
Report To:	Education and Communities Committee	Date:	3 November 2020
Report By:	Corporate Director Education, Communities and Organisational Development	Report No:	EDUCOM/51/20/HS
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Subject:	Inverclyde Council Schools Health and Wellbeing Survey 2019		

1.0 PURPOSE

- 1.1 The purpose of this report is provide the Education and Communities Committee with an update on the Health and Wellbeing Survey 2019 which took place in all six mainstream secondary schools in Inverclyde. It provides a summary of the approach and key statistics from 2019, trend analysis from 2013 and similarities emerging from Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018. Both reports form Appendix 1 and 2 respectively.

2.0 SUMMARY

- 2.1 In 2013 Inverclyde Council in collaboration with Inverclyde CHCP and NHS Greater Glasgow and Clyde (Public Health Resource Unit) commissioned the first secondary schools health and wellbeing survey. The purpose of this research was to establish a baseline of health and wellbeing data that could be used to determine priorities and measure progress.
- 2.2 Funding was identified in 2018, with £15,000 from Inverclyde HSCP through their NHS stream and £10,000 from the local implementation of the Scottish Attainment Challenge funds, to conduct a further Health and Wellbeing Survey. Education Services and Inverclyde HSCP worked in partnership with NHS Greater Glasgow and Clyde to conduct the second Schools Health and Wellbeing Survey in 2019.
- 2.3 Traci Leven Research was commissioned to carry out the report writing and analysis of data, including comparability with the 2013 survey. There is no national comparator data for this survey as the Scottish wide Health and Wellbeing survey has been delayed and is still at the pilot stage.
- 2.4 The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) of smoking, drinking and drug use was conducted within Inverclyde secondary schools in 2018. The report presents key findings to aid comparative analyses and benchmarking from the 2013 SALSUS report and to the 2018 national average (difference from Scotland 2018). Detail from both the Health and Wellbeing Survey and SALSUS 2018 have been noted where similarities emerge.
- 2.5 Although there are no national comparators for some measures, the findings from the Inverclyde survey mirror national media reports and research findings. Outcomes for young people in Inverclyde remain positive with increasing academic attainment, wider achievement and positive destinations. It is important we continue to listen to the voice of our young people about their physical and emotional health in an ever changing world so that we can continue to provide the best support possible.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Education and Communities Committee:

- 3.2
- notes the contents of the report; and
 - notes the continued work required in the dissemination of the research findings, in partnership with Inverclyde HSCP.

Ruth Binks
Corporate Director
Education, Communities and Organisational Development

4.0 BACKGROUND

- 4.1 Inverclyde Council undertook a Health and Wellbeing survey in 2013. This survey delivered rich information and prompted the introduction of Clyde Conversations, providing a forum for young people to talk openly about health and wellbeing issues that affect them. The intention was to undertake another survey in 2015/16, however this was postponed due to the Scottish Government's proposal to produce a national Health and Wellbeing survey. Although work had been undertaken by the Scottish Government, the national position is that the Scotland-wide Health and Wellbeing survey had not progressed as quickly as anticipated. Rather than wait for the national survey, Inverclyde Council and Inverclyde HSCP undertook a local survey in 2019.
- 4.2 Although there is no national comparator data for the Inverclyde Health and Wellbeing survey, it is evident from national media and research that mental and physical health, exam stress, availability of alcohol and drugs, bullying, and amount of sleep remain issues for young people across the country. The outcomes and academic achievements of Inverclyde's young people remain very strong and pupils report they feel supported and listened to in a nurturing environment. Nevertheless, there are some areas of concern and services will be required to adapt and respond to these concerns.
- 4.3 The aim of the 2019 Health and Wellbeing survey was to gather current demographic information on the secondary school pupil population, report trend data on key areas of health, and gain an understanding of individual pupil perceptions of their own health and wellbeing. This type of engagement with young people has given them a voice and provides a platform to influence future service delivery based on their needs, attitudes and behaviours.
- 4.4 In the development stages of the 2019 survey a range of key stakeholders and partners were invited to a number of meetings, to ensure there was consultation on the development of the questionnaire. As a result, the 2019 health and wellbeing survey includes questions that have remained the same from the 2013 survey and therefore allows the monitoring of trends over time. It should be noted that the 2019 survey has been adapted to take into account emerging issues such as e-cigarettes.
- 4.5 The 2019 Health and Wellbeing survey included questions on the following topics:
 - Demographics – including age, gender, family composition, and ethnicity;
 - Physical activity, diet and sleep;
 - General health;
 - Mental health and wellbeing;
 - Smoking, alcohol and drugs;
 - Sexual health and relationships;
 - Screen time;
 - Risk behaviours;
 - Uptake and awareness of services aimed at young people;
 - Money; and
 - Future aspirations.
- 4.6 Two online surveys were developed, one for S1–S2 pupils and another for S3–S6 pupils. Variations between the two versions were limited to the addition of questions for S3–S6 pupils on sexual relations.
- 4.7 Pupils accessed the appropriate survey for their stage via an online link to Smart Survey. Community Learning Development Youth Workers supported the fieldwork in the classrooms.
- 4.8 Liaison with head teachers led to an agreement to complete the surveys with S1–S5 pupils between April and June 2019. S6 were not included due to the timing of exam leave.
- 4.9 There are a total of 3,664 pupils in S1-S5, of which 2,891 completed the survey, representing a 79% return rate, which is considered high for any questionnaire.

Year Group	Population	Actual Responses	Response Rate
S1/S2	1,534	1,392	91%
S3/S4	1,498	1,103	74%
S5	632	396	63%
TOTAL	3,664	2,891	79%

4.10 The main findings from the Schools Health and Wellbeing Survey 2019 were prepared by Traci Leven Research. The report by Traci Levan Research presents the combined findings of 2,891 pupils from the 6 mainstream Secondary Schools in Inverclyde. Differences in the key independent variables of gender and school stage are also examined within the report.

4.11 Findings from the Traci Levan Research report will be used to inform the work of Education, Communities and OD Services, Inverclyde HSCP, other Community Planning Partners and within individual schools.

5.0 SUMMARY OF FINDINGS

5.1 The following paragraphs provide a summary of key statistics and trend data from the chapters within the main 2019 Schools Health and Wellbeing Survey Report. Data from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018 has also been included.

5.2 Pupil profile - key statistics

Of all participants:

- 63% lived in a 2 parent family;
- 32% lived with a family member who had a drug/alcohol problem, long-term illness, disability or mental health problem; and
- 17% were carers

Notable trends

The prevalence of those identifying as caring has **increased** between 2013 and 2019.

5.3 Physical activity, diet and sleep - key statistics

Of all participants:

- 10% met the target for physical activity;
- 33% used active travel for the journey to school;
- 31% never ate breakfast on school days;
- 9% skipped lunch;
- 88% ate a meal with their family at least once a week;
- 39% had 5+ portions of fruit/vegetables per day;
- 23% got 9+ hours sleep per night; and
- 27% felt tired every day

Notable trends

There was **no significant change** since 2013 in the proportion who met the physical activity target;

There was an **increase** in the proportion of pupils who skipped lunch;

There was an **increase** in the proportion who consumed 5+ portions of fruit/vegetables per day; and

There was a **decrease** in the proportion who got 9+ hours sleep per night.

5.4 General Health - key statistics

Of all participants:

- 59% had a positive view of their health;
- 43% had a physical illness or disability; and
- 11% had a limiting condition or illness.

Notable trends

There was a **decrease** in the proportion of pupils who had a positive view of their health.

5.5 Mental Health and Wellbeing - key statistics

Of all participants:

- 31% had an emotional, behavioural or learning difficulty;
- 30% had been bullied in the last year;
- 24% had been bullied at school in the last year;
- 16% bullied others at school in the last year; and
- 39% had a high 'total difficulties' score.

Notable trends

Between 2013 and 2019 there has been an **increase** in the proportion who had been bullied at school in the last year; and

There was an **increase** in the proportion who had a high score for 'total difficulties'.

5.6 Behaviours: smoking, alcohol and drugs - Key statistics

Of all respondents:

- 9% were smokers;
- 5% used e-cigarettes;
- 29% lived with a smoker;
- 12% were exposed to smoke in cars;
- 55% were exposed to smoke indoors;
- 56% had ever drunk alcohol;
- 20% of those who drank alcohol got drunk at least weekly; and
- 15% had ever used drugs

Trends

Between 2013 and 2019 there was an **increase** in the proportion who were smokers.

There was an **increase** in the proportion of drinkers who got drunk at least weekly; and

There was an **increase** in the proportion who had used drugs.

5.7 An additional source of information on smoking, drug and alcohol use amongst teenagers is published in the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), the most recent of this carried out in 2018. This presents the key findings for pupils attending secondary schools in Inverclyde. Although they are not directly comparable, the SALSUS survey provides valuable information on drug and alcohol issues.

5.8 The SALSUS survey was administered by teachers in a mixed ability class, under exam conditions, and was completed between October 2018 and April 2019.

5.9 There were 1,513 13 and 15 year olds within year groups S2 and S4 eligible to take part in the survey, with 391 (26% of all eligible pupils) participating. As in previous SALSUS surveys,

schools dedicated to children with additional support needs were excluded from the sample. The response rates achieved (based on those sampled) for Inverclyde are shown below:-

	Inverclyde Council	Scotland
School response rate	71%	61%
Class response rate	79%	57%
Pupil response rate	80%	91%
Overall response rate (product of class and pupil response rate)	63%	52%

5.10 The SALSUS 2018 survey reported that:

SMOKING

- 3% of 13 year olds were regular smokers (usually smoking one or more cigarettes per week). There is not statistically significant change from 2013 figures;
- 3% of 15 year olds were regular smokers (usually smoking one or more cigarettes per week). This is 7% decrease from 2013 figures and 4% more positive than national data; and
- 1% of 13 year olds and 1% of 15 years olds reported using e-cigarettes once a week or more.

ALCOHOL

- 32% of 13 year olds reported they had had an alcoholic drink. There is not statistically significant change from 2013 figures;
- 64% of 15 year olds had had a proper alcoholic drink. This was lower than the % recorded across Scotland for this age group which was 71%;
- Two third of pupils aged 13 who reported having drunk alcohol reported that they had ever been drunk, (representing a 19% increase from 2013 data) for 15 year olds the figure was 23%. (2% higher than the 2013 data);
- Inverclyde levels of drinking to excess across both age groups reported in SALSUS in 2018 were higher than that for Scotland :
 - 18% higher for 13 year olds
 - 7% higher for 15 year olds;
- 16% of pupils aged 13 had managed to purchase alcohol which is an increase of 13% from 2013 and 11% higher than the response from Scotland as a whole;
- 12% of 15 year olds had managed to buy alcohol. This was slight increase from 2013 for Inverclyde and compared to Scotland as a whole;
- 3% of 13 year olds and 4 % of 14 year olds were refused alcohol when they tried to purchase. This was higher by 3% and 2% respectively than in 2013 study and slightly higher than the rate reported for pupils across Scotland;
- no change in 13 year olds who had ever had a drink between the 2013 and 2018 data
- a 4% fall in the number of 15 year olds having ever had a drink; and
- There was a lower % of pupils having ever had a drink than the percentage for Scotland as a whole in 2018.

DRUGS

- 94% of 13 year olds and 80% of 15 year olds had never taken drugs. This was slightly lower (3% and 1%) than in 2013 and was the same as the data for Scotland as a whole; and
- 4% of 13 year olds and 18% of 15 year olds having taken Cannabis over the past year. This was 2% higher for 13 year olds 2% higher for 15 year olds compared to 2013. Data for Cannabis use in 2018 was similar to that for Scotland as a whole.

15 year olds only

- 32% obtained drugs from a friend of the same age (last time used drugs). This is considerably lower (31%) than the data for 2013 and lower than the data for Scotland in 2018;

- 17% obtained drugs from an older friend (last time used drugs);
- 49% gave some drugs away on the last occasion they took drugs. This is a 21% reduction from 2013 and similar to that in Scotland wide data;
- 13% who used drugs needed help related to this use - reflecting 10% increase from 2013 and 6% higher than that for Scotland as a whole; and
- 66% would like to stop taking drugs. This is a 39% increase from 2013 and 22% higher than the rate for Scotland.

5.11 The remainder of this report refers to the 2019 Schools Health & Wellbeing Survey.

5.12 **Behaviours: Sexual Health and Relationships - Key statistics**

- 8% identified as lesbian, gay or bisexual;
- 25% had a boyfriend or girlfriend;
- 40% of S3-S5 pupils had engaged in sexual activity; and
- 40% always used contraception or condoms when sexually active.

5.13 **Behaviours: Screen Time - Key statistics**

- 99% had access to the internet at home; and
- 32% spent 7+ hours on electronic devices on school days

5.14 **Risk Clustering and Positive Behaviours - Key statistics**

- 83% had engaged in at least one of 20 risk/antisocial behaviours; and
- 75% had engaged in at least one of 8 positive behaviours.

5.15 **Services for Young People - Key statistics**

- 93% had used at least one listed health service;
- 75% had a Young Scot card;
- 79% had used parks in the last year;
- 61% had used a sports centre;
- 39% had visited a library;
- 38% had visited a museum;
- 29% had visited a community centre; and
- 18% had visited a youth club.

Notable trends

Between 2013 and 2019 there was an increase in the proportion who had a Young Scot Card; There was a decrease in the proportion who had used a library in the last year; and There was a decrease in the proportion who had used a sports centre in the last year.

5.16 **Money - Key statistics**

- 78% had savings; and
- 55% had £10 or more to spend per week

5.17 **Post-School Expectations - Key statistics**

- 68% expected to go to further education/training

Trends

Between 2013 and 2019 there was a decrease in the proportion who expected to go to further education/training.

6.0 IMPLICATIONS

6.1 Finance

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (if Applicable)	Other Comments
N/A					

6.2 Legal

N/A

6.3 Human Resources

N/A

6.4 Equalities

Equalities

- (a) Has an Equality Impact Assessment been carried out?

	YES
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

- (b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO

6.5 Repopulation

N/A

7.0 CONSULTATIONS

7.1 Education Services

Inverclyde HSCP

Public Health

Community Learning Development

Sandyford

7.2 A pilot questionnaire was undertaken at a secondary school in March 2019 to test and consult the content of the survey. This was conducted with boys and girls from 2 year groups with a range of abilities.

8.0 BACKGROUND PAPERS

8.1 2013 Inverclyde Schools Health and Wellbeing Survey

<https://www.inverclyde.gov.uk/meetings/meeting/1694> agenda item 17

8.2 SALSUS 2013

Traci Leven Research

Inverclyde Council Schools Health and Wellbeing Survey 2019

Final Report

Prepared for



December 2019

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1 Introduction and Methodology

1.1 Introduction

This report contains the findings of research carried out in 2019 in partnership with Inverclyde Council and NHS Greater Glasgow and Clyde.

In 2013 Inverclyde Council commissioned the first secondary schools health and wellbeing survey in order to establish a baseline of health and wellbeing data that could be used to determine priorities and measure progress. In the six years since the first survey there have been many changes that impact either directly or indirectly on health equalities and outcomes.

The health and wellbeing survey includes questions that have remained the same and allow the monitoring of trends over time. However, the survey has also been adapted over time to take into account emerging issues. The survey provides a snapshot in time of the views and experience of the secondary school population and whilst we cannot attribute causal relationships between the findings and the changing policy context, we can explore and contextualise our findings alongside national and local data.

The aims of the current study are to gather current demographic information on the pupil population, report trend data on key areas of health, and gain an understanding to individual pupil perceptions of their health & wellbeing. The survey included questions on the following topics:

- Demographics – including age, gender, family composition, and ethnicity
- Physical Activity, Diet & Sleep
- Smoking, Alcohol & Drugs
- General health
- Mental health & wellbeing
- Sexual Health & Relationships
- Bullying and risk behaviours
- Future aspirations
- Uptake & awareness of services aimed at young people

In addition, this report contains thematic chapters exploring the complex interaction between life circumstances, behaviours and health outcomes.

The main findings from the survey data have been prepared by Traci Leven Research. The report presents the findings for all pupils together and examines differences by the following key variables:

- Gender
- School stage

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The survey was made available to the S1-S5 pupil population in all six mainstream secondary schools in Inverclyde.

The fieldwork was supported by CLD youth workers and class teachers in the classroom environment. There are a total of 3,664 pupils in S1-S5, of which 2,891 completed the survey. This equates to 79% of the S1-S5 overall roll participating in the survey.

Survey Responses by Year Group

Year Group	Population	Actual Responses	Response Rate
S1/S2	1,534	1,392	91%
S3/S4	1,498	1,103	74%
S5	632	396	63%
TOTAL	3,664	2,891	79%

The survey will help us to reflect on the key issues that affect young people in 2019 and how we can best support them. In an ever-changing world, our young people will be affected by changes to lifestyles, different and often increasing pressures and competing priorities. The results of this survey help us to analyse and improve the way we can support our young people. This will include responses from all agencies to evaluate the current provision and what can be provided in the future.

The survey will provide useful data towards:

- Improving health outcomes for children & young people through a multi-agency approach to tackling key issues
- Taking forward the next Children's Services Plan
- Developing Health and Wellbeing priorities in partnership
- Supporting local health improvement planning for Children and Young People.

1.2 Survey Methodology

In early 2019 NHS Greater Glasgow & Clyde shared with Inverclyde Council the two survey questionnaires being used by Glasgow City for S1/S2 and S3-S6 pupils. A short life working group reviewed the questionnaires and modified as required to create two surveys for pilot. Following the decision to make the survey exclusively available online, a Smart Survey licence was allocated to Inverclyde Council from NHS Greater Glasgow & Clyde.

Smart Survey created two online surveys (S1-S2 and S3-S6) which were piloted in March 2019 with four classes. To ensure testing of both surveys, S1 and S4 classes participated in the pilot. The fieldwork was supported by

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CLD youth workers and pupils were encouraged to ask if there was anything they were unsure about.

The pilot surveys could not be completed in the time allocated. Pupil feedback highlighted the need to refine the survey questions. Changes were discussed with the short life working group, including increased use of infographics and different response options. There was agreement that the survey responses would be anonymous. Communicating to young people that they would not be identifiable was key to ensuring honest responses to the questions asked. Final versions of the questionnaire were sent to Smart Survey.

Liaison with Head Teachers in April 2019 led to an agreement to complete the surveys with S1-S5 pupils before the end of June 2019. Parents were lettered in April 2019 to inform them that the survey was taking place during the summer term. The letter also gave parents the opportunity to opt out from the survey.

1.3 This Report

This report has been prepared by Traci Leven Research. It presents the combined findings for the whole Inverclyde area from 2,891 S1-S5 pupils in six secondary schools. All findings are from data weighted to reflect the distribution S1-S5 population in each of the schools.

Data Weighting

The achieved sample was not representative of the S1-S5 secondary school population in Inverclyde. A weighting factor was therefore calculated to compensate for this. The weighting factor corrected for under- and over-representation of some schools, and also the over-representation of younger pupils and the under-representation of senior pupils. (See Appendix).

Analysis

Analysis was conducted in two stages:

- 1 Compute basic frequencies for each question in the questionnaire.
- 2 Establish whether there were significant differences between groups for two key independent variables (using the **99.9% confidence level**; $p \leq 0.001$).

The two key independent variables used for analysis are shown below together with the number and percentage of pupils in each group.

Table 1.2: Key Independent Variables Used for Analysis

Key Variables	Description	Numbers (unweighted)
Gender	Boys and Girls	Boys: 1,413 Girls: 1,440 Total: 2,853
Stage	S1/S2; S3/S4; S5	S1/S2: 1,392 S3/S4: 1,103 S5: 396 Total: 2,891

Reporting Conventions

Each of the subsequent chapters begin with an infographic summary of key indicators contained within the chapter. Each of these chapters report findings by theme, following these conventions:

- Firstly, description of basic frequencies for each theme from the survey for all Inverclyde pupils.
- Secondly, key indicator trend data for the theme, where relevant/applicable, showing significant ($p \leq 0.05$) changes since the last survey in Inverclyde in 2013 for **S1-S5 pupils** (limited to mainstream schools only)¹.
- Thirdly, reporting *only* those key variables (identified above) which exhibit statistical significance ($p \leq 0.001$).

Some additional explorative analysis has been conducted to provide more detailed understanding of the findings within specific themes.

Other Data Sources

Throughout the report, numerous national data sources have been used for context. The main data sources are:

- Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018

¹ Previously reported findings for Inverclyde schools in 2013 show the findings for all S1-S6 pupils and include the special education school and behaviour unit. Trend data for 2013 data presented in this report have been adjusted to remove the S6 pupils and those not in mainstream schools to make the findings comparable with the 2019 sample.

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- NHS Greater Glasgow And Clyde Health and Wellbeing Survey – Inverclyde HSCP findings² which provide findings for health and wellbeing indicators for adults in Inverclyde
- Scottish Health Survey 2018³ which includes both adults and children's questions

Web sources for all other data sources are referenced as cited in each of the chapters of this report.

Tables and Figures

All non-responses have been removed from analysis. Not all pupils answered each question; therefore the base number varies. Unless otherwise indicated, 'don't know' responses have been excluded from the analysis.

All findings are from weighted data (see Appendix)

The sum of responses in tables and text may not equal 100% due to rounding.

Where percentages are less than 0.5 but more than 0, the conventional '<1%' has been used. A '0%' means exactly zero.

Limitations

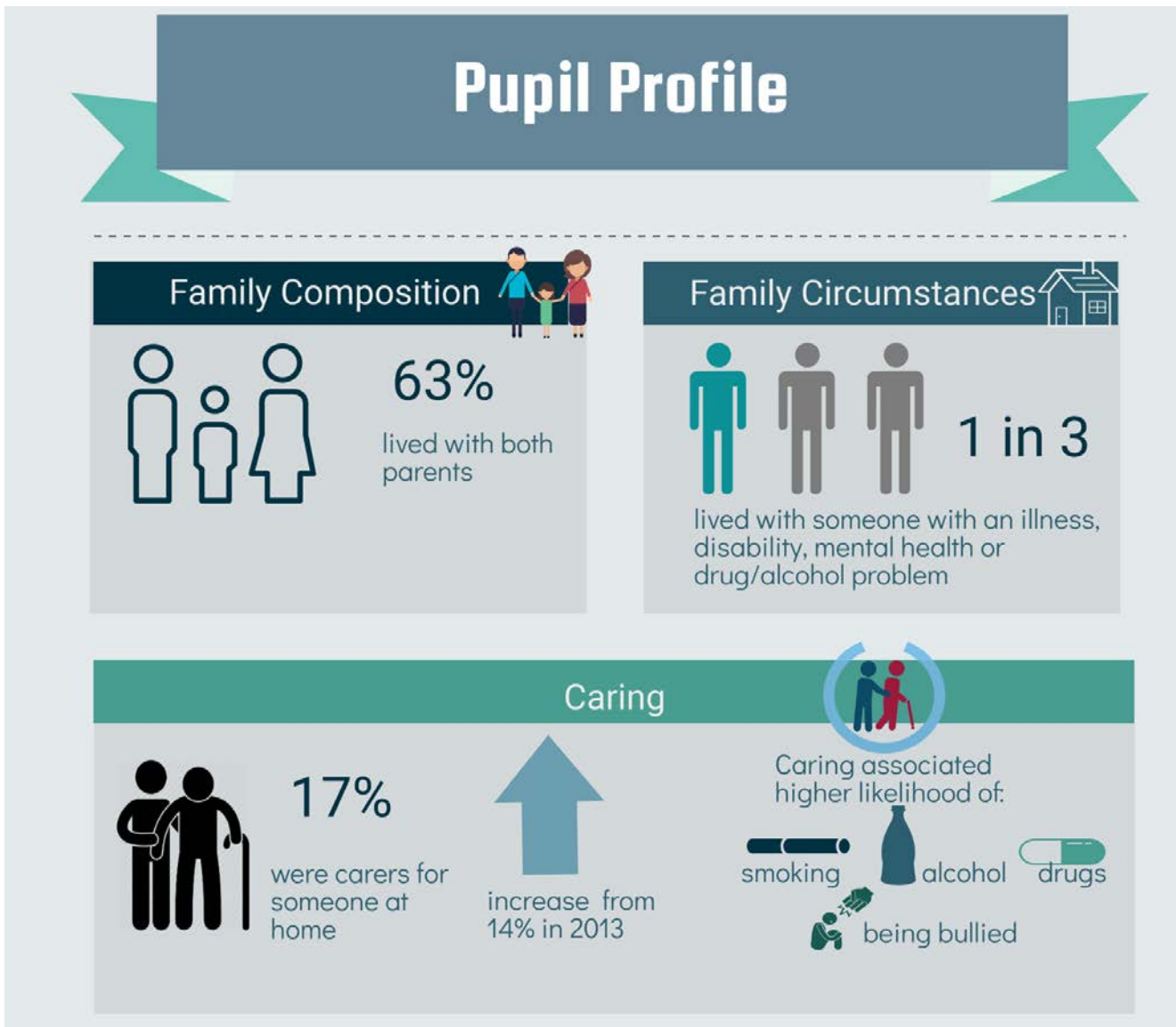
The timing of the fieldwork means there are some limitations in terms of both comparability with the 2013 survey and the overall representativeness of the sample. While the 2013 survey was conducted in October/November, the 2019 Survey was conducted between March and June. S4/S5 pupils were surveyed after the exam break. This means that:

- The average age of pupils within each year group is higher in the 2019 survey
- Seasonal differences will affect responses for some indicators
- Pupils who chose to leave school after their exams (or earlier in the school year) and who did not return to school to commence S5 and S6 studies in June will not be included.

² <https://www.stor.scot.nhs.uk/handle/11289/579888>

³ <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/>

2 Pupil Profile



2.1 Gender, Age and Stage

The following tables show the profile of respondents (after weighting to proportionately represent the distribution of pupils by school and stage – see Appendix).

One percent of pupils did not express a binary gender identity or preferred not to state their gender; the remainder were evenly split between boys and girls.

Thirty five percent were aged 13 or under. A quarter (25%) were aged 16 or over.

Table 2.1: Gender of Pupils

Gender	Percentage of Pupils
Female	50%
Male	49%
Other or not stated	1%
Total	100%

Table 2.2: Age of Pupils

Age	Percentage of Pupils
11	< 1%
12	15%
13	20%
14	21%
15	18%
16	19%
17	7%
18	< 1%
Total	100%

Table 2.3: Stage of Pupils

Year Group	Percentage of pupils
S1	20%
S2	21%
S3	21%
S4	20%
S5	18%
Total	100%

2.2 Ethnicity

Most (94%) described themselves as White Scottish or White British and 3% gave an other White ethnic identity. The breakdown of pupils by ethnic group is shown in Table 2.4.

Table 2.4: Ethnicity of Pupils

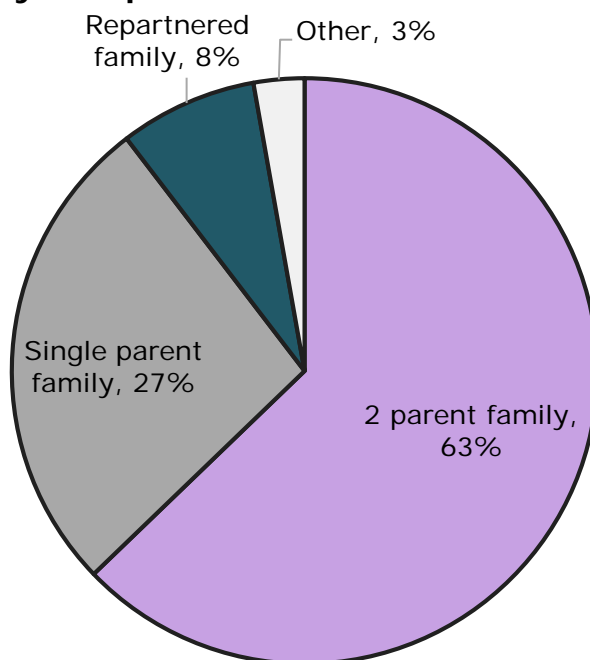
Ethnic Group	% of pupils
White Scottish/British	94%
Other White	3%
Any Mixed	1%
Any Asian	1%
Any Chinese	<1%
Any Black	<1%
Other	<1%
Total	100%

2.3 Family Composition

Just over three in five (63%) lived with both their parents. There was no significant change since 2013. Just over a quarter (27%) of pupils lived in single parent families.

The breakdown of all family types is shown in Figure 2.1.

Figure 2.1: Family Composition



Note: 'single parent families' include those who spend some time with one single parent and some time with another single parent; 're-partnered families' include those who spend time between two repartnered families.

2.4 Language

Most (96%) pupils said they spoke English at home and a further 2.5% said they spoke Scots, 'Scottish' or 'slang'. A total of 1.6% pupils spoke any other language at home, the most common being Gaelic (0.4%).

2.5 Family Circumstances and Caring Responsibilities (Young Carers)

Context and National Data

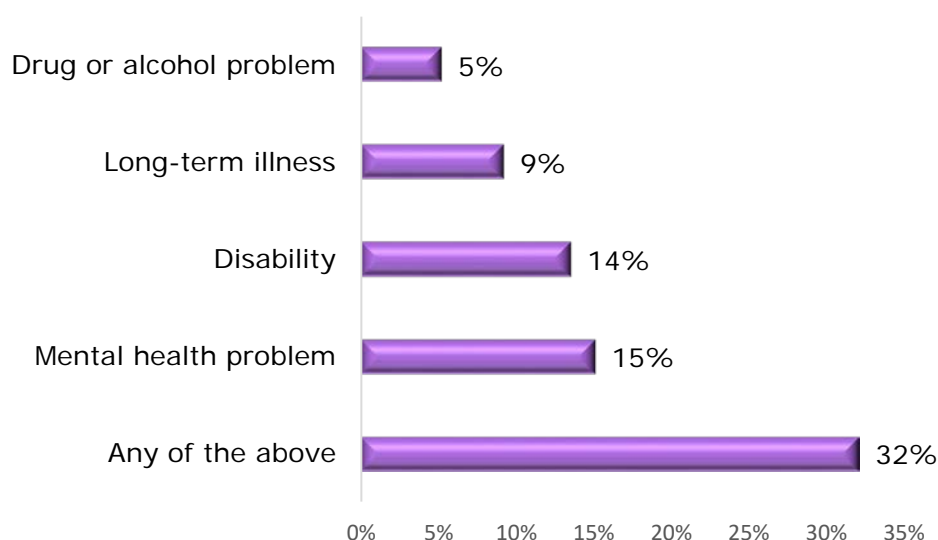
The Carers (Scotland) Act 2016 was implemented in 2018 with the aim of supporting carers' health and wellbeing, including young carers. This involved local authorities creating a person-specific young carer statement to identify needs and personal outcomes.

The Scottish Health Survey 2018 showed that across Scotland 3% of children aged 4-15, and 12% of all adults aged 16 or over were carers. The NHS GGC adult Health and Wellbeing Survey 2017/18 found that 14% of adults in Inverclyde were carers.

The Scottish Government Report *Young Carers: Review of Research and Data* (Scottish Government, 2018) highlighted that young carers have poorer self-reported health, are more likely to have a long term health condition or disability and particularly more likely to have a mental health condition. Young carers also face difficulties in participating in social activities and may feel isolated.

One in three (32%) pupils had someone in their family household with a disability, long-term illness, drug/alcohol problem or a mental health problem.

Figure 2.2: Proportion of Pupils who had Household Family Member with Listed Conditions



Among those who had a household family member with at least one of these conditions, more than half (56%) said that they looked after or cared for them because of their illness/disability.

Key statistic:
17%
were carers

Overall, 17% of pupils were carers for someone in their household. Those in S1-S4 were more likely than those in S5 to be carers (18% S1/S2; 19% S3/S4; 13% S5)⁴.

The proportion of pupils who were carers for a household member rose between 2013 and 2019, as shown below.

Table 2.5: Trends for Caring

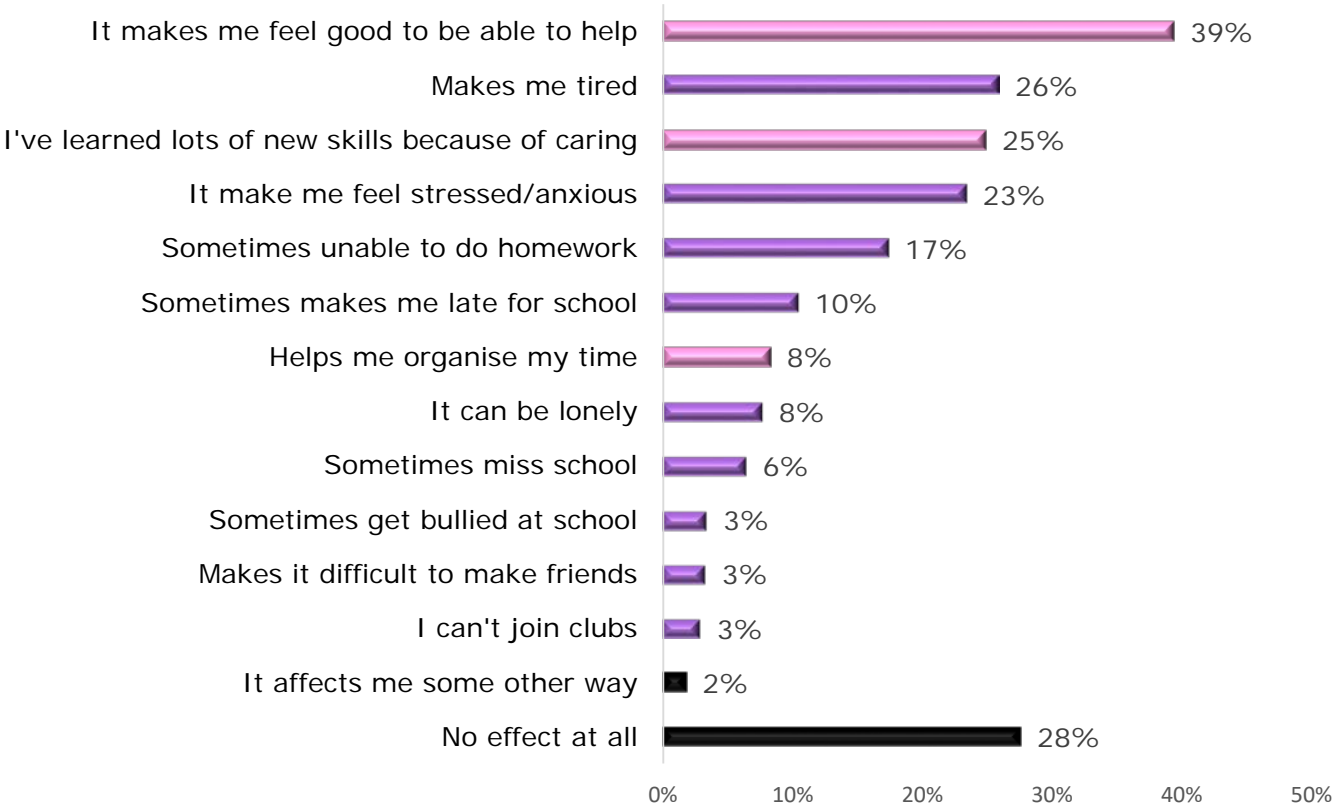
	% of pupils who cared for a household member
2013	13.8%
2019	17.5%
Change (2013-2019)	+3.7%

Among carers, 28% said that they looked after their family member every day, 40% said that they did so a couple of times a week and 32% said that they did so once in a while.

⁴ Because the S5 pupils surveyed comprised only those who returned to school for S6 after the exam period, the difference may be indicative of young carers being less likely to continue at school into S6.

Those who looked after/cared for a household family member were asked how their caring affected them. Seven in ten (72%) said that their caring responsibilities had affected them in some way. These included a mix of positive and negative effects of caring. Half (48%) of all carers were affected in a negative way. All effects of caring responsibilities are shown in Figure 2.3. The most commonly reported effect was positive – it makes me feel good to be able to help (39%). One in four (26%) carers said that their caring responsibilities made them tired and one in four (23%) said it made them feel stressed or anxious.

Figure 2.3: Effects of Caring Responsibilities (positive effects shown in pink; negative effects shown in purple)



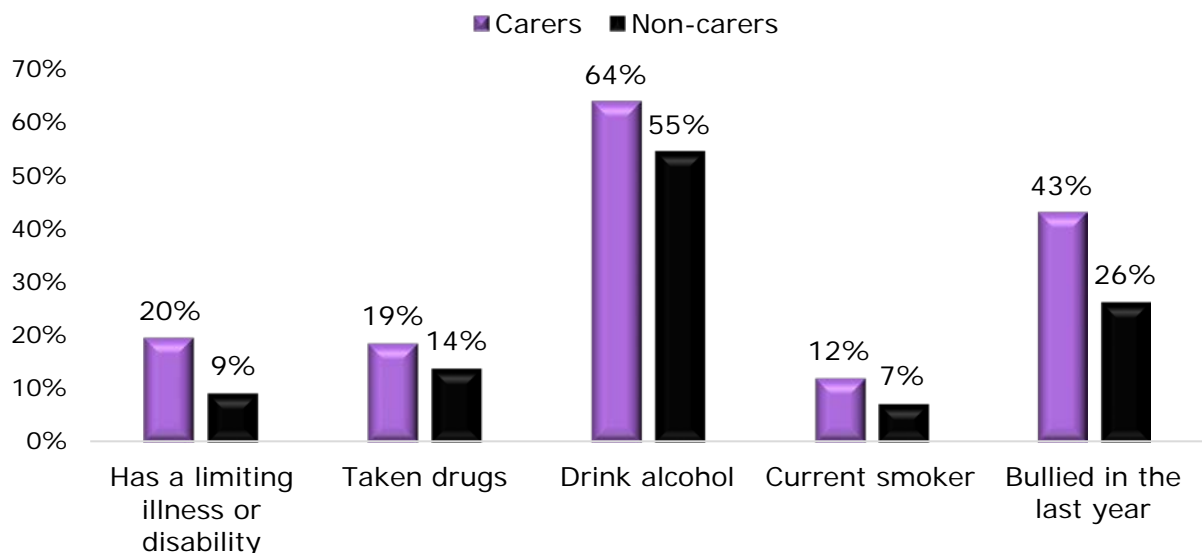
Young Carers – Exploring Further

Findings shown in subsequent chapters of this report show that young carers were associated with higher levels of difficulties measured by the Strengths and Difficulties Questionnaire (see Chapter 5), and engagement in multiple risk behaviours (see Chapter 9).

As Figure 2.4 below shows, carers were also more likely than non-carers to:

- Have been bullied in the last year;
- Be current smokers;
- Drink alcohol;
- Have ever taken drugs;
- Have a limiting illness or disability;

Figure 2.4: Key Indicators Showing Significant Differences between Carers and Non-Carers



CHAPTER SUMMARY

Key statistics



- 63% lived in a 2 parent family
- 32% lived with a family member who had a drug/alcohol problem, long-term illness, disability or mental health problem
- 17% were carers

Trends



The prevalence of caring rose between 2013 and 2019.

Physical Activity, Diet and Sleep

Physical Activity





Activity levels higher for:



- Boys 
- Younger pupils 

10%
Meet the target of 60 mins+ exercise each day

33%
Use active travel methods for journey to school



Diet



31%
Never ate breakfast on school days

9%
Skipped lunch

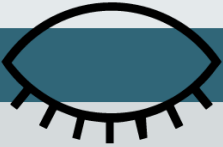

88%
Ate a meal with their family at least once a week

39%
Had 5+ portions of fruit/veg per day

increase from 33% in 2013

Sleep





23%
Got 9+ hours sleep

decrease from 27% in 2013

35%
15%
11%
S1/2 S3/4 S5

27%
felt tired every day



3.1 Physical Activity

Context and National Data

The Scottish Government has set a target of all primary schools providing two hours of PE per week, and all secondary schools providing two periods of PE for all S1-S4 pupils.

