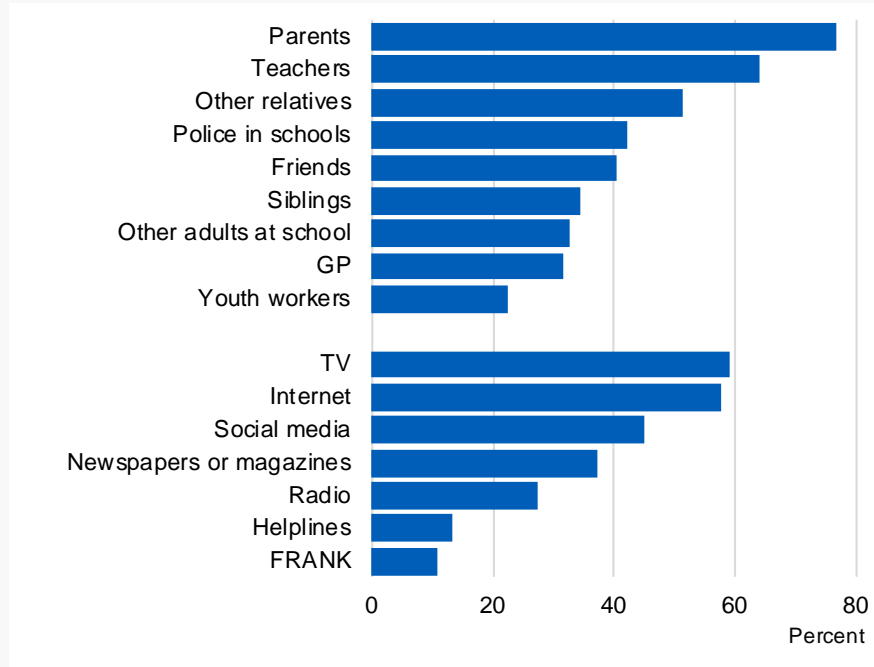
Sources of helpful information about drinking

Sources from which pupils have obtained helpful information about drinking alcohol¹

A large majority of young people (77%) considered their parents to be a source of helpful information about drinking alcohol.

Teachers were the most commonly identified helpful source of information outside of the family setting (by 64% of pupils).

In relation to different forms of media, TV was the most popular source of helpful information about drinking (59%), with the internet also being a popular choice (58%).



¹) Pupils could give more than one answer.

9: Drug use prevalence

In recent years, an increasing body of evidence has demonstrated immediate and long term risks to young people's health and wellbeing associated with the use of legal and illegal drugs. These risks vary with the type of drug taken¹. There are particular concerns about the relationship between drug use and mental health problems among young people. For example, there is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression, psychotic symptoms and disruptive behaviour disorders^{2,3}.

Addressing the use of drugs, particularly amongst young people, has long been a focus of government policy due to the awareness and concern over the harms described above.

This chapter covers the prevalence of drug use, factors associated with drug use in the last year, and the availability and awareness of drugs.

The questionnaire covered the following drugs or types of drugs: amphetamines, cannabis, cocaine, crack, ecstasy, heroin, ketamine, LSD, magic mushrooms, mephedrone, methadone, poppers (e.g. amyl nitrite), tranquillisers, volatile substances such as gas, glue, aerosols and other solvents, new psychoactive substances (NPS), nitrous oxide and 'other' drugs (not obtained from a doctor or chemist).

NPS (previously known as legal highs), and nitrous oxide (laughing gas) were added to the list of drugs included for overall drug prevalence measures in 2016⁴. Both are covered by the Psychoactive Substances Act 2016⁵ which restricts the production and sale and supply of such substances.

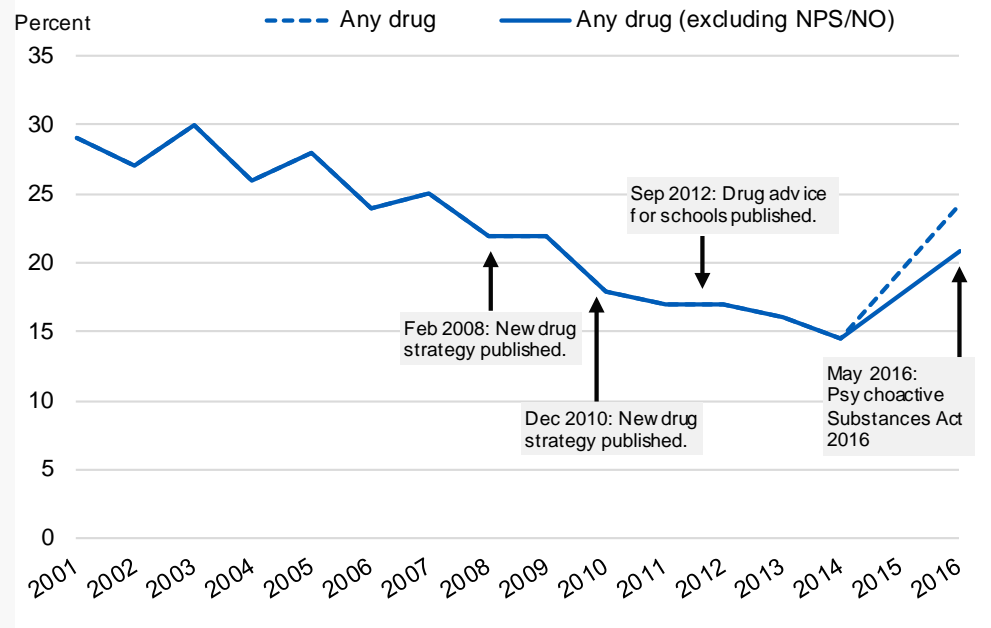
1) [Advisory Council on the Misuse of Drugs \(2006\) Pathways to problems.](#) 2) [BMA \(2003\) Adolescent Health, BMA London](#) 3) [Patton G et al \(2002\) Cannabis use and mental health in young people: cohort study. BMJ. 2002](#) 4) It is possible that awareness and usage of NPS and Nitrous Oxide in previous surveys were included by pupils when they were answering the section on 'other drugs' which had not already been asked about 5) [Psychoactive Substances Act 2016](#)

Drug use prevalence

Ever taken drugs, by year

In 2016, 24% of pupils reported they had ever taken drugs¹. This compares to 15% in 2014.

Part of the increase since 2014 may be explained by the addition of questions on nitrous oxide (NO) and new psychoactive substances (NPS). After allowing for this however (solid line on chart showing 21% in 2016), it still represents a large increase which has not been observed in other data sources². Therefore an estimate from the next survey in 2018 is required before we can be confident that these survey results reflect a genuine trend in the wider population. In the meantime the results for drug taking from this survey should be treated with caution.



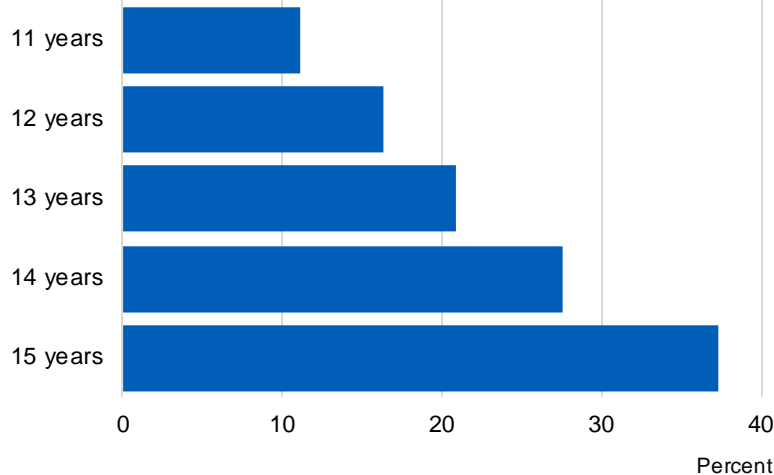
1) As noted on page 6, this is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 23% and 26%.

2) A comparison with other data sources is given on page 65.

Drug use prevalence

Ever taken drugs, by age

The likelihood of having ever taken drugs increased with age, from 11% of 11 year olds to 37% of 15 year olds.



Ever taken drugs, by sex

Similar proportions of girls and boys said they had ever taken drugs.

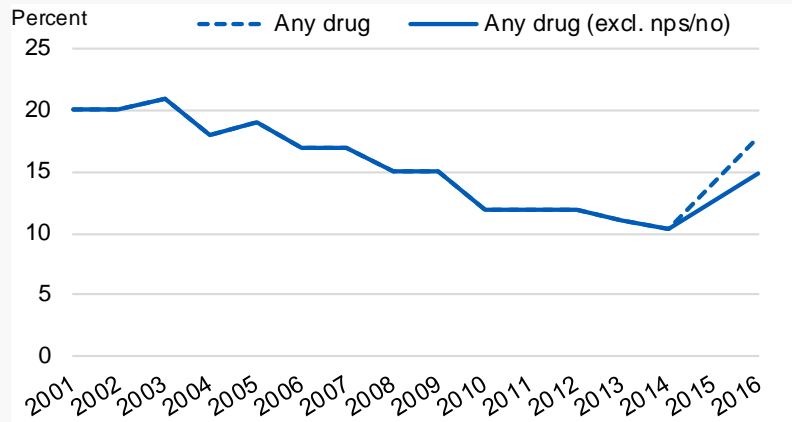


Drug use prevalence

Taken drugs in the last year, by year¹

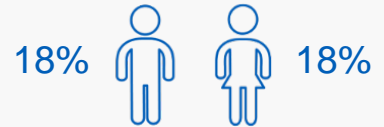
18% of pupils said that they had taken drugs in the last year².

Excluding new psychoactive substances and nitrous oxide (newly added to the drug prevalence measure in 2016), then 15% said they had taken drugs in the last year, up from 10% in 2014.

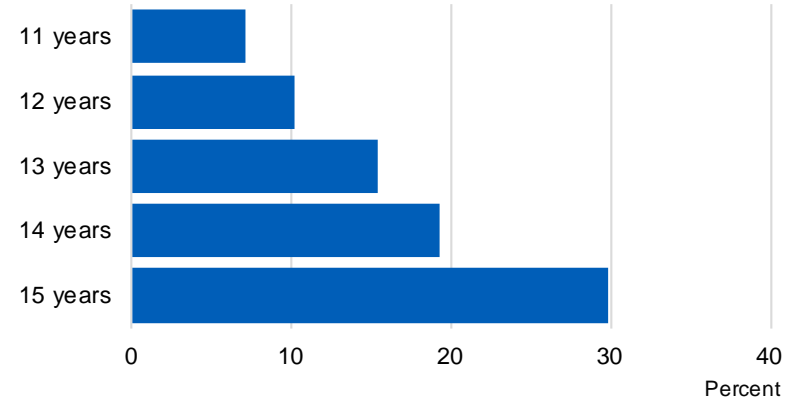


Taken drugs in the last year, by sex and age

Girls and boys were equally likely to have taken drugs in the last year.



The likelihood of having taken drugs in the last year increased with age, from 7% of 11 year olds to 30% of 15 year olds.



1) See 'ever taken drugs' chart on page 54 for dates of key policy initiatives.

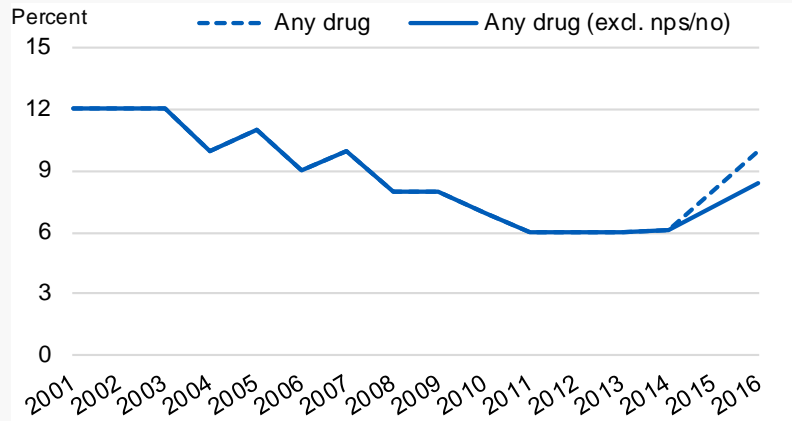
2) As noted on page 6, this is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 17% and 19%

Drug use prevalence

Taken drugs in the last month, by year¹

10% of pupils said that they had taken drugs in the last month².

Excluding new psychoactive substances and nitrous oxide (newly added to the drug prevalence measure in 2016), then 8% said they had taken drugs in the last month, up from 6% in 2014.

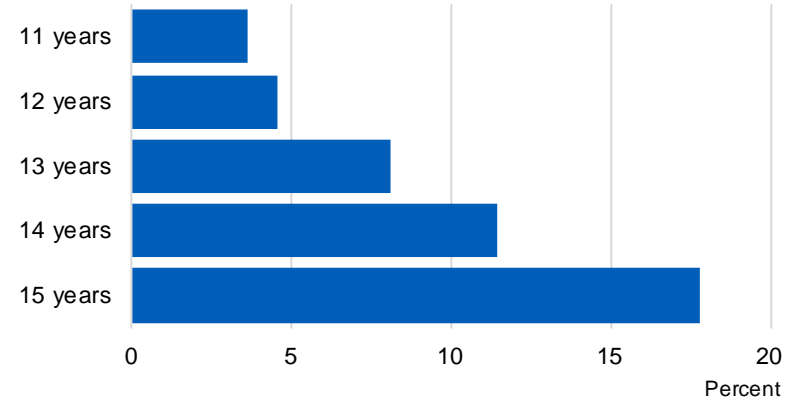


Taken drugs in the last month, by sex and age

Girls and boys were equally likely to have taken drugs in the last month.



The likelihood of having taken drugs in the last month increased with age, from 4% of 11 year olds to 18% of 15 year olds.



1) See 'ever taken drugs' chart on page 54 for dates of key policy initiatives.

2) As noted on page 6, this is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 9% and 11%.

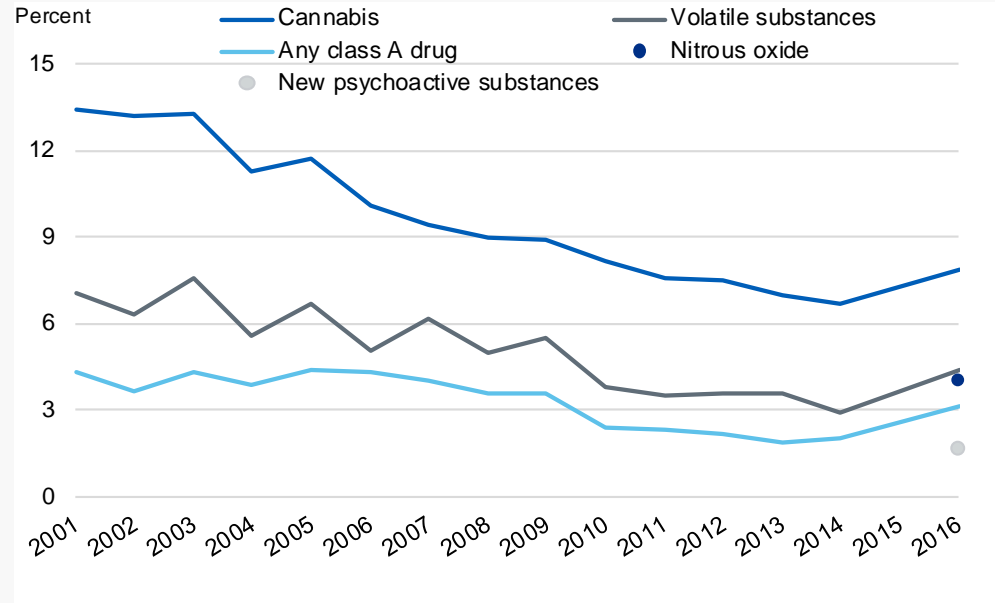
Drug use prevalence

Drug types taken in last year, by year^{1,2}

Cannabis is the drug that pupils are most likely to have taken in the last year, with 8% saying they had done so in 2016; similar to 2014 but well below the 13% reported in 2001.

The proportion saying they had taken volatile substances has been around 3% to 4% since 2010, and class A drug use around 2% to 3% across the same period.

Nitrous oxide and new psychoactive substances were included in the drug prevalence measure for the first time in 2016, with 4% and 2% of pupils respectively saying that they had taken them in the last year.



1) See 'ever taken drugs' chart on page 54 for dates of key policy initiatives. 2) Only selected drug types are shown. Pupils could state more than one drug type. For the full list see data table 9.6. See appendix C for inclusions within volatile substances, class A drugs and psychoactive substances.

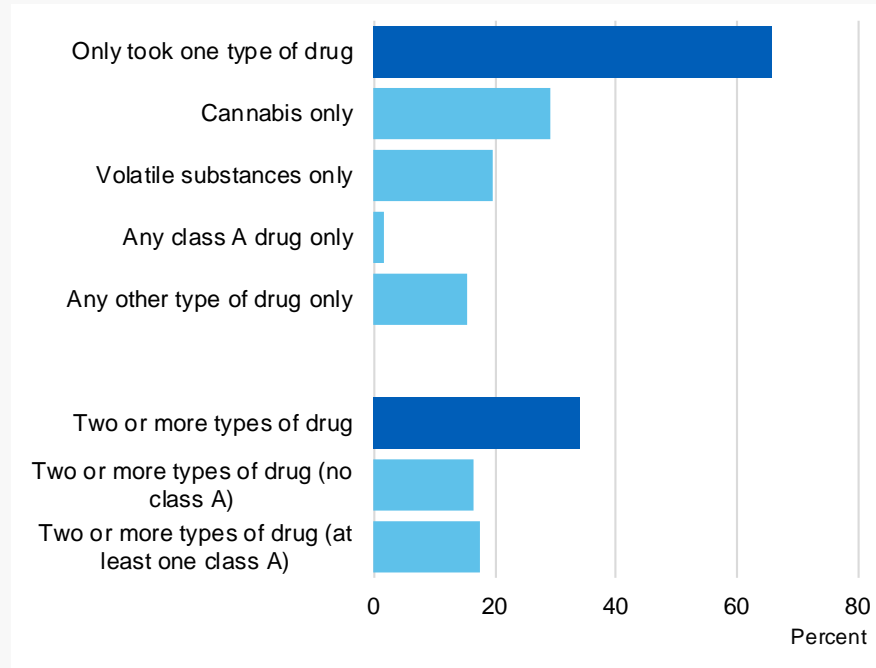
Drug use prevalence

Number of occasions and type of drug taken (pupils who had taken drugs in the last year only)

Among those pupils who reported any drug use in the last year, around two thirds (66%) took only one type of drug.

Those who took only one type of drug included 29% who took cannabis only, and 20% who took volatile substances only.