In 2018 The Scottish Government published *Active Scotland Delivery Plan* which recognises the importance of physical activity on physical health, mental health and wellbeing, reducing isolation and developing confidence. The delivery plan set out a commitment to encouraging and increasing physical activity at all stages of life, and includes a commitment to ensuring Scotland becomes the first 'Daily Mile Nation', rolling out the daily mile initiative in primary schools to secondary schools, nurseries and further education. It also includes commitment to investment in active travel and encouraging participation in sport for women and girls.

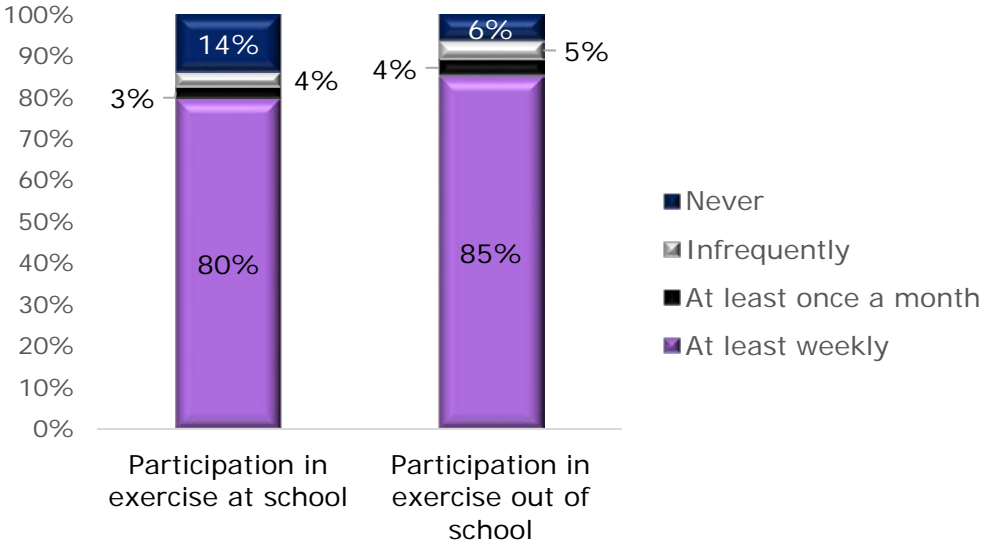
Current national guidelines for young people aged 5 to 18 years old are to take at least 60 minutes of physical activity every day, which should include both moderate activity (e.g. cycling, playground activities) and vigorous activity (e.g. running, tennis). The Scottish Health Survey 2017 found that 18% of 13-15 year olds met this target.

**Key
statistic:
10% met
the physical
activity
target**

Pupils were asked on how many days over the last seven days they had been physically active for a total of at least 60 minutes. Responses showed that just one in ten (10%) met the target of taking 60 minutes or more of moderate physical activity on seven days per week. Just over four in five (82%) were active, but not enough to meet the target. A further 7% were not active at all. There was no significant change since 2013. The proportion meeting the target is lower than the national findings for 13-15 year olds from the Scottish Health Survey 2017 (18%). However, the Scottish Health Survey combined responses from questions about specific types of activity (sports and exercise, active play, walking and housework/gardening), which is likely to have prompted more recall about activities undertaken.

Pupils were asked how often they usually exercised so much that they got out of breath or sweated. Four in five (80%) pupils participated in exercise like this at school at least once a week and 85% participated in such exercise at least once a week out of school. Responses are shown in Figure 3.1 below.

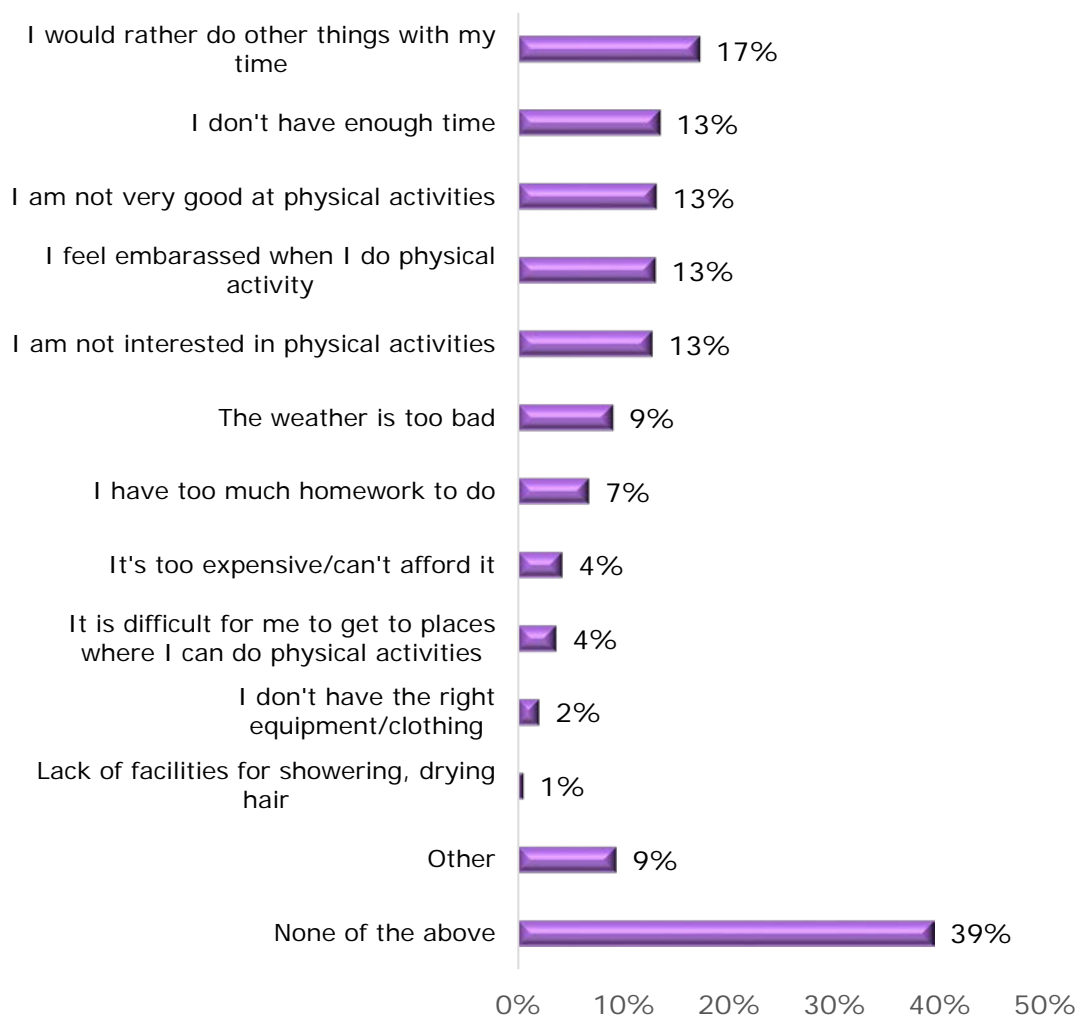
Figure 3.1: Participation in Exercise (enough to get out of breath or sweat) at School and Out of School



Pupils were also asked how often they participated in physical education (PE) at school. One in four (25%) said they did not do any PE, 25% did one or two periods of PE per week and half (51%) had three or more periods of PE per week.

Pupils were asked which of a number of statements relating to barriers to physical activity applied to them. Three in four (61%) indicated at least one barrier applied to them. All responses are shown in Figure 3.2.

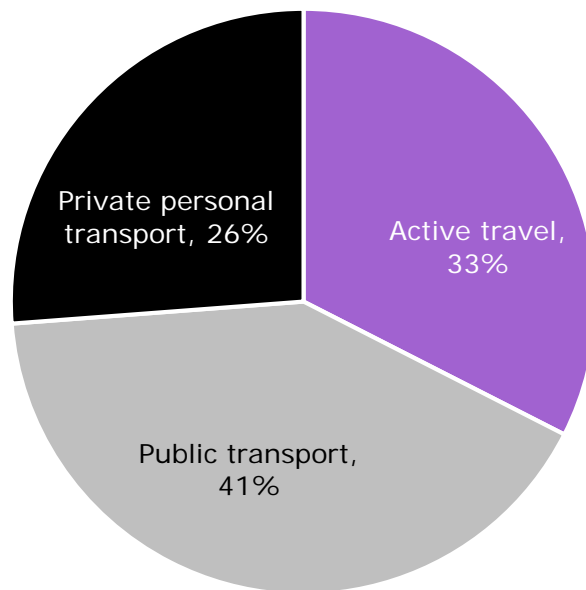
Figure 3.2: Barriers to Physical Activity



**Key
statistic:
33% used
active
travel
methods**

Pupils were asked how they usually travel to school. Responses are shown in Figure 3.3. One in three (33%) used active travel methods (walking/cycling), two in five (41%) used public transport and one in four (26%) used private personal transport.

Figure 3.3: Means of Travel to School

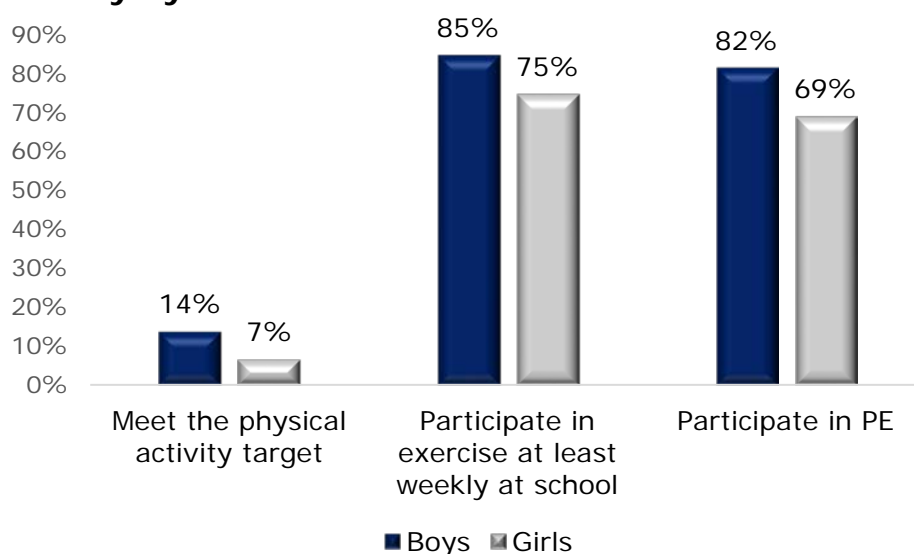


Note:
Active travel: walking, cycling
Public transport: bus, train, taxi, ferry
Private personal transport: car

Gender

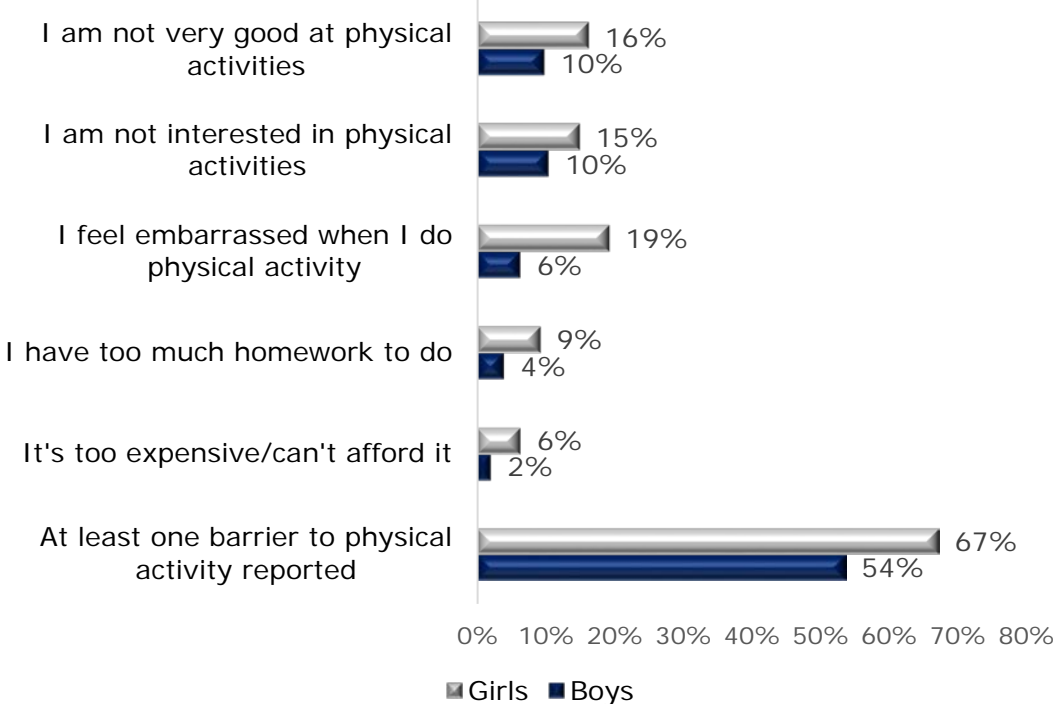
Consistent with national surveys on physical activity levels, survey findings show considerably more positive findings relating to physical activity for boys compared to girls. Responses show that boys were more active than girls. Figure 3.4 shows the significant differences between boys and girls which highlight the overall gender disparity in physical activity levels. Overall, boys were more likely than girls to meet the target for physical activity, participate in weekly exercise at school (enough to make them breathe harder or sweat) or participate in PE.

Figure 3.4: Significant Differences for Indicators of Levels of Physical Activity by Gender



Girls were more likely than boys to report barriers to doing physical activity (67% girls; 54% boys), and were more likely to specifically report five of the barriers as shown in Figure 3.5.

Figure 3.5: Proportion Reporting Reasons for Not Doing Physical Activity by Gender (all reasons showing a significant difference)

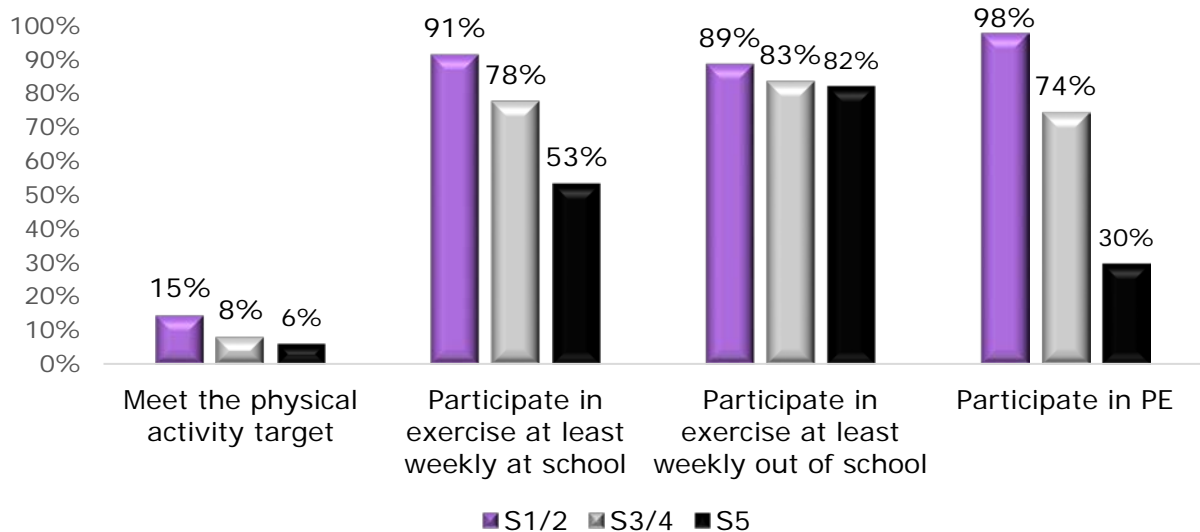


Stage

Overall, responses show the least positive findings relating to physical activity for S5 pupils, suggesting a tendency for pupils to reduce physical activity levels as they get older. This is consistent with the Scottish Health Survey data which show a steady decline in physical activity levels among children and young people from the age of seven.

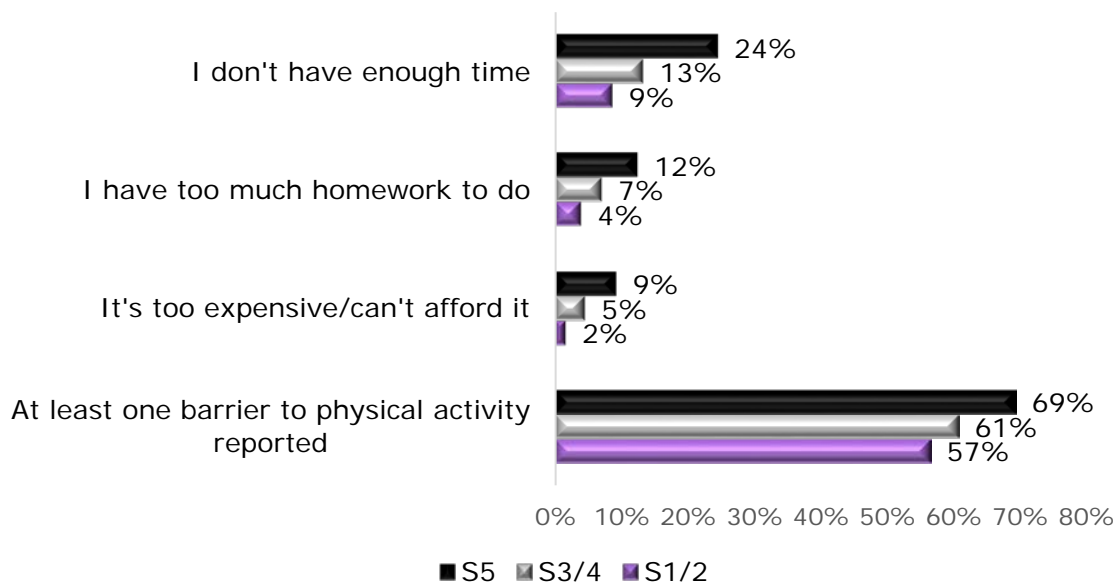
Figure 3.6 shows that S1/S2 pupils were the most likely to meet the target for physical activity. S5 pupils were the least likely to participate in sports out of school and particularly in school, and the least likely to participate in PE.

Figure 3.6: Significant Differences for Indicators of Levels of Physical Activity by Stage



S5 pupils were the most likely to identify with three of the reasons for not doing physical activity, and the most likely to overall report any barriers to physical activity as shown in Figure 3.7.

Figure 3.7: Proportion Reporting Reasons for Not Doing Physical Activity by Stage (all reasons showing a significant difference)



Context and National Data

The importance of a healthy balanced diet has long been established in terms of its effects on health. Poor diet is associated with risks of cancer, high blood pressure, diabetes and heart disease. Improved diet, as well as reducing risk of disease, is important to control weight and promote healthy body growth. The importance of eating breakfast is also recognised for providing energy and deterring unhealthy snacking and controlling weight.

In 2018, The Scottish Government published *A Healthier Future: Scotland's diet and healthy weight delivery plan*. One of the priority outcomes is that children get the best start in life – they eat well and have a healthy weight. The target is for childhood obesity to half by 2030. The delivery plan set out actions to ensure that children and young people have the skills they need to make healthy choices, and that these messages are embedded in the Curriculum for Excellence.

The Sugar Tax came into force in April 2018 which made high sugar drinks more expensive for consumers. The consumption of sugary drinks appears to have declined very sharply. The Scottish Health Survey found that the proportion of children aged 2-15 who consumed sugary drinks daily fell from 38-39% in 2013/2014 to 16% in 2017/18.

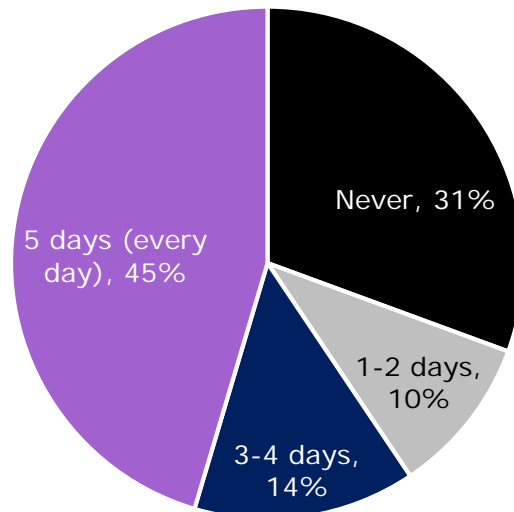
The Scottish Health Survey 2018 found that 22% of adults and 15% of children met the target of consuming five or more portions of fruit/vegetables per day.

The 2017/18 NHSGGC adult health and wellbeing survey found that 42% of adults in Inverclyde met the target of consuming five portions of fruit/vegetables per day – a significant rise from 31% in 2014/15. The proportion meeting the target was lower in the most deprived areas in Inverclyde (27%) than other areas (48%).

**Key
statistic:
31% never
ate
breakfast on
school days**

The survey showed that a significant proportion of pupils in Inverclyde are starting their school day on an empty stomach. One in three (31%) said they never ate breakfast on school days. Less than half (45%) of all pupils said that they ate breakfast on school days five days per week.

Figure 3.8: Number of Days Per Week Eat Breakfast on School Days

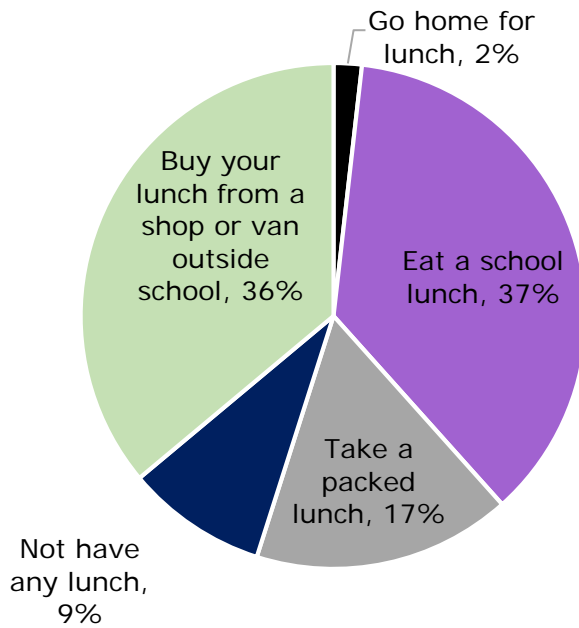


Three in five (60%) pupils said they ate breakfast on both weekend days; 22% had breakfast on one weekend day and 18% said they never ate breakfast at weekends.

Just under nine in ten (88%) pupils said they had meals together with their family at least once a week – 32% said they had meals with their family every day, 40% did so most days and 16% said about once a week.

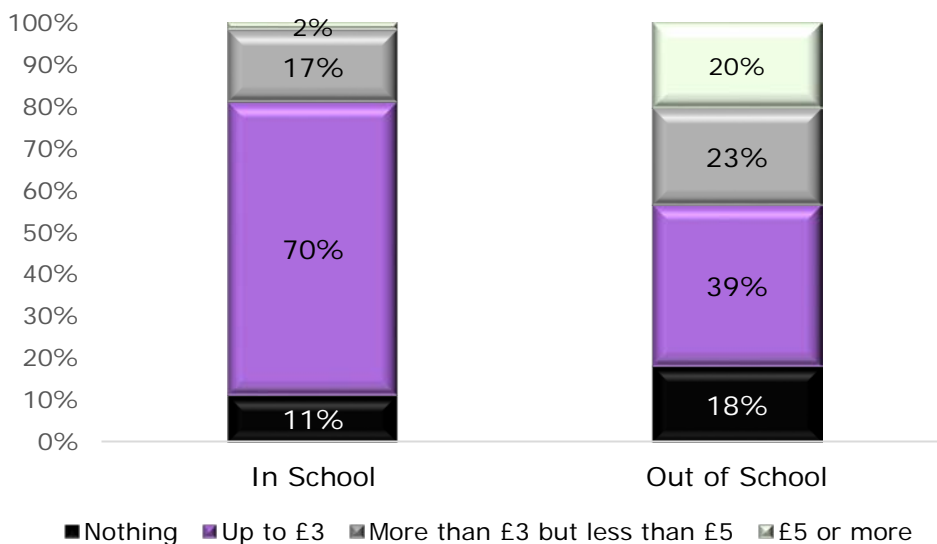
Skipping lunch was much rarer than skipping breakfast. Nine in ten (91%) pupils said they had lunch during their last school lunchtime. Most commonly pupils had a school lunch (37%) or bought their lunch from a shop or van (46%). All responses are shown in Figure 3.9.

Figure 3.9: What Pupils Did for Lunch During Previous School Lunchtime



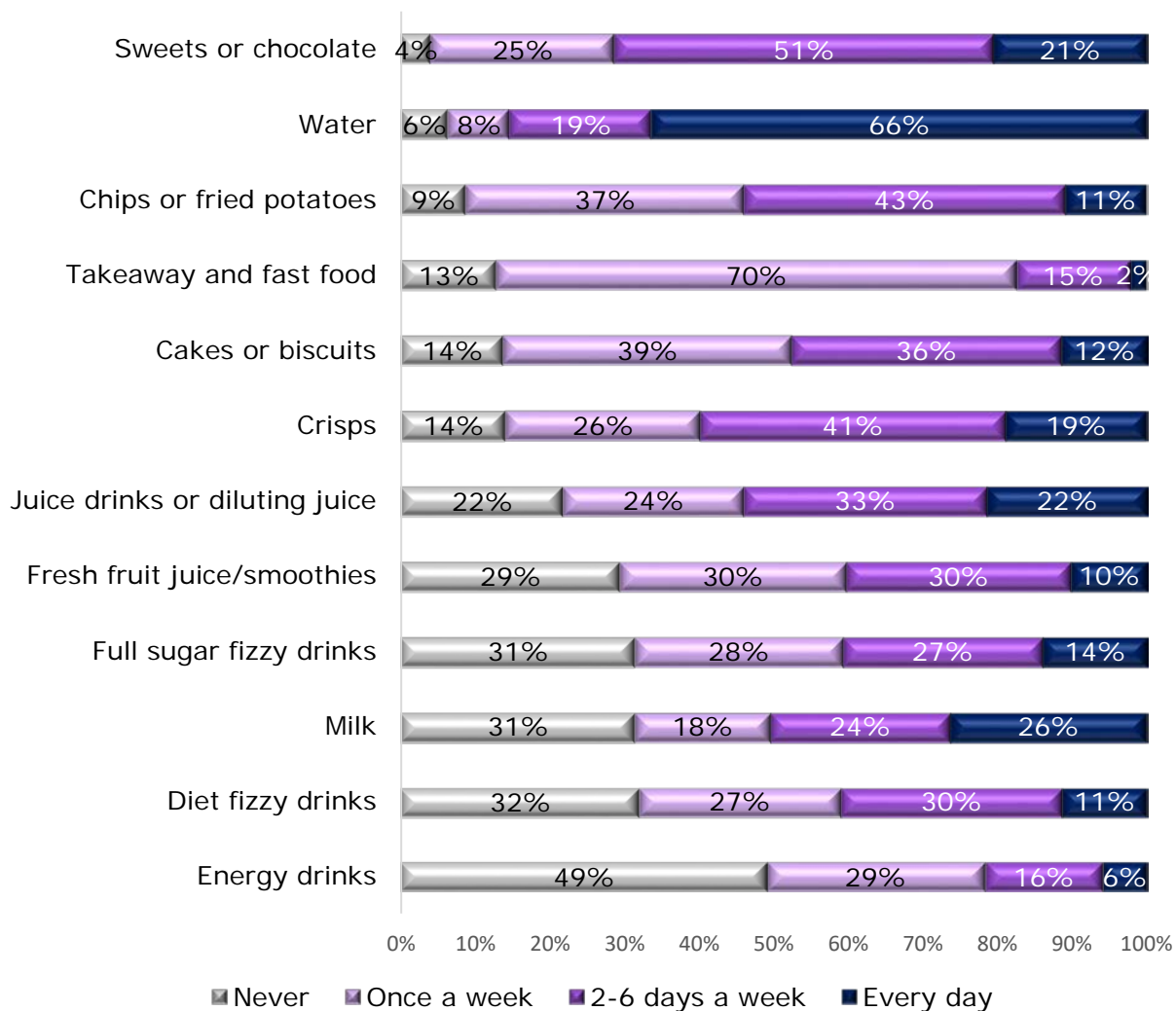
Pupils were asked the average cost of their lunch in school and out of school. Most (81%) said that school lunches cost no more than £3, compared to 57% of lunches out of school.

Figure 3.10: Average Cost of Lunch in and out of School



Pupils were asked how many times a week they consumed various types of food and drink. Responses are shown in Figure 3.11. The most commonly consumed type of food/drink was sweets/chocolate – 96% of pupils had this at least once a week.

Figure 3.11: Frequency Consume Types of Food/Drink



**Key statistic:
39% had
5+ portions
of fruit or
vegetables**

The national recommendation for fruit and vegetables has, for some time, been to consume at least five portions of fruit/vegetables per day. The survey showed that 15% of pupils had eaten no fruit or vegetables in the previous day, but 39% met the target of consuming five or more portions.

Diet Trends

The proportion of pupils who ate any lunch fell from 94% in 2013 to 91% in 2019. However, there was a significant increase in the proportion who met the target for fruit/vegetable consumption, as shown in Table 3.1.

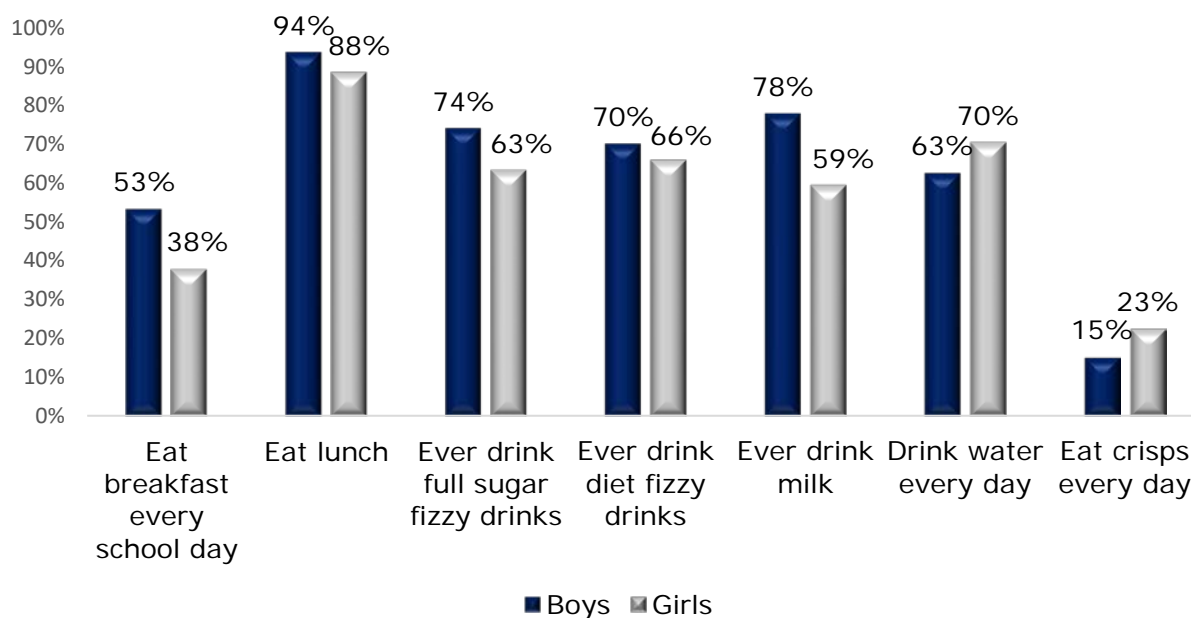
Table 3.1: Trends for Diet Indicators

	% of pupils who ate lunch	% of pupils who consumed 5+ portions of fruit/veg per day
2013	93.8%	33.5%
2019	91.0%	38.6%
Change (2013-2019)	-2.8%	+5.1%

Gender

Figure 3.12 shows the diet indicators which showed significant gender differences. Girls were more likely than boys to skip breakfast or lunch.

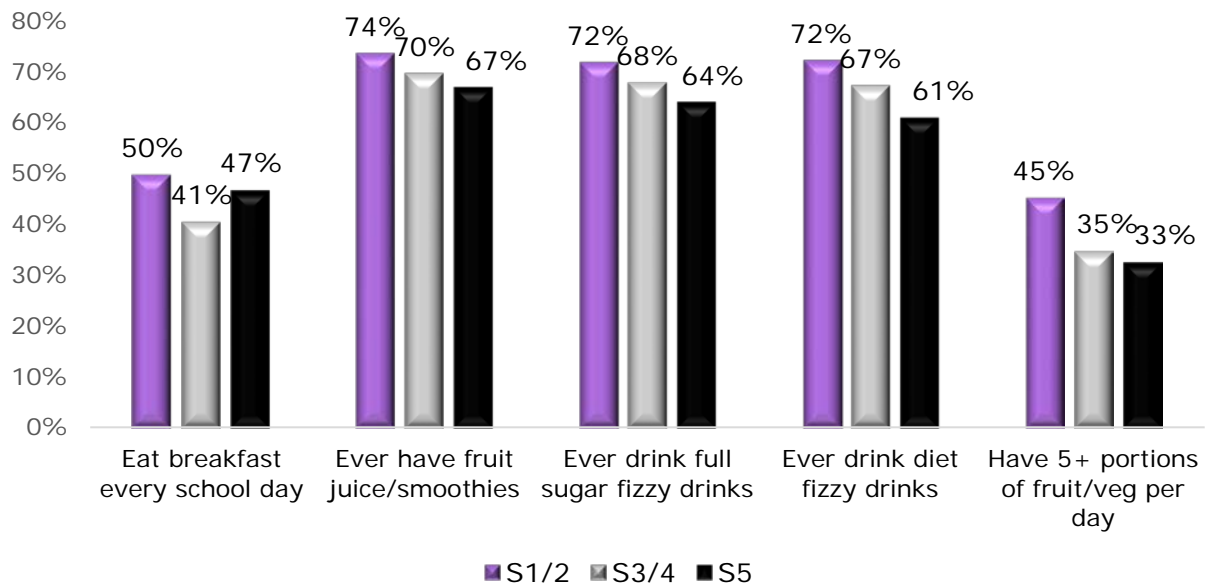
Figure 3.12: Significant Differences for Indicators of Diet by Gender



Stage

S3/S4 pupils were the least likely to eat breakfast every school day. S1/S2 pupils were the most likely to drink fruit juice or fizzy drinks and the most likely to meet the target of consuming five or more portions of fruit/vegetables per day.

Figure 3.13: Significant Differences for Indicators of Diet by Stage

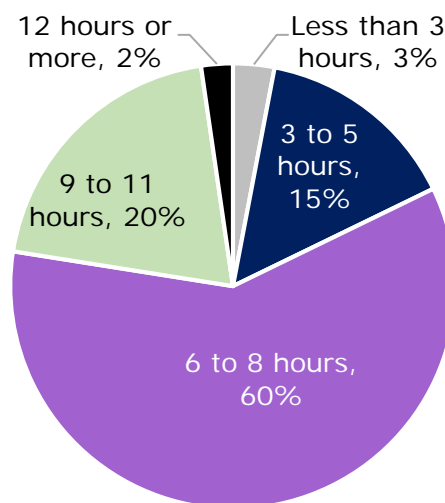


3.3 Sleep

Key statistic:
23% got 9 or more hours sleep

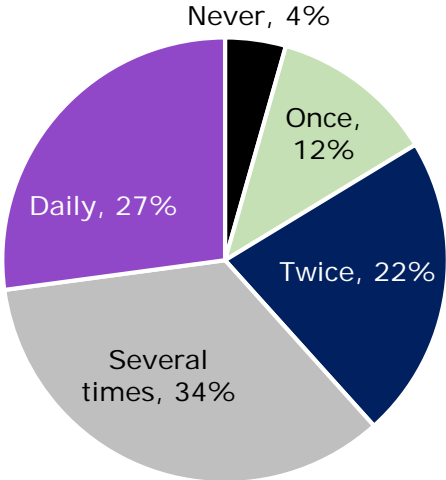
Pupils were asked how many hours sleep they got the previous night. A wealth of available research points to teenagers needing at least nine hours sleep per night, and NHS recommendations relating to secondary school children are for 12-13 year olds to get at least 9 hours 15 minutes sleep and for 14-16 year olds to get at least 9 hours sleep. Responses are shown in Figure 3.14. Overall, 82% got at least six hours sleep, but less than one in four (23%) met the target of getting nine hours sleep.

Figure 3.14: Number of Hours Sleep in the Previous Night



Most (96%) pupils had felt tired at least once during the daytime in the previous week, and more than one in four (27%) had felt tired daily.

Figure 3.15: Number of Times Felt Tired in Previous Week



Two in five (41%) said that in the last month they had stayed out later than their parent/carer allowed – 29% had done so 1-4 times; 6% had done so 5-10 times and 6% said they had done this more than 10 times.

Sleep Trends

Between 2013 and 2019 there were a decrease in the proportion of pupils who got at least 9 hours sleep⁵, as shown in Table 3.2.

Table 3.2: Trends for Sleep

	% of pupils who got 9+ hours of sleep
2013	27.2%
2019	22.5%
Change (2013-2019)	-4.7%

Gender

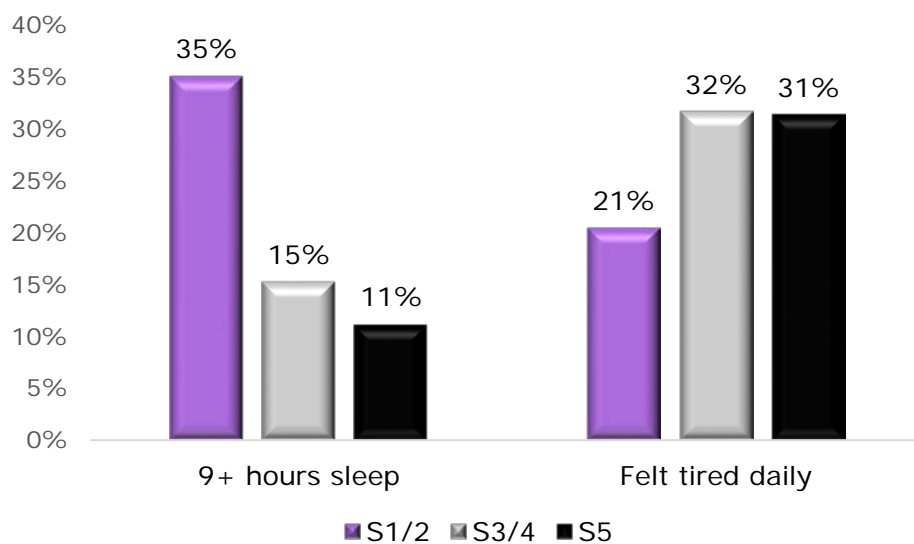
Girls were more likely than boys to say they had felt tired every day in the last week (33% girls; 21% boys).

⁵ There was a change in the way this question was asked – in 2013 pupils were asked to write (free text) the number of hours sleep they got; in 2019 pupils were given a list of options.

Stage

As shown in Figure 3.16, pupils in S1/S2 were much more likely than older pupils to get at least nine hours sleep and were less likely to have felt tired daily in the last week.

Figure 3.16: Significant Differences for Sleep Indicators by Stage



CHAPTER SUMMARY

Key statistics

- 10% met the target for physical activity
- 33% used active travel for the journey to school
- 31% never ate breakfast on school days
- 9% skipped lunch
- 88% ate a meal with their family at least once a week
- 39% had 5+ portions of fruit/vegetables per day
- 23% got 9+ hours sleep per night
- 27% felt tired every day

Trends

There was no significant change since 2013 in the proportion who met the physical activity target.