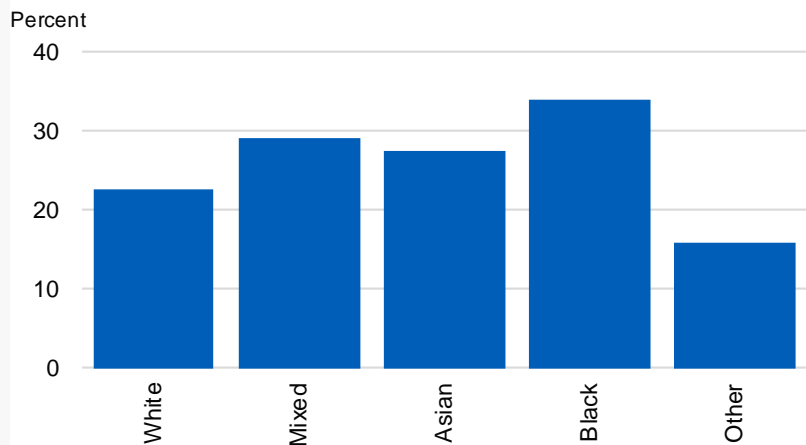
34% reported taking two or more types of drug, including 18% who had taken at least one class A drug.



Drug use prevalence

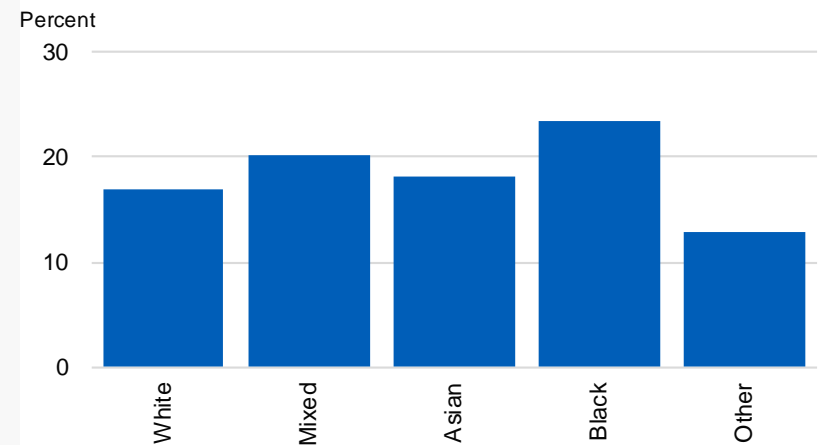
Ever taken drugs, by ethnicity

34% of Black pupils had ever taken drugs. This compares to 23% of White pupils.



Taken drugs in the last year, by ethnicity

Black pupils were the most likely ethnic group to have taken drugs in the last year, with 23% having done so.

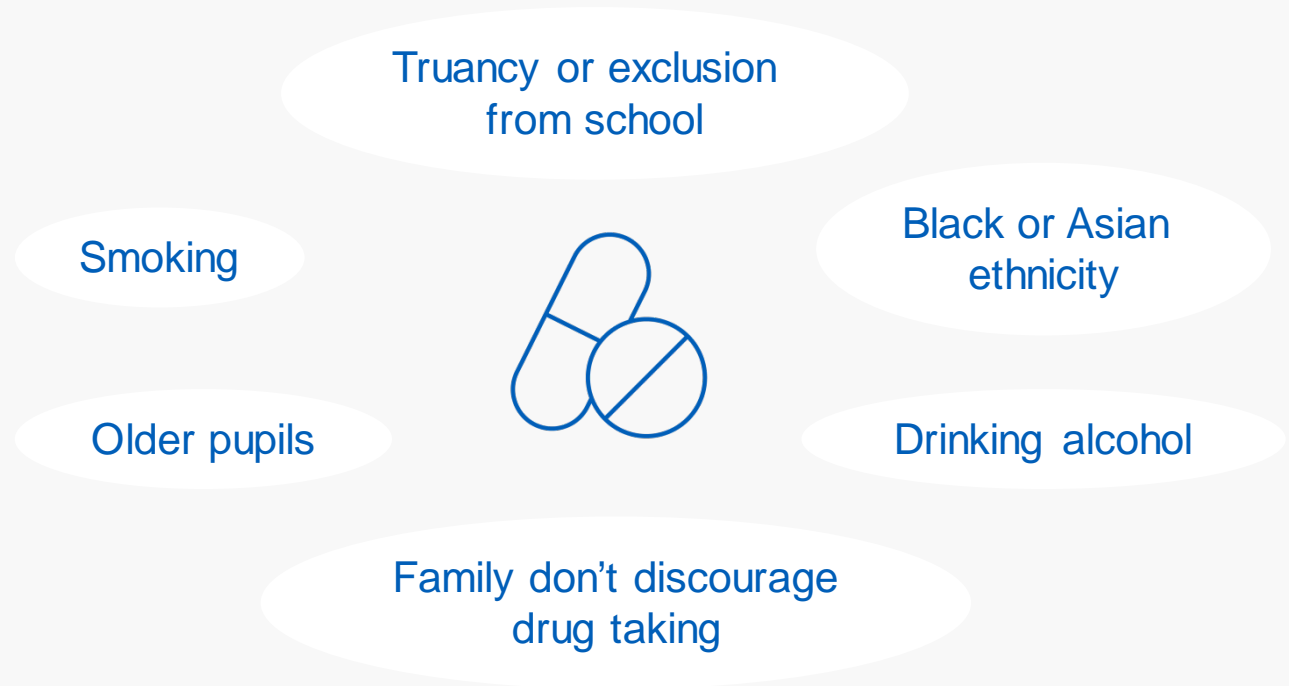


Factors associated with taking drugs in the last year

A logistic regression model was used to explore which characteristics were associated with having taken drugs in the last year.

This identifies associations, not causes; in other words, factors which identify pupils with an increased or decreased risk of having taken drugs in the last year¹.

The following factors were correlated with having taken drugs in the last year (see data table 9.18 for the strengths of association for each factor):



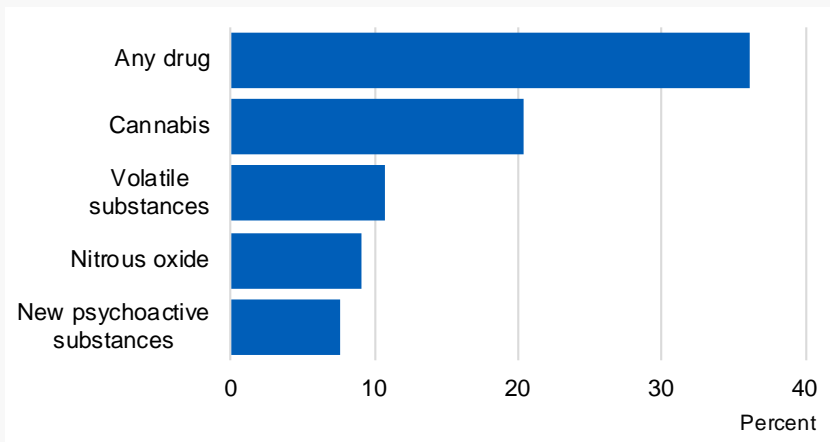
1) See Appendix B for more information on the regression model used.

Whether pupils have ever been offered drugs

Ever been offered drugs, by type¹

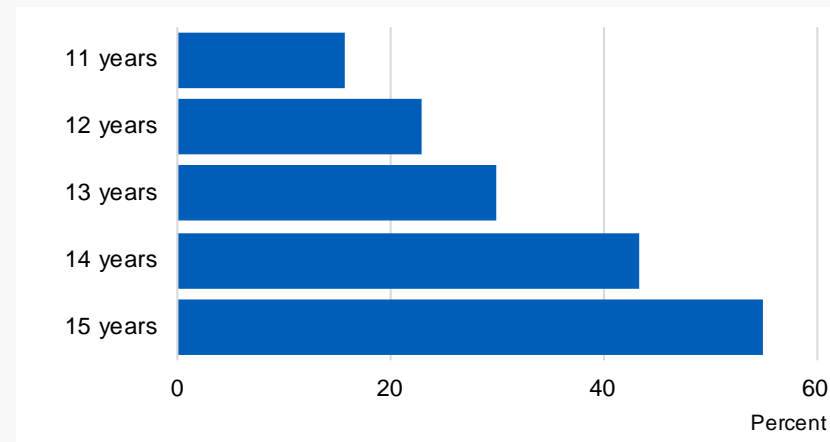
In 2016, 36% of the pupils reported that they had been offered at least one of the drugs asked about.

Pupils were most likely to have been offered cannabis (20%). 9% and 8% of pupils respectively said they'd been offered nitrous oxide and new psychoactive substances.



Ever been offered any drugs, by age

Older pupils were more likely to have ever been offered drugs (increasing from 16% of 11 year olds to 55% of 15 year olds). This difference is likely to reflect accumulated experience, as well as the genuinely increased probability that older pupils will be offered drugs.

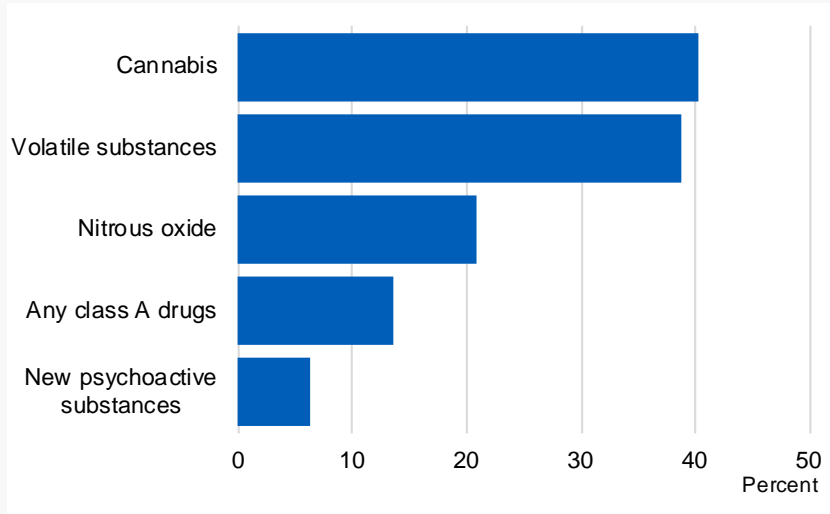


¹ Pupils could state more than one drug type. For the full list of drugs asked about, see data table 9.19.

Drugs taken at first drug use

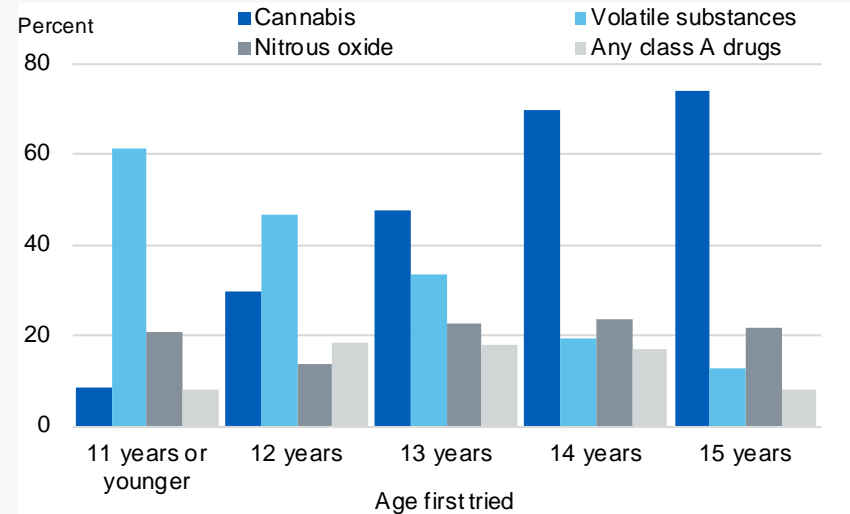
Drugs taken at first drug use, by type¹

Pupils' early experience of drug use was most likely to involve cannabis (40%) or volatile substances (39%). 14% of pupils took a class A drug at their first drug use.



Drugs taken at first drug use, by age¹

Pupils who tried drugs at an earlier age were more likely to report using volatile substances at that age, whilst pupils who first took drugs at an older age were more likely to report taking cannabis.



¹ Only selected drug types are shown. Pupils could state more than one drug type. For the full list see data table 9.27.

Comparison of estimates of drug taking with other data sources

24% of pupils reported they had ever taken drugs and 18% said they had done so in the last year, which are increases from 15% and 10% in 2014. This is a sharp rise even allowing for the inclusion of nitrous oxide and new psychoactive substances in the drug prevalence measures which contributes about 3% pts of this increase.

This increase is evident across all demographic groups and analysis has also shown that the increase has not been caused by unusually high rates of drug taking at a small selection of participating schools.

The following data sources were looked at to see if there was any supporting evidence of increased drug taking amongst this age group.

- The Crime Survey for England and Wales provides information on drug use for adults aged 16 or over. Unpublished analysis showed that the proportion of 16 and 17 year olds who reported taking any drug in the last 12 months was approximately 14% in 2016/17, which was unchanged from 2014/15.

- The Scottish Schools Adolescent Lifestyle and Substance Use Survey¹ showed no increase in drug taking in the last month amongst 13 year olds and 15 year old girls between 2013 to 2015. However there was an increase for 15 year old boys from 11% in 2013 to 13% in 2015.
- The number of hospital admissions with a primary diagnosis of drug related mental health and behavioural disorders fell for 11-15 year olds from 195 in 2015/16 to 169 in 2016/17².
- The number of young people attending specialist substance misuse services was 17,077 in 2015/16 which was down 7% from the previous year³.

As there is no substantial evidence from other data sources that is consistent with the increase seen in this survey then an estimate from the next survey in 2018 is needed before we can be confident that these survey results reflect a genuine trend in the wider population. In the meantime the results for drug taking from this survey should be treated with caution.

1) [Scottish Schools Adolescent Lifestyle and Substance Use Survey, 2015.](#) 2) Unpublished analysis of published data from [Hospital Admitted Patient Care Activity, 2016-17](#) 3) [Young people's statistics from the National Drug Treatment Monitoring System \(NDTMS\), 2015/16](#)

10: Young people who have taken drugs

This chapter focuses further on the behaviour of pupils who have taken drugs at least once.

Topics covered include

- from whom pupils get drugs;
- with whom they took them, and
- ease of obtaining drugs.

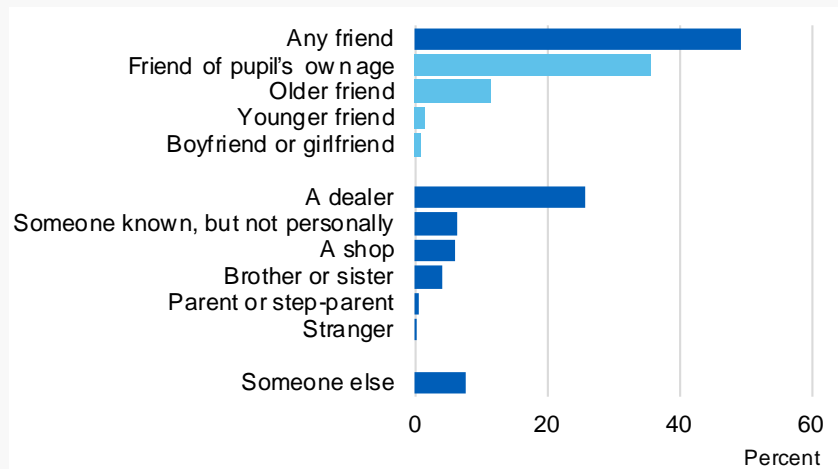
Some of the analysis is only based on pupils who said they had taken drugs on more than one occasion. Pupils who had not taken a drug within the last year are excluded as they were not asked on how many occasions they had taken drugs.

From whom pupils get drugs

Whom pupils got drugs from on the most recent occasion¹

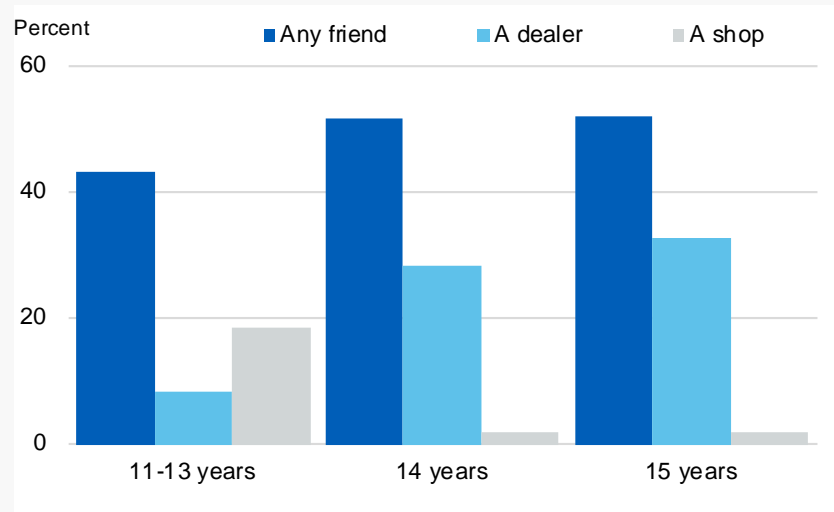
49% of pupils said they had got the drugs from a friend on the most recent occasion, with most of these being from a friend of the same age.

26% of pupils said they got drugs from a dealer.



Whom pupils got drugs from on the most recent occasion, by age^{1,2}

Older pupils were most likely to have obtained drugs from a friend. Obtaining drugs from a dealer became increasingly likely in older pupils.



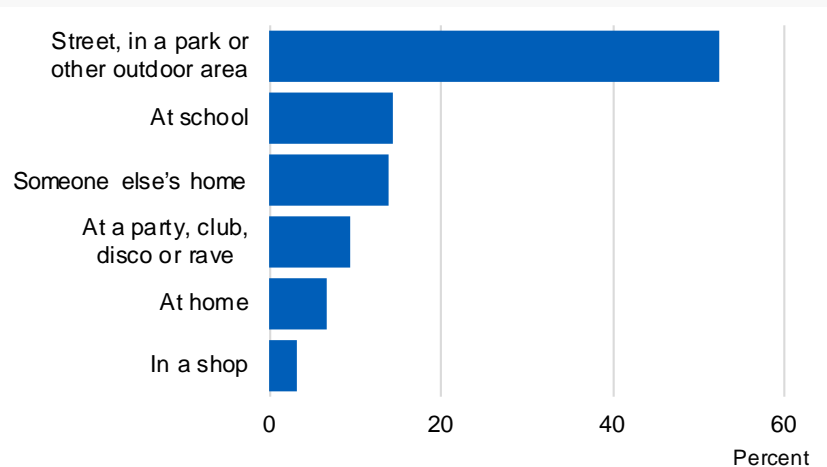
1) Based on pupils who have taken drugs on more than one occasion. 2) Selected responses only.