There was an increase in the proportion of pupils who skipped lunch.

There was an increase in the proportion who consumed 5+ portions of fruit/vegetables per day.

There was a decrease in the proportion who got 9+ hours sleep per night.

Key differences by gender

Boys were more likely than girls to meet the physical activity target.

Girls were more likely than boys to skip breakfast or lunch.

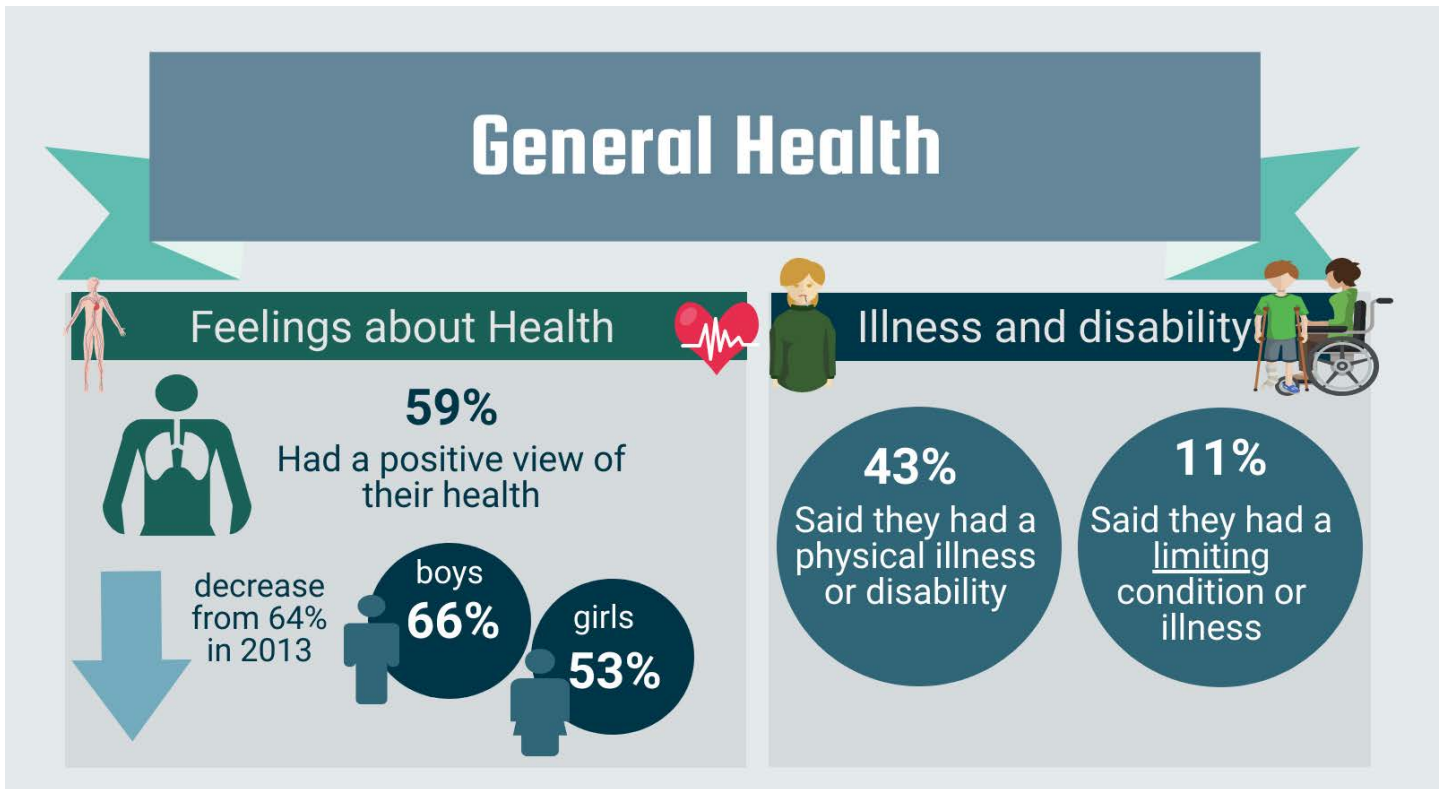
Girls were more likely than boys to feel tired every day.

Key differences by age

S1/S2 pupils were the most likely to:

- meet the physical activity target
- consume 5+ portions of fruit/vegetables per day
- get 9+ hours sleep per night

S1/2 pupils were the least likely to feel tired every day.



4.1 Feelings about Health

Pupils were asked to indicate which of the following faces showed how they have felt about their health over the last year:



Key statistic:
59% had a positive view of their health

Overall, three in five (59%) gave a positive response (19% gave the most positive response, and 40% gave the fairly positive response), while 27% gave the neutral response and 14% gave one of the negative responses.

Trends for Feelings about Health

There was a decrease in the proportion of pupils who had a positive perception of their general health, from 64% in 2013 to 59% in 2019⁶.

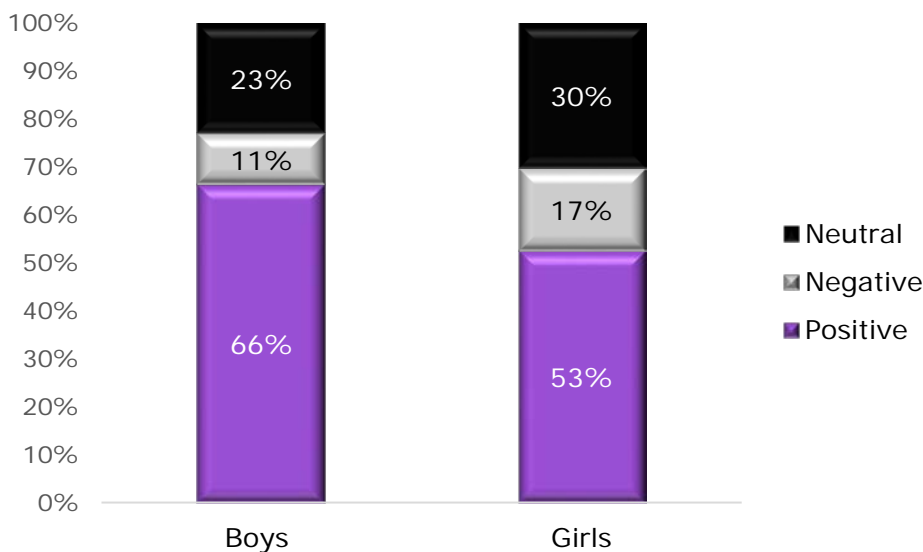
Table 4.1: Trends for Feelings about Health

	% of pupils who had a positive view of health
2013	64.3%
2019	59.0%
Change (2013-2019)	-5.3%

Gender

Self-perceived health was generally more positive for boys than for girls. Two in three (66%) boys gave a positive rating of their health compared to 53% of girls.

Figure 4.1: Feelings about Health in the Last Year by Gender

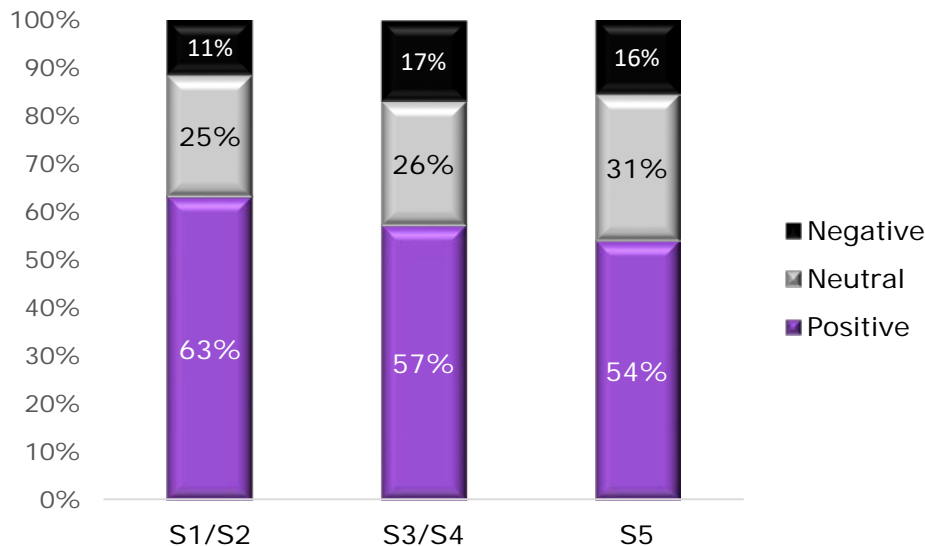


⁶ The 2013 survey asked pupils to rate their general health as 'very good', 'good', 'fair', 'poor' or 'fairly poor'. Comparisons with the 2019 survey assume that the first two faces are analogous with 'very good' and 'good'.

Stage

Findings show that feelings about health became less positive with age: 63% of S1/S2 pupils were positive about their health, but this fell to just 54% among S5 pupils.

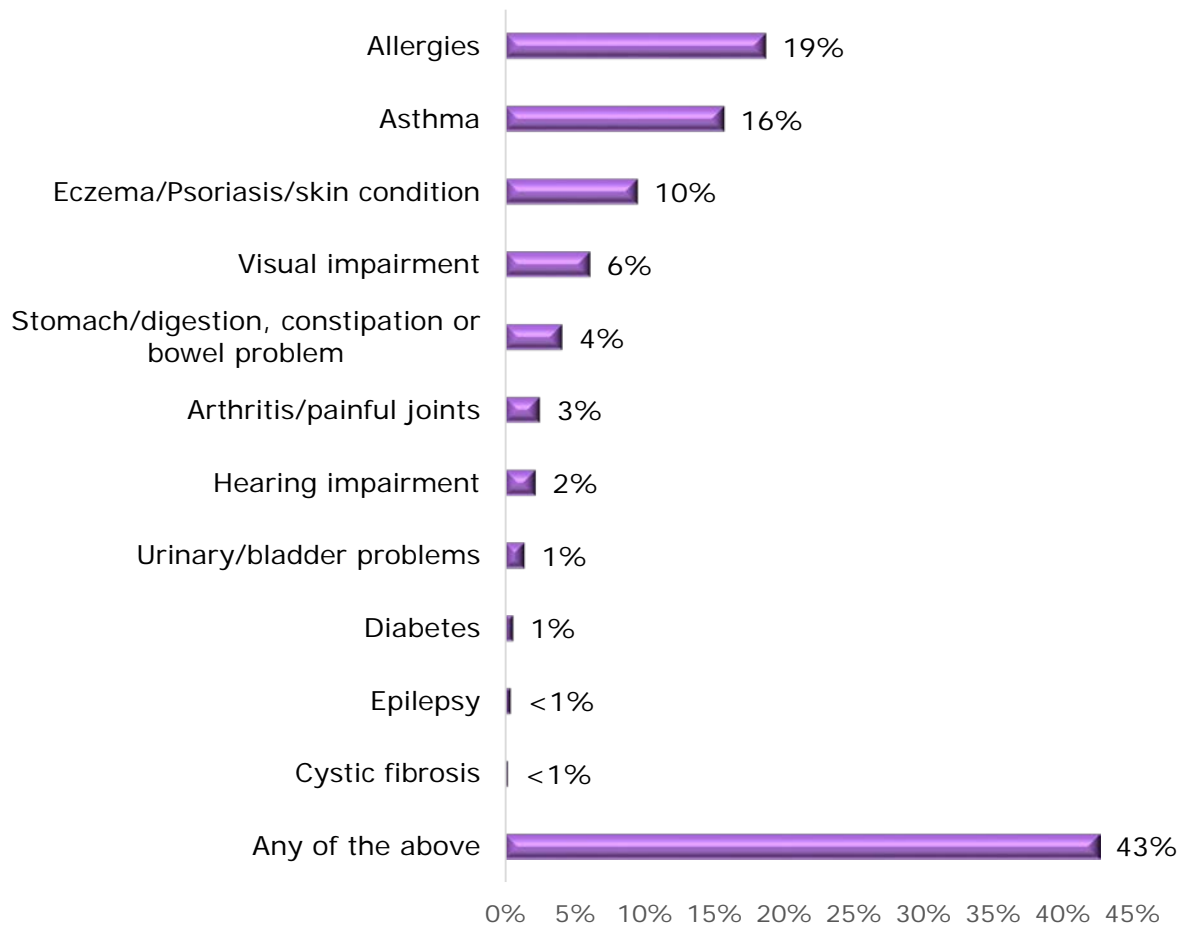
Figure 4.2: Feelings about Health in the Last Year by Stage



4.2 Illness and Disability

Pupils were also asked whether they had a number of physical illnesses or disabilities. Altogether, two in five (43%) said they had at least one physical illness or disability. The most common were allergies (19%) and asthma (16%). All responses are shown in Figure 4.3.

Figure 4.3: Physical Illnesses and Disabilities Reported



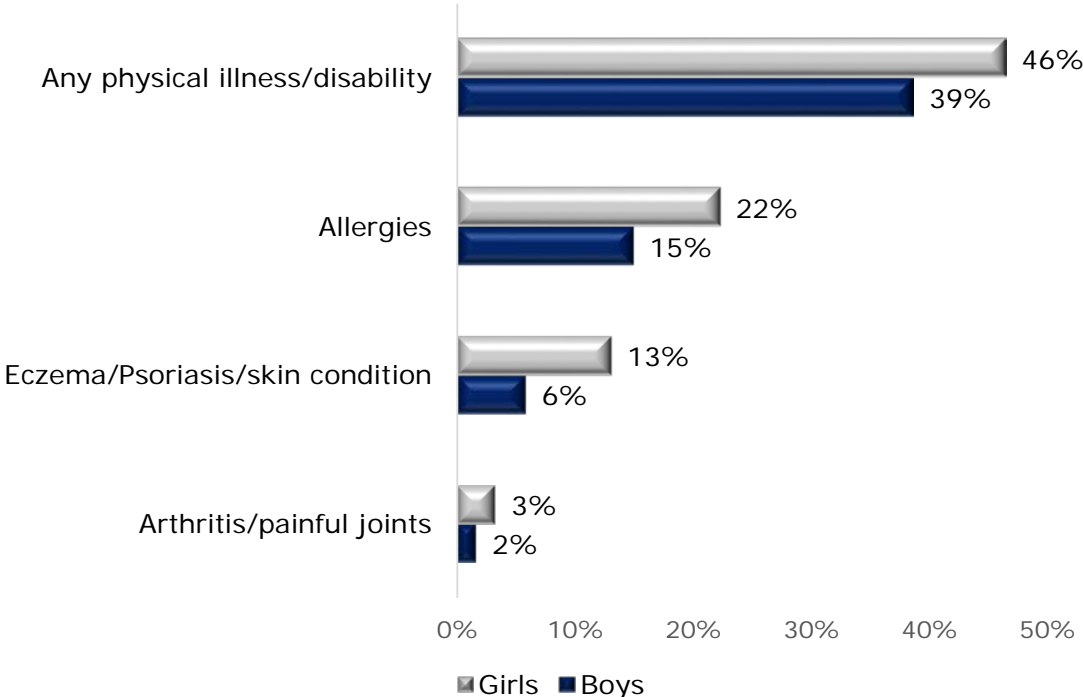
Key statistic:
11% had a limiting condition/illness

One in nine (11%) pupils said they had an illness or disability that limits what they can do. This was consistent with the finding in the 2013 survey.

Gender

As Figure 4.4 shows, girls were more likely than boys to say they had any physical illness or disability and specifically more likely to have allergies, eczema/psoriasis/skin condition or arthritis/painful joints.

Figure 4.4: Physical Illnesses/Disabilities by Gender (all conditions showing a significant difference)



Stage

S5 pupils were the most likely to have a visual impairment (10% S5; 6% S3/S4; 4% S1/S2).

4.3 Life Expectancy

Pupils were asked, on a scale of 0% to 100% how likely did they think they would live to be 75 years old:

- If they did not look after their health; and
- If they took a lot of care of themselves and looked after their health.

The mean likelihood of reaching 75 years old if they did not look after their health was estimated at 39.7%. The mean likelihood if they took care of themselves and looked after their health was 77.5%.

CHAPTER SUMMARY

Key statistics

- 59% had a positive view of their health
- 43% had a physical illness or disability
- 11% had a limiting condition or illness

Trends

There was a decrease in the proportion who had a positive view of their health.

Key differences by gender

Boys were more likely than girls to have a positive view of their health.

Girls were more likely than boys to have a physical illness or disability.

Key differences by stage

S1/2 pupils were the most likely to have a positive view of their health.

Mental Health and Wellbeing



Emotional, behavioural and learning difficulties

31%

Said they had an emotional, behavioural or learning difficulty



15% girls



4% boys

Said they had a mental health diagnosis/condition

Worries



Issues pupils most commonly worried about:



Exams:
55%



The future:
47%



The way I look:
43%

Difficulties



39%

Had a high 'total difficulties' score



increase from 26% in 2013

Bullying

24%

Bullied at school in the last year



increase from 17% in 2013

32%



S1/2

21%



S3/4

12%



S5

5.1 Mental, Emotional and Learning Difficulties/Disabilities

Context

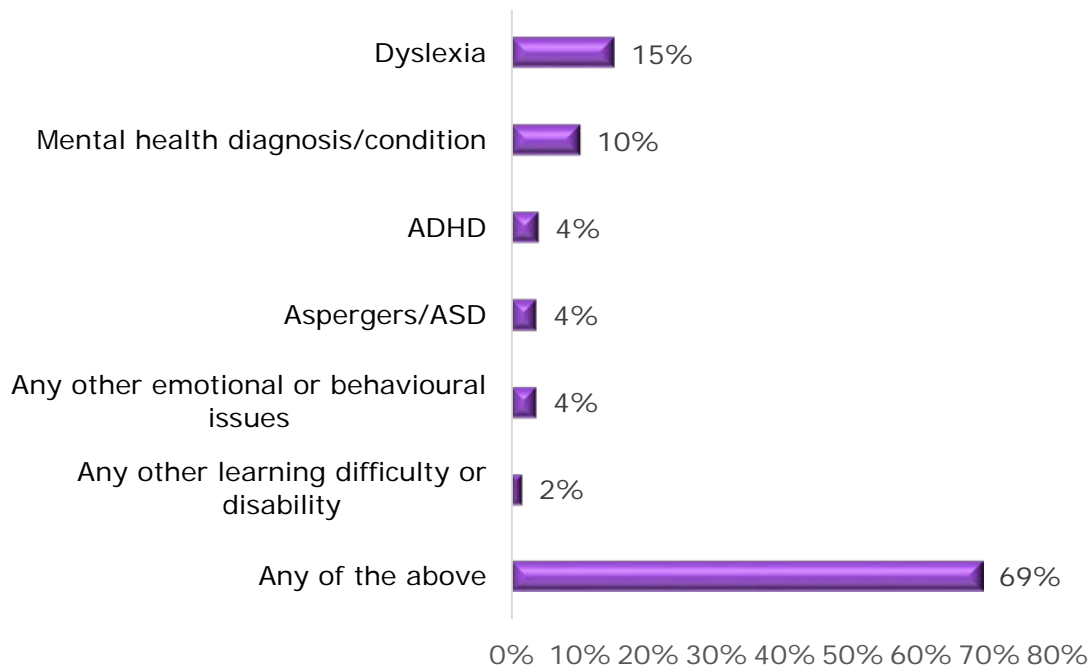
The Scottish Government's Mental Health Strategy (2017) set out a commitment to prevent and treat mental health problems in Scotland, and this includes improving prevention, early intervention and access to treatment. The strategy sets out ambitions to provide every child and young person to have appropriate access to mental wellbeing support in school and to have evidence-based interventions to address behavioural and emotional issues for children and young people across Scotland. Specific actions have been set to address these.

In December 2018, The Scottish Government published *Children and Young People's Mental Health Taskforce: delivery plan*. This recognised the current 'unacceptable' waiting times for specialist services, gaps and community service provision and poor provision of mental health crisis support for children and young people, and developed priorities for improvement. This was informed in part by an Audit Scotland report on the Child and Adult Mental Health Service (CAMHS) in September 2018. This report pointed to 1 in 10 children aged 5-16 having a clinically diagnosed mental illness. A 22% increase had been observed in referrals since 2013/14. Three in four (74%) children referred had been seen within 18 weeks in 2017/18, with the average wait being 11 weeks.

In 2019, The Scottish Government published *Exploring the Reported Worsening of Mental Wellbeing Among Adolescent Girls in Scotland*, which presented the findings of a rapid literature review. It pointed to various sources of evidence of adolescents' mental wellbeing in Scotland worsening in the last few years, particularly among girls.

Pupils were asked whether they had a number of emotional, behavioural or learning difficulties or disabilities. Altogether, three in ten (31%) said they had at least one of these. The most common was dyslexia (15% of pupils). Responses are shown in Figure 5.1 below.

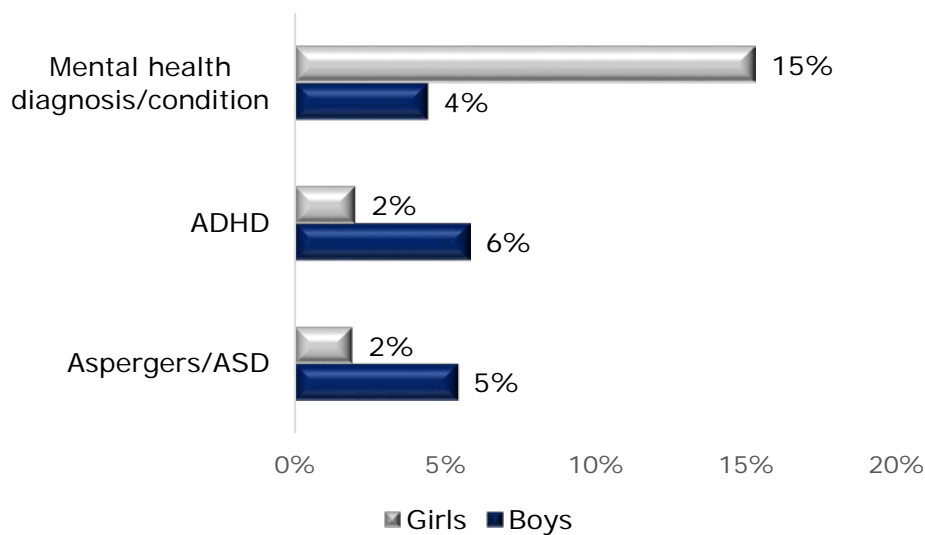
Figure 5.1: Emotional, Behavioural or Learning Difficulties/Disabilities Reported



Gender

Boys were more likely than girls to have ADHD or ASD, but girls were much more likely than boys to have a mental health diagnosis/condition. This is shown in Figure 5.2.

Figure 5.2: Emotional, Behavioural, Learning Difficulties/Disabilities by Gender (all conditions showing a significant difference)



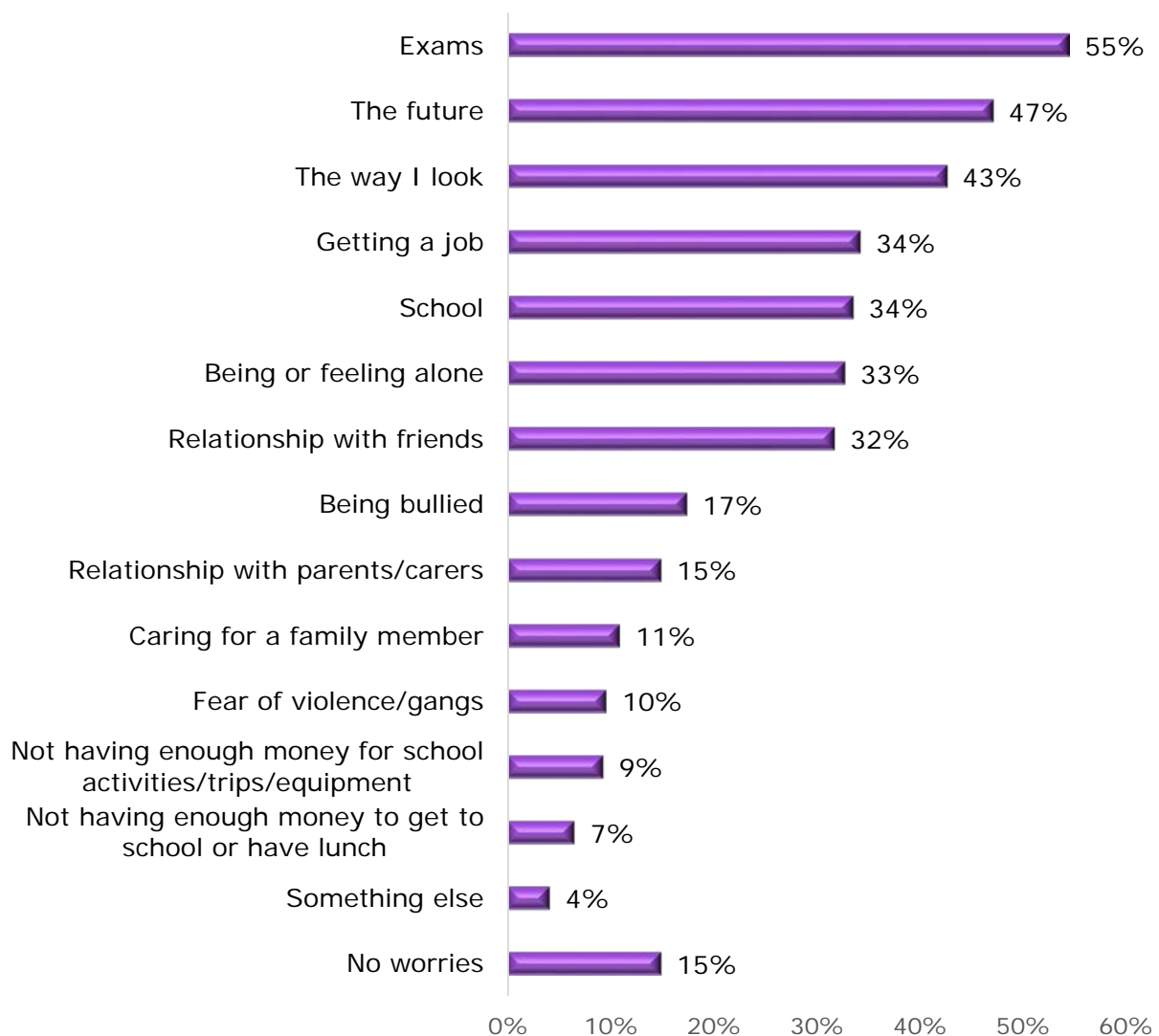
Stage

The likelihood of reporting having a mental health diagnosis/condition rose with age (7% S1/S2; 12% S3/S4; 14% S5).

5.2 Worries and People to Talk to

Pupils were presented with a list of 13 issues and asked which, if any they worried about or whether they worried about anything else. Overall, 85% of pupils worried about at least one thing. The most common worries were exams (55%), the future (47%) and the way they look (43%). All worries are shown in Figure 5.3.

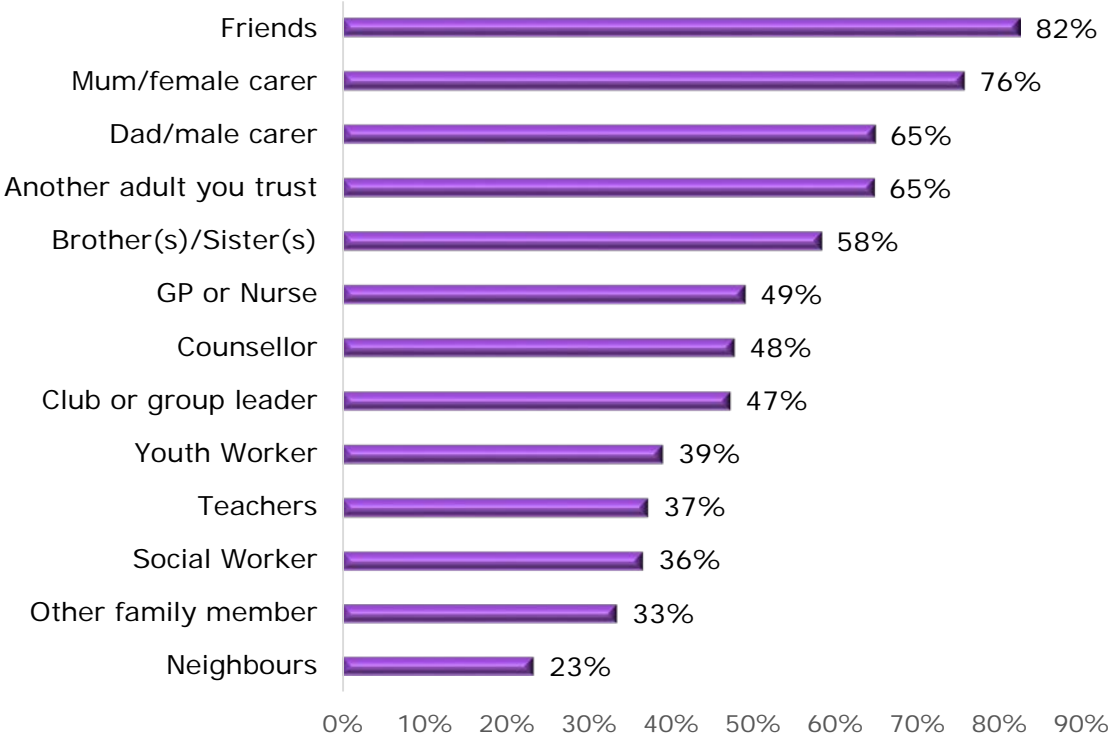
Figure 5.3: Pupil Worries



Pupils were presented with a list of people and asked how easy or difficult it was for them to talk to these people about things that really bother them. Figure 5.4 shows the proportion of pupils who said it was easy for them to

talk to each type of person (for those who had these people in their lives). The types of person with which pupils were most likely to talk easily were friends (82%) and mother/female carer (76%).

Figure 5.4: Proportion Saying it was Easy to Talk to Each Type of Person About Things that Really Bother Them (Excluding those who said 'do not see/have this person')

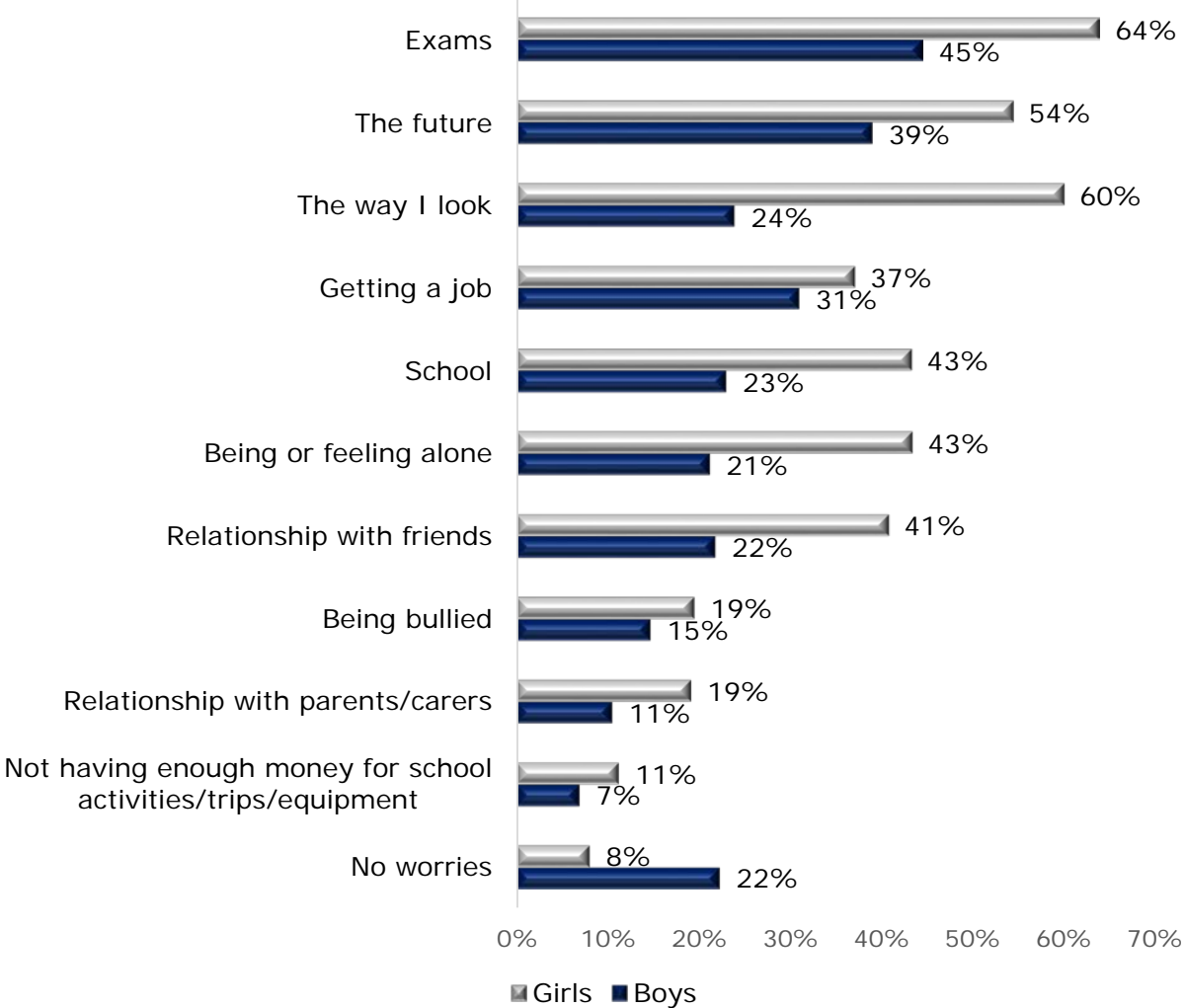


Most (94%) pupils had at least one person that they said it was easy to talk to about things that really bother them.

Gender

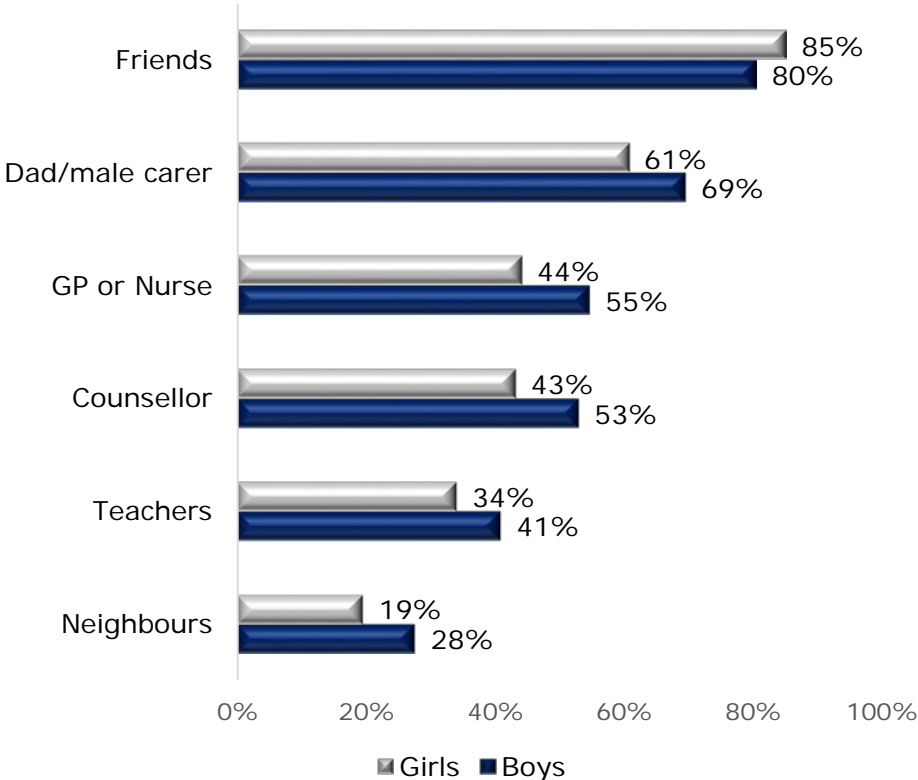
The survey findings suggest that generally girls tended to be more burdened with worries than boys. Girls were more likely than boys to have any worries (92% girls; 78% boys), and girls were more likely than boys to worry about most of the issues, as shown in Figure 5.5.

Figure 5.5: Pupil Worries by Gender (all worries showing a significant difference)



Although boys tended to have fewer worries than girls, boys were more likely than girls to say it was easy to talk to five of the types of people listed, as shown in Figure 5.6. However, girls were more likely than boys to say it was easy to talk to friends.

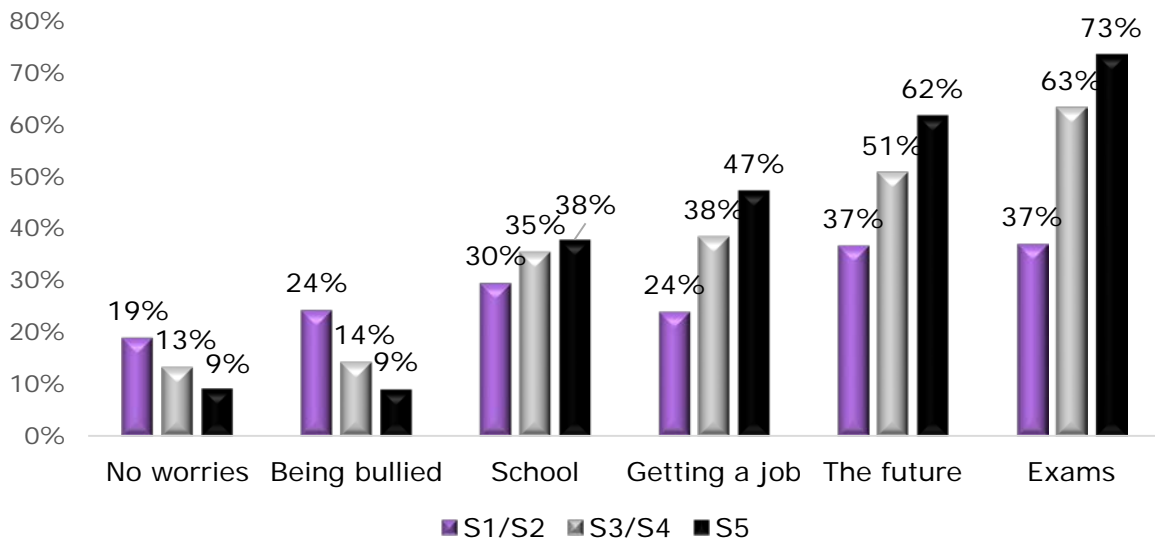
Figure 5.6: Proportion Saying it was Easy to Talk to Each Type of Person About Things that Really Bother Them (Excluding those who said 'do not have this person') by Gender (all significant differences)



Stage

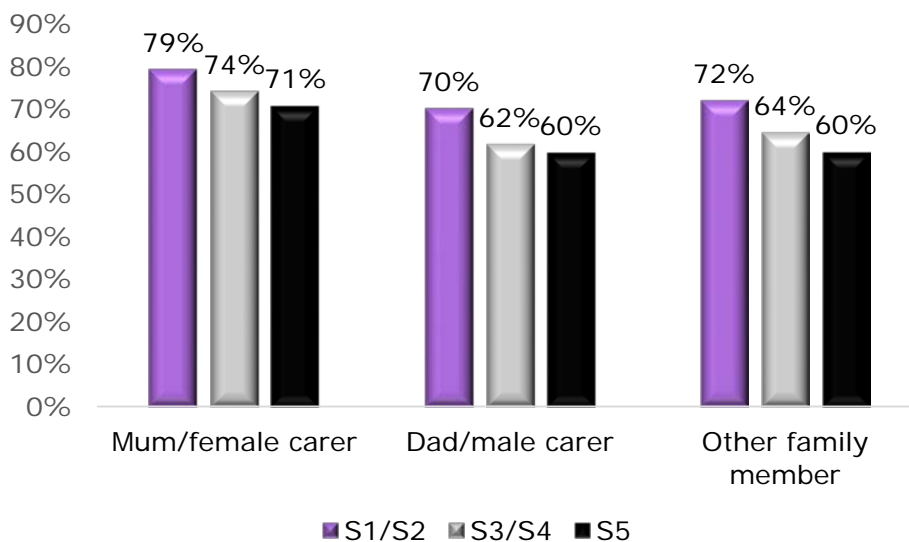
The findings show that worries increase with age during school years. The proportion of pupils with any worries ranged from 81% of S1/S2 pupils to 91% of S5 pupils (87% of S3/S4 pupils had any worries). Specifically, S5 pupils were the most likely, and S1/S2 school pupils were the least likely, to worry about exams, the future, getting a job and school, as shown in Figure 5.7. However, S1/S2 pupils were the most likely to worry about being bullied.

Figure 5.7: Pupils Worries by Stage (all worries showing a significant difference)



Although S5 pupils were the most likely to have worries, they were the least likely to have someone they found it easy to talk to about their worries – 91% of S5 pupils found it east to talk to at least one person compared to 94% of S3/S4 pupils and 96% of S1/S2 pupils. Pupils in S1/S2 were the most likely to say it was easy to talk to their mother, father or other family member, as shown in Figure 5.8.

Figure 5.8: Proportion Saying it was Easy to Talk to Each Type of Person About Things that Really Bother Them (Excluding those who said 'do not have this person') by Stage (all significant differences)



5.3 Bullying

Context and National Data

Bullying takes many forms including infliction of physical harm, name calling, threatening, mocking, humiliation, spreading rumours, exclusion from groups/activities, being ignored, etc. The increase in internet access and particularly social media, has given children and young people a new medium for bullying and cyberbullying using mobile phones other online devices has become increasingly common.

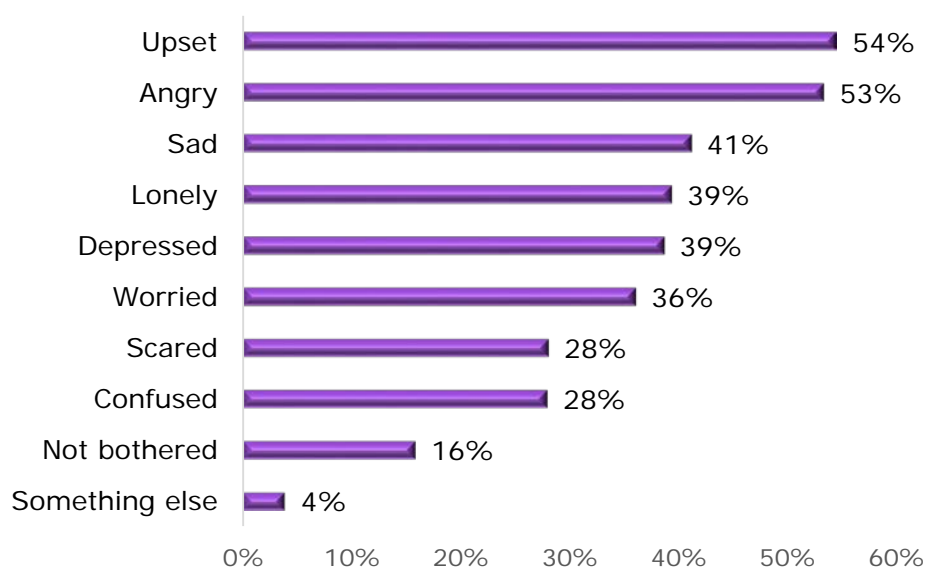
In 2017, The Scottish Government published its guidance document *Respect for All: national approach to anti-bullying* which sets out a framework for anti-bullying work across national and local organisations.

Key statistic:
30% had been bullied in the last year

One in four (24%) pupils said they had been bullied at school in the last year, 11% said they had been bullied somewhere else (including on the way to or from school) and 16% said they had been bullied online in the last year. Altogether, three in ten (30%) pupils had been bullied anywhere in the last year.

Those who had been bullied were asked how being bullied made them feel. The most common emotions were upset (54%) and angry (53%). All responses are shown in Figure 5.9.

Figure 5.9: How Bullying Made You Feel



Half (48%) of those who had been bullied said that they had reported the bullying to someone. Of those who had reported the bullying, the people who were most commonly told were mum/female carer (46%), teachers (30%), friends (12%) and dad/male carer (6%).

More than half (56%) of those who had reported the bullying to someone said that it had made the situation better, while one in three (33%) said that nothing changed and one in ten (10%) said that reporting the bullying made the situation worse.

Bullying others

Sixteen percent of pupils admitted to having bullied or frightened others in their school in the last year - sometimes (14%), often (1%) or very often (1%). This was consistent with the finding in the 2013 survey.

Trends for Bullying

There was a concerning rise in the proportion who were bullied at school in the last year – from 17% in 2013 to 24% in 2019⁷.

Table 5.1: Trends for Bullying

	% of pupils who were bullied at school in the last year
2013	16.7%
2019	23.8%
Change (2013-2019)	+7.1%

Gender

Overall, girls were more likely than boys to have been bullied anywhere in the last year - one in three (32%) girls had been bullied compared to one in four (26%) boys. Girls were also more likely than boys to specifically have been bullied online (19% girls; 14% boys).

⁷ The 2019 questionnaire included a definition of bullying which was not included in the 2013 survey, and may have affected levels of recognition of bullying. The definition was: *Bullying is both behaviour and impact; the impact is on a person's capacity to feel in control of themselves. This is what we term as their sense of 'agency'. Bullying takes place in the context of relationships; it is behaviour that can make people feel hurt, threatened, frightened and left out. This behaviour happens face to face and online.*

Not only were girls more likely than boys to have been bullied in the last year, but among those who had been bullied, girls were more likely than boys to have been emotionally affected by the bullying. Among those who had been bullied, girls were more likely than boys to say that the bullying had made them feel:

- Upset (66% girls; 40% boys)
- Sad (46% girls; 34% boys)
- Lonely (44% girls; 32% boys)
- Worried (44% girls; 26% boys)
- Scared (33% girls; 21% boys).

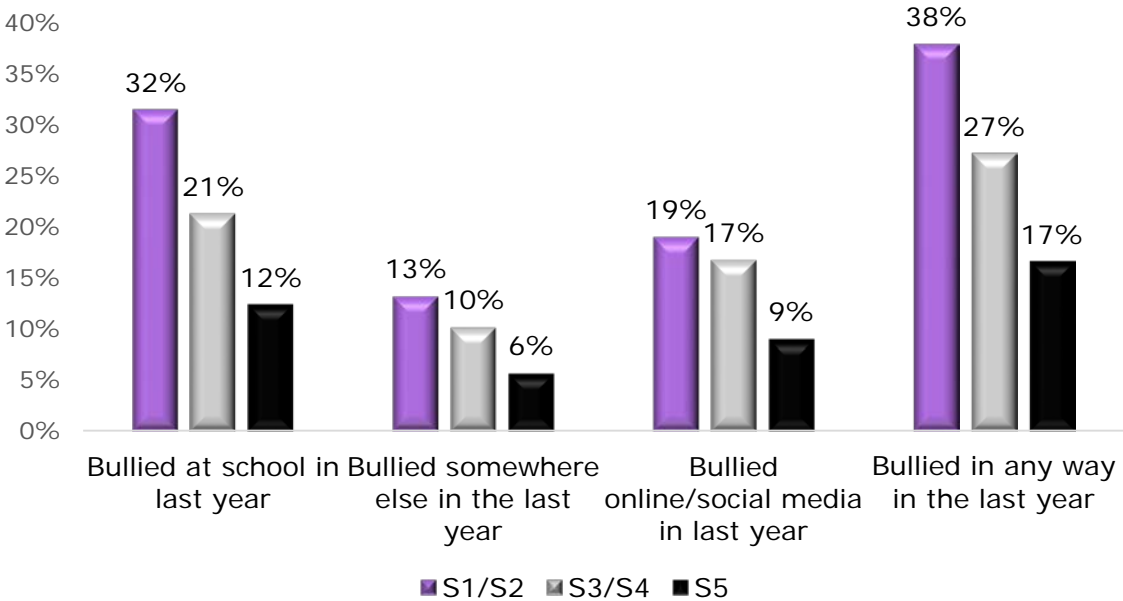
Among those who had been bullied, girls were more likely than boys to have reported the bullying to someone (54% girls; 42% boys).

Boys were more likely than girls to admit to having bullied others at school in the last year (19% boys; 13% girls).

Stage

Experience of bullying was much more common among S1/S2 pupils. Nearly two in five (38%) S1/S2 pupils had been bullied anywhere in the last year, compared to 27% of S3/S4 pupils and 17% of S5 pupils .

Figure 5.10: Experience of Bullying in the Last Year by Stage



Among those who had been bullied, S1/S2 pupils were the most likely to say the bullying had made them feel scared (35% S1/S2; 20% S3/S4; 23% S5).

S1/S2 school pupils who had been bullied were much more likely than others to say that they had reported the bullying (59% S1/S2; 39% S3/S4; 26% S5).

5.4 Strengths and Difficulties

The survey included the Strengths and Difficulties questionnaire (SDQ)⁸, which gives each pupil a score out of ten on five scales. The SDQ is used to identify emotional and behavioural problems in childhood and adolescence. The mean scores for each scale are shown below:

Table 5.2: Mean Scores for Strengths and Difficulties Scales

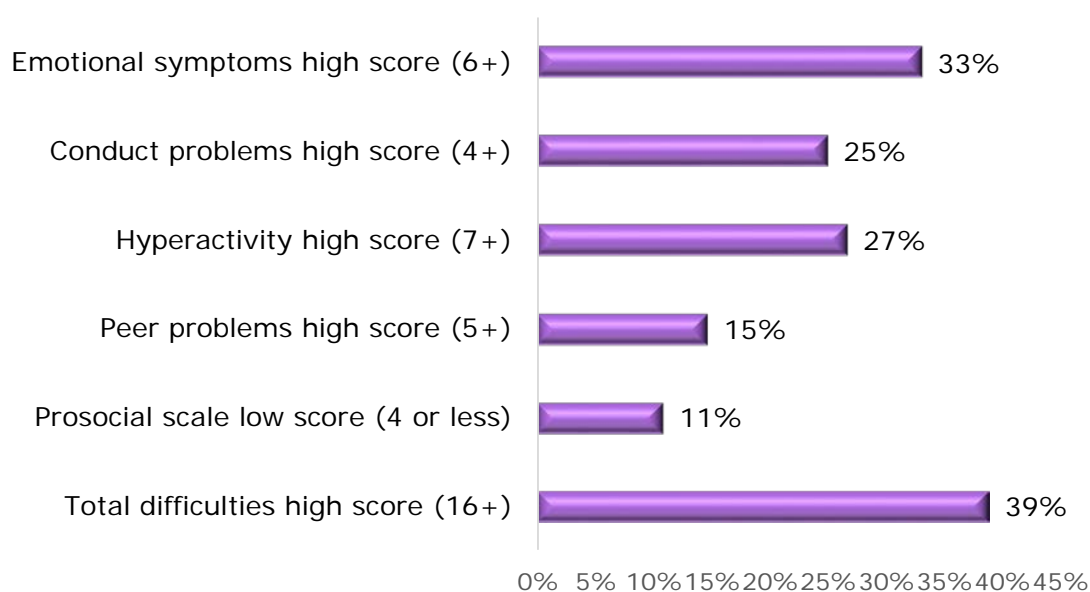
Scale	Mean Score
Emotional symptoms scale (0-10) (high score indicates difficulties)	4.3
Conduct problems scale (0-10) (high score indicates difficulties)	2.4
Hyperactivity scale (0-10) (high score indicates difficulties)	4.8
Peer problems scale (0-10) (high score indicates difficulties)	2.4
Prosocial scale (0-10) (high score indicates strengths)	7.2
Total difficulties (0-40) sum of all four difficulties scales	13.9

**Key statistic:
39% had a high score for total difficulties**

A score of 16 or more on the 'total difficulties' scale indicates a high level of difficulties. Overall, two in five (39%) had a score indicating a high level of difficulties. Figure 5.11 shows the proportion of pupils for each type of difficulty/strength scale with scores indicating a high level of difficulty.

⁸ See: <http://bjp.rcpsych.org/content/177/6/534.full>

Figure 5.11: Proportion of Pupils with Scores Suggesting a High Level of Difficulties for each Strength/Difficulty Scale



Trends for SDQ

There was no significant change between 2013 and 2019 in the proportion of pupils who had a high score for conduct problems. However, all other SDQ measures showed a sizeable increase between 2013 and 2019 for scores which indicated difficulties, as shown in Table 5.3.

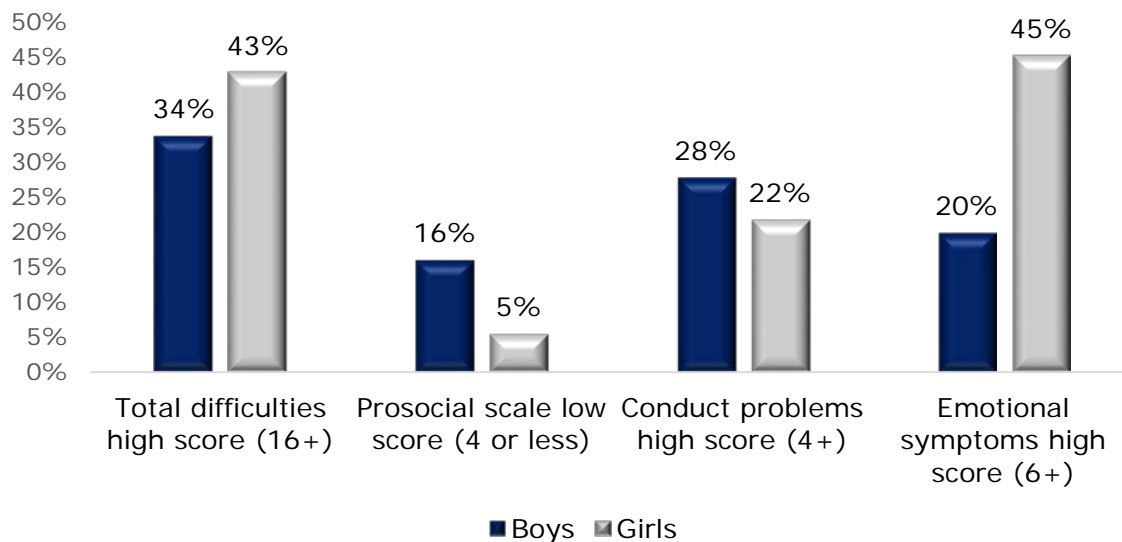
Table 5.3: Trends for Strengths and Difficulties

	% with high score for total difficulties	% with high score for emotional symptoms	% with high score for hyper-activity	% with high score for peer problems	% with low score for pro-social
2013	26.4%	22.4%	18.7%	8.6%	8.5%
2019	38.8%	33.0%	26.6%	14.6%	10.8%
Change (2013-2019)	+12.4%	+10.6%	+7.9%	+6.0%	+2.3%

Gender

Overall, girls were more likely than boys to have a high 'total difficulties' score (43% girls; 34% boys). However, patterns of difficulties differed. Girls were much more likely than boys to have a high score for emotional symptoms (45% girls; 20% boys). However, boys were more likely than girls to have a high score for conduct problems (28% boys; 12% girls), and particularly more likely to have a low score on the prosocial scale (16% boys; 5% girls).

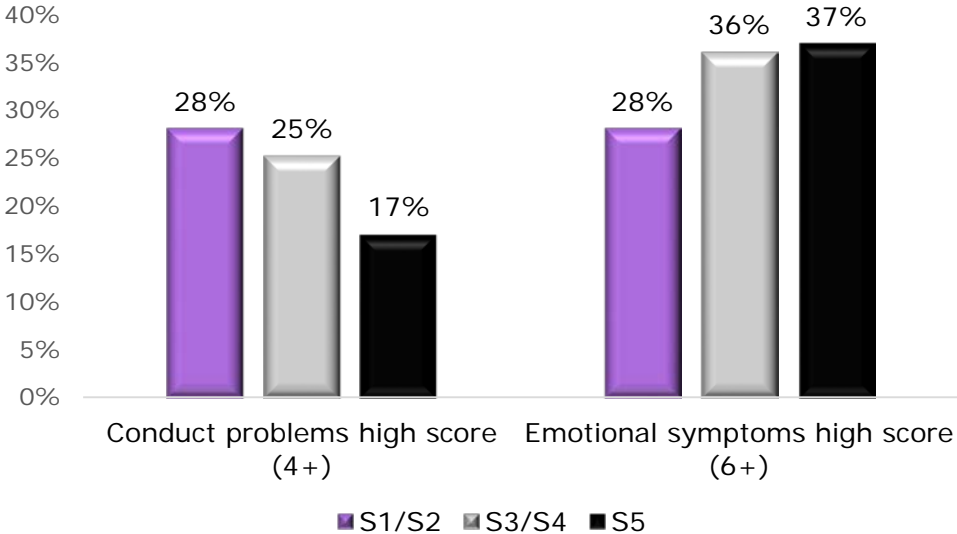
Figure 5.12: Proportion of Pupils with Scores Suggesting a High Level of Difficulty for each Strength/Difficulty Scale showing a Significant Difference by Gender



Stage

S5 pupils were less likely than younger pupils to have a high score for conduct problems. S1/S2 pupils were the least likely to have a high score for emotional symptoms, as shown in Figure 5.13.

Figure 5.13: Proportion of Pupils with Scores Suggesting a High Level of Difficulty for each Strength/Difficulty Scale showing a Significant Difference by Stage



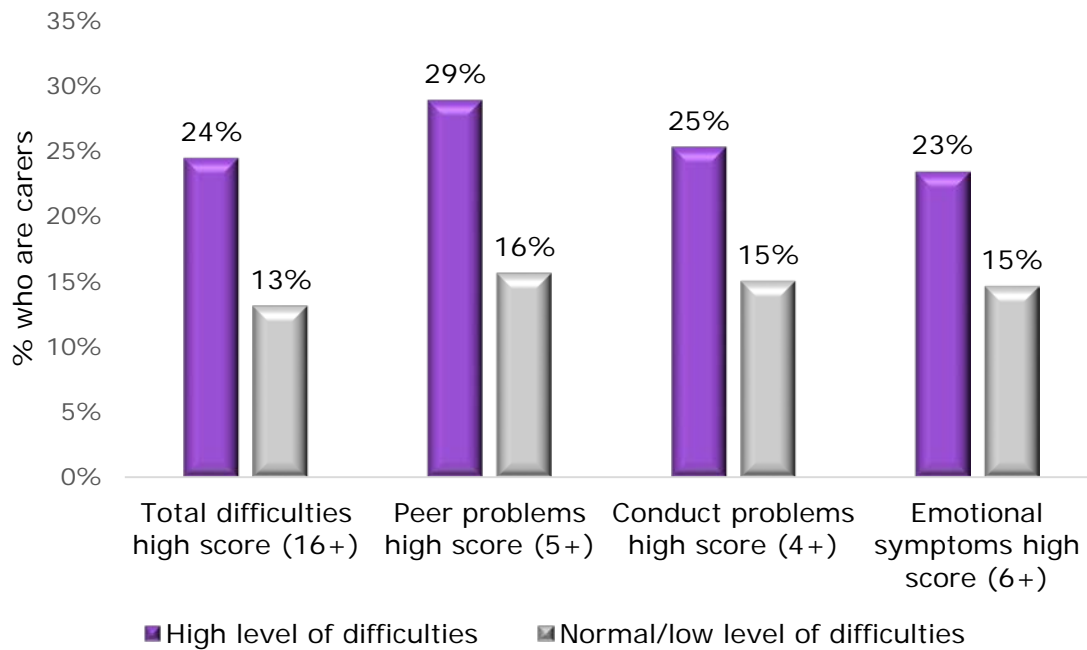
5.5 Strengths and Difficulties - Exploring Further

This section explores in more depth some of the findings relating to strengths and difficulties, answering specific research questions/hypotheses.

Are those with high SDQ scores more or less likely to be caring for a family member?

It is interesting to note that those with a high 'total difficulties' SDQ score were almost twice as likely than those with normal/low scores to be caring for a family member - one in four (24%) pupils who had a high 'total difficulties' score were carers, compared with 13% of those with normal/low SDQ scores. For subscales, those with high levels of peer problems, conduct problems and emotional symptoms were much more likely to be carers, as shown in Figure 5.14.

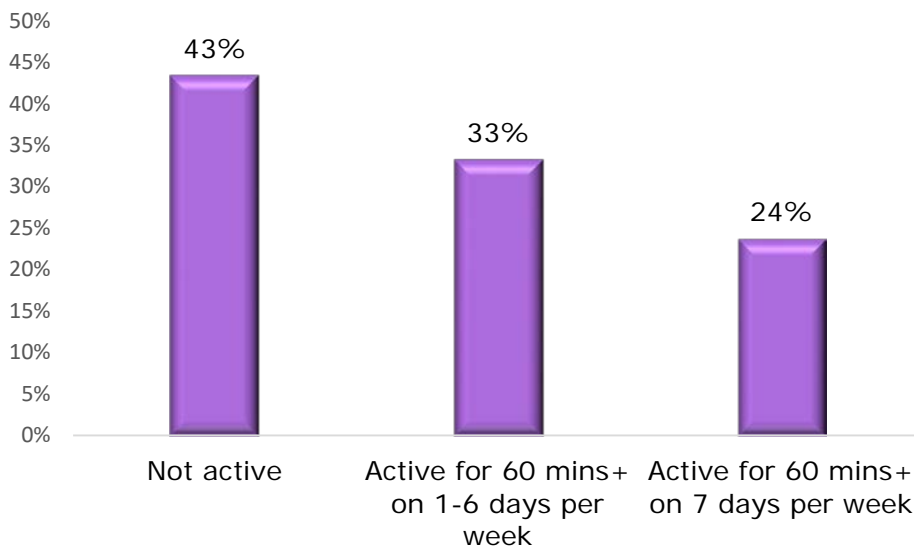
Figure 5.14: Proportion of Carers by High or Low/Normal Level of Difficulties



Do those who report being more physically active have lower SDQ scores?

Low physical activity levels were associated with higher difficulties on the emotional symptoms scales - 43% of those who were inactive had scores indicating emotional symptoms difficulties, compared to 24% of those who were active for 60 minutes every day.

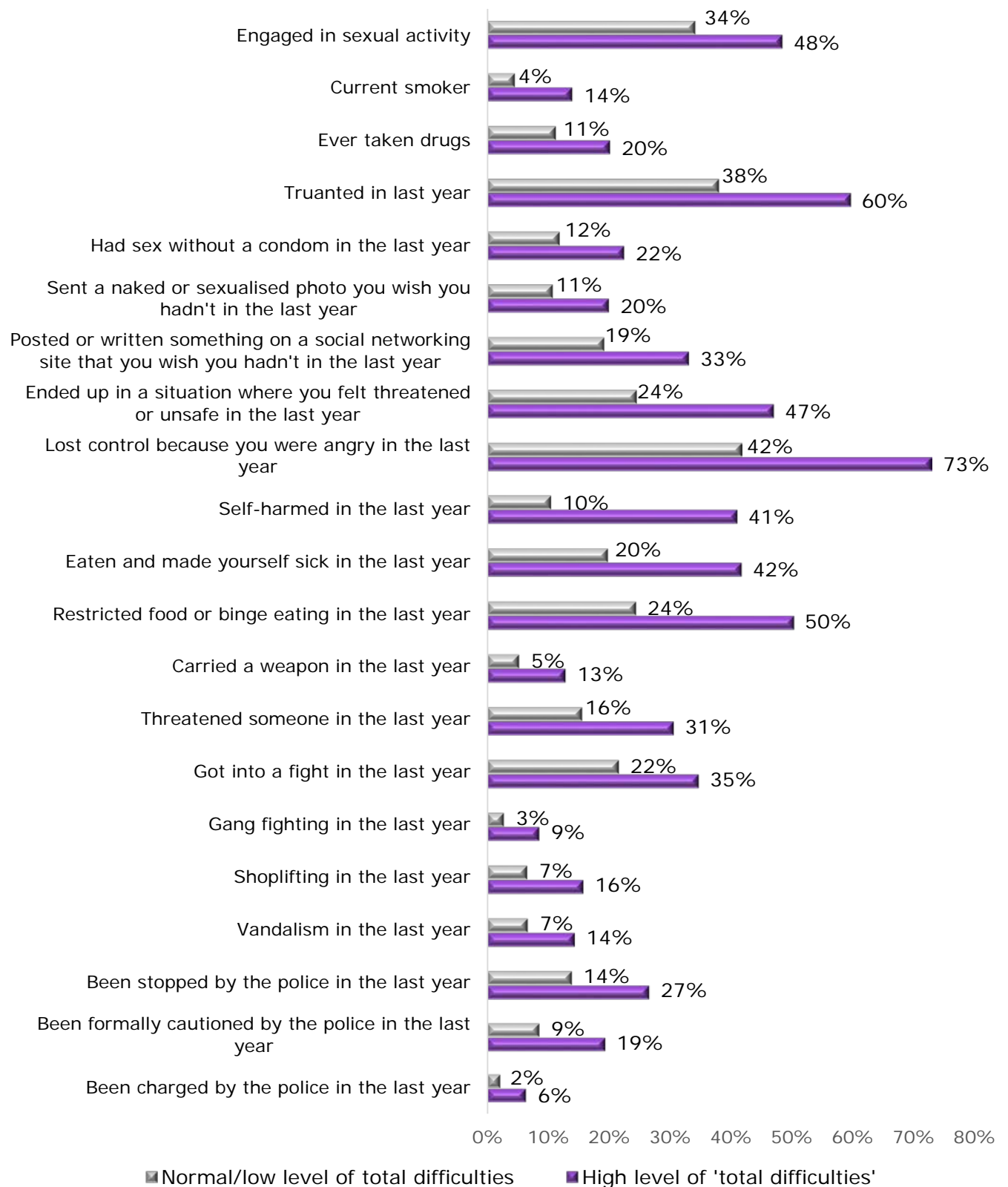
Figure 5.15: Scores Indicating High Levels of Emotional Problems by Levels of Physical Activity



Are those with high SDQ scores more or less likely to take risks?

There was a strong relationship between difficulties measured by the SDQ and risk-taking behaviour. As Figure 5.16 shows, levels of engagement with many risk behaviours was higher for those with a high 'total difficulties' SDQ score, compared with those with normal or low scores. Compared to those with normal scores, those with a high level of difficulties were twice as likely to have ever taken drugs (20% compared to 11%), and more than three times as likely to be smokers (14% compared to 4%). Those with a high level of difficulties were also four times more likely to have self-harmed in the last year (41% compared to 10%), twice as likely to have restricted food or binged (50% compared to 24%) or eaten and made themselves sick (42% compared to 20%).

Figure 5.16: Risk Behaviour by High or Low/Normal Levels of 'Total Difficulties' Scores

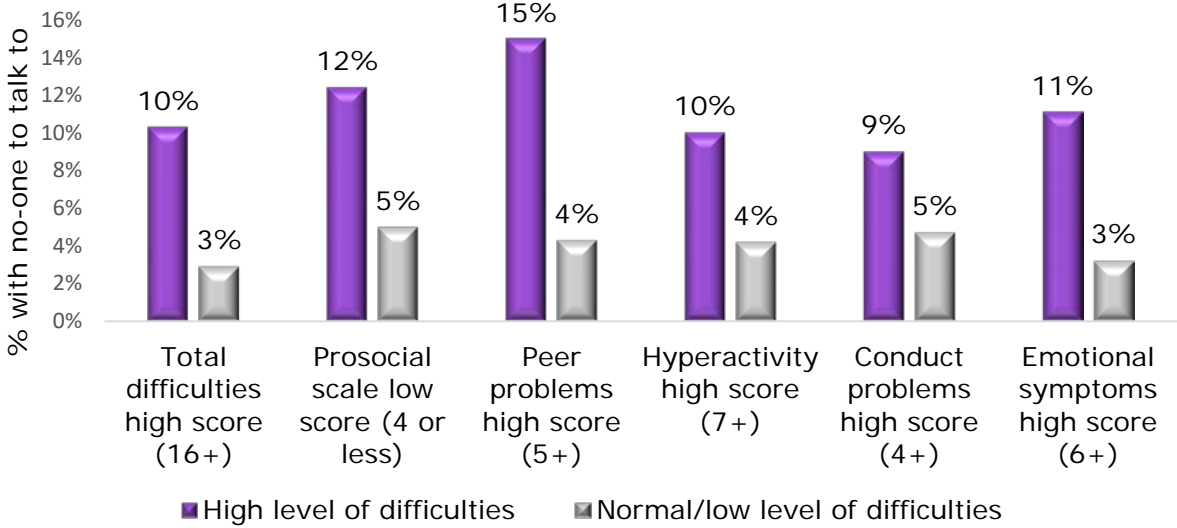


Do those with high SDQ scores have someone to talk to?

Although most of those with a high level of difficulties did have someone to talk to about things that bothered them, those with a high level of difficulties

on each of the SDQ scales were more likely than those with normal/low levels of difficulties to have no-one to talk to. Overall, 10% of those with a high level of 'total difficulties' had no-one to talk to, compared to 3% of those with a normal or low level of total difficulties.

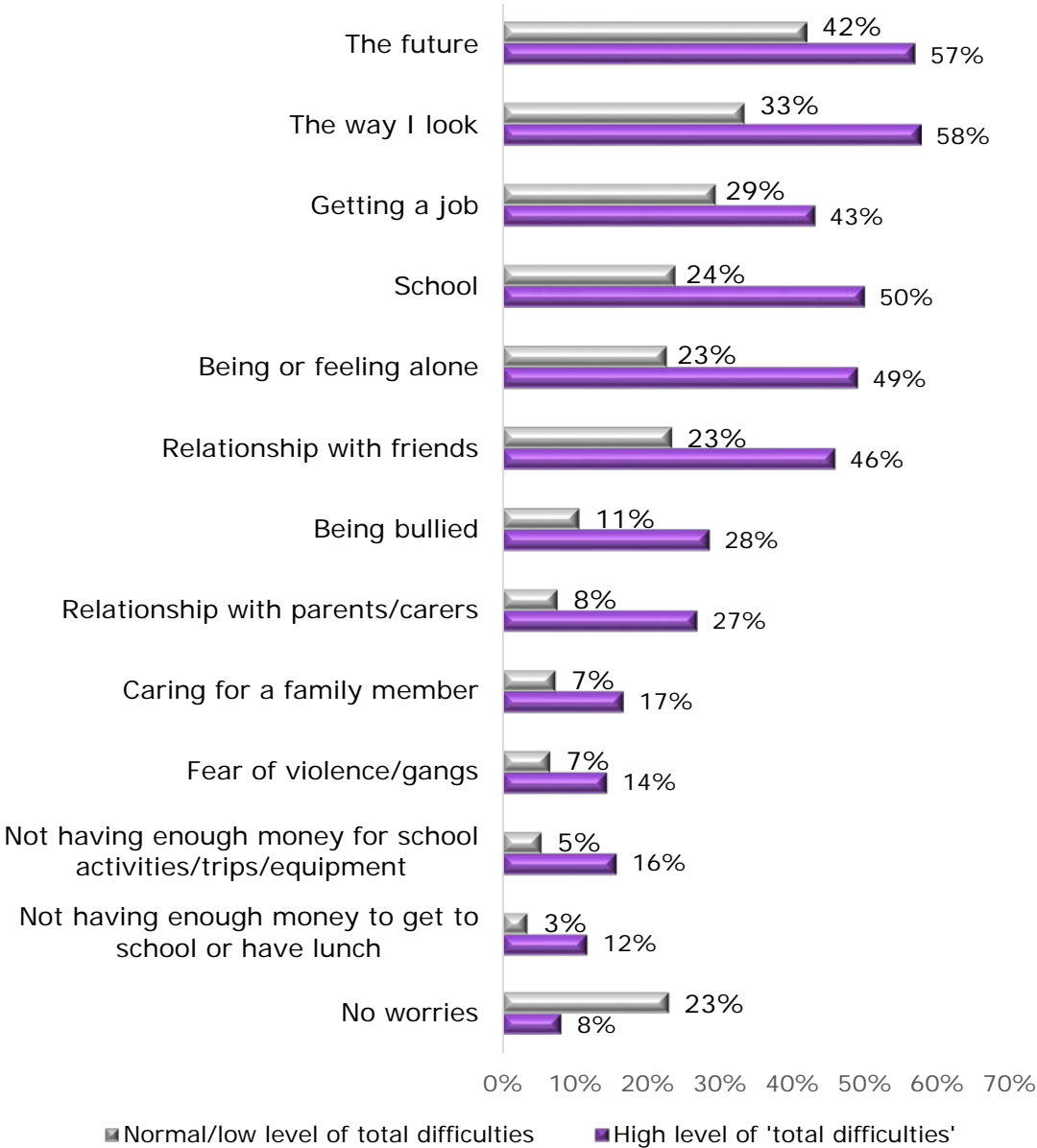
Figure 5.17: Proportion who had No-one to Talk to by High or Low/Normal Level of Difficulties



Are young people with a high SDQ score more likely to have worries?

Those with a high 'total difficulties' score were more likely than those with normal/low score to worry about at least one thing (92% compared to 77%). As Figure 5.18 shows, those with a high level of total difficulties were more likely than those with normal/low levels of total difficulties to worry about nearly all of the issues that were asked about.

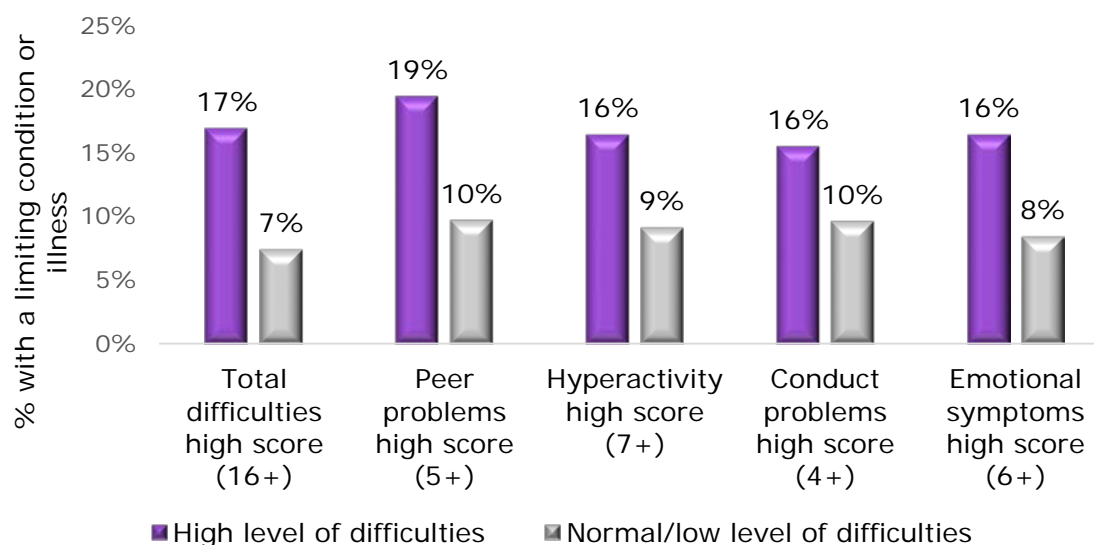
Figure 5.18: Worries by High or Low/Normal Levels of 'Total Difficulties' Scores (all worries which showed a significant difference)



Are pupils with a high SDQ score more likely to have a limiting illness or condition?

Pupils with a high level of difficulties on each the SDQ scales were more likely than those with a normal/low level of difficulties to say they had a limiting illness or condition. Overall, those with a high level of total difficulties were more than twice as likely than those with normal/low levels of total difficulties to say they had a limiting illness or condition (17% compared to 7%). The scale which showed the most marked difference was peer problems - 19% of those with a high level of peer problems had a limiting illness/condition, compared to 10% of others. The differences for each SDQ scale are shown in Figure 5.19.

Figure 5.19: Proportion with a Limiting Condition or Illness by High or Low/Normal Level of Difficulties



Are pupils with high SDQ scores more likely to have a learning disability?

The questionnaire specifically asked about dyslexia, ADHD and ASD/Aspergers. Those with a high level of total difficulties were more likely than those with a normal/low level of total difficulties to have:

- Dyslexia (21% high; 11% normal/low)
- ADHD (8% high; 1% normal/low)
- ASD/Aspergers (7% high; 2% normal/low)

Those with a high level of conduct problems were more likely than those with a normal/low level of conduct problems to have:

- Dyslexia (22% high; 13% normal/low)
- ADHD (10% high; 2% normal/low)

Those with a high level of hyperactivity problems were more likely than those with a normal/low level of conduct problems to have:

- Dyslexia (19% high; 14% normal/low)
- ADHD (10% high; 2% normal/low)

Those with a high level of peer problems were more likely than those with a normal/low level of peer problems to have:

- Dyslexia (23% high; 14% normal/low)
- ADHD (7% high; 3% normal/low)
- ASD/Aspergers (11% high; 2% normal/low)

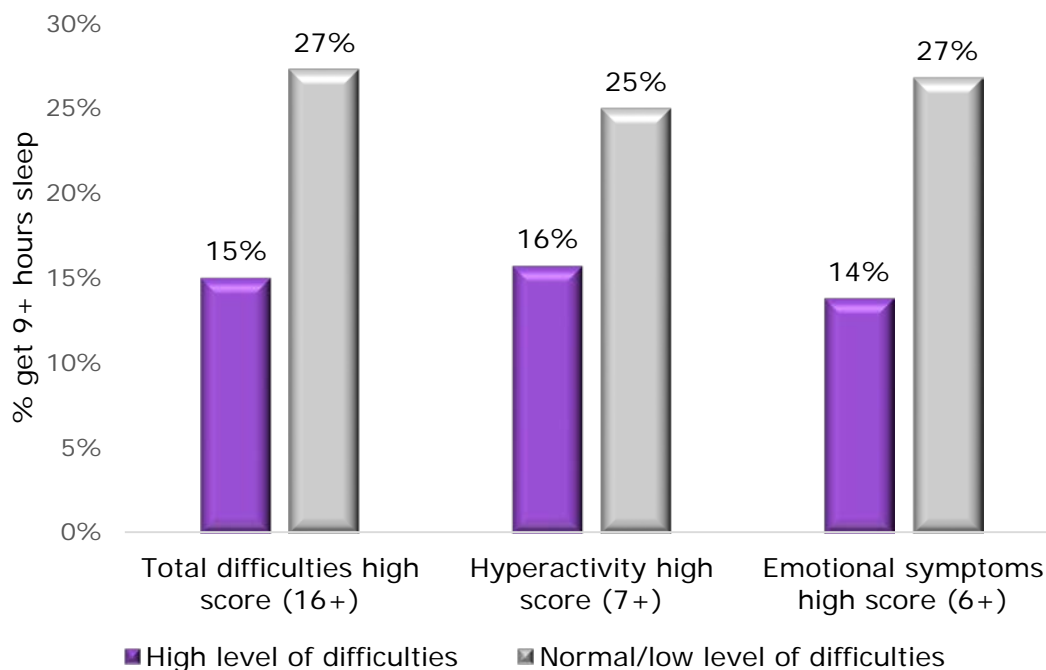
Those with a low level of prosocial strengths were more likely than those with a normal/low level of prosocial strengths to have:

- ADHD (7% low; 4% normal/high)
- ASD/Aspergers (9% low; 3% normal/high).