Where pupils get drugs

Where pupils got drugs on the most recent occasion¹

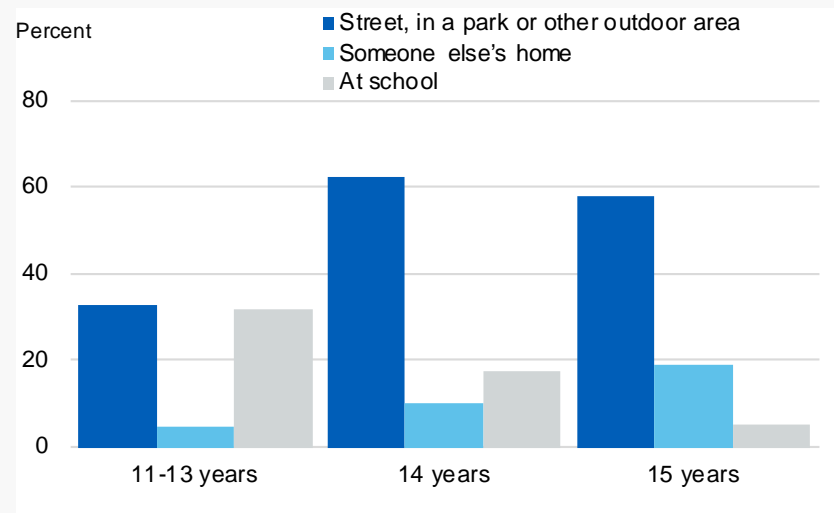
52% of pupils said they were in a street, park or other outdoor area when they last obtained drugs.

14% of pupils said they were at school and 14% at someone else's home.



Where pupils got drugs on the most recent occasion, by age^{1,2}

Older pupils were more likely to have obtained drugs in an outdoor area, and less likely to have obtained drugs at school.



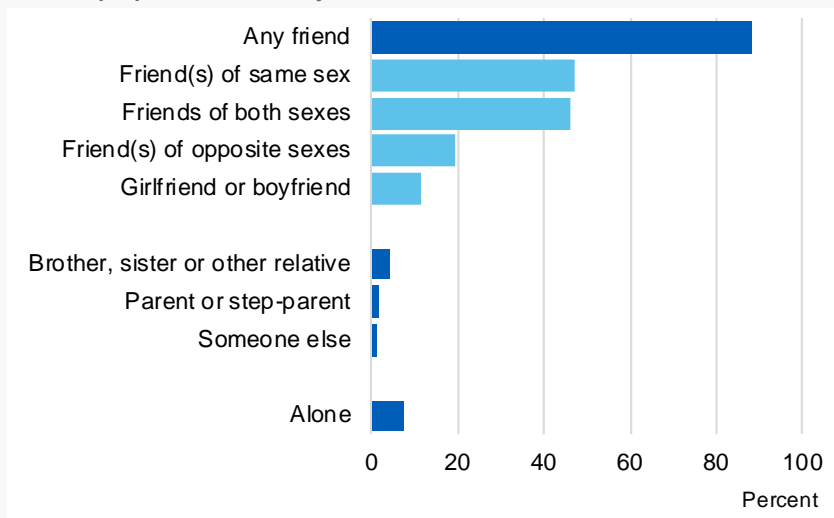
1) Based on pupils who have taken drugs on more than one occasion. 2) Selected responses only.

Whom pupils take drugs with

Whom pupils took drugs with on the most recent occasion¹

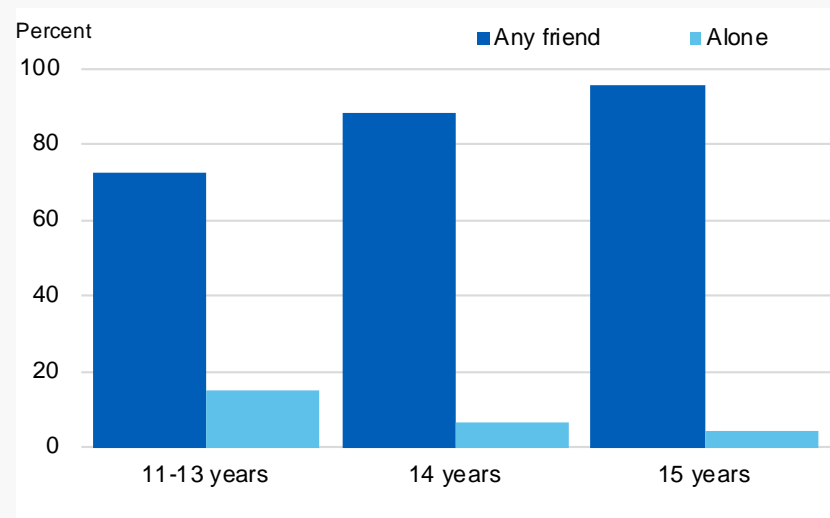
88% of pupils said they were with a friend(s) when they last took drugs.

7% of pupils said they were alone.



Whom pupils took drugs with on the most recent occasion, by age^{1,2}

Younger pupils were more likely to have taken drugs alone; 15% of 11-13 year olds, compared to 4% of 15 year olds.



1) Based on pupils who have taken drugs on more than one occasion. Pupils could give more than one response. 2) Selected responses only.

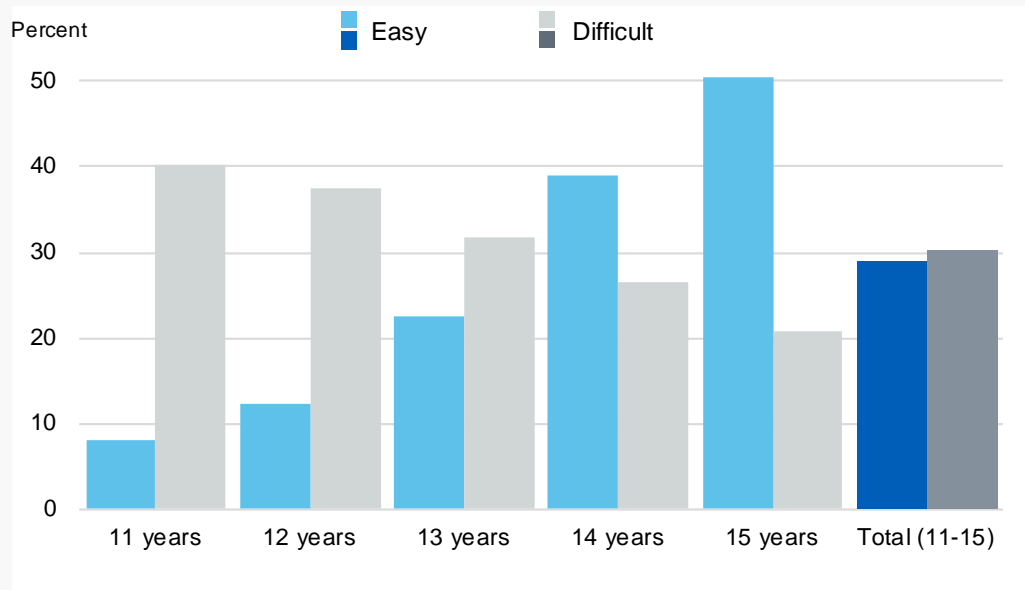
Perceived ease of getting illegal drugs¹

Perceived ease of getting illegal drugs, by age

29% of pupils thought it would be easy to get illegal drugs, with 30% saying it would be difficult².

41% said they didn't know (not shown on chart).

The proportion who thought it would be easy to get drugs increased with age; just over half of 15 year olds (51%) thought it would be easy to get illegal drugs, compared with 8% of 11 year olds.



1) Based on all pupils. 2) 'Easy' category included pupils who perceived it 'very easy' or 'fairly easy' to get drugs; 'Difficult' category includes pupils who perceived it 'very difficult' or 'fairly difficult' to get drugs.

11: Young people and drugs: the context

This chapter sets the context for drug taking among young people.

It looks at:

- why pupils take drugs;
- attitudes and perceptions about drug use; and
- where pupils get information about drugs.

Some of the analysis is only based on pupils who said they had taken drugs on more than one occasion. Pupils who had not taken a drug within the last year are excluded as they were not asked on how many occasions they had taken drugs.

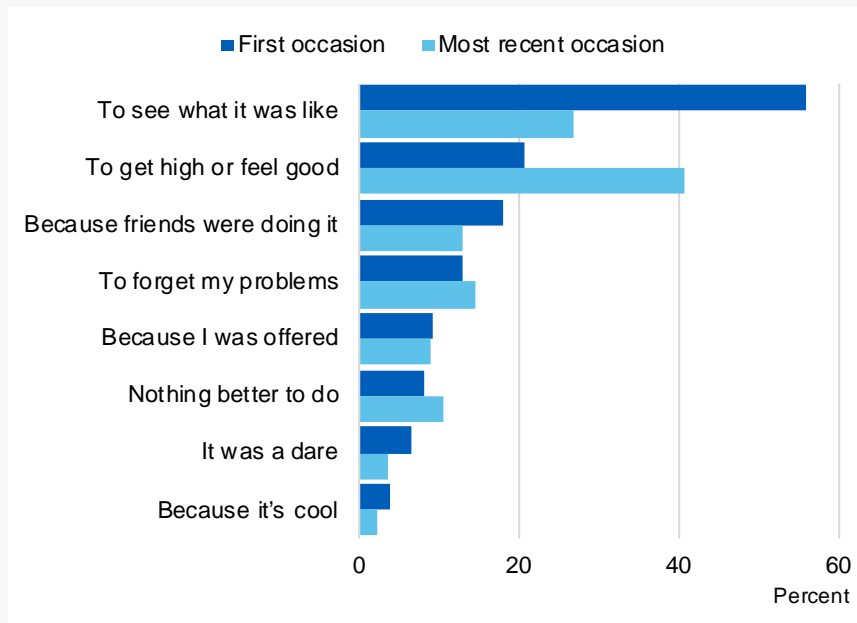
Why pupils take drugs

Why pupils took drugs on the first and most recent occasion¹

There were differences in the reasons pupils gave for taking drugs on the first occasion² and on the most recent occasion³.

Pupils who took drugs on the first occasion were most likely to say they took them 'to see what it was like' (56%), whilst on the most recent occasion they were most likely to say 'to get high or feel good' (41%).

The next most common reasons, both on first and most recent use, were because 'friends were doing it' and 'to forget my problems'.