Do pupils with high SDQ scores get less sleep?

Overall, those with a high total difficulties score were less likely to get 9 or more hours sleep per night. Significant differences were shown for those with high scores on the emotional symptoms and hyperactivity scales.

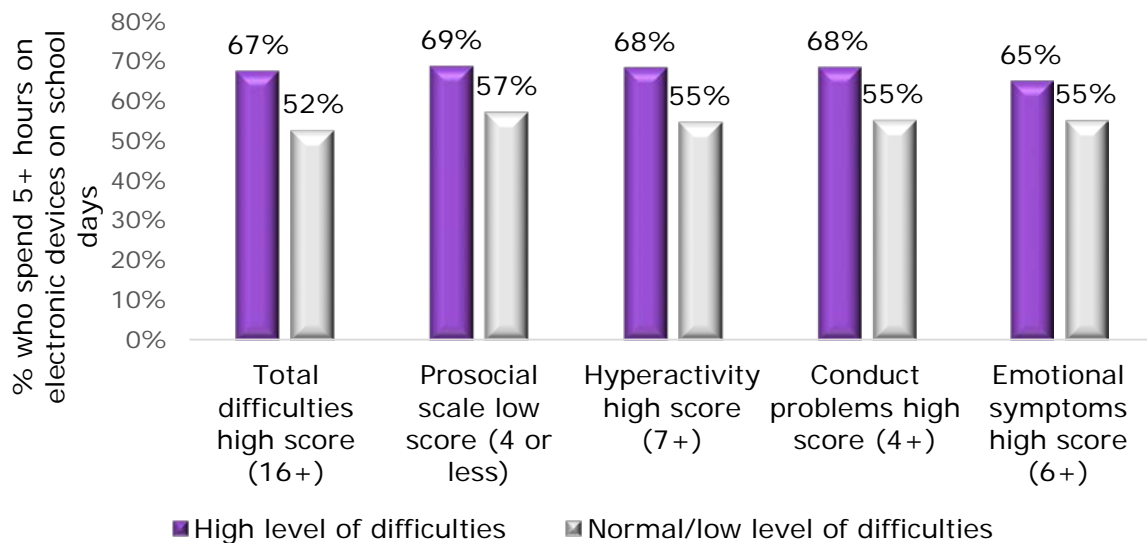
Figure 5.20: Proportion getting Nine Hours Sleep Per Night by High or Low/Normal Level of Difficulties



Do pupils with high SDQ scores spend more time on electronic devices?

Pupils with a high total difficulties score were more likely than others to spend five or more hours on electronic devices on school days. Significant differences were shown for emotional symptoms, conduct problems, hyperactivity and the prosocial scale.

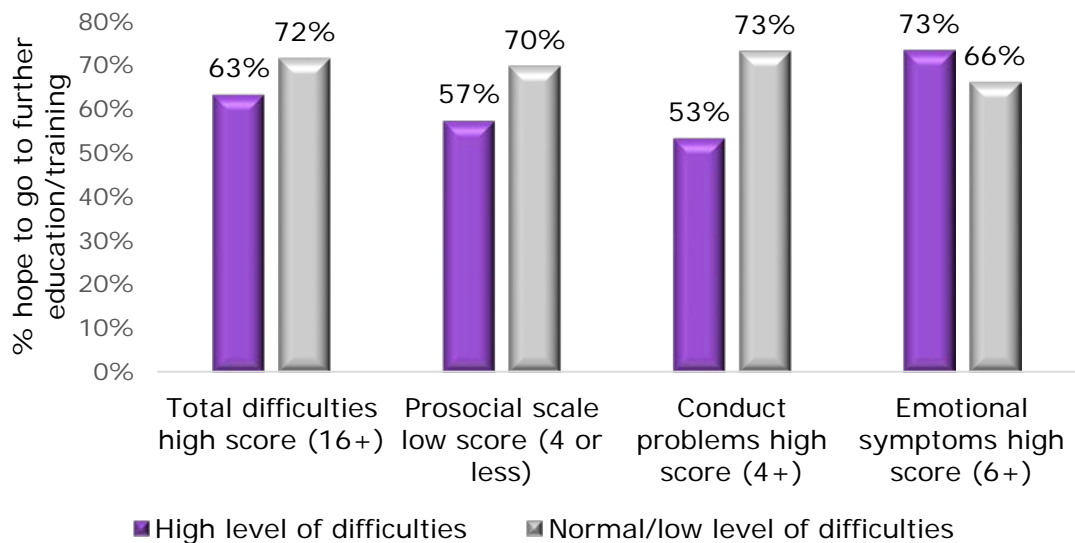
Figure 5.21: Proportion who spend Five or More Hours on Screen-Based Activities on a School Day by High or Low/Normal Level of Difficulties



Do young people with high SDQ scores have lower aspirations?

Overall, those with a high level of total difficulties were less likely than those with normal/low levels of total difficulties to say they expected to go to further education/training after school (63% high; 72% normal/low). However, as Figure 5.22 shows, while those with conduct problems and those with low prosocial strengths were less likely to expect to go to further education/training, those with emotional problems were **more** likely to expect to go to further education/training.

Figure 5.22: Proportion who Expect to Go to Further Education/Training by High or Low/Normal Level of Difficulties



CHAPTER SUMMARY

Key statistics

- 31% had an emotional, behavioural or learning difficulty
- 30% had been bullied in the last year
- 24% had been bullied at school in the last year
- 16% bullied others at school in the last year
- 39% had a high 'total difficulties' score

Trends

Between 2013 and 2019 there was an increase in the proportion who had been bullied at school in the last year.

There was an increase in the proportion who had a high score for 'total difficulties'.

Key differences by gender

Girls were more likely than boys to have been bullied.

Boys were more likely than girls to have bullied others at school.

Girls were more likely than boys to have a high score for 'total difficulties'.

Key differences by stage

S1/S2 pupils were the most likely to have been bullied in the last year.

Smoking, Alcohol and Drugs

Smoking

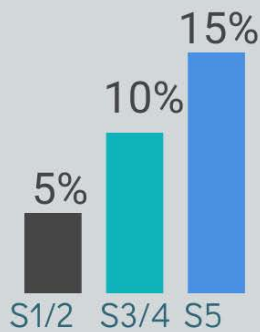


Alcohol

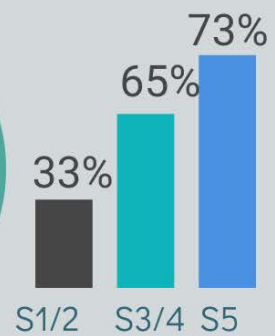


9%
Current smokers

↑
increase from 5% in 2013



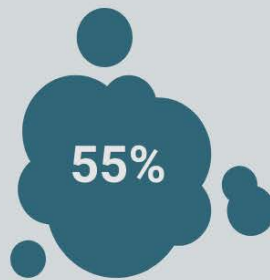
56%
Drink alcohol



lived with someone who smokes at home



exposed to smoke in cars



exposed to smoke indoors



drank alcohol at least once a week



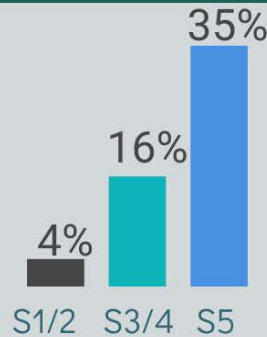
of those who drank alcohol got drunk at least once a week

Drugs



1 in 7 (15%) had used drugs in the last year

↑
increase from 8% in 2013



used drugs with alcohol on the last occasion

Context and National Data

The health risks of smoking tobacco are wide and well established. In Scotland, smoking tobacco is the attributable cause of around 10,000 deaths and 128,000 hospital admissions per year.

Legislation in Scotland has sought to discourage smoking and exposure to second hand smoke. In 2007, the minimum age for the sale or purchase of tobacco was raised from 16 to 18. Legislation introduced in 2013 prohibited the display of tobacco products in large shops, and this was rolled out to all shops in 2015. The Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill was passed in 2016 which made provisions for the sale and purchase of Nicotine Vapour Produces and introduced smoke-free perimeters around NHS hospitals. At the end of 2016, a ban on smoking in cars carrying anyone aged under 18 was introduced.

The Scottish Government's 2013 tobacco control strategy *Creating a Tobacco-Free Generation* set a target to reduce smoking among the adult population to 5% or less by 2034. There is a significant way to go to achieve this target. The Scottish Household Survey in 2017 showed that 18% of adults across Scotland were smokers. A new 5-year action plan was produced in June 2018, *Raising Scotland's Tobacco Free Generation*.

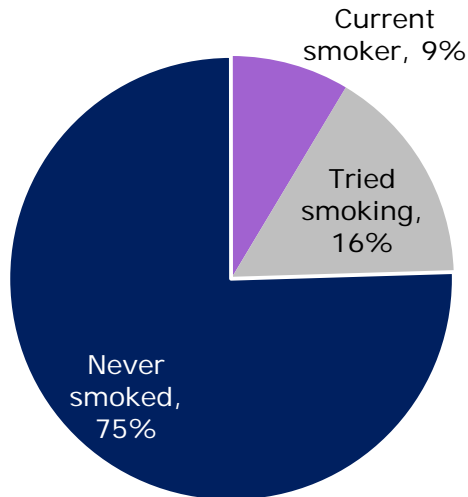
The Scottish Government publication *Scotland's Future is Smoke Free: A Smoking Prevention Action Plan (2008)* included priorities to reduce the prevalence of smoking among Scotland's young people, including health promotion and education, a campaign to reduce the attractiveness of cigarettes, enforcing the law to reduce the availability of cigarettes to young people and reducing the affordability of cigarettes for young people. This document set a target of reducing smoking among children aged 13 to 15 from 14% to 12% between 1995 and 2005 and to 11% by 2010 (as measured by the SALSUS survey), a target which was exceeded.

The SALSUS survey has seen overall downward trends in smoking among young people since the 1980s. The 2015 survey found the lowest rate of smoking ever measured by the survey - with 2% of 13 year olds and 7% of 15 year olds nationally reporting being regular smokers, and these levels were retained in 2018.

**Key
statistic:
9% were
smokers**

One in eleven (9%) pupils across Inverclyde secondary schools were current smokers. A further 16% had tried smoking and 75% had never smoked. Those who smoked comprised those who smoke six or more cigarettes per week (3%), those who smoke one to five cigarettes per week (1%) and those who smoke sometimes but less than once per week (4%).

Figure 6.1: Smoking Status



Those who were current smokers were asked why they smoke (with more than one answer possible). The most common reasons for smoking were:

- To manage stress/anxiety (40%)
- It's fun (28%)
- To help cope (26%)
- Boredom (25%)
- To feel good (24%)
- To experiment (16%)
- Easily available (15%).

Those who were current smokers were asked where they usually got their cigarettes from. The most common responses were:

- I buy them from someone else (35%)
- Friends or relatives give me them (31%)
- I ask an adult I know to buy them (17%)
- I buy them from friends or relatives (17%)
- I ask someone else under the age of 18 to buy them (14%)
- I take them without asking (7%)
- I buy them from a newsagent, tobacconist or a sweet shop (7%)
- I buy them for a supermarket (7%).

Smoking Trends

There was an increase in the proportion of smokers from 5% in 2013 to 9% in 2019. This is discouraging, particularly in light of the ambition of a 'tobacco free generation'. However, it is worth noting that smokers in the 2019 survey were more likely to be infrequent smokers. Indeed, there was no significant difference in the proportion who smoked six or more cigarettes per week between 2013 (2.2%) and 2019 (3.1%). However, adult surveys have shown a continual decline nationally and locally (the adult survey in Inverclyde showed a reduction in smoking from 24% in 2014/15 to 20% in 2017/18).

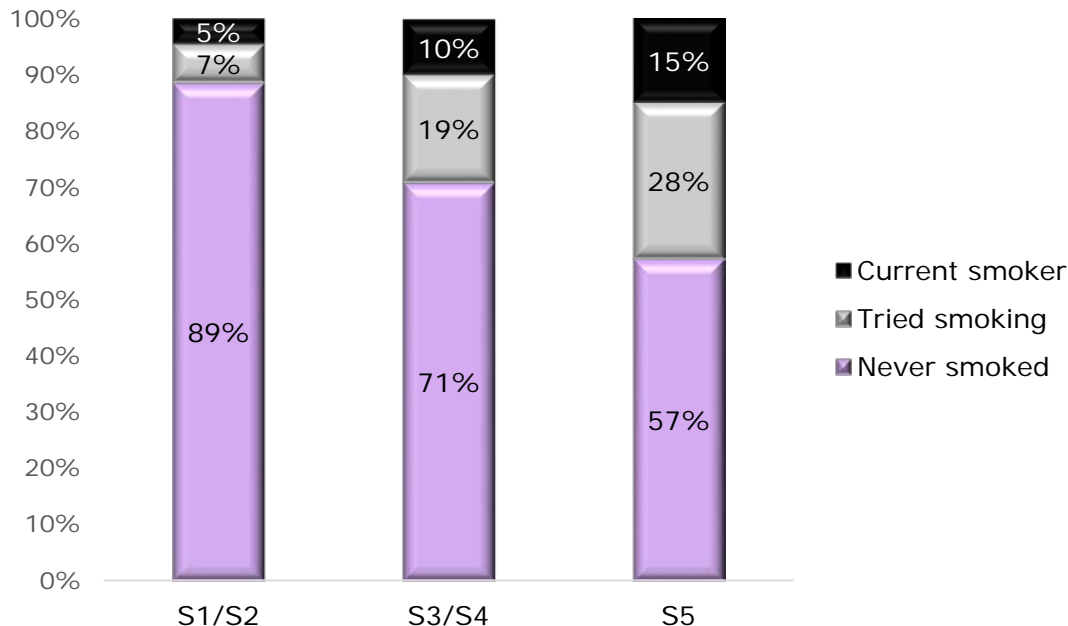
Table 6.1: Trends for Smoking

	% of pupils who were current smokers
2013	5.0%
2019	8.6%
Change (2013-2019)	+3.6%

Stage

Smoking rates among pupils rose from 5% of S1/S2 pupils to 15% of S5 pupils. More than two in five (43%) S5 pupils had at least tried smoking, compared to 11% of S1/S2 pupils.

Figure 6.2: Smoking Status by Stage



6.2 E-Cigarettes

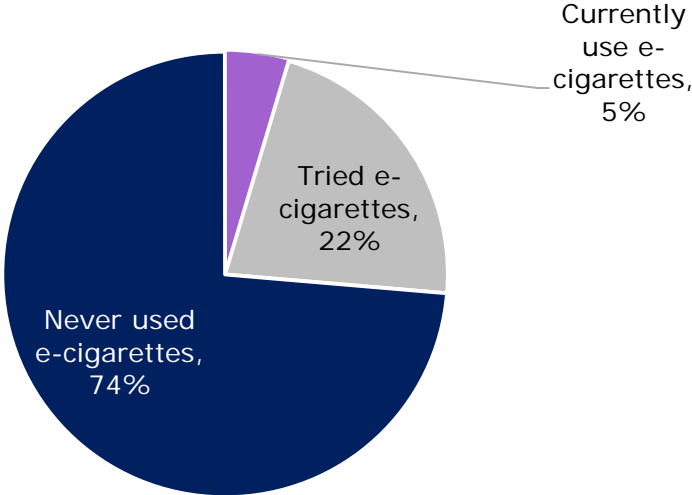
E-cigarettes (or 'electronic cigarettes', 'personal vaporizers' 'vapes' or 'ENDS' - electronic nicotine delivery systems) are battery-powered vapour inhaler devices. They usually deliver chemical mixtures which include nicotine. In

2017 the law in Scotland was changed to implement the same age restrictions on the sale of e-cigarettes as tobacco, meaning that it is illegal for anyone under the age of 18 to buy e-cigarettes or vapes.

**Key statistic:
5% used e-cigarettes**

Use of e-cigarettes was lower than cigarettes, with 5% of pupils saying they were current users of e-cigarettes/vapes (2% used vapes at least once a week and 3% did so less often). More than one in four (26%) had ever tried e-cigarettes/vapes.

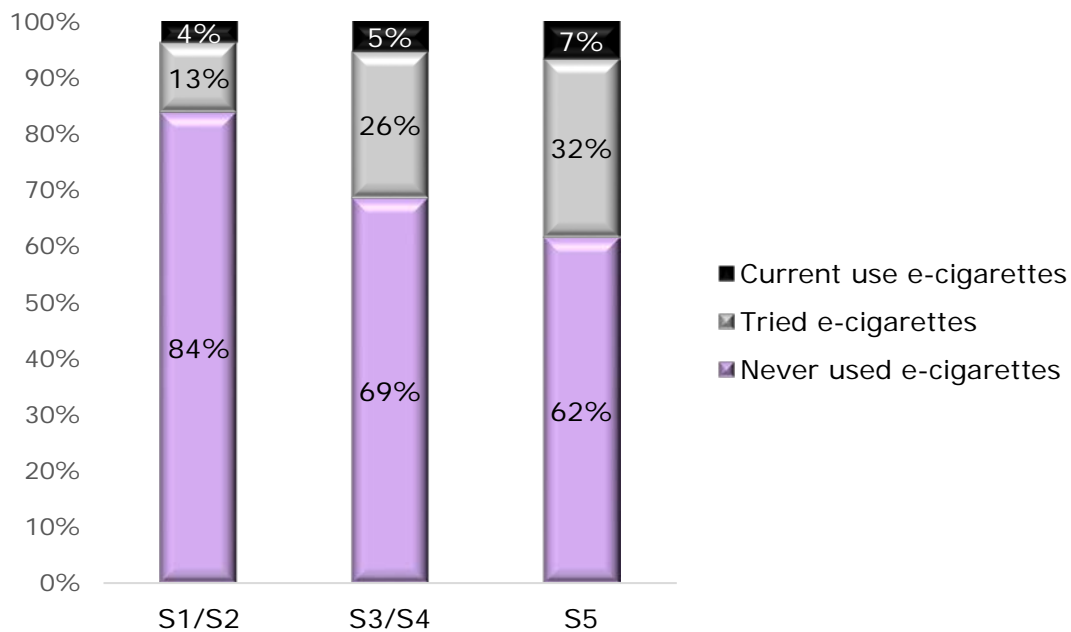
Figure 6.3: Use of E-Cigarettes



Stage

Pupils in S1/S2 were less likely than those in older year groups to have ever tried e-cigarettes/vapes, as shown in Figure 6.4.

Figure 6.4: Use of E-Cigarettes by Stage



6.3 Exposure to Environmental Tobacco

Smoking in public places was banned in Scotland in 2006, and across the UK in 2007. A report by ASH in 2014⁹ highlighted that smoke free legislation has led to an overall reduction in children's exposure to second hand smoke and an increase in parents who have made their homes smoke-free.

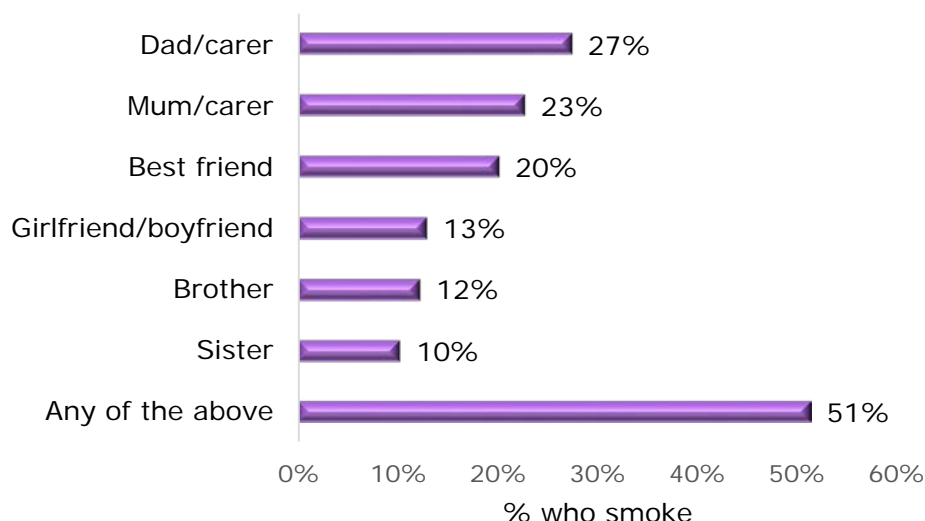
A ban on smoking in cars where anyone under the age of 18 was present was introduced in Scotland in 2016.

Others who smoke

Pupils were asked whether their mum, dad, brother, sister, girlfriend/boyfriend or best friend smoked. Half (51%) said that at least one of these people smoked.

⁹ http://www.ash.org.uk/files/documents/ASH_596.pdf

Figure 6.5: Whether Specific People Smoke (excluding those who said don't have or see this person)



Exposure to smoke at home

**Key
statistic:
29% said
someone
smoked in
their home**

Three in ten (29%) said that someone smoked inside their home (16% did so every/most days and 14% did so sometimes).

Among those who said someone smoked in their home:

- 50% said they smoked outside
- 28% said they smoked in a particular area of the house
- 14% said they smoked anywhere in the house
- 24% said they smoked in one room
- 1% said they smoked in communal stairwells.

Exposure to smoke in cars

One in eight (12%) said they someone smoked inside the car when they were travelling in it (9% said this happened sometimes and 3% said this happened on all/most journeys).

Exposure to smoke indoors

**Key statistic:
55 % were
exposed to
second hand
smoke
indoors**

All pupils were asked how often they have to breathe in other people's smoke indoors. Just under half (45%) said they were never exposed to second hand smoke, 39% said this happened rarely, 11% said this happened often and 5% said this happened every day. Thus overall, two in three (55%) were ever exposed to environmental tobacco smoke.

Gender

Girls were more likely than boys to say that their boyfriend/girlfriend smoked (17% girls; 8% boys).

Stage

Those in S1/S2 were less likely than others to say their boyfriend/girlfriend smoked (8% S1/S2; 14% S3/S4; 19% S5), or that their best friend smoked (11% S1/S2; 23% S3/S4; 33% S5).

Context and National Data

Scotland is renowned for its drinking culture. Drinking alcohol is associated with short and long term health risk factors. Long term effects include damage to liver and brain, and alcohol can be a contributory factor in numerous diseases including cancer, stroke and heart disease, and can affect mental health. Short term effects include the risk of social disorder, violence and injury due to intoxication.

Drinking among children and young people can cause short and long-term health effects and also make them more likely to be at risk of harm when drunk. Alcohol Focus Scotland also points to research that shows that the earlier a young person starts drinking alcohol, the more likely they are to drink in ways that can be harmful later in life.

In 2009, The Scottish Government published *Changing Scotland's Relationship with Alcohol: A Framework for Action*. Initiatives introduced since the framework was implemented included the delivery of alcohol brief interventions and the establishment of Alcohol and Drug Partnerships. In 2018, a new Alcohol Framework set out progress achieved and planned new actions to reduce harm from alcohol. These include a series of actions to protect young people, including measures to protect them from exposure to alcohol marketing and revisions to the programme of substance use education in schools.

With recognition that affordability is a key driver of increased consumption, the Alcohol Minimum Pricing (Scotland) Act 2012 came into force in May 2018. It set a minimum price of 50p per unit of alcohol.

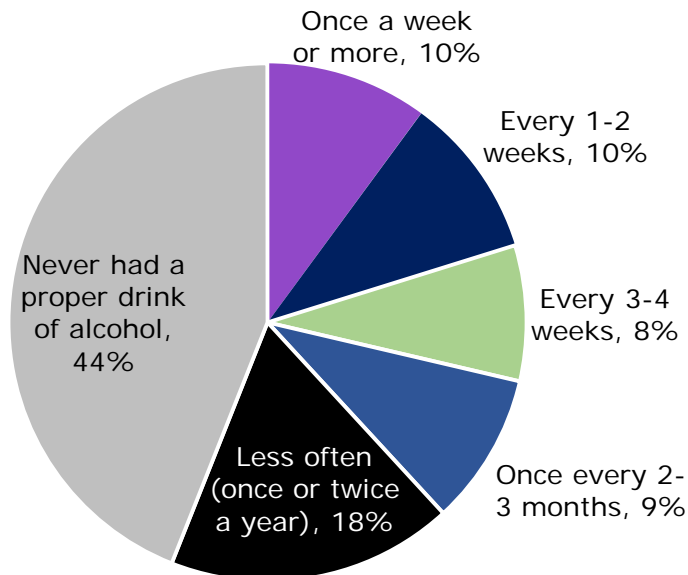
Data from the National Records of Scotland show that there were 1,136 alcohol-specific deaths in Scotland. Information Services Division (ISD) statistics show that there were 35,499 alcohol-related hospital admissions in Scotland in 2017/18. This represented a 2.5% decrease on the admissions per population rate from the previous year.

SALSUS findings (2018) showed that 36% of 13 year olds and 72% of 15 year olds had ever had an alcoholic drink. In 2018, the proportion who had drunk alcohol in the previous week was 6% for 13 year olds and 20% for 15 year olds.

**Key statistic:
56% drank
alcohol**

More than half (56%) of all pupils said that they had had a proper drink of alcohol. One in ten (10%) pupils drank at least once a week.

Figure 6.6: Frequency Drink Alcohol



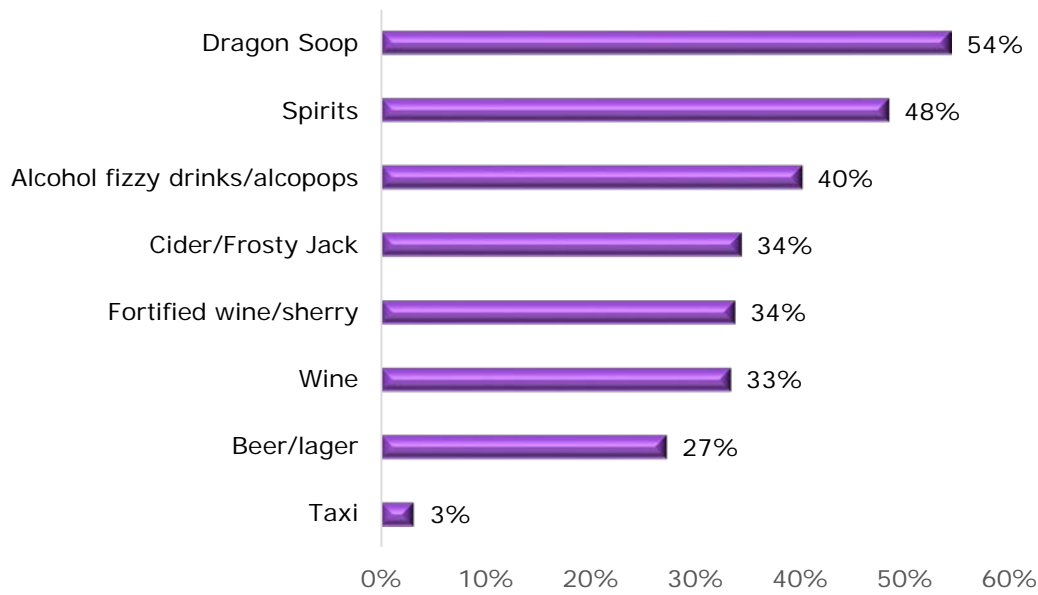
Note to Reader:

The remainder of the findings presented in this section relate only to those who ever drank alcohol.

Those who had drunk alcohol were asked at what age they had their first proper drink of alcohol. The average age was 13. However, one in three (31%) had their first alcoholic drink before the age of 13.

Those who drank alcohol were asked which types of drink they had. Responses are shown in Figure 6.7. The most common type of alcohol drink consumed was Dragon Soop (54%).

Figure 6.7: Types of Alcohol Drink Consumed (of those who ever drank alcohol)

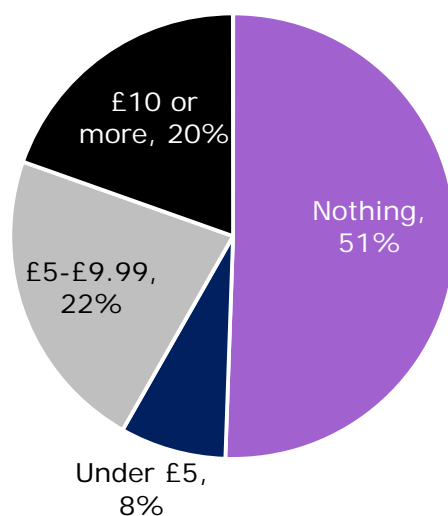


Key statistic:
20% of drinkers got drunk at least weekly

Just over half (54%) of those who drank alcohol said that they rarely or never got drunk, while a quarter (26%) said they got drunk once or twice a month and one in five (20%) said they got drunk once a week or more.

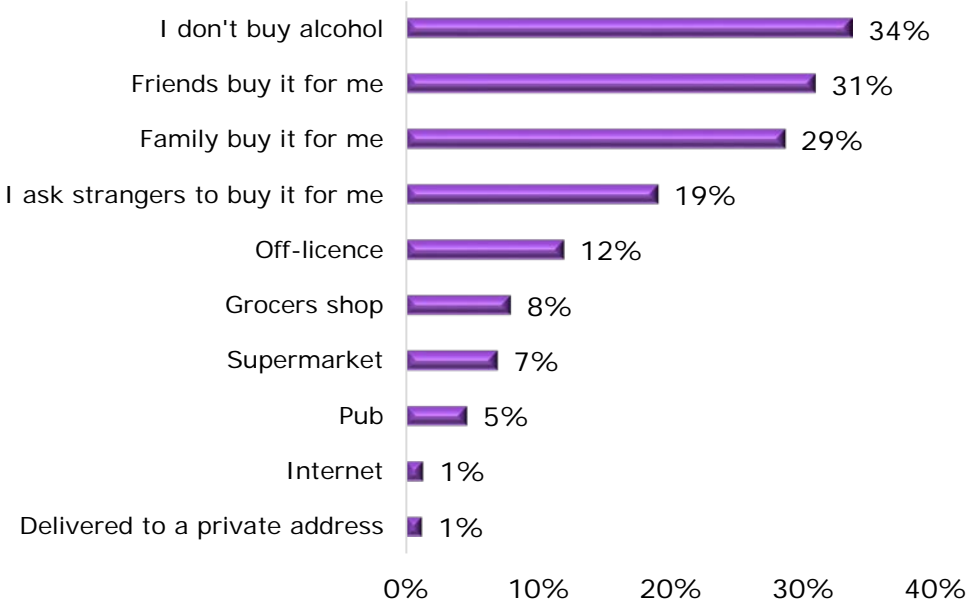
Those who ever drank alcohol were asked how much they usually spend on alcohol per week. Half (51%) said they spent nothing on alcohol. One in five (20%) spent £10 or more per week on alcohol. Responses are shown in Figure 6.8.

Figure 6.8: Expenditure on Alcohol Per Week (of those who ever drank alcohol)



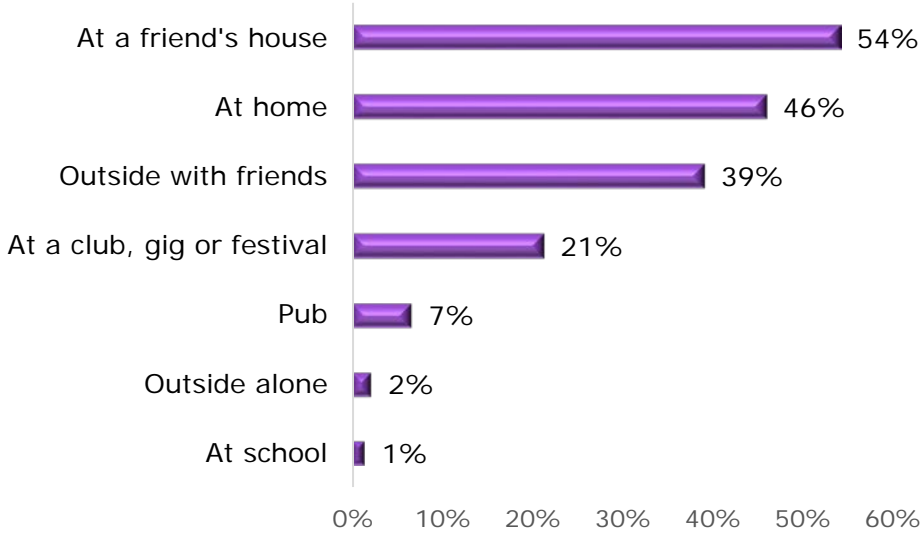
Pupils who ever drank alcohol were asked where they buy alcohol. Responses are shown in Figure 6.9. One in three (34%) said they did not buy alcohol. The most common means of buying alcohol was friends buying it for them (31% pupils).

Figure 6.9: Where Buy Alcohol (of those who ever drank alcohol).



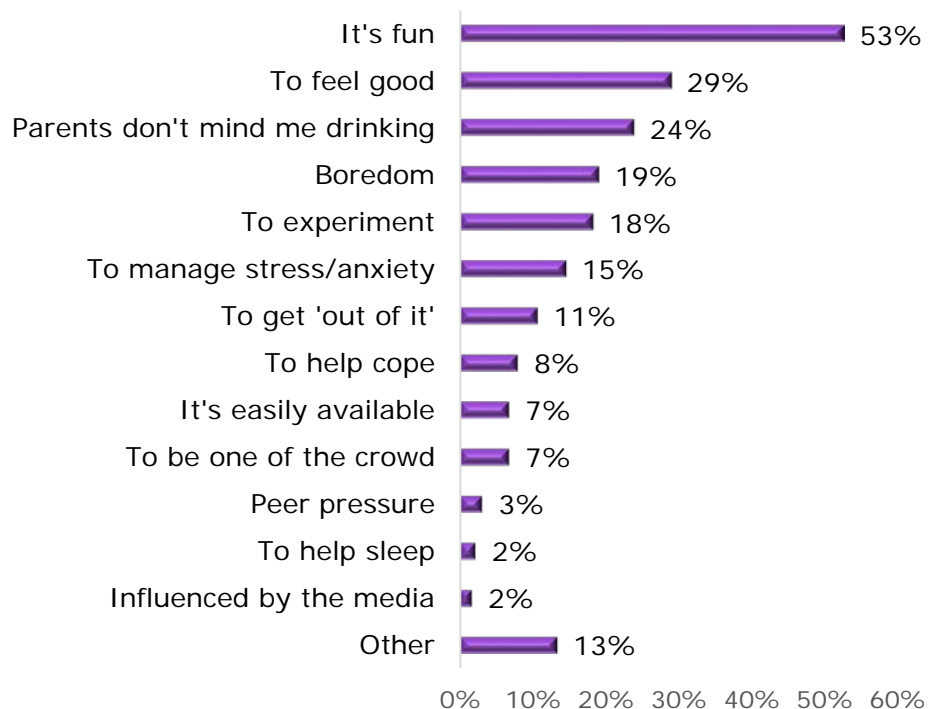
Those who ever drank were asked where they usually drink alcohol. Responses are shown in Figure 6.10. The most common places to drink alcohol were at a friend's house (54%) and at home (46%).

Figure 6.10: Where Pupils Usually Drank Alcohol (of those who ever drank alcohol)



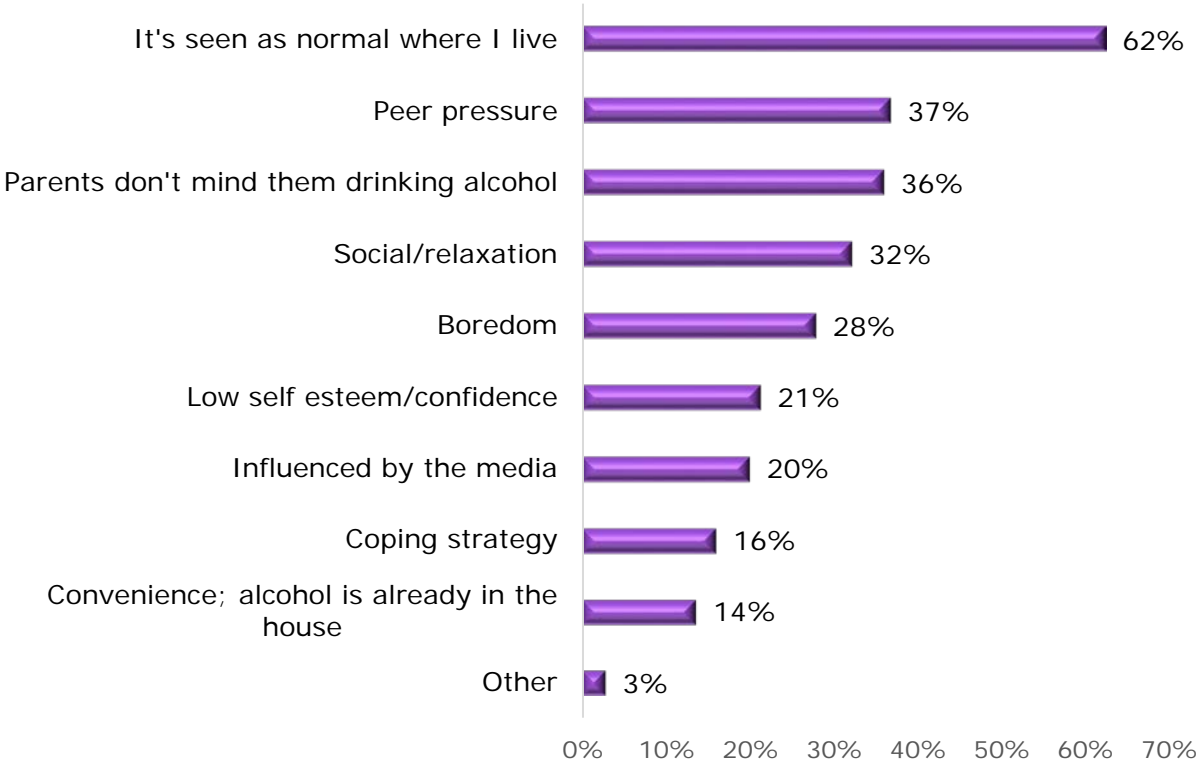
Those who drank alcohol were asked why they drank, with a list of options. The most common reason was 'it's fun', as shown in Figure 6.11.

Figure 6.11: Reasons for Drinking Alcohol (of those who ever drank alcohol)



Only those who drank alcohol were asked what they thought were the main factors that influence young people to drink alcohol (from a list). The most common factor identified was 'it's seen as normal where I live' (62%).

Figure 6.12: Perceived Factors that Influence Young People to Drink Alcohol (of those who ever drank alcohol)



One in seven (14%) of those who drank alcohol said that their drinking had led them to behave in anti-social ways.

Trends for Getting Drunk

Due to changes in the questionnaire, it is not possible to reliably compare the proportion who had ever drunk alcohol between the two surveys. However, limiting trends to those who drank alcohol, the proportion who said they got drunk at least once a week rose between 2013 and 2019 from 16% to 20%.