1) Pupils could select more than one reason. Excludes the category 'other reasons'. 2) 'Why taken on first occasion' based on pupils who had ever taken drugs

3) 'Why taken on most recent occasion' based on pupils who had taken drugs on more than one occasion and at least once in the last year.

Why pupils take drugs

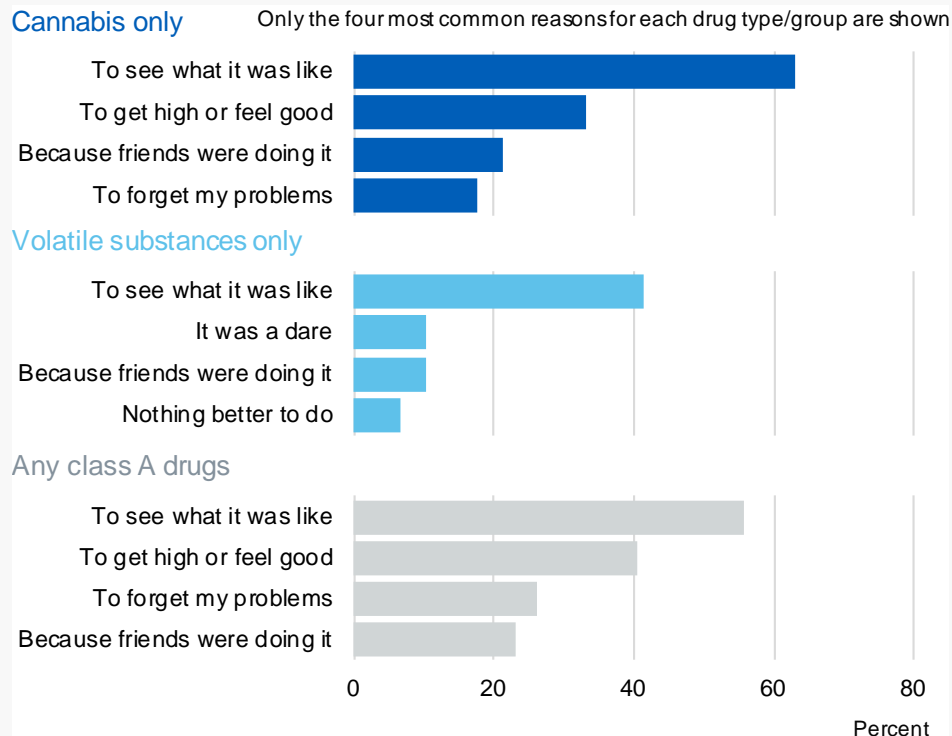
Why pupils took drugs on the first occasion by drug taken (most common reasons)¹

Pupils taking cannabis, volatile substances or Class A drugs all most commonly gave the reason 'to see what it was like'.

The reason 'to get high or feel good' was also commonly given by pupils who took cannabis and Class A drugs, but not commonly for those who used volatile substances.

The reason 'to forget my problems' was more likely to be given by pupils who took Class A drugs.

Though never the most common reason, 'Because friends were doing it' does feature in the top four reasons for all the drug types examined.



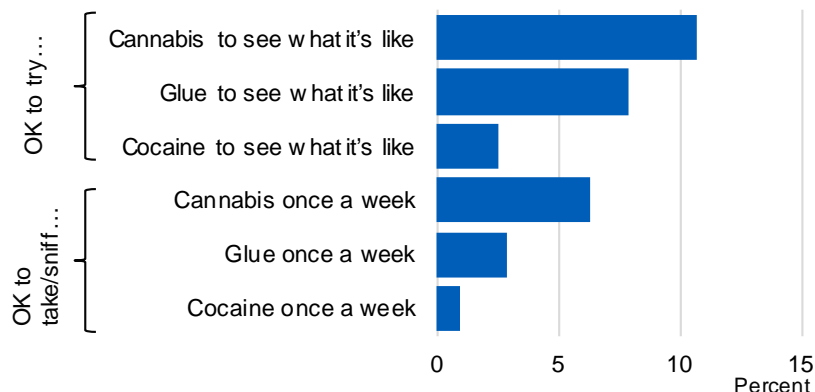
1) Pupils could select more than one reason. Selected drug types only. Only the 4 most commonly given reasons for each drug type are shown. See table 11.4 for a full list of reasons.

Attitudes to taking drugs

Attitudes to people of pupil's age taking drugs

11% of pupils agreed it was OK for someone their own age to take cannabis to see what it was like; compared to 8% for sniffing glue, and 3% for taking cocaine.

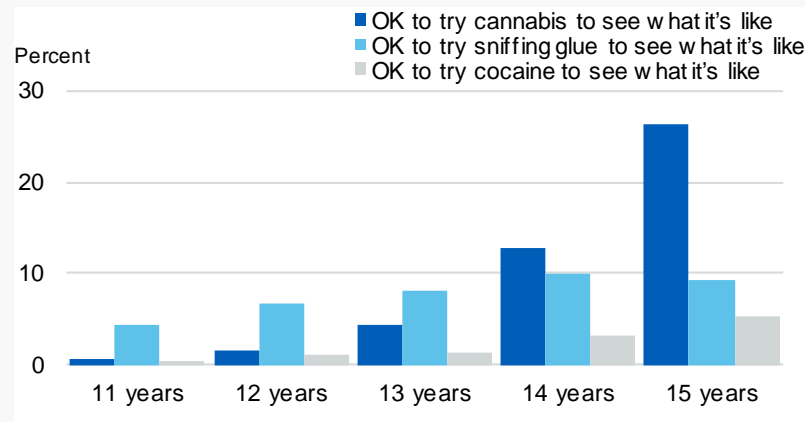
There was less tolerance of regular drug use (taking once a week); 6% of pupils thought it was OK for cannabis, 3% for sniffing glue, and 1% for cocaine.



Attitudes to people of pupil's age taking drugs, by age

The proportion of pupils who thought it was OK for someone their age to try drugs increased with age.

There were similar patterns of increase for those who agreed it was OK to take drugs once per week (not shown on chart).



Perception of drug use

Perceived number of people of pupils' age who take drugs

All pupils

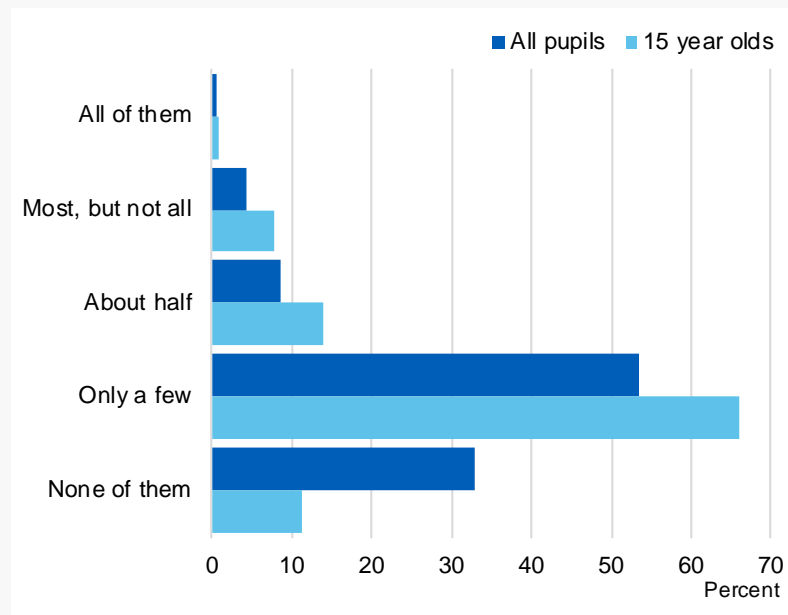
Just over a half (53%) of pupils thought 'only a few' people their own age took drugs, probably the most accurate response; prevalence of drug use in the last year as reported in this survey was actually 18% (see page 57).

A third (33%) chose 'none of them', underestimating drug use by people of pupils' age.

15 year olds

Around two thirds (66%) of 15 year olds thought that only a few people their age took drugs; prevalence of drug use amongst 15 year olds in the last year, as reported in this survey, was actually 30% (see page 57).

23% of 15 year olds overestimated drug use by pupils their own age (those who thought about half or more took drugs in the last year).

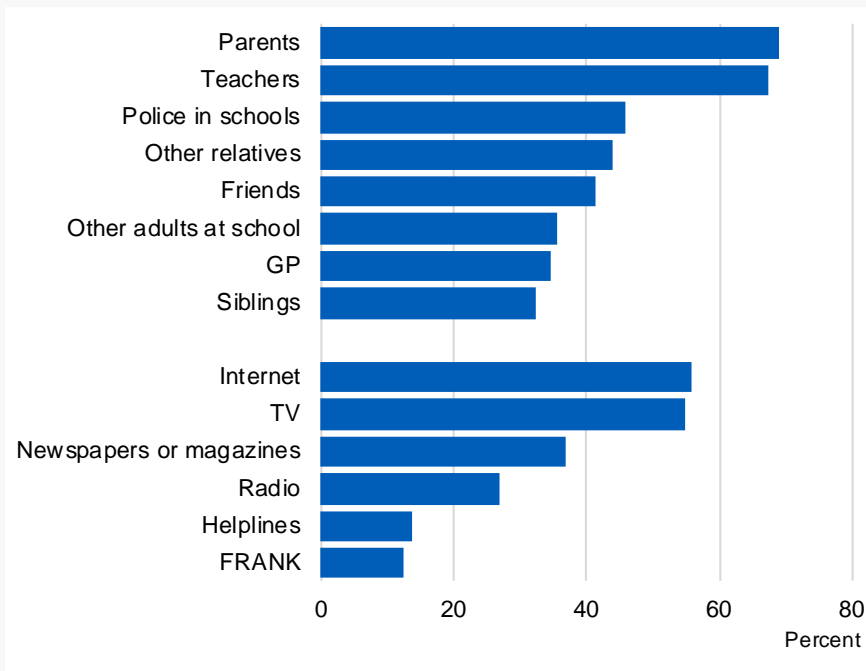


Sources of helpful information about drug use

Sources from which pupils have obtained helpful information about drug use¹

Pupils were most likely to have obtained helpful information about drug use from parents (69%) and teachers (67%). Other people from whom pupils got helpful information were police in schools (46%), other relatives (44%) and friends (41%).