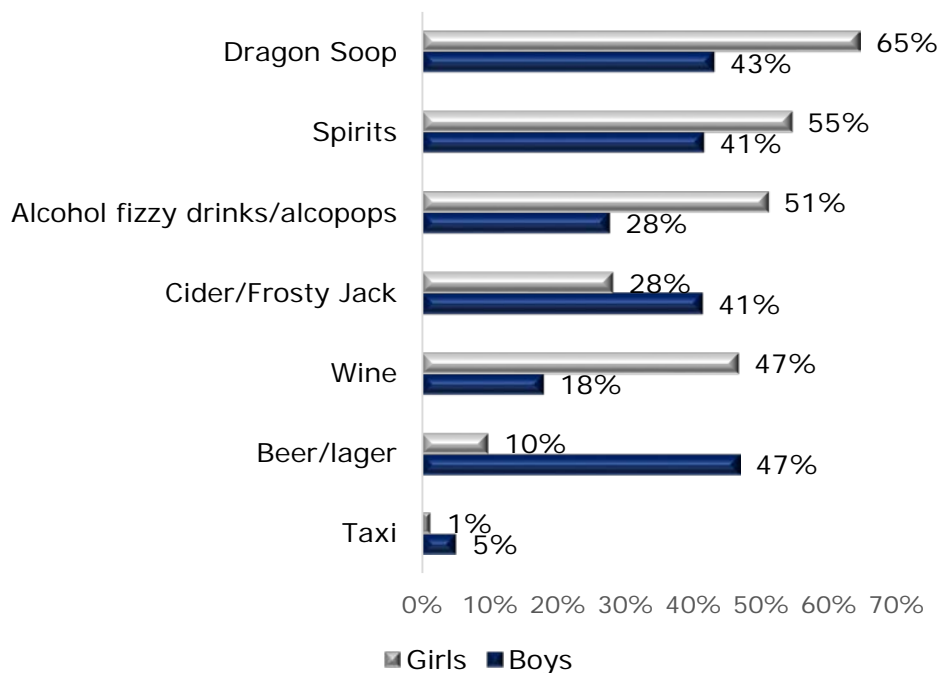
Table 6.2: Trends for Getting Drink Once Per Week or More (of those who ever drink alcohol)

	% of drinkers who got drunk at least once a week
2013	16.3%
2019	19.6%
Change (2013-2019)	+3.3%

Gender

Boys and girls tended to drink different types of alcoholic drinks. Among those who ever drank alcohol, boys were much more likely than girls to drink beer/lager (47% boys; 10% girls) and cider (41% boys; 28% girls). Girls were much more likely than boys to drink alcopops (alcopops (51% girls; 28% boys) and wine (47% girls; 18% boys). All significant differences are shown in Figure 6.13.

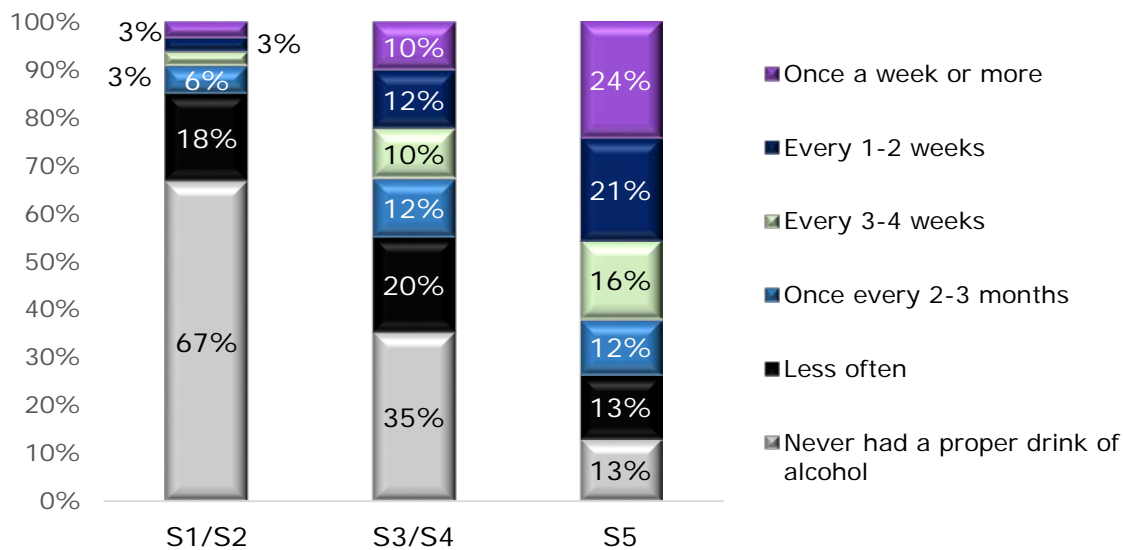
Figure 6.13: Types of Drink Consumed by Gender (all those who ever drank alcohol – all drinks showing a significant difference by gender)



Stage

As would be expected, patterns of alcohol use changed with age, with younger pupils much less likely than older pupils to drink alcohol. The proportion who said they never drank alcohol ranged from 66% of S1/S2 pupils to 13% of S5 pupils.

Figure 6.14: Frequency Drink Alcohol by Stage



Among those who ever drank alcohol, S5 pupils were the most likely (and S1/S2 pupils were the least likely) to drink:

- Dragon Soop (61% S5; 54% S3/S4; 48% S1/S2)
- Spirits (70% S5; 46% S3/S4; 28% S1/S2)
- Alcopops (52% S5; 37% S3/S4; 32% S1/S2)
- Cider (52% S5; 33% S3/S4; 16% S1/S2)
- Fortified wine/sherry (43% S5; 35% S3/S4; 22% S1/S2)
- Beer/lager (37% S5; 25% S3/S4; 21% S1/S2)
- Wine (43% S5; 33% S3/S4; 26% S1/S2).

Also, among those who ever drank alcohol, S5 pupils were the most likely, and S1/S2 pupils were the least likely to:

- Get drunk at least once per week (29% S5; 18% S3/S4; 10% S1/S2)
- Spend money on alcohol each week (63% S5; 48% S3/S4; 35% S1/S2)
- Obtain alcohol by:
 - Friends buying it for them (48% S5; 28% S3/S4; 15% S1/S2)
 - Family buying it for them (49% S5; 24% S3/S4; 12% S1/S2)
 - Buying it at an off-licence (21% S5; 10% S3/S4; 5% S1/S2)
 - Buying it at a super market (14% S5; 4% S3/S4; 3% S1/S2)
 - Buying it at a grocers shop (14% S5; 6% S3/S4; 4% S1/S2)
 - Buying it at a pub (11% S5; 2% S3/S4; 1% S1/S2)
- Drink alcohol at:
 - a friend's house (81% S5; 53% S3/S4; 24% S1/S2)
 - clubs/gigs/festivals (44% S5; 15% S3/S4; 7% S1/S2)
 - a pub (16% S5; 3% S3/S4; 2% S1/S2).

However, among those who ever drank alcohol, S1/S2 and S3/S4 pupils were more likely to obtain alcohol by asking strangers to buy it for them (23% S1/S2; 22% S3/S4; 10% S5).

6.5 Drugs

Context and National Data

Illegal or controlled drugs are those which are illegal to market, supply or possess under the Misuse of Drugs Act (1971). In recent years, new types of substances have emerged known as New Psychoactive Substances (NPS), these substances are synthesized to have the same or similar effects to illegal drugs, initially known as 'legal highs'. However, the Review of Psychoactive Substances Act 2016 made it an offence to produce or supply NPSs.

National Records for Scotland show that in 2018 there were 1,187 drug-related deaths in Scotland, marking an increase of 27% since the previous year and making the rate of drug-related deaths in Scotland the highest in Europe. Within Scotland, the Greater Glasgow & Clyde health board area has the highest drug-related death rate.

The national strategy *Rights, Respect and Recovery: Alcohol and Drugs Treatment Strategy* was published in November 2018 and set out approaches and actions including those aimed at preventing drug use and making early interventions with the aim of fewer people developing problem drug use, developing appropriate systems of recovery/care for those with problem drug use, and supporting children, young people and family affected by drug use.

A Scottish Government established a Taskforce to tackle the drugs death emergency in September 2019, and followed a Scottish Government commitment to spend an additional £20 million over the next two years to reduce the harm caused by drugs.

The SALSUS survey 2018 found that 4% of 13 year olds and 12% of 15 year olds in Scotland had used drugs in the previous month.

**Key statistic:
15% had
ever taken
drugs**

More than one in seven (15%) pupils said that they had ever used drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to them.

Of those who said they had ever used drugs, 48% said they did so infrequently, 20% no longer took drugs and 32% took drugs at least monthly. This equated to 5% of all pupils taking drugs at least once a month.

Those who had ever taken drugs were asked where they got their drugs from on the last occasion. By far the most common sources of drugs were friends (54%) and dealers (44%).

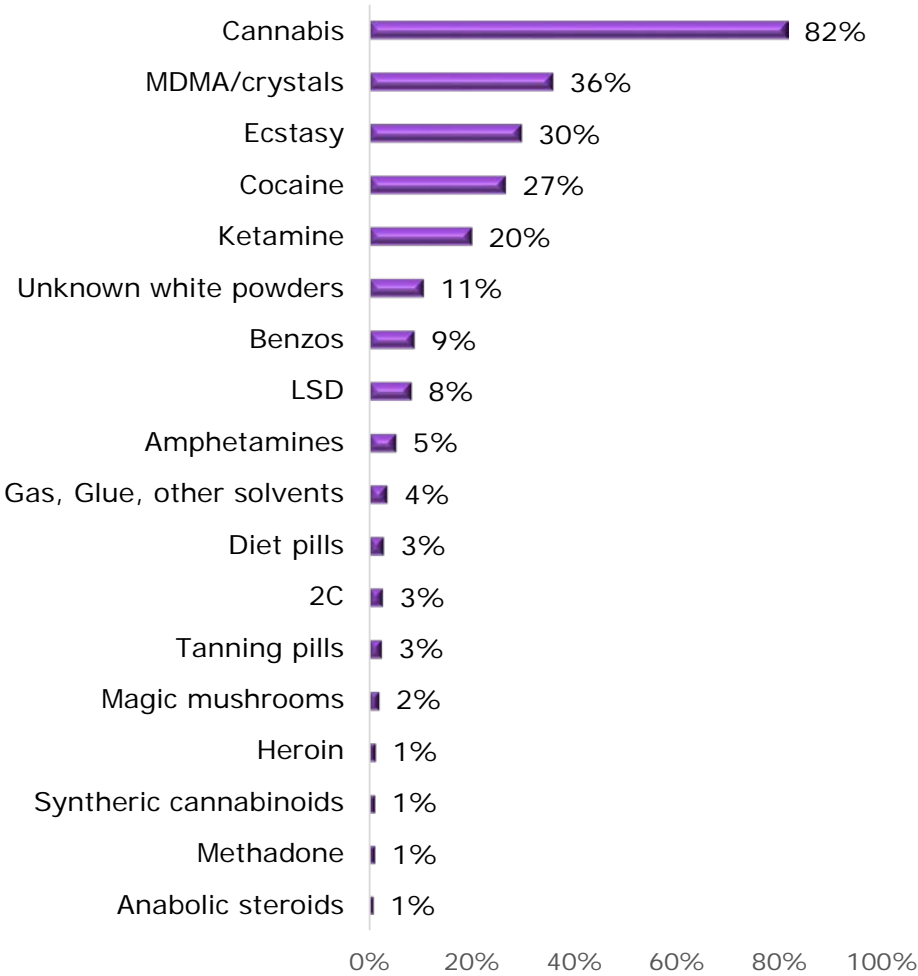
Those who had used drugs were also asked where they used them on the last occasion. Responses were:

- Outside with friends (46%)
- At a friend's house (45%)
- At home with friends (13%)
- At a club, gig or festival (9%)
- At home alone (4%)
- Outside alone (3%)
- At school (2%).

Those who had used drugs were asked whether, on the last occasion, they had used drugs with alcohol. Three in five (58%) said they had.

Those who had ever used drugs were given a list of drugs and asked whether they had taken any of these in the last year. By far the most commonly used drug was cannabis, which had been used in the last year by 82% of all pupils who had ever used drugs. The next most common drugs were MDMA powder/crystals (36%), ecstasy (30%) and cocaine (27%). All responses are shown in Figure 6.15.

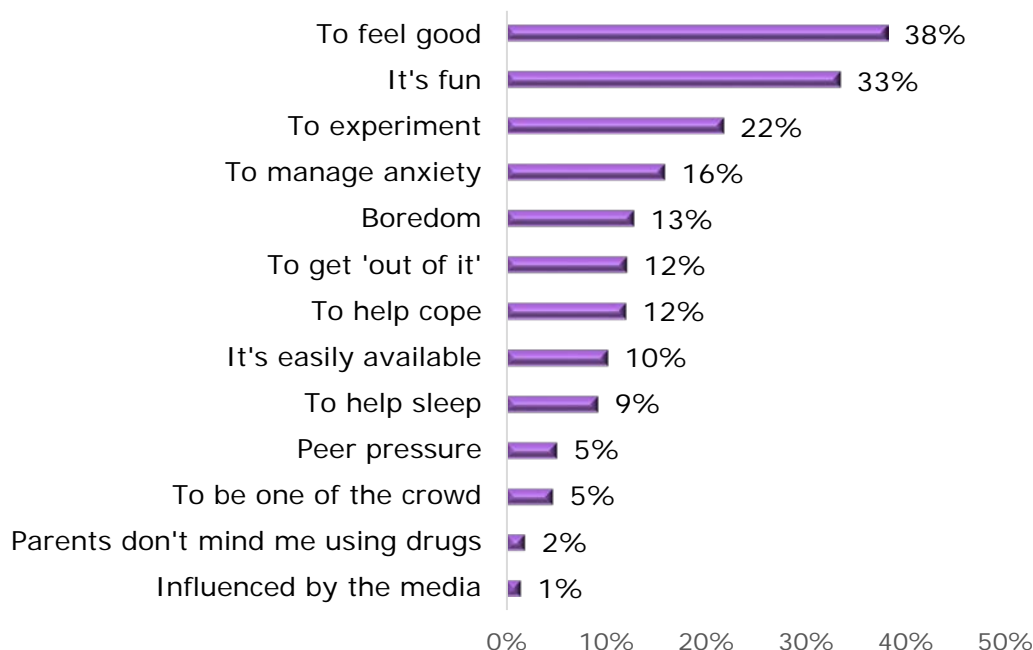
Figure 6.15: Drugs Used in the Last Year (of those who had ever taken drugs)



Thus, overall, 12% of **all pupils** had taken cannabis in the last year, 5% had taken MDMA powder/crystals, 4% had taken ecstasy, and 4% had taken cocaine.

All those who had ever used drugs were asked why they use the drugs they choose. The most common responses were 'to feel good' and 'it's fun'. All responses are shown in Figure 6.16.

Figure 6.16: Reasons for Using Drugs



One in six (16%) of those who had ever taken drugs said that taking drugs had led them to behave in anti-social ways.

All pupils were asked how easy they thought it would be for them to get hold of drugs. More than one in three (37%) said that they did not know. Of those who were able to respond, 58% said it would be easy (22% said very easy and 35% said fairly easy) and 42% said it would be difficult or impossible (10% said fairly difficult, 9% said it would be very difficult and 24% said it would be impossible).

Trends for Drug Use

Between 2013 and 2019 there was an increase in the proportion of pupils who had ever taken drugs¹⁰.

Table 6.3: Trends for Drug Use (ever)

	% of pupils who have ever taken drugs
2013	8.1%
2019	14.9%
Change (2013-2019)	+6.8%

¹⁰ There was a change in the way drug use was measured between the surveys, including the collection of use of drugs and legal highs separately in the 2013 survey, and a new definition in 2019 which included 'prescription drugs not prescribed to you'.

Gender

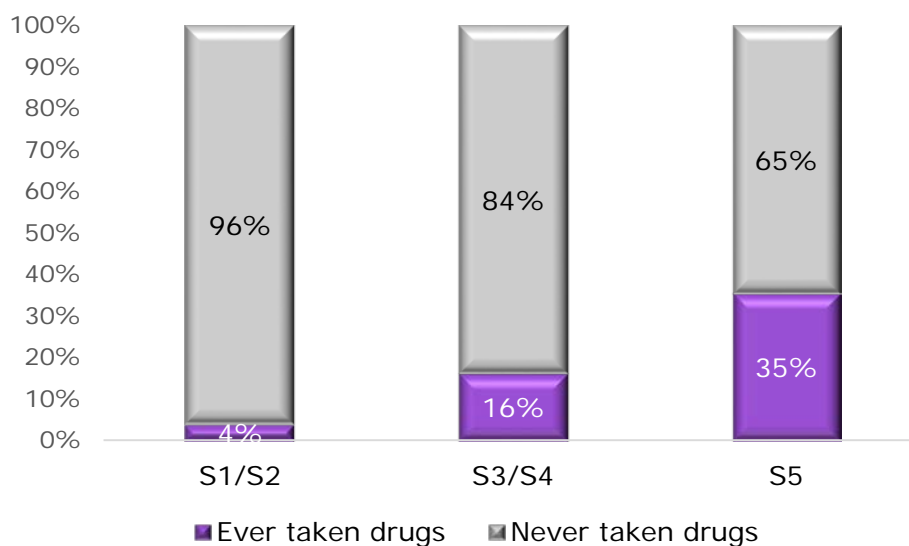
Among those who had taken drugs, girls were more likely than boys to say they had taken drugs at a friend's house (55% girls; 38% boys). Girls who had used drugs were also more likely than boys to say they the last time they had used them they did so with alcohol (71% girls; 49% boys).

Among those who had ever taken drugs, boys were more likely than girls to have used cannabis last year (89% boys; 72% girls).

Stage

While just 4% of S1/S2 pupils said they had ever used drugs, this rose to more than a third (35%) among S5 school pupils.

Figure 6.17: Whether Ever Taken Illegal Drugs by Stage



Among those who had used drugs, S1/S2 pupils were the least likely to have used drugs at a friend's house on the last occasion (11% S1/S2; 41% S3/S4; 58% S5).

Among those who had used drugs, S5 pupils were the most likely to say they had used drugs with alcohol on the last occasion (70% S5; 49% S3/S4; 45% S1/S2).

Among those who were able to say, S5 pupils were the most likely to say that it would be easy for them to get drugs (81% S5; 66% S3/S4; 32% S1/S2).

CHAPTER SUMMARY

Key statistics

- 9% were smokers
- 5% used e-cigarettes
- 29% lived with a smoker
- 12% were exposed to smoke in cars
- 55% were exposed to smoke indoors
- 56% had ever drunk alcohol
- 20% of those who drank alcohol got drunk at least weekly
- 15% had ever used drugs

Trends

Between 2013 and 2019 there was an increase in the proportion who were smokers.

There was an increase in the proportion of drinkers who got drunk at least weekly.

There was an increase in the proportion who had used drugs.

Key differences by stage

S5 pupils were the most likely to:

- Smoke
- Use e-cigarettes
- Drink alcohol
- (among drinkers) get drunk at least once a week
- Have taken drugs

Sexual Health and Relationships



Sexual Orientation

8% identified as Lesbian, Gay or Bisexual



Boyfriends/girlfriends



25% had a boyfriend or girlfriend



Sexual Activity



51%
S5

34%
S3/4



40% always used contraception or condoms when sexually active

Being sexually active associated with:



7.1 Sexual Orientation

Excluding those who refused to say (3%) and those who were unsure of their sexual orientation (3%), 92% of pupils identified as heterosexual/straight and 8% had an LGB identity. Those with LGB identities comprised 5% bisexual, 2% gay/lesbian and 1% other LGB identities (the most common of which was pansexual).

Gender

Girls were twice as likely as boys to identify as LGB (10% girls; 5% boys).

7.2 Sexual Health and Relationships Education

The Scottish Government states that relationships, sexual health and parenthood education is an integral part of the health and wellbeing area of the school curriculum in Scotland¹¹. Three in four (74%) said they had received sexual health and relationships education (SHRE) at school.

Of those who had received SHRE, two in five (43%) said that it was useful; 37% said they were not sure and 20% said it was not useful.

7.3 Relationships with Boyfriends/Girlfriends and Sexual Activity

One in four (25%) pupils said they currently had a boyfriend or girlfriend.

Overall the mean age of current boyfriends/girlfriends was 14.7. Among S1/S2 pupils, the mean age of boyfriends/girlfriends was 13.1; among S3/S4 pupils it was 15.1 and among S5 pupils it was 16.5.

Pupils with a current boyfriend or girlfriend were asked whether their boyfriend/girlfriend had done a number of positive or negative things (often, quite often, occasionally or never). All responses are shown in Table 7.1. By far the most common negative behaviour reported was boyfriends/girlfriends constantly checking where they were – two in three (66%) of those with a boyfriend or girlfriend said this happened at least occasionally.

¹¹ <http://www.gov.scot/Topics/Education/Schools/HLivi/sex-education>

Table 7.1: How often boyfriend/girlfriend does certain things (those with boyfriend/girlfriend only)

	Often	Quite often	Occasionally	Never
Makes you feel safe and respected	80%	13%	3%	3%
Encourages you to do something you enjoy	75%	17%	5%	3%
Has physically hurt you in any way	3%	1%	5%	92%
Puts you down when you are together or in front of other people	2%	1%	5%	92%
Comments negatively on how you dress	2%	1%	6%	91%
Constantly checks where you are	15%	14%	37%	34%
Tries to or limits the time you spend with friends	4%	3%	9%	84%
Puts pressure on you to send naked images of yourself	3%	1%	3%	93%
Puts pressure on you to do sexual things	3%	1%	7%	89%

In Scotland, as defined by the Sexual Offences (Scotland) Act 2009, the age of consent is 16. It is illegal for an adult to engage in any sexual activity with a young person aged under 16 and it is also illegal for young people aged under 16 to have sexual intercourse or oral sex. Nonetheless, under-age sexual activity is prevalent. In Scotland, 30% of young men and 26% of young women reported having had sexual intercourse before their 16th birthday.¹²

Pupils in S3-S5 were asked whether they had ever engaged in sexual intercourse or other sexual activity with another person. Nearly three in ten (28%) had engaged in sexual intercourse and one in three (34%) had engaged in other sexual activity. Altogether, 40% of all S3-S6 pupils had engaged in either sexual intercourse or other sexual activity.

S3-S5 pupils who had engaged in sexual intercourse or other sexual activity were asked how often they or their boyfriend/girlfriend used contraception (e.g. implant, injection, pill) and condoms. Three in five (61%) said they never used contraception, 14% said they/their partner sometimes did and 26% said they always did. Half (51%) said they never used condoms, 28% said they sometimes did and 22% said they never did. Altogether, 40% of those who were sexually active said they always used either contraception or condoms.

S3-S5 pupils who had ever been sexually active were asked to indicate their level of agreement/disagreement with a number of statements:

¹² <http://www.gov.scot/Publications/2010/12/02143509/1>

- Nearly nine in ten (88%) agreed that they found it easy to say 'no' to having sex
- Three in five (59%) agreed that they found it easy to ask for help regarding sexual issues
- Three in four (73%) agreed that they found it easy to get information on sexual health
- More than nine in ten (92%) agreed that they found it easy to say what they want in relationships.

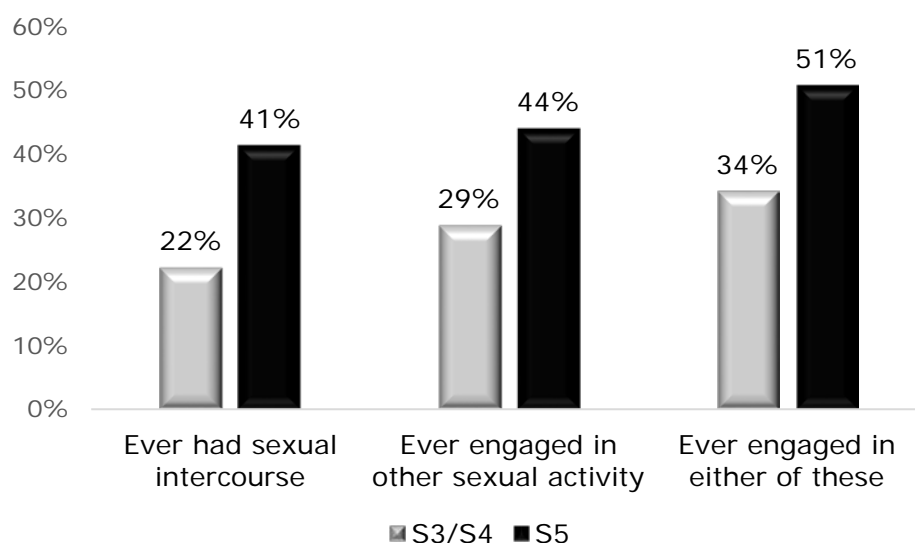
Gender

Among those who were sexually active, girls were more likely than boys to say they/their partner always used contraception (32% girls; 19% boys), and overall more likely to say they always used either contraception or condoms (48% girls; 31% boys).

Stage

Half (51%) of S5 pupils and one third (34%) of S3/S4 pupils had engaged in sexual activity.

Figure 7.1: Whether Engaged in Sexual Activity by Stage



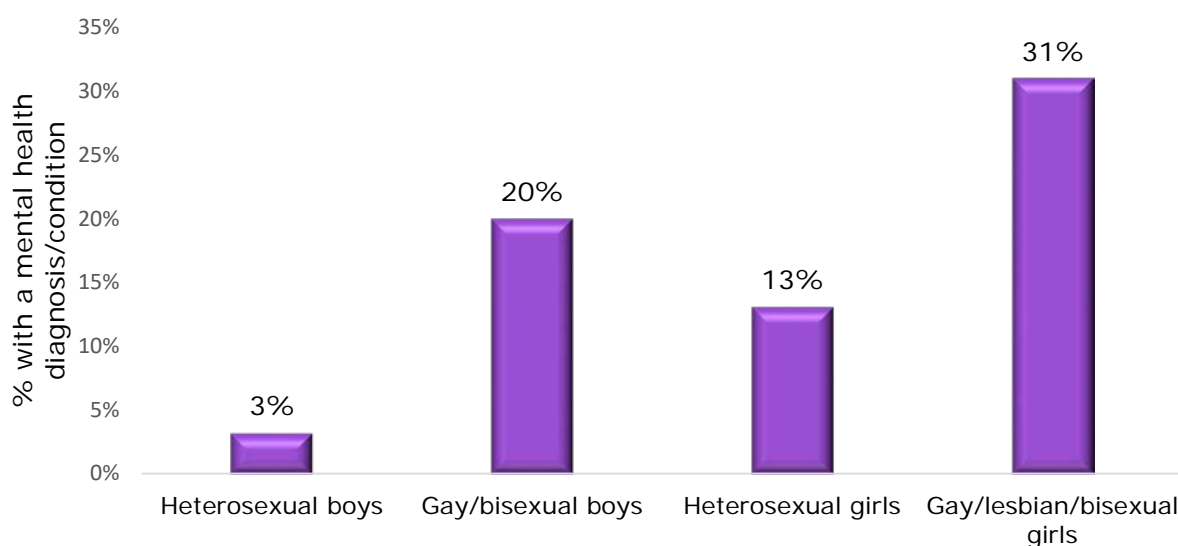
Among those who were sexually active, those in S5 were much more likely than those in S3/S4 to always use contraception (41% S5; 15% S3/S4) or say they always use either contraception or condoms (53% S5; 30% S3/S4).

7.4 Sexual Health - Exploring Further

Do young people who report being attracted to the same sex have poorer mental health or more difficulties?

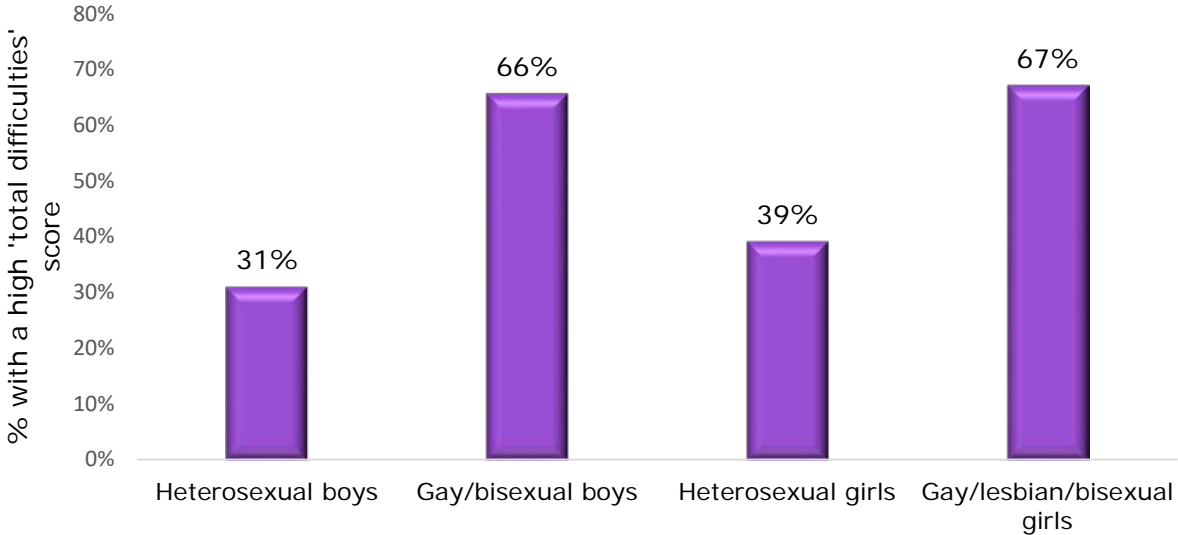
There is a very striking disparity for mental health among bisexual, lesbian or gay pupils compared to heterosexual pupils. LGB girls were nearly three times as likely as heterosexual girls to have a mental health condition. Gay and bisexual boys were nearly seven times as likely as heterosexual boys to have a mental health condition, as shown in Figure 7.2.

Figure 7.2: Proportion of Pupils with a Mental Health Diagnosis/Condition by Gender and Sexual Identity



Scores for strengths and difficulties also varied significantly by sexual identity, with those with LGB identities being much more likely to have a high score for 'total difficulties', as shown in Figure 7.3.

Figure 7.3: Proportion of Pupils with a High 'Total Difficulties' SDQ Score by Gender and Sexual Identity



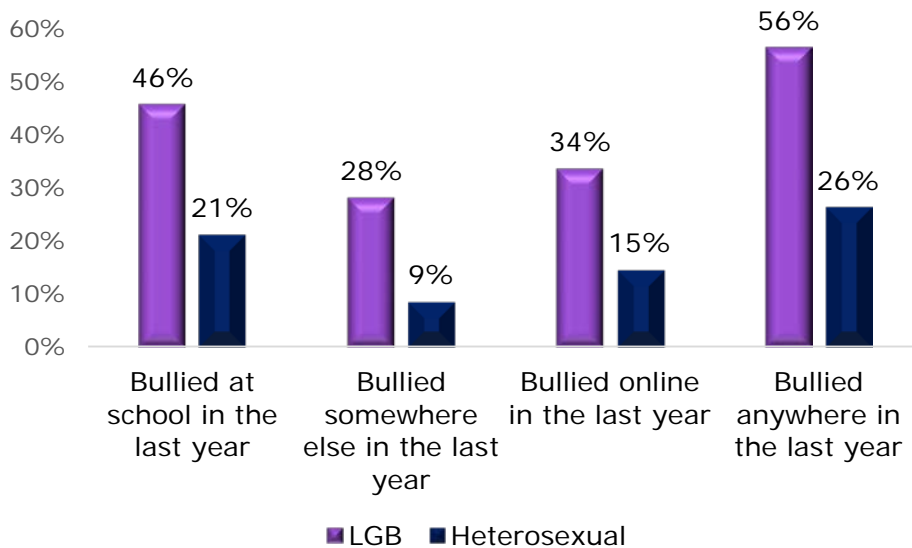
Are young people who report being attracted to the same sex more or less likely to have someone to talk to?

Although most pupils had someone that they found easy to talk to about things that bother them, bisexual/lesbian/gay pupils were more likely than heterosexual pupils to indicate that there was no-one that they found easy to talk to (14% LGB; 5% heterosexual).

Are young people who report being attracted to the same sex more or less likely to be bullied?

Pupils who indicated that they were lesbian, gay or bisexual were much more likely than those who were heterosexual to say they had been bullied in the last year – a majority (56%) of all LGB pupils had been bullied compared to 26% of heterosexual pupils.

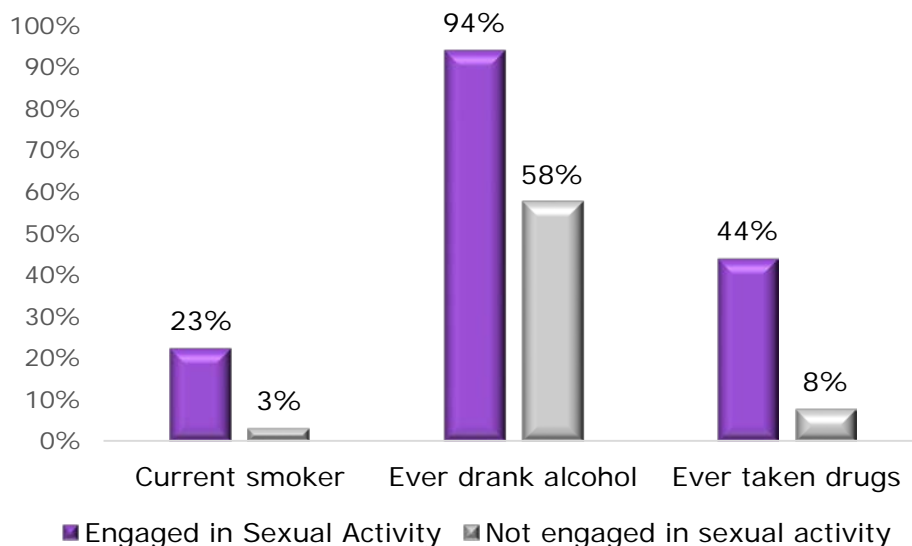
Figure 7.4: Experience of Bullying in the Last Year by Sexual Identity



What are the links between sexual activity and risk behaviours?

S3-S5 pupils who had ever engaged in sexual activity were much more likely than those who had not to engage in risk behaviours. This included smoking, drinking and drug use, as shown in Figure 7.5. Those who had ever engaged in sexual activity were seven times more likely to be current smokers and six times more likely to have taken drugs.

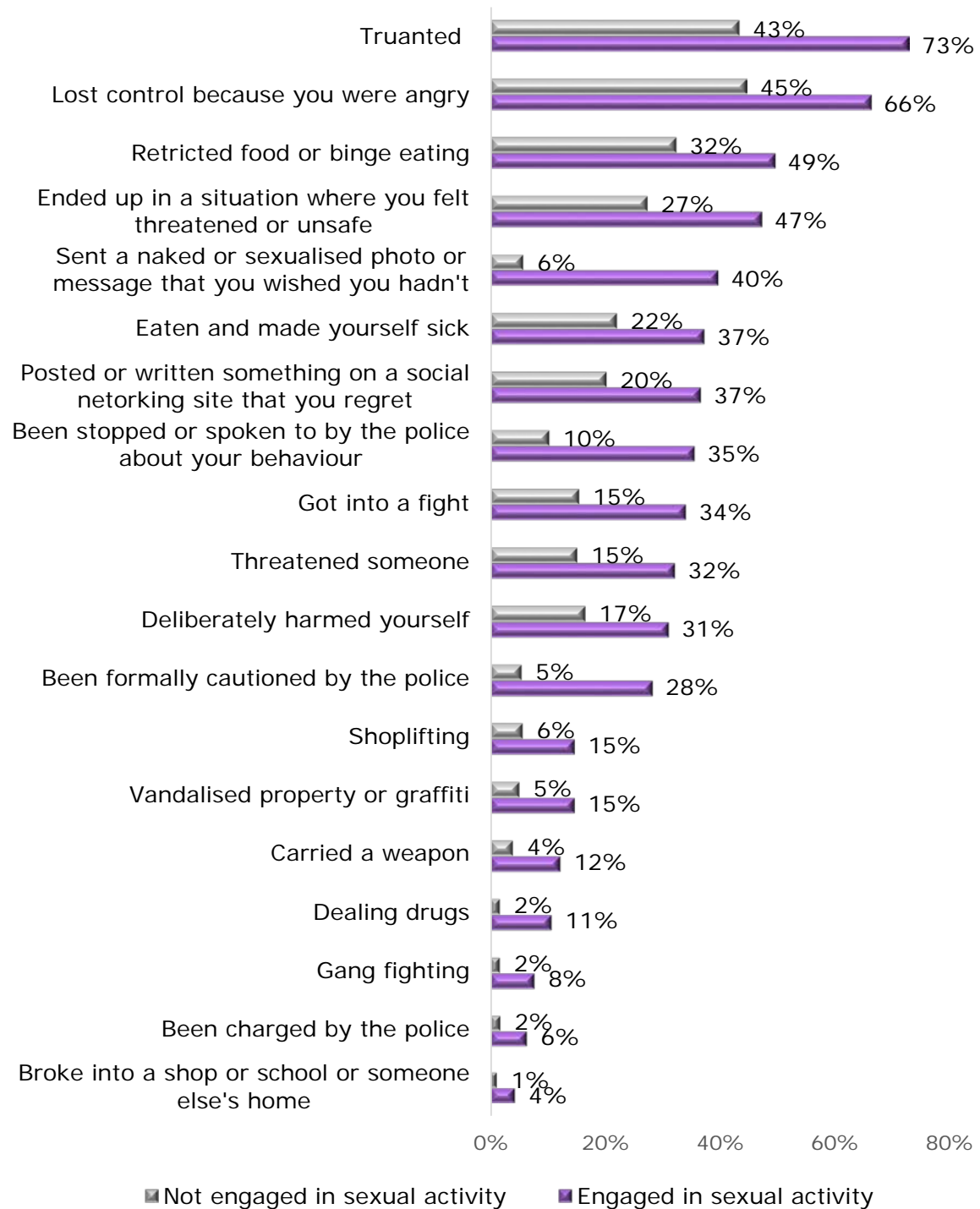
Figure 7.5: Smoking, Drinking and Drug Use by Whether Ever Engaged in Sexual Activity



As Figure 7.6 shows, being sexually active was associated with much higher levels of antisocial, criminal and risk taking behaviour compared to those who were not sexually active. Those who had ever had sexual intercourse were

much more likely than those who had not to have engaged in each of the antisocial/risk behaviours measured in the questionnaire.

Figure 7.6: Antisocial/Risk Behaviours by Whether Ever Engaged in Sexual Activity



CHAPTER SUMMARY

Key statistics

- 8% identified as lesbian, gay or bisexual
- 25% had a boyfriend or girlfriend
- 40% of S3-S5 pupils had engaged in sexual activity
- 40% always used contraception or condoms when sexually active

Key differences by gender

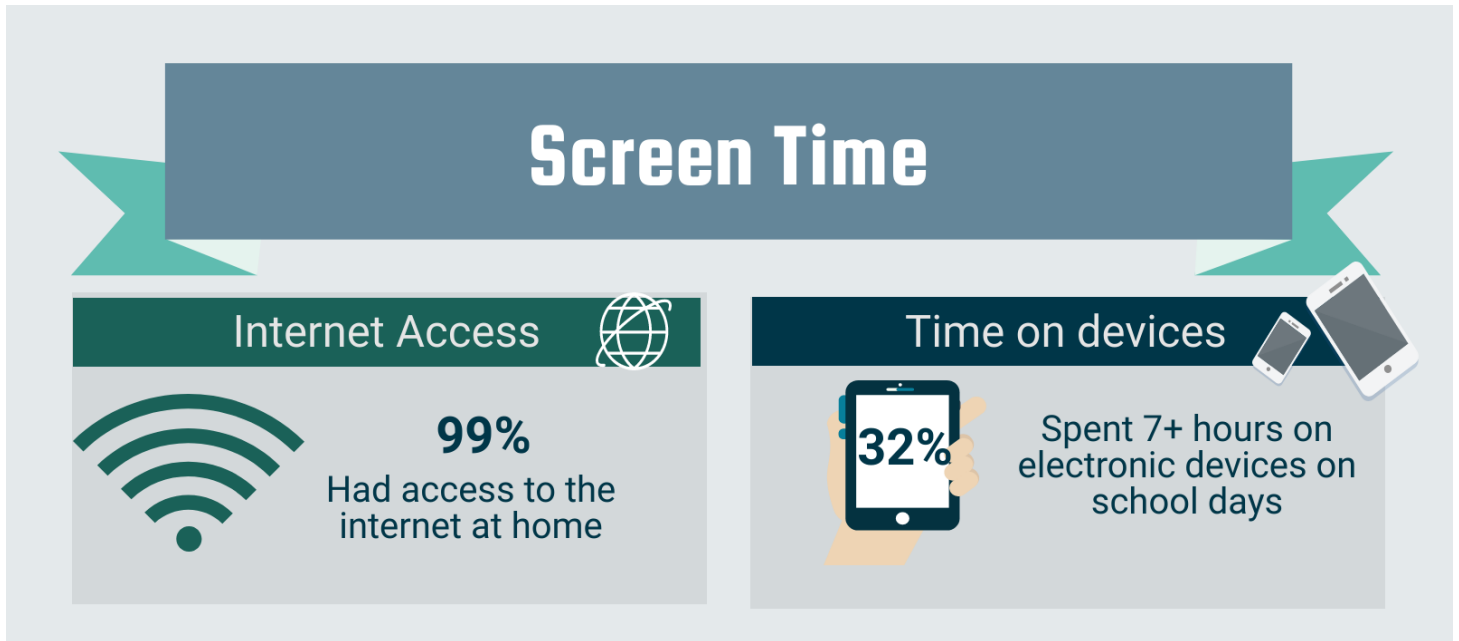
Girls were more likely than boys to identify as LGB.