Of the different forms of media, internet and TV were the most popular sources of helpful information about drug use, with over half of pupils identifying these options.



1) Pupils could give more than one answer.

12: Multiple behaviours

In previous chapters of this report, smoking, drinking and different types of drug use have been examined independently of one another. This chapter looks at the relationships between these behaviours, by comparing prevalence rates and examining overlaps in pupils' behaviours. This chapter also examines attitudes towards smoking, drinking and drug use.

Smoking cigarettes, drinking alcohol and taking drugs all pose significant individual health risks to young people. However, those who engage in more than one of these expose themselves to an increased level of risk¹.

To recap from earlier chapters:

- 19% of pupils had ever smoked. 3% were regular smokers, equivalent to around 83 thousand young people (confidence interval 65 thousand – 101 thousand).
- 44% had ever drunk alcohol. 10% had drunk alcohol in the last week, equivalent to around 306 thousand young people (confidence interval 268 thousand – 345 thousand).
- 24% had ever taken drugs. 10% had taken drugs in the last month, equivalent to around 301 thousand young people (confidence interval 274 thousand – 328 thousand).

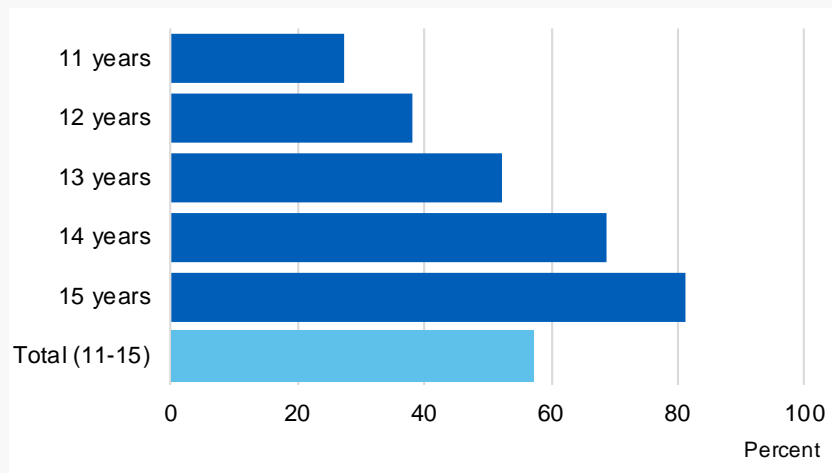
1) [British Medical Association \(2003\) Adolescent Health](#)

Smoking, drinking or drug use prevalence

Ever smoked, drunk alcohol or taken drugs

57% of pupils said that they had smoked, drunk alcohol or tried drugs on at least one occasion.

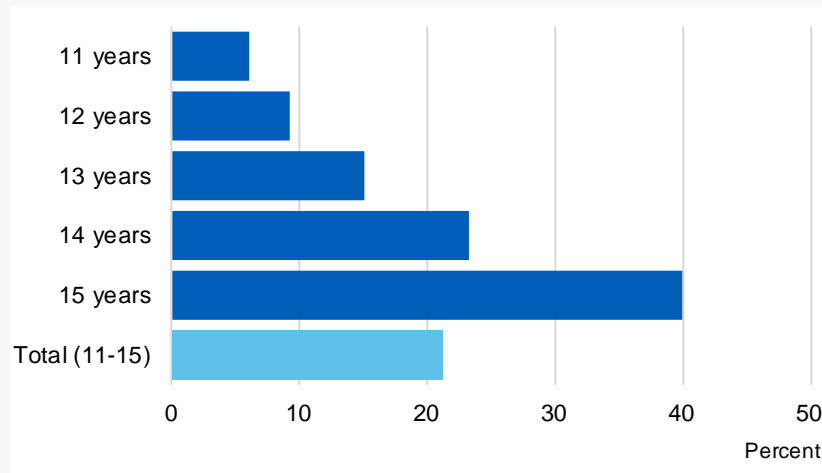
The likelihood of pupils having ever smoked, drunk alcohol or taken drugs increased with age, from 27% of 11 year olds to 81% of 15 year olds.



Recently smoked, drunk alcohol or taken drugs¹

21% of pupils said that they had recently smoked, drunk alcohol or taken drugs.

The likelihood of pupils having recently smoked, drunk alcohol or taken drugs increased with age, from 6% of 11 year olds to 40% of 15 year olds.



1) 'Recently' indicates smoking or drinking in the last week, or drug use in the last month.

Overlapping behaviour

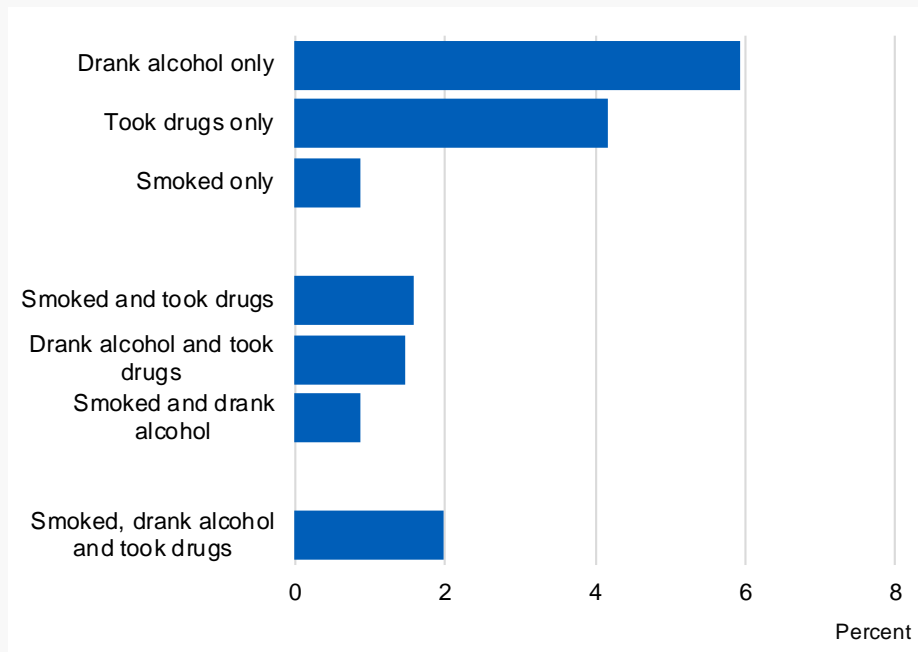
Overlapping behaviour of having recently smoked, drunk alcohol or taken drugs¹

2% of pupils had recently smoked, drunk alcohol and taken drugs.

4% had done any two of these behaviours.

11% had only carried out one of these behaviours, with drinking being the most common.

83% had not recently exhibited any of these behaviours (not shown on chart).



1) 'Recently' indicates smoking or drinking in the last week, or drug use in the last month.

Attitudes to smoking, drinking and drug use

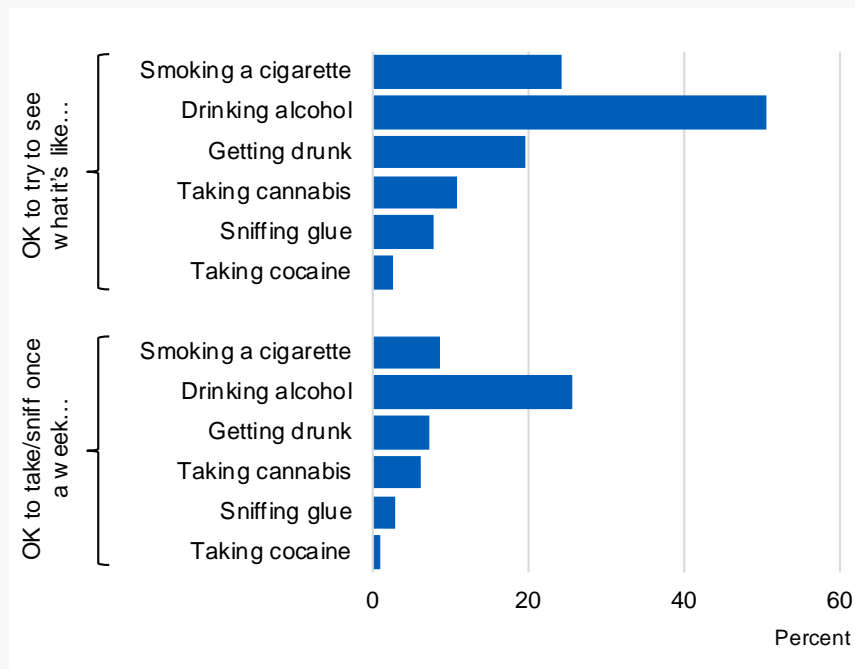
Attitudes to people of pupil's age smoking, drinking alcohol or taking drugs

Pupils were more likely to find one-off experimentation acceptable than doing something as frequently as once a week.

Pupils were much more likely to think that drinking alcohol was OK (50% to try, 25% to do every week), followed by smoking (24% and 9% respectively), and getting drunk (19% and 7%).