Among those who were sexually active, girls were more likely to always use contraception/protection.

Key differences by stage

S5 pupils were more likely than S3/S4 pupils to have engaged in sexual activity.

Among those who were sexually active, S5 pupils were more likely to always use contraception/protection.



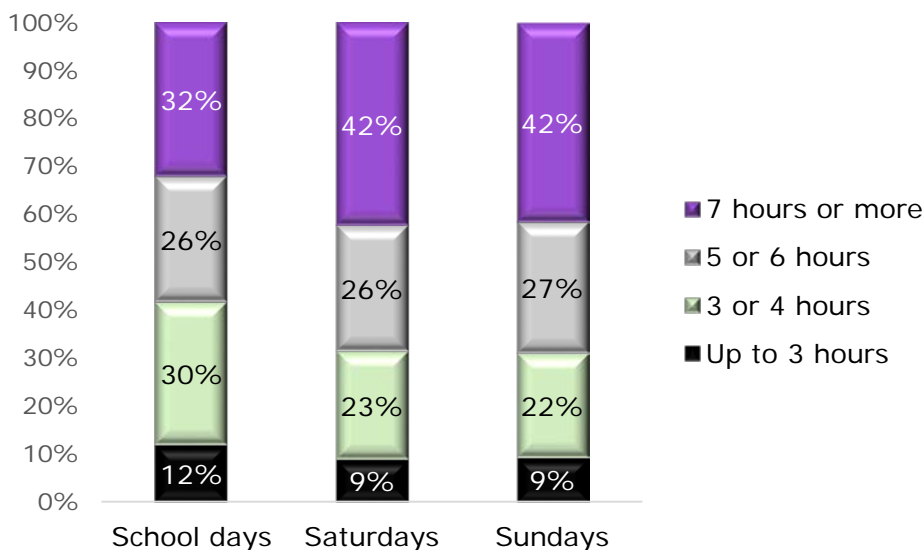
8.1 Internet Access

Nearly all (99%) pupils said they had access to the internet at home.

8.2 Use of Electronic Devices

Pupils were asked how much time they spent (on a school day, on Saturdays and on Sundays) on electronic devices such as laptops, PCs, tablets, smartphones or games consoles. Responses are shown in Figure 8.1. One in three (32%) pupils spent seven or more hours using electronic devices on school days and two in five (42%) did so at weekends.

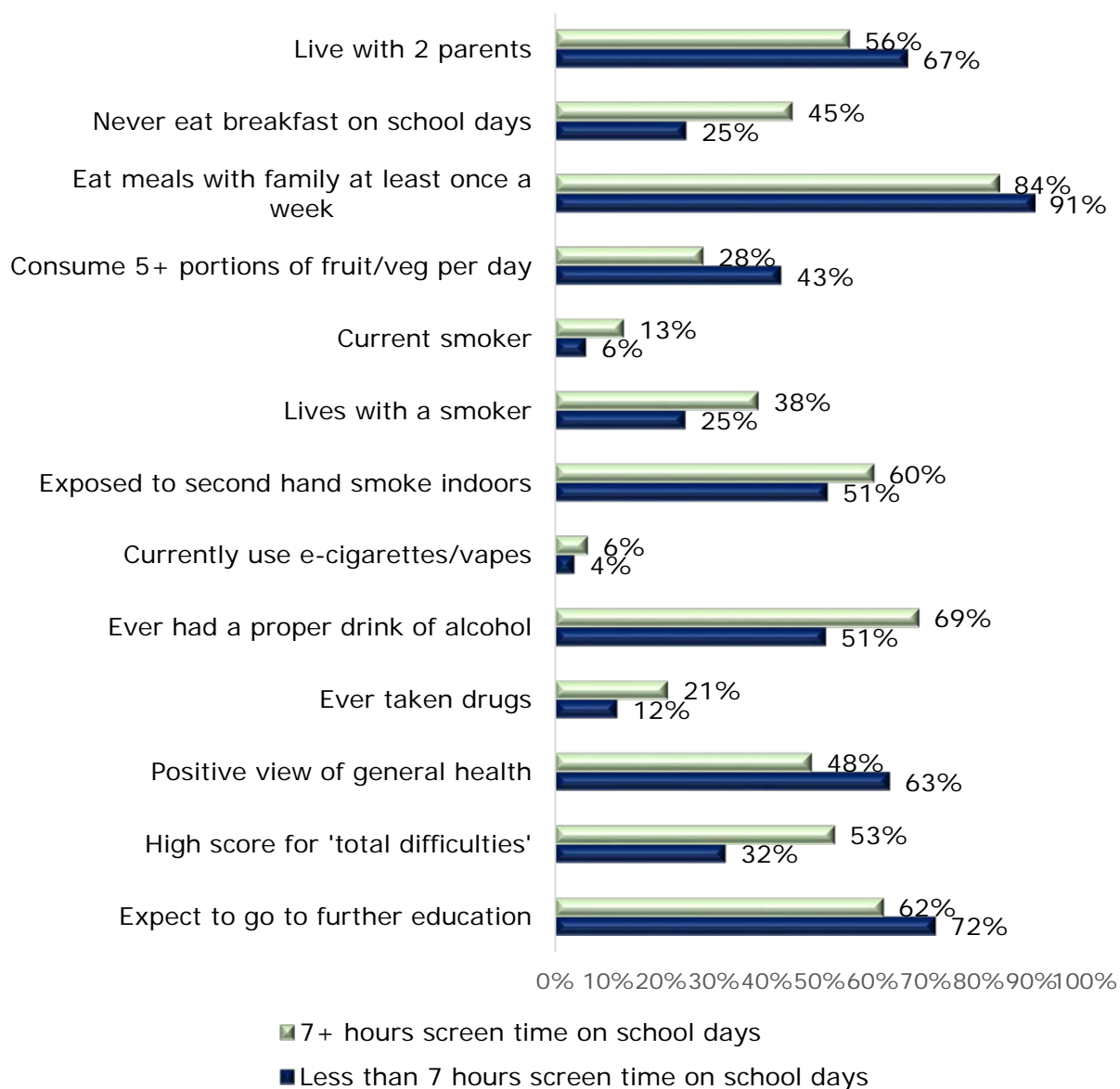
Figure 8.1: Time Spent Using Electronic Devices on School Days and Weekends



8.3 Screen Time - Exploring Further

As Figure 8.2 below shows, those who spent more than seven hours on school days using electronic devices had less positive indicators for a number of measures. Compared to those with lower levels of screen time, those with high screen time were more likely to have taken drugs, drunk alcohol, be a current smoker, use e-cigarettes or be exposed to second hand smoke. They were more likely to skip breakfast, less likely to eat meals with their family and less likely to meet the target for fruit/vegetable consumption. Also, those with high screen time were more likely to have a high total difficulties score on the SDQ. Compared to those with lower levels of screen time, those with high levels of screen time were less likely to expect to go to further education/training, less likely to rate their health positively and less likely to belong to a two-parent family.

Figure 8.2: Indicators Showing Significant Differences by Level of Screen Time on Weekdays



CHAPTER SUMMARY

Key statistics

- 99% had access to the internet at home
- 32% spent 7+ hours on electronic devices on school days

Risk Clustering and Positive Behaviours

Risk/antisocial behaviours

83%

Reported having engaged in at least one of 20 risk/antisocial behaviours

Most common:



Lost control when angry
54%



Truanted
46%



Restricted food or binge eating
34%

Risk Clustering

High levels of multiple risk behaviours associated with:



Being bullied and being a bully



High level of screen time



Less sleep



Being a carer



Having ADHD or dyslexia



Not expecting to go to further education

Positive Behaviours



75%

Reported having engaged in at least one of 8 positive behaviours

Most common:



Sports clubs
42%



Voluntary work
28%

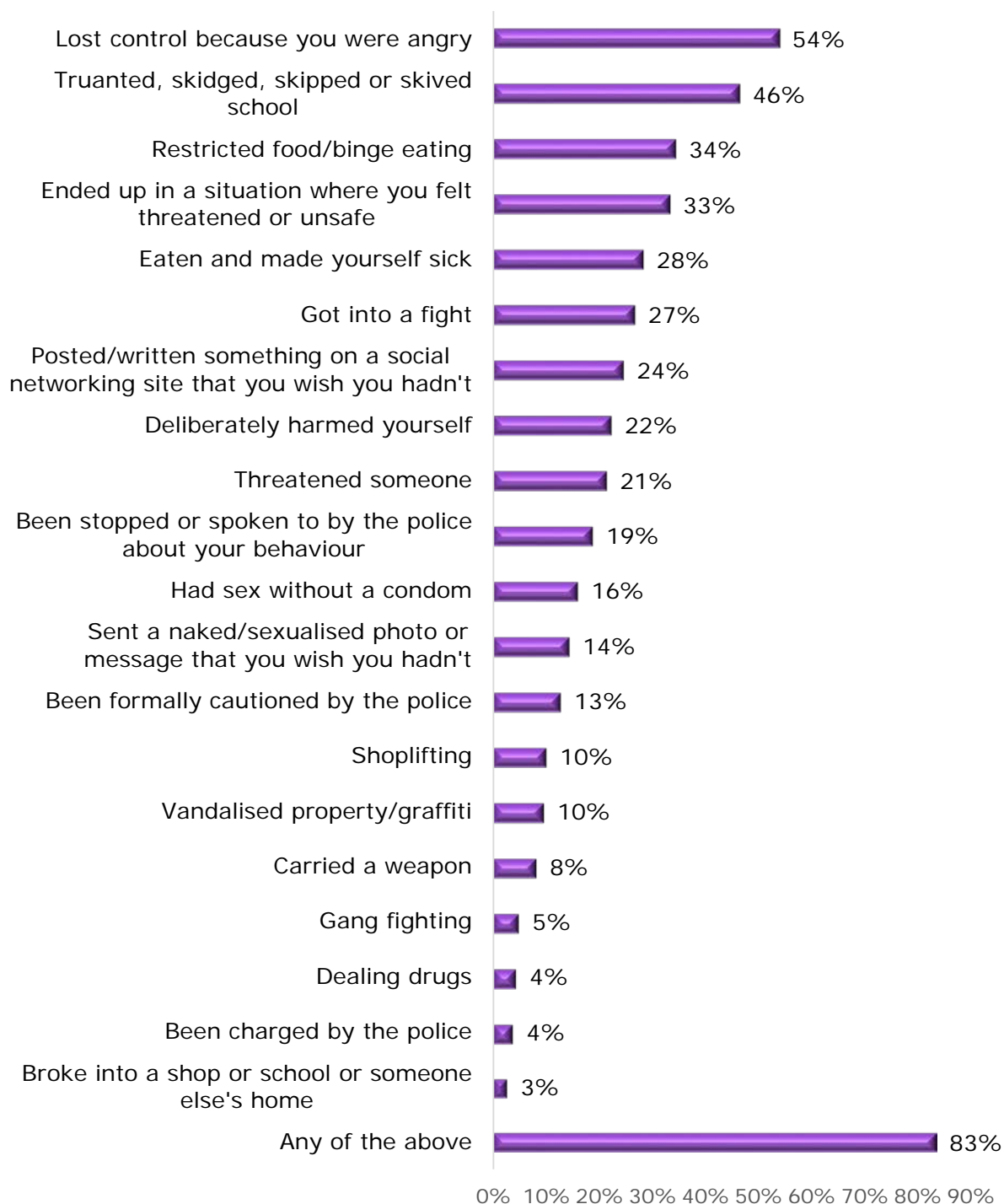


Charity event
26%

9.1 Anti Social and Risk Behaviours

Pupils were asked which, if any, antisocial or risk behaviours they had engaged in during the last year from a list of 20 behaviours. Most (83%) had engaged in at least one of the risk behaviours. The most common were losing control when angry (54%) and truanting (46%). The proportion who engaged in each behaviour is shown in Figure 9.1.

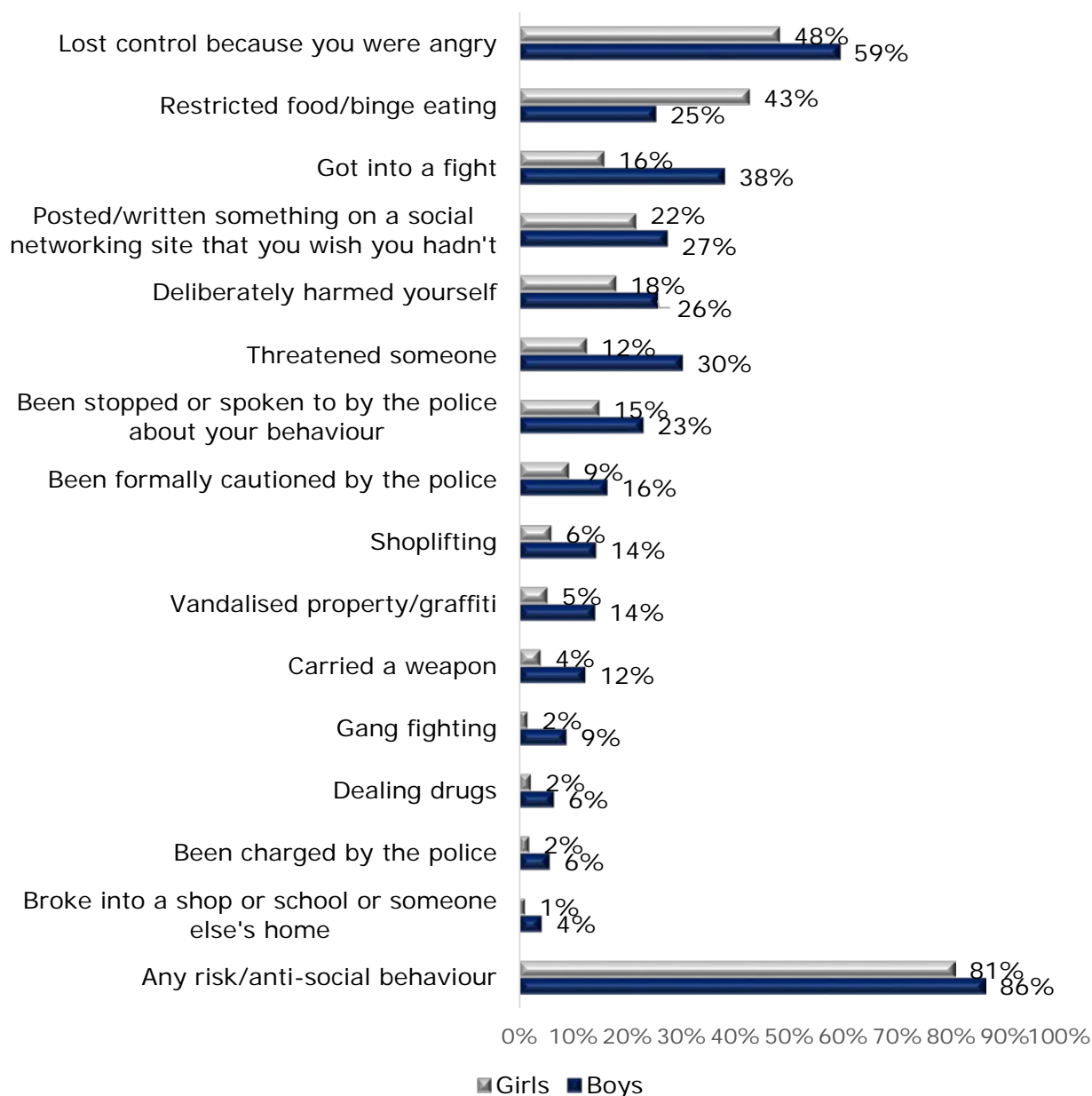
Figure 9.1: Proportion of Pupils Who Engaged in Specific Antisocial or Risk Behaviours in the Last Year



Gender

Boys were more likely than girls to have participated in any of the anti-social/risk behaviours in the last year (86% boys; 81% girls). As Figure 9.2 shows, boys were more likely than girls to have engaged in 13 of the behaviours. However, girls were more likely than boys to have engaged in food restriction/binge eating or self-harm.

Figure 9.2: Proportion of Pupils Who Engaged in Specific Antisocial or Risk Behaviours in the Last Year by Gender (all behaviours showing a significant difference)

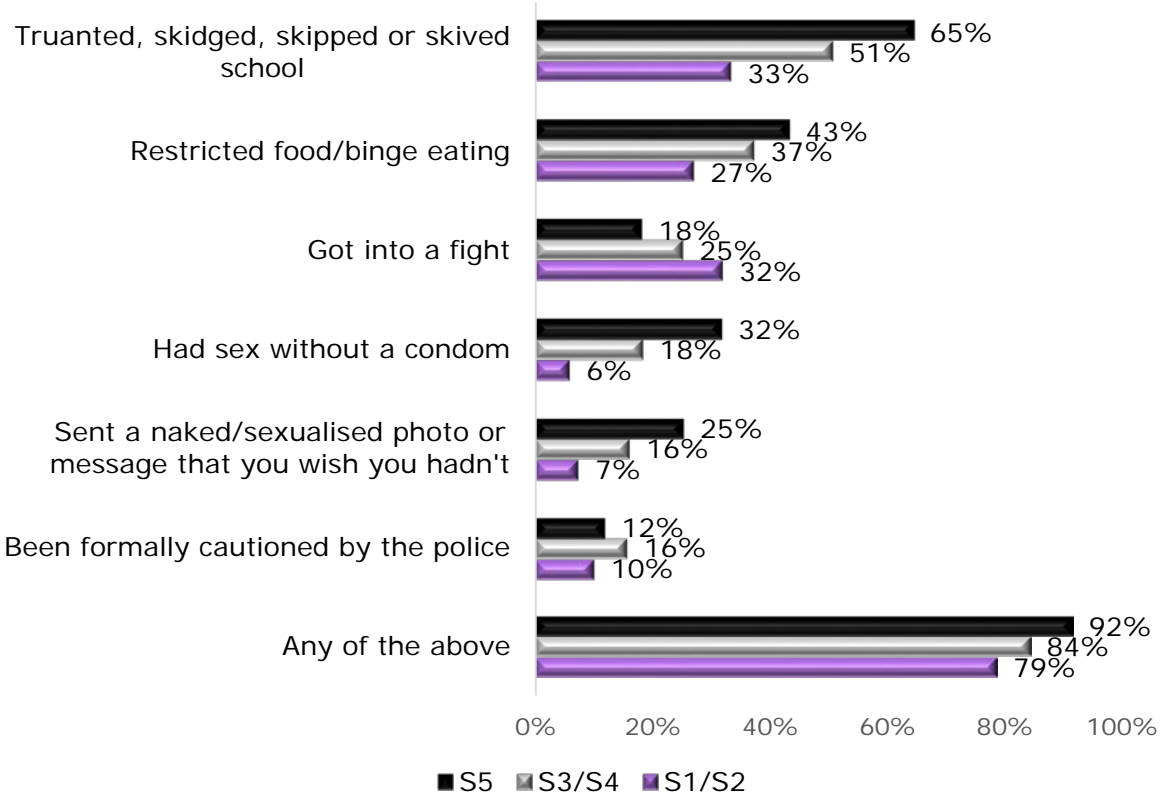


Stage

As shown in Figure 9.3, S5 pupils were the most likely to have engaged in any the antisocial/risk behaviours, and specifically more likely to have

engaged in truancy, restricting food/binge eating, having sex without a condom and sending naked/sexualised photos which they regret. However, S1/S2 pupils were the most likely to say they had got into a fight and S3/S4 pupils were the most likely to say they had been cautioned by the police.

Figure 9.3: Proportion of Pupils Who Engaged in Specific Antisocial or Risk Behaviours in the Last Year by Stage (all behaviours showing a significant difference)



9.2 Multiple Risk

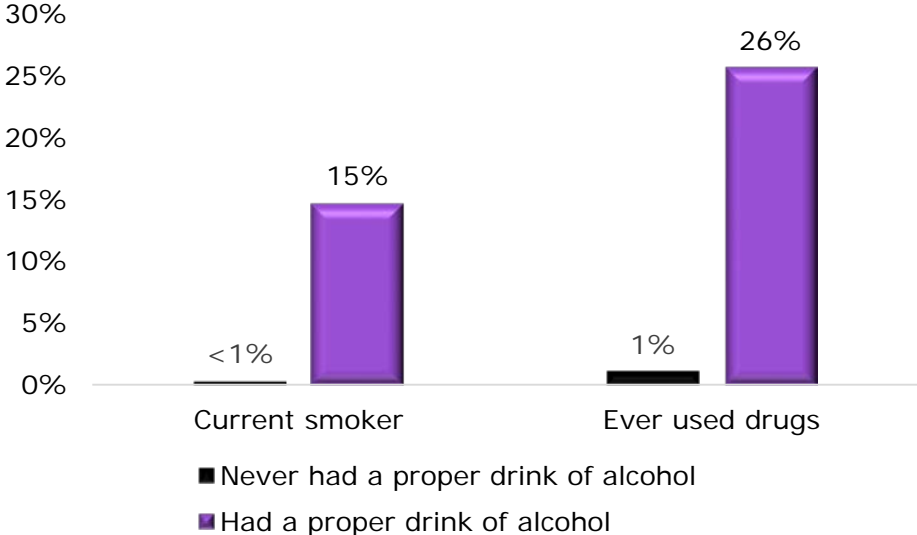
Smoking, Alcohol and Drugs

As shown in Chapter 6:

- 9% of pupils were current smokers;
- 56% of pupils had ever had a proper drink of alcohol;
- 15% of pupils had ever taken drugs.

There was a strong relationship between these behaviours. As Figure 9.4 shows, smoking and drug taking was very rare among those who had not drunk alcohol.

Figure 9.4: Whether Ever Had a Drink of Alcohol by Smoking Status and Drug Use



Smoking, drinking alcohol and taking drugs were also associated with a much higher likelihood of participating in other risk/anti-social behaviours. The findings show that 83% of pupils overall had engaged in at least one of the 20 specific risk/anti-social behaviours measured by the survey in the last year. However, this rose to 98% for those who had taken drugs, 98% for those who were current smokers and 92% for those who had ever drunk alcohol.

9.3 Development of a Risk Index

A risk index was calculated which gauged the level of risk-taking behaviour for each pupil. The index used 23 risk behaviours and scored each pupil based on the **gravity** of the behaviour (1 to 3) and the **frequency or influence of drugs/alcohol** of the behaviour (low or high). High frequency behaviours or those done under the influence of drugs or alcohol multiplied the gravity rating by 2.

Table 9.1 shows how the behaviours used in the risk index and the scores assigned based on gravity and frequency.

Table 9.1: Scores Used to Calculate Risk Index

Risk behaviour	Gravity rating (1-3)	Lower category (multiply gravity by 1)	Higher category (multiply gravity by 2)
Skipped school	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Eaten and made yourself sick	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Restricted food/binge eating	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Deliberately harmed yourself	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Had sex without a condom	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Sent a naked/sexualised photo message that you wish you hadn't	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Posted something on a social networking site that you wish you hadn't	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Lost control because you were angry	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Carried a weapon	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Threatened someone	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Got into a fight	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Gang fighting	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Shoplifting	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Vandalised property/Graffiti	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Broke into a shop /school/home	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Dealing drugs	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Been stopped or spoken to by the police about your behaviour	1	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs

Risk behaviour	Gravity rating (1-3)	Lower category (multiply gravity by 1)	Higher category (multiply gravity by 2)
Been formally cautioned by the police	2	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Been charged by the police	3	1-2 times in last year	3 times or more in last year and/or done under the influence of alcohol and/or drugs
Smoking tobacco	2	Tried smoking/smoke less than once per week	Smoke at least once per week
Smoking e-cigarettes	2	Tried e-cigarettes/use them less than once per week	Use e-cigarettes once a week or more
Drinking alcohol	2	Drink alcohol, but less than once a month	Drink alcohol at least monthly
Taken drugs	3	Tried drugs/used to take	Take drugs a few times a year or more

Risk scores for pupils ranged from 0 to 98, although more than three in four (77%) had scores of under 20. Pupils were categorised according to their risk scores as follows:

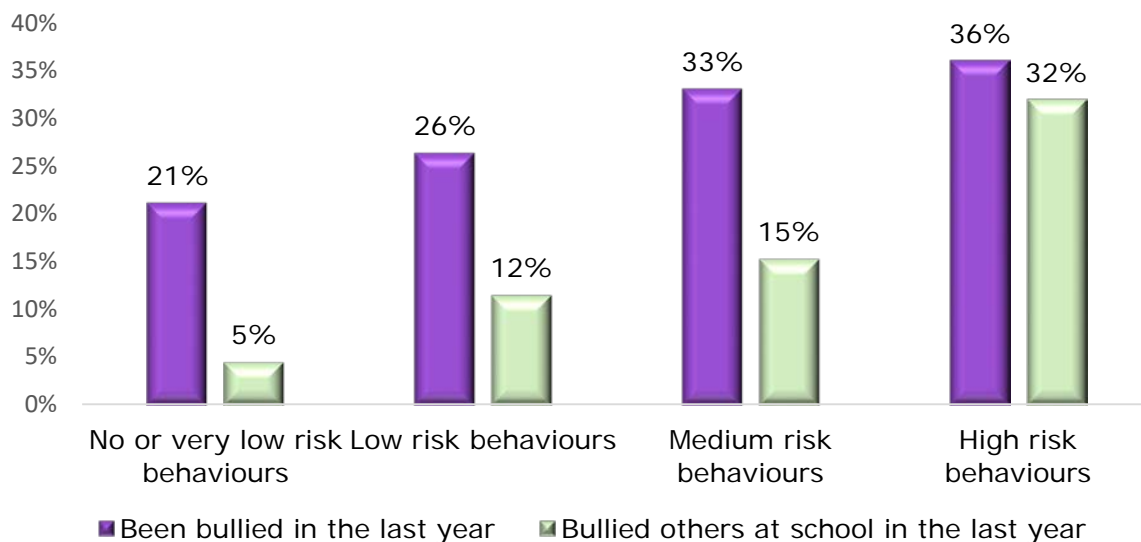
- No or very low risk behaviours (score of 0-2) - 24% of pupils
- Low risk behaviours (score of 3-7) - 24% of pupils
- Moderate risk behaviours (score of 8-19) - 29% of pupils
- High risk behaviours (score of 20+) - 23% of pupils.

9.4 Key Indicators by Risk Index

Bullying

Pupils with a high level of risk behaviours were the most likely to have been bullied in the last year and also the most likely to have bullied others, as shown in Figure 9.5.

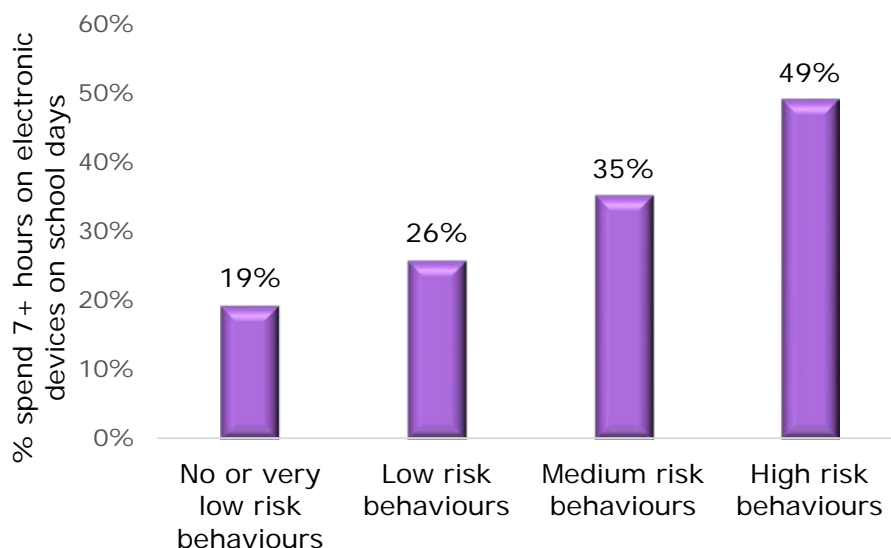
Figure 9.5: Been Bullied and Bullied Others by Risk Index



Screen Time

Engagement in risk behaviours was associated with higher use of electronic devices. Half (49%) of those with a high level of risk behaviours spent seven or more hours on electronic devices on school days, compared to 19% of those with no or very low levels of risk behaviours.

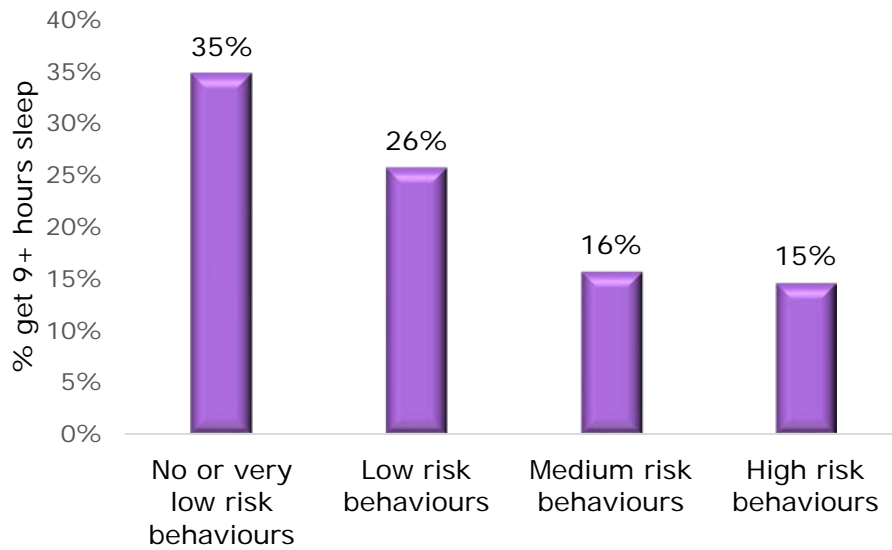
Figure 9.6: Proportion who Spend 7+ Hours on Electronic Devices on a School Day by Risk Index



Sleep

Increased risk behaviour was associated with lower amounts of sleep, as shown in Figure 9.7.

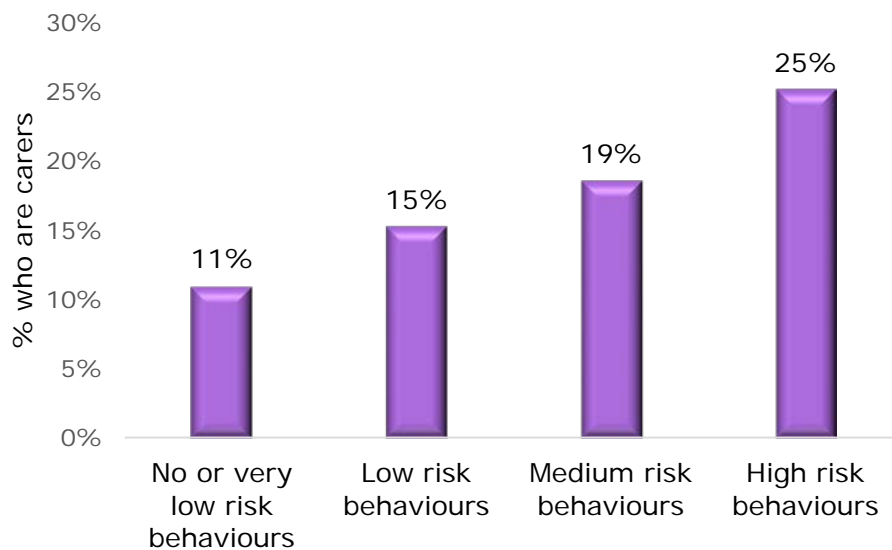
Figure 9.7: Proportion who Get 9+ Hours of Sleep Per Night by Risk Index



Carers

Those who had a high level of risk behaviours were more than twice as likely to be young carers than those exhibiting no or very low risk behaviours.

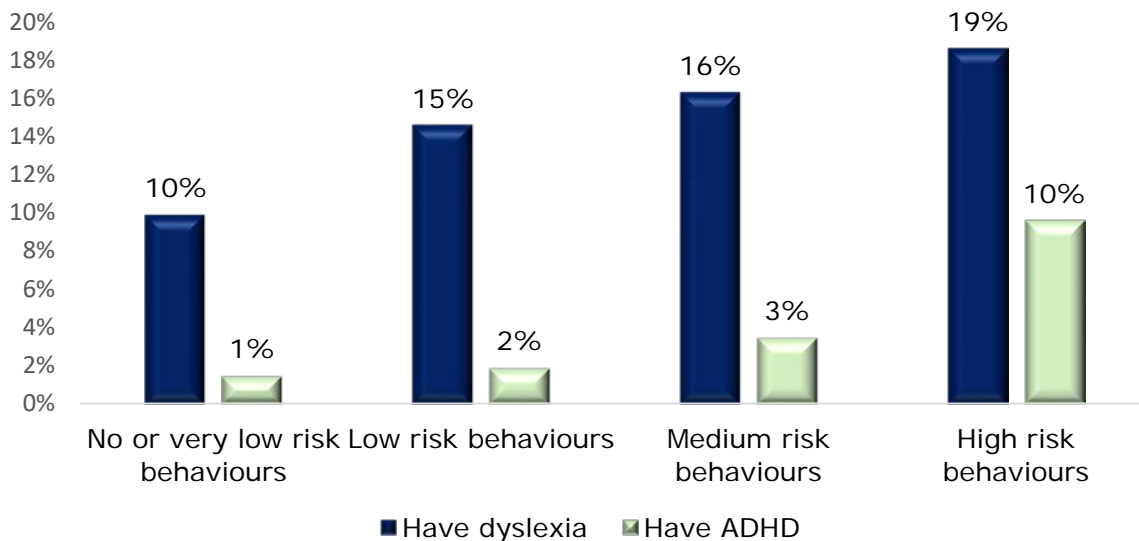
Figure 9.8: Proportion who are Carers by Risk Index



Learning/Behaviour Difficulties

Those with a high level of risk behaviours were much more likely than those with no or low levels of risk behaviours to have dyslexia or ADHD.

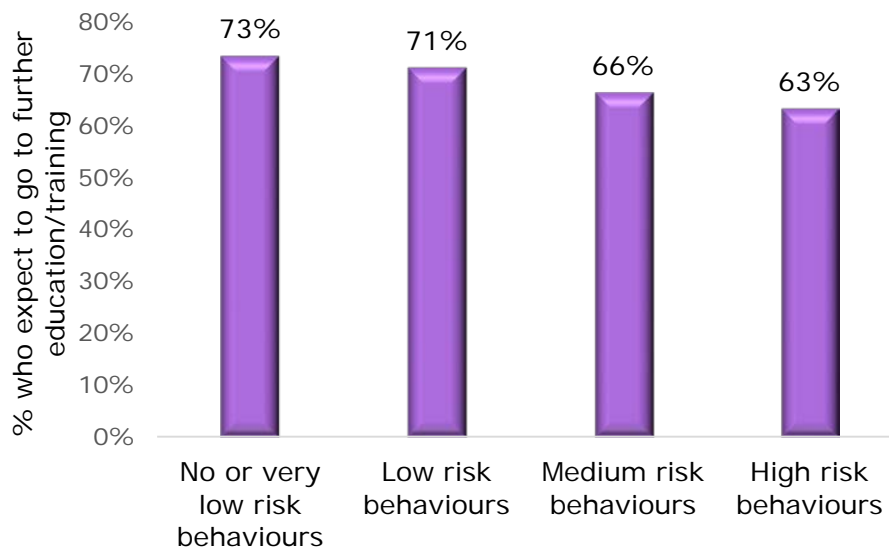
Figure 9.9: Proportion with Dyslexia and ADHD by Risk Index



Future Expectations

Those who engaged in no or very low risk behaviours were the most likely to expect to go to further education/training.

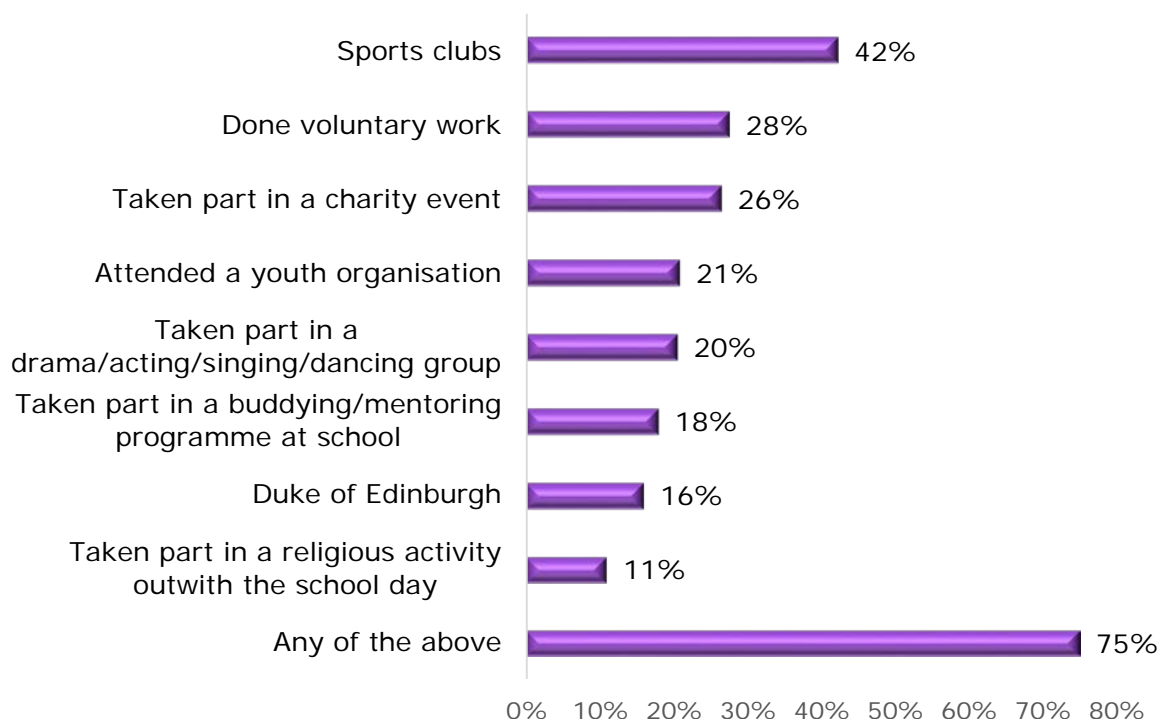
Figure 9.10: Proportion who Expect to Go to Further Education/Training by Risk Index



9.5 Positive Behaviours

Pupils were asked whether they had taken part in any of eight positive activities in the last year. Three in four (75%) had done at least one of them. The most common was sports clubs (42%). All responses are shown in Figure 9.11.