Drug use was much less likely to be seen as acceptable. 11% thought it was OK for someone of their age to try cannabis and 6% thought it OK to take once a week.

Levels of approval for sniffing glue and taking cocaine were even lower.



13: School lessons and guidance

Pupils were also asked about lessons they received on smoking, alcohol and drugs and each school who took part in the survey also answered a questionnaire on lesson provision. These subjects are generally covered in Personal, Social and Health and Economic Education (PSHE), which is not currently part of the National Curriculum in England.

Guidance for schools was published by the Department for Education in 2013¹. This defines PSHE as 'an important and necessary part of all pupils' education'. As well as drug education, PSHE encompasses sex and relationship education, financial education and understanding of the way diet and exercise contribute to a healthy lifestyle.

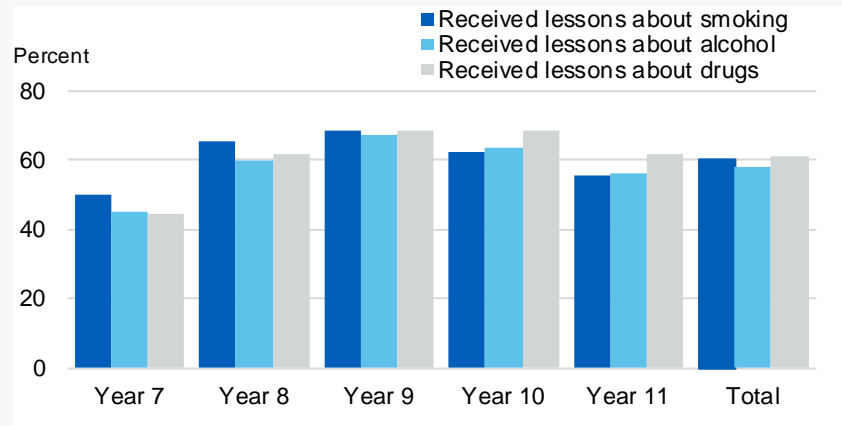
1) [Guidance: PSHE](#)

Pupils' perception of school lessons about smoking, alcohol and drugs

Pupils who said they received lessons in the last year, by school year

More than half of pupils said they received lessons on each topic during the last year, with similar levels for smoking, alcohol and drugs.

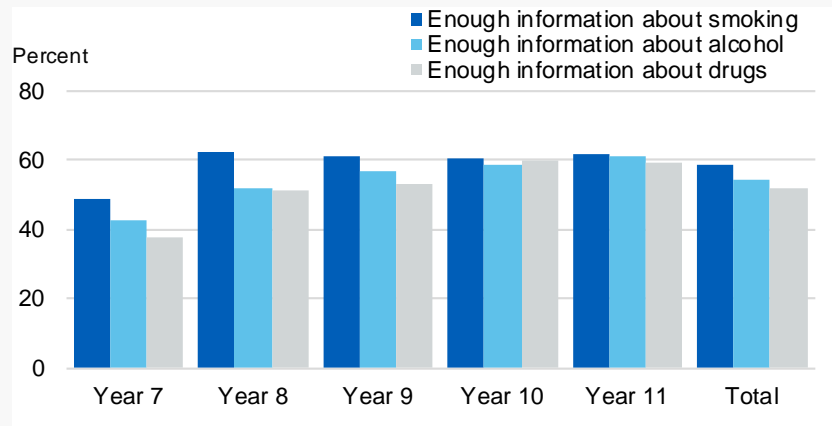
Lessons generally increased from year 7¹ to 10, but decreased in Year 11.



Pupils who think their school has given enough information, by school year

More pupils thought their school gave them enough information about smoking (59%) compared to drinking alcohol (54%) and drug use (52%).

The proportions were lowest in Year 7¹.



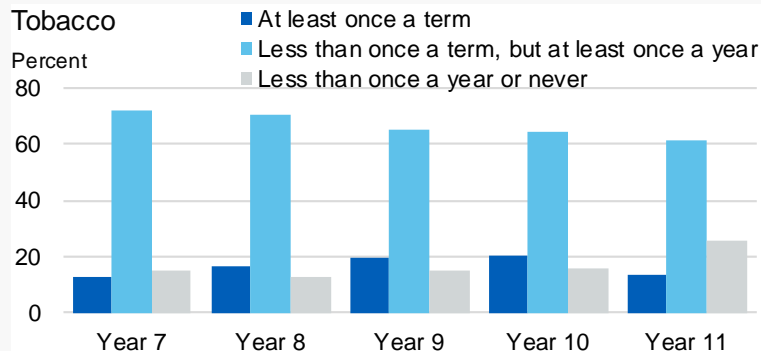
1) This will be partly due to the survey taking place mainly in the Autumn term, so year 7 pupils may have only been at the school for a few weeks before they were surveyed.

Frequency of lessons about tobacco, alcohol and drugs

Frequency of lessons in each school year

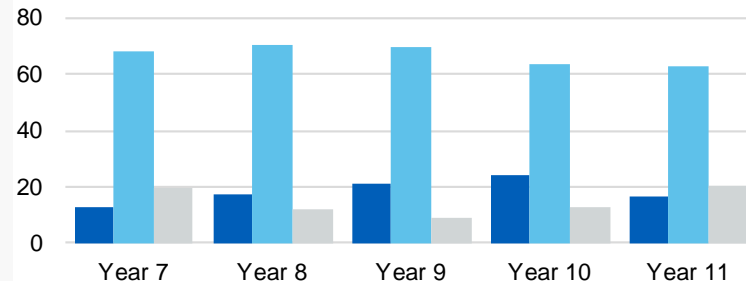
Most schools reported pupils had lessons about each topic at least once a year (between 75% and 91% of schools, depending on the school year and topic).

Schools having lessons at least once a term ranged from 11% to 25% depending on the school year and topic.



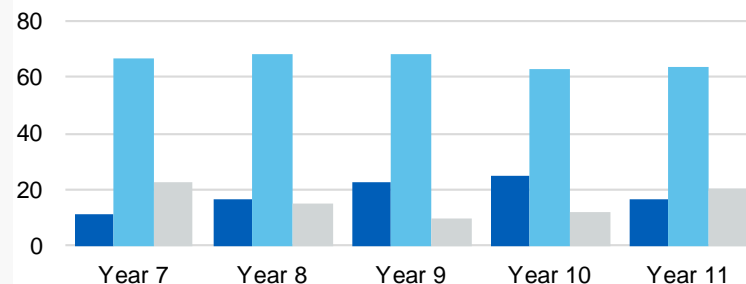
Alcohol

Percent



Drugs

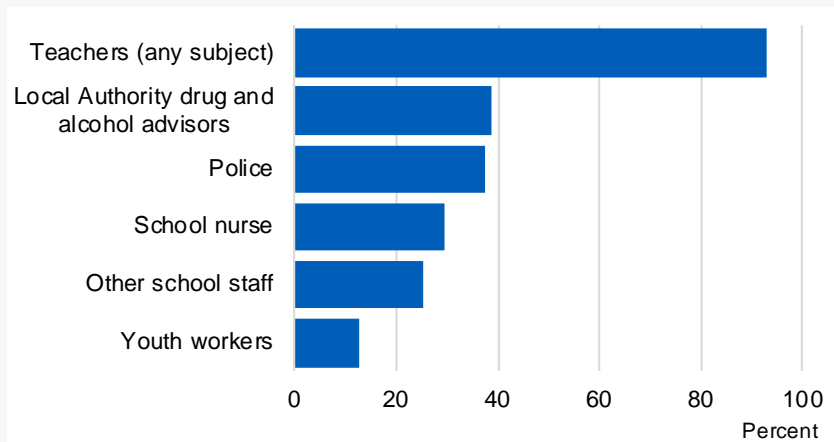
Percent



Lesson contributors and sources of information used to prepare lessons

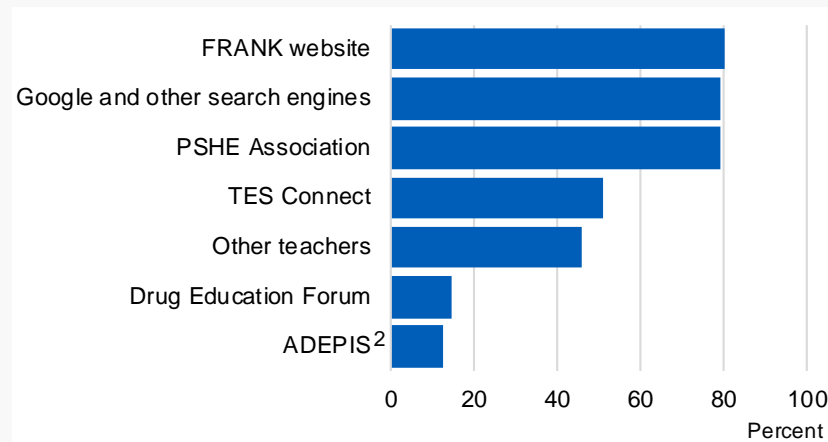
Who contributes to school lessons¹

Teachers contributed to lessons in 93% of schools, although not necessarily a specialist PSHE teacher. In addition, most schools also drew on other contributors. These included local drug and alcohol advisors (39%), the police (37%), school nurses (30%) and other school staff (25%).



Sources used to prepare school lessons¹

Teachers drew on a range of sources to prepare lessons, including the government-funded FRANK website (80%), Google and other search engines (79%), the PSHE Association (79%), Times Educational Supplement (TES) Connect resources (51%) and other teachers (46%).



1) Schools could select more than one option. Only the most common responses are shown. 2) Alcohol and Drug Education and Prevention Information Service.

Author: Statistics Team, NHS Digital
Responsible Statistician: Paul Niblett

This publication may be requested in large print or other formats.

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0300 303 5678