Figure 9.11: Proportion of Pupils who Engaged in Each Positive Activity in the Last Year



Gender

Boys were more likely than girls to have taken part in sports clubs (49% boys; 36% girls). However, girls were more likely than boys to have engaged in:

- A drama/acting/singing/dancing group (31% girls; 9% boys);
- A charity event (30% girls; 23% boys)
- Duke of Edinburgh (19% girls; 13% boys).

Stage

S1/S2 pupils were the most likely to have taken part in:

- Sports clubs (50% S1/S2; 38% S3/S4; 35% S5)
- A drama/acting/singing/dancing group (24% S1/S2; 19% S3/S4; 16% S5).

Those in S5 were the most likely to have done the following activities in the last year:

- Voluntary work (38% S5; 32% S3/S4; 18% S1/S2)
- Taken part in a buddying/mentoring programme at school (32% S5; 10% S3/S4; 19% S1/S2)

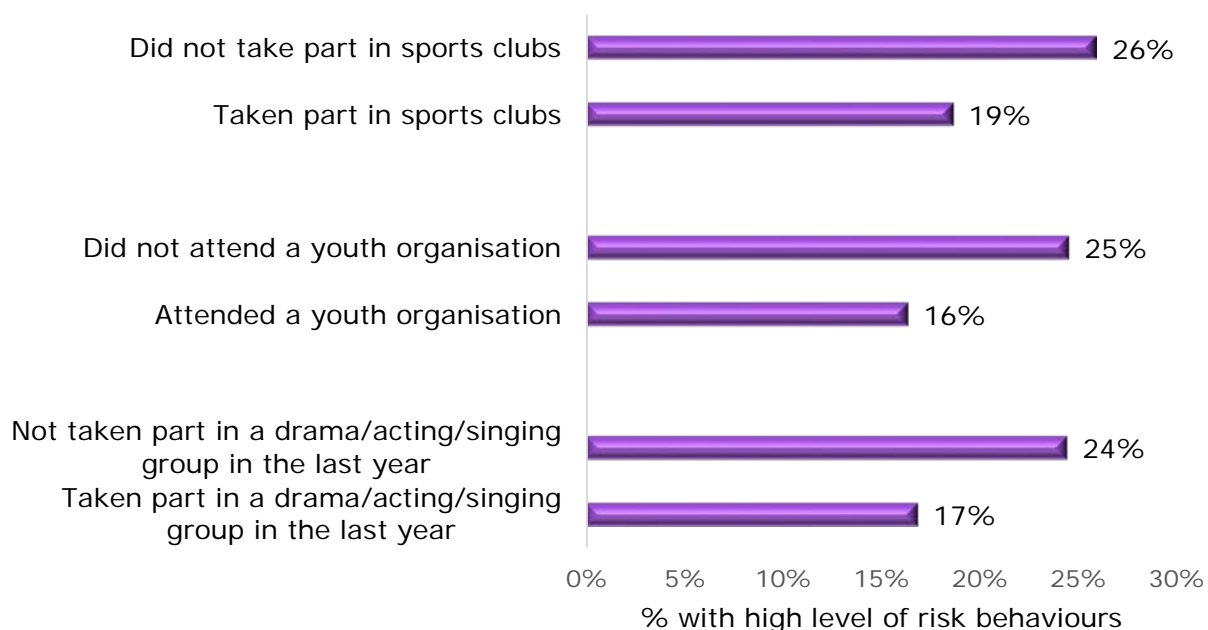
S3/S4 pupils were the most likely to have taken part in Duke of Edinburgh (27%; S3/S4; 22% S5; 2% S1/S2).

9.6 Positive Behaviours: Exploring Further

Is engagement with positive behaviours associated with fewer risk behaviours?

As Figure 9.12 shows, three positive behaviours were associated with lower levels of risk behaviours. Those who had taken part in sports clubs, youth organisations or drama/acting/singing groups in the last year were less likely to have a high score on the risk index.

Figure 9.12: Proportion with a High Level of Risk Behaviours by Participation in Positive Behaviours



CHAPTER SUMMARY

Key statistics

- 83% had engaged in at least one of 20 risk/antisocial behaviours
- 75% had engaged in at least one of 8 positive behaviours

Key differences by gender

Boys were more likely than girls to have participated in any of the risk/antisocial behaviours.

Key differences by stage

S5 pupils were the most likely to have participated in any of the risk/antisocial behaviours.

Services for Young People

Health Services

93%

Had used at least one listed health service

Most common:



Hospital
78%

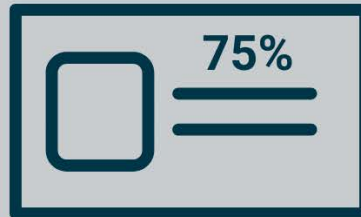


GP/Health
Centre
77%



Pharmacy
66%

Young Scot Card



Had a Young Scot Card



Increase from
19% in 2013

Community Facilities

Proportion who had used each facility in the last year:



Parks
79%



Sports centre
61%



Library
39%



Museums
38%



Community
centre
29%

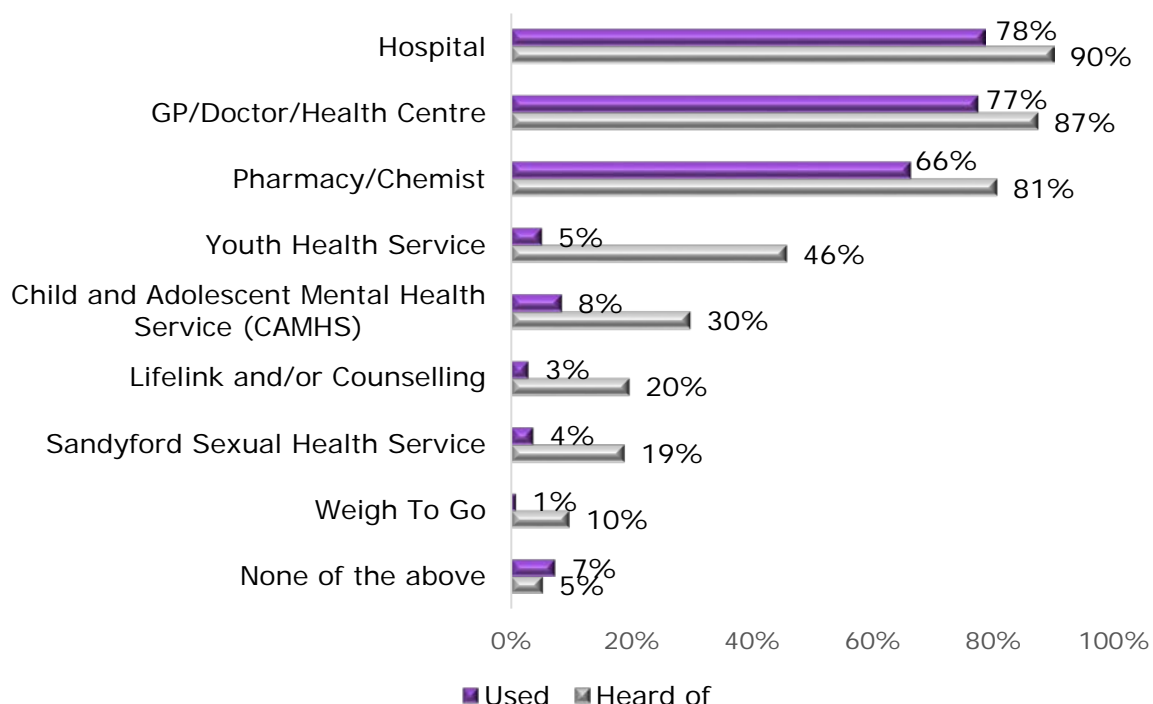


Youth club
18%

10.1 Awareness and use of Health Services

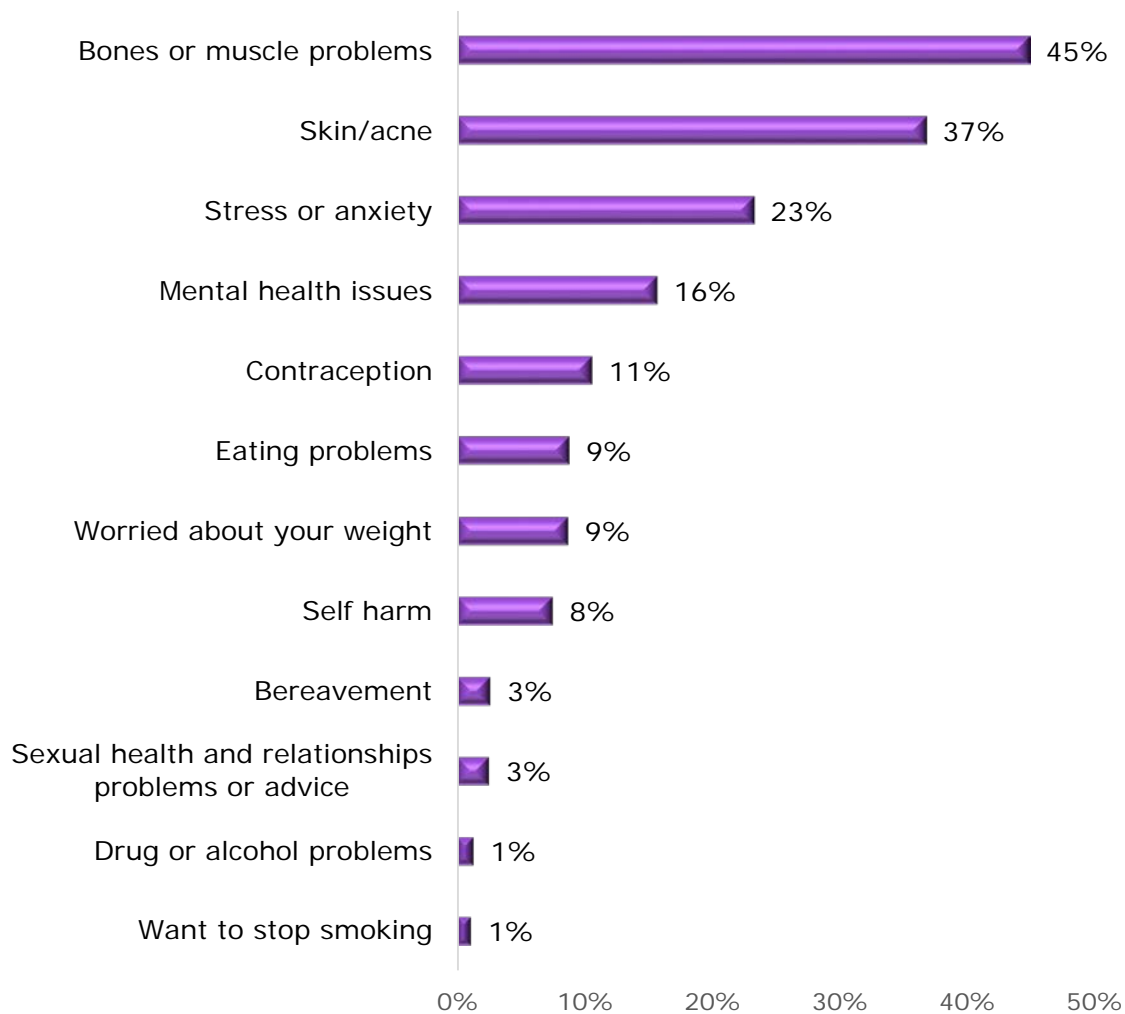
Pupils were asked which health services they were aware of and which they were used. Awareness and use were highest for hospitals, GP/health centres and pharmacies. All responses are shown in Figure 10.1.

Figure 10.1: Awareness and Use of Health Services



Pupils who had used health services were asked what kinds of issues they sought help for when using health services. The most common were bone or muscle problems (45%), skin/acne (37%) and stress/anxiety (23%). All responses are shown in Figure 10.2.

Figure 10.2: Reasons for Using Health Services



Gender

Girls were more likely than boys to be aware of:

- Hospital (92% girls; 88% boys)
- Pharmacy/Chemist (83% girls; 78% boys)
- Sandyford Sexual Health Service (23% girls; 15% boys)
- CAMHS (34% girls; 25% boys)

Girls were also more likely than boys to have used:

- GP/Health Centre (83% girls; 72% boys)
- Pharmacy/Chemist (70% girls; 63% girls)
- CAMHS (11% girls; 6% boys)
- Sandyford Sexual Health Service (6% girls; 2% boys).

Boys were more likely than girls to say they had not used any of the health services (9% boys; 5% girls).

Among those who had used health services, girls were more likely than boys to have used health services for:

- Skin/acne (44% girls; 28% boys)
- Stress or anxiety (29% girls; 15% boys)
- Mental health issues (19% girls; 12% boys)
- Contraception (16% girls; 4% boys)
- Eating problems (11% girls; 6% boys)
- Self-harm (9% girls; 5% boys).

However, boys were more likely than girls to have used health services for bones or muscle problems (53% boys; 39% girls).

Stage

Pupils in S5 were the most likely to be aware of:

- Hospital (94% S5; 91% S3/S4; 87% S1/S2)
- GP/Health Centre (94% S5; 89% S3/S4; 83% S1/S2)
- CAMHS (40% S5; 31% S3/S4; 24% S1/S2)
- Sandyford Sexual Health Service (36% S5; 22% S3/S4; 7% S1/S2).

However, S1/S2 pupils were the most likely to be aware of the Youth Health Service (50% S1/S2; 44% S3/S4; 41% S5).

S5 pupils were the most likely to have used:

- GP/Health Centre (83% S5; 79% S3/S4; 73% S1/S2)
- CAMHS (12% S5; 9% S3/S4; 6% S1/S2)
- Sandyford Sexual Health Service (9% S5; 4% S3/S4; 1% S1/S2).

However, S1/S2 pupils were the most likely to have used the Youth Health Service (7% S1/S2; 5% S3/S4; 2% S5).

Among those who had used health services, S5 pupils were the most likely to have sought help with:

- Skin/acne (45% S5; 37%; 32% S1/S2)
- Contraception (23% S5; 11% S3/S4; 4% S1/S2).

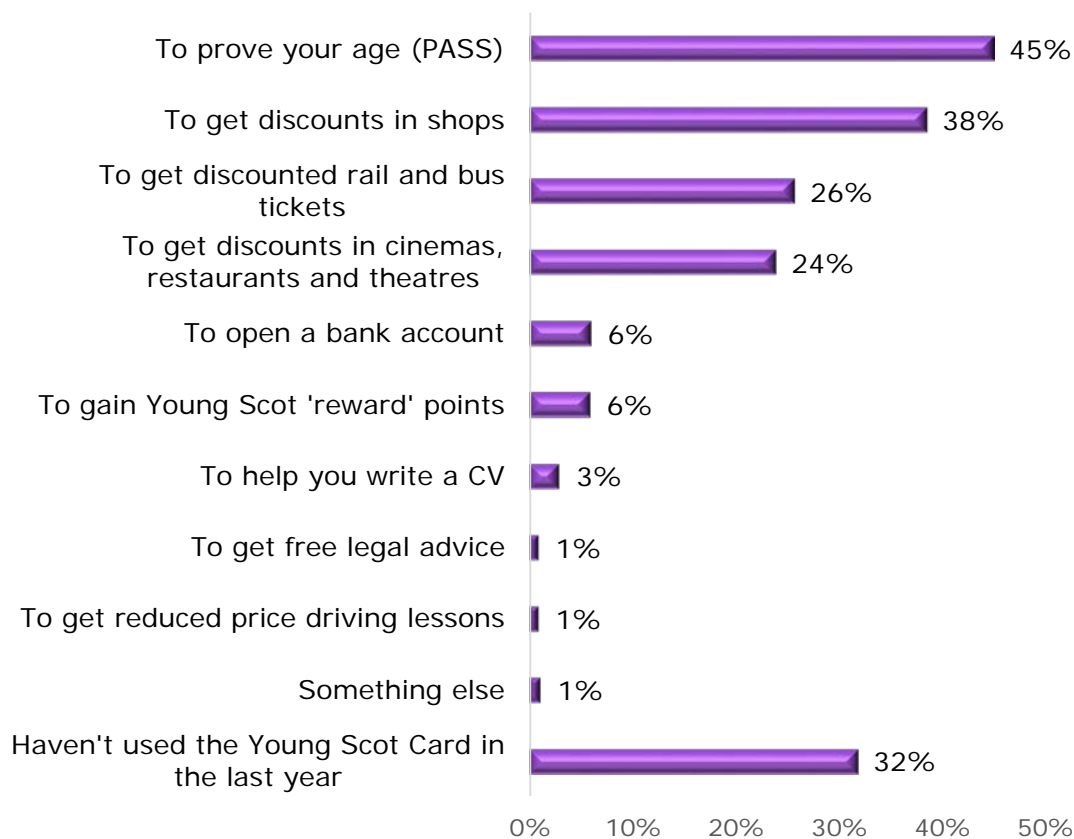
10.2 Young Scot Card

Young Scot is the national youth information and citizenship charity. Membership is free to all young people in Scotland aged 11-26 years and offers a range of information, advice and support and benefits including discounts.

Three in four (75%) pupils said they had a Young Scot Card.

Those who had a Young Scot Card were asked whether they had used their card for certain activities in the last year. Two in three (68%) card holders had used their Young Scot Card for at least one purpose. Figure 10.3 shows the proportion of card holders who had participated in each activity in the last year. The most common uses of Young Scot Cards were to prove age (45%) and to get discounts in shops (38%).

Figure 10.3: Uses of Young Scot Card in Last Year (of those who had a Young Scot Card)



Pupils were asked whether they would use the Young Scot App to purchase items in shops/receive discounts if this was available. Just over half (52%) said they would.

Trends for Young Scot Cards

There was a very high rise in the proportion who had a Young Scot Card from 19% in 2013 to 75% in 2019.

Table 10.1: Trends for Holding a Young Scot Card

	% of pupils who have a Young Scot Card
2013	19.1%
2019	74.5%
Change (2013-2019)	+55.4%

Gender

Girls were more likely than boys to have a Young Scot Card (78% girls; 71% boys). Among card holders, girls were more likely than boys to have used their card to:

- Prove their age (49% girls; 40% boys)
- Get discounts in shops (48% girls; 28% boys)
- Get discounted rail and bus tickets (29% girls; 22% boys)
- Get discounts in cinemas, restaurants, theatres (27% girls; 20% boys).

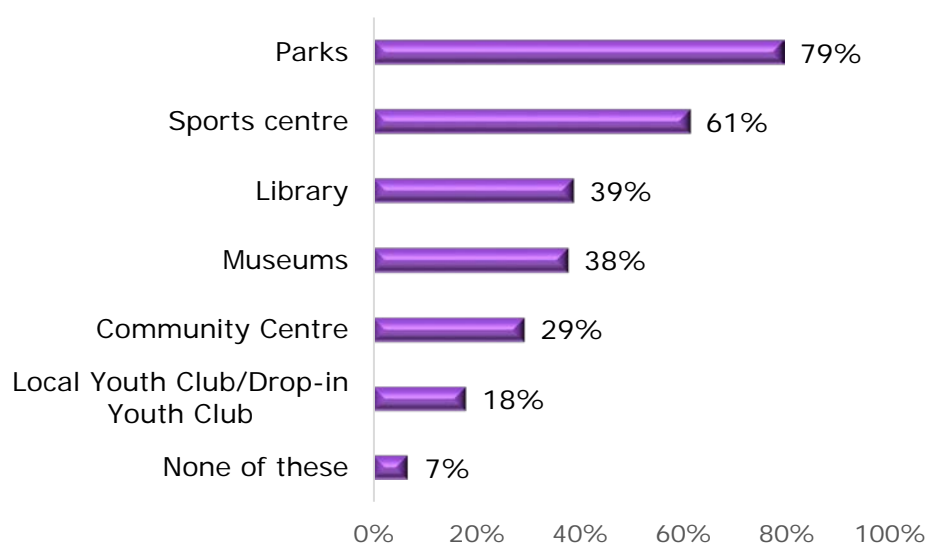
Boys were more likely than girls to say they had not used their Young Scot Card in the last year (40% boys; 25% girls).

Girls were more likely than boys to say they would use the Young Scot app to make purchases if it was available (56% girls; 48% boys).

10.3 Culture and Leisure Facilities

Pupils were asked whether they had been to a museum, sports centre, youth club, library, community centre or park in the last year. Most (93%) had used at least one of these culture/leisure facilities. Parks were the most commonly used type of facility, with four in five (79%) pupils saying they had used parks in the last year.

Figure 10.4: Facilities Used in Last Year



Trends for Use of Culture and Leisure Services

Use of museums, sports centres, libraries and community centres was measured in both 2013 and 2019. Levels of use of museums and community centres were consistent across the two surveys. However, between 2013 and 2019 there was a decrease in the proportion of pupils who used libraries or sports centres.

Table 10.2: Trends for Use of Culture and Leisure Services

	% of pupils who used library in the last year	% of pupils who used sports centre in the last year
2013	49.2%	66.2%
2019	38.7%	61.2%
Change (2013-2019)	-10.5%	-5.0%

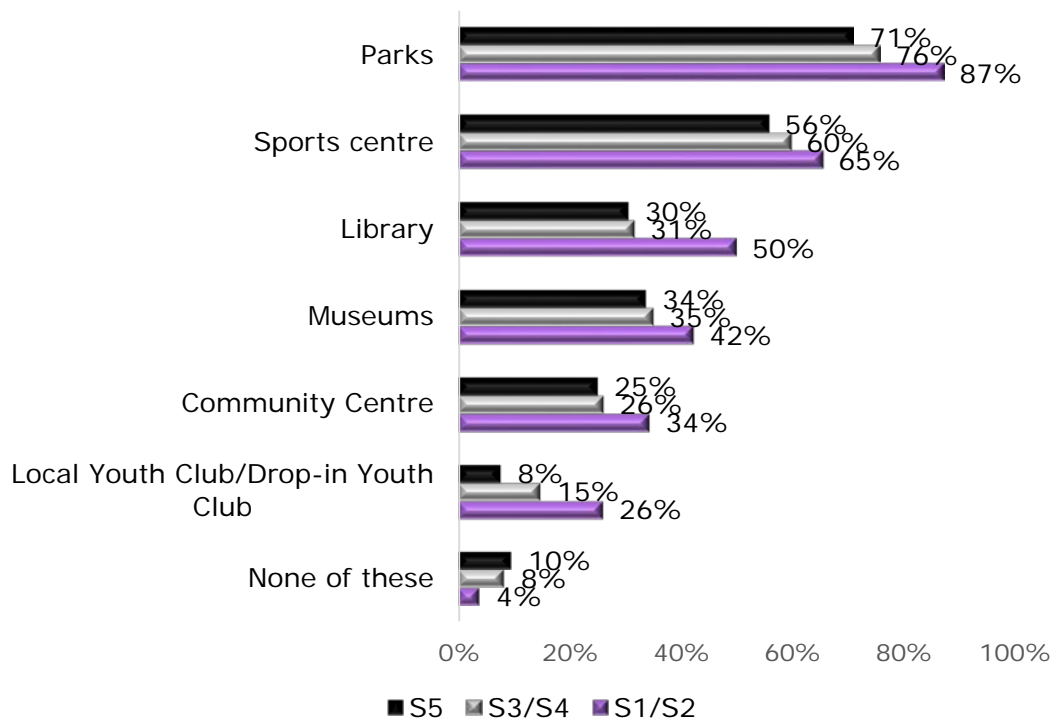
Gender

Boys were more likely than girls to have used a sports centre in the last year (68% boys; 55% girls).

Stage

S1/S2 pupils were the most likely to have used each of the types of facility, as shown in Figure 10.5.

Figure 10.5: Facilities Used in the Last Year by Stage



CHAPTER SUMMARY

Key statistics

- 93% had used at least one listed health service
- 75% had a Young Scot card
- 79% had used parks in the last year
- 61% had used a sports centre
- 39% had visited a library
- 38% had visited a museum
- 29% had visited a community centre
- 18% had visited a youth club

Trends

Between 2013 and 2019 there was an increase in the proportion who had a Young Scot Card.

There was a decrease in the proportion who had used a library in the last year.

There was a decrease in the proportion who had used a sports centre in the last year.

Key differences by gender

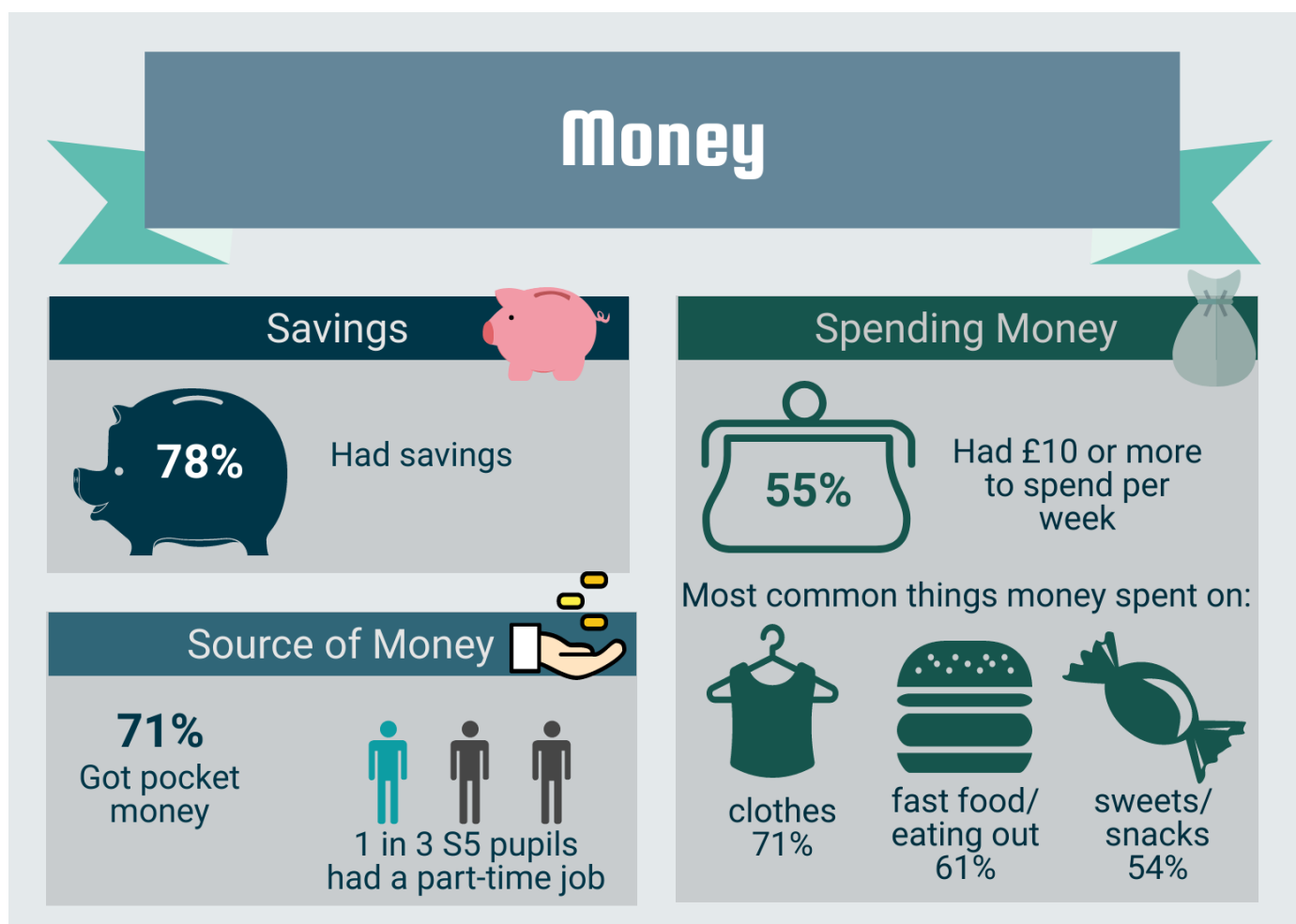
Girls were more likely than boys to have a Young Scot card.

Boys were more likely than girls to have used a sports centre in the last year.

Key differences by stage

S1/2 pupils were the most likely to have used:

- Parks
- Sports centre
- Library
- Museums
- Community centre
- Youth club



11.1 Money

Just under four in five (78%) pupils said they had savings.

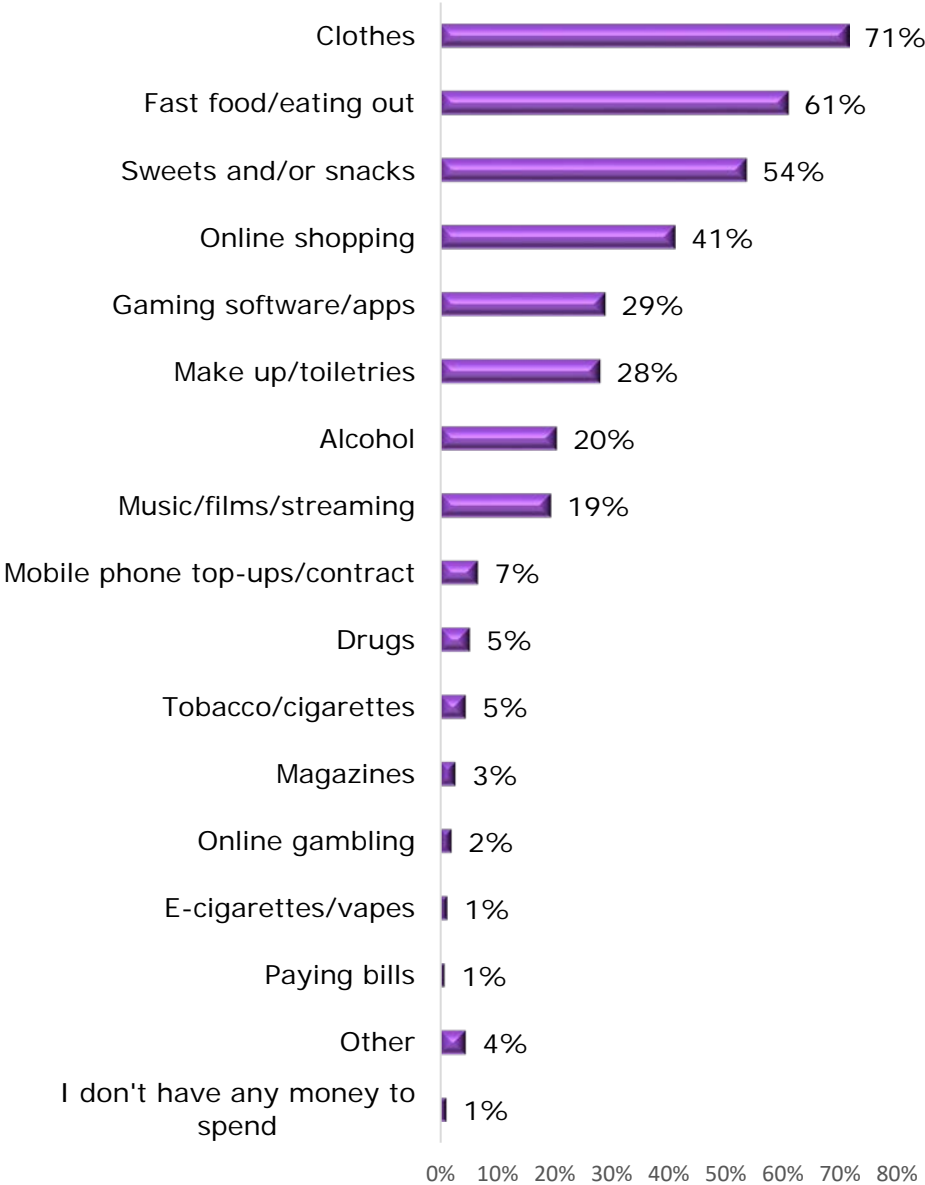
Pupils were asked where they saved their money. Three in five (61%) saved in a bank/building society, 4% used a school credit union/saving scheme and 20% said they saved somewhere else. Most of those who saved somewhere else said they kept their money at home/in their wallet/in a piggy bank.

Pupils were also asked how much money of their own they had most weeks to spend as they like. One in eleven (9%) said they had nothing, 36% had less than £10 and 55% had £10 or more.

Seven in ten (71%) said they got pocket money. One in seven (15%) pupils had a part time job. Just under one in three (31%) of those in S5 got an Educational Maintenance Allowance (EMA). Eighteen percent of pupils said they got money in another way – the most common being receiving money from family members/gifts.

Figure 11.1 shows the things pupils reported spending their money on. The most common were clothes (71%) and fast food/eating out (61%).

Figure 11.1: What Pupils Spend Money On



Gender

Boys were more likely than girls to say they had nothing to spend most weeks (12% boys; 7% girls).

Girls were more likely than boys to say they spent money on:

- Clothes (84% girls; 59% boys)
- Fast food/eating out (71% girls; 51% boys)
- Sweets and/or snacks (58% girls; 49% boys)
- Make up/toiletries (53% girls; 2% boys)

- Online shopping (50% girls; 33% boys)
- Alcohol (23% girls; 18% boys)

However, boys were more likely than girls to spend money on:

- Gaming software/apps (52% boys; 7% girls)
- Drugs (7% boys; 4% girls)
- Online gambling (4% boys; 1% girls).

Stage

Those in S5 were the most likely to save money in a bank/building society (75% S5; 62% S3/S4; 52% S1/S2). Those in S5 were also the most likely to say they had £10 or more to spend each week (75% S5; 56% S3/S4; 44% S1/S2).

Those in S5 were the least likely to get pocket money (56% S5; 75% S3/S4; 74% S1/S2) but the most likely to have a part time job (32% S5; 16% S3/S4; 7% S1/S2).

Those in S5 were the most likely to spend money on:

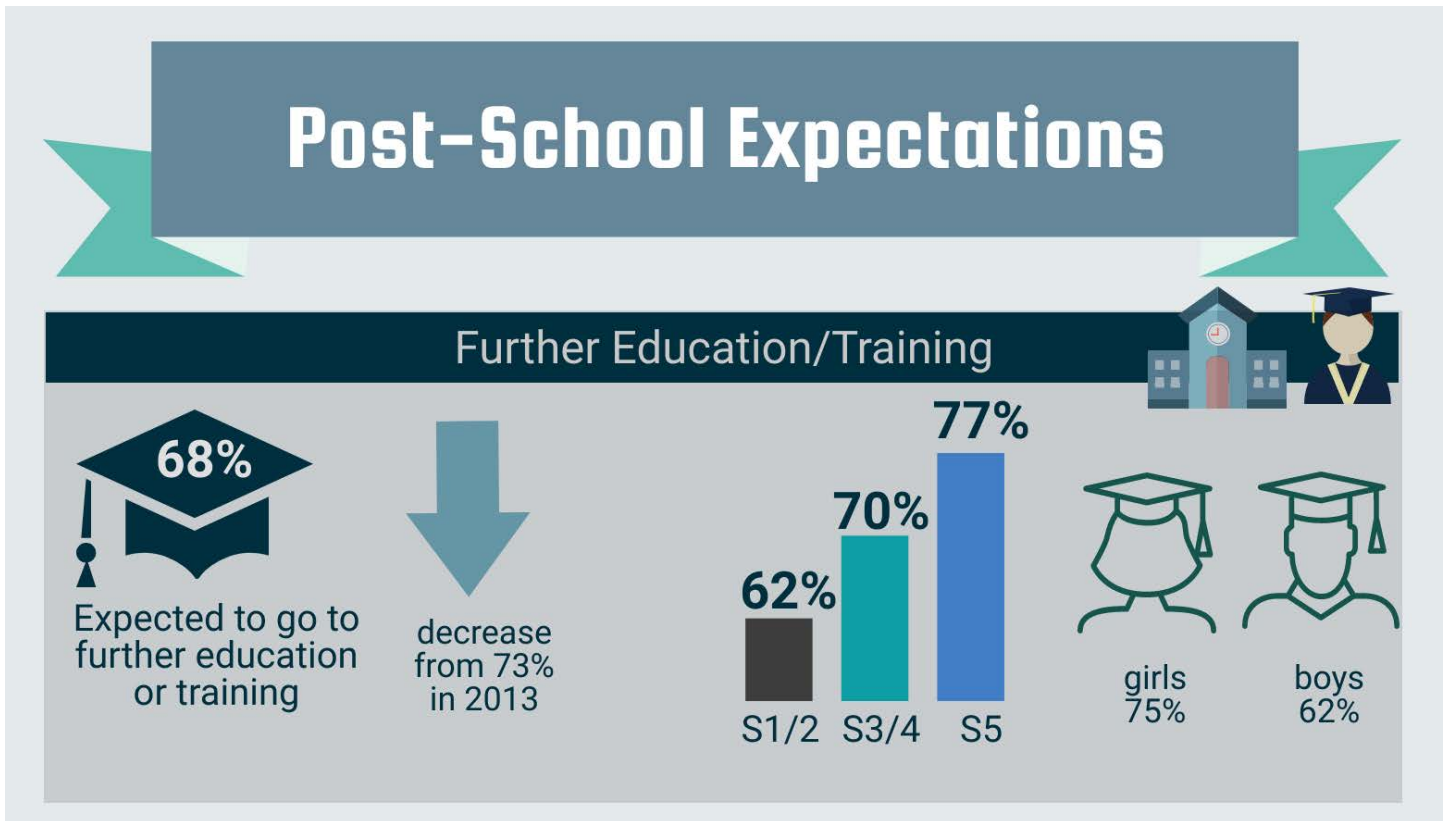
- Clothes (82% S5; 72% S3/S4; 65% S1/S2)
- Fast food/eating out (75% S5; 64% S3/S4; 51% S1/S2)
- Online shopping (54% S5; 43% S3/S4; 34% S1/S2)
- Alcohol (45% S5; 22% S3/S4; 7% S1/S2)
- Make up/toiletries (33% S5; 29% S3/S4; 24% S1/S2)
- Music/films/streaming (27% S5; 18% S3/S4; 17% S1/S2)
- Drugs (12% S5; 6% S3/S4; 1% S1/S2)
- Tobacco/cigarettes (7% S5; 6% S3/S4; 2% S1/S2)
- Online gambling (4% S5; 2% S3/S4; 1% S1/S2)

However, S1/S2 pupils were the most likely to spend money on magazines (4% S1/S2; 2% S3/S4; 2% S5).

CHAPTER SUMMARY

Key statistics

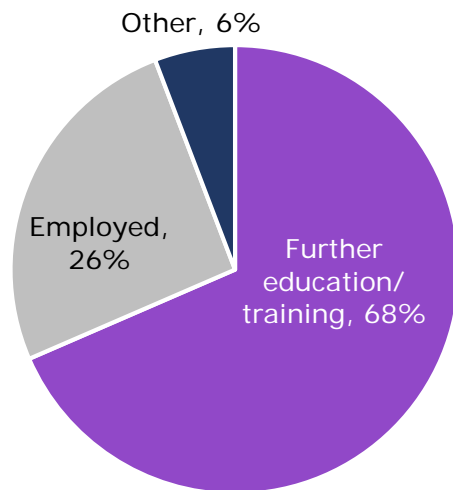
- 78% had savings
- 55% had £10 or more to spend per week



12.1 Post-School Expectations

Pupils were asked what they thought they will most likely be doing when they leave school. Of those who were able to answer, two in three (68%) said that they thought they would go to further education or training.

Figure 12.1: Expectations of What Will Be Doing After School



Notes:

Further education/training = University, Further Education College, Training Programme

Employed = Working, Trade or Modern Apprenticeship, Setting up a business

Other = Take a gap year, volunteering, other

Trends for Post-School Expectations

The list of options for post-school expectations changed between the 2013 and 2019 surveys. However, both surveys included university and further education college as options. The proportion of pupils who expected to go to further education or training fell between 2013 and 2019, as Table 12.1 shows.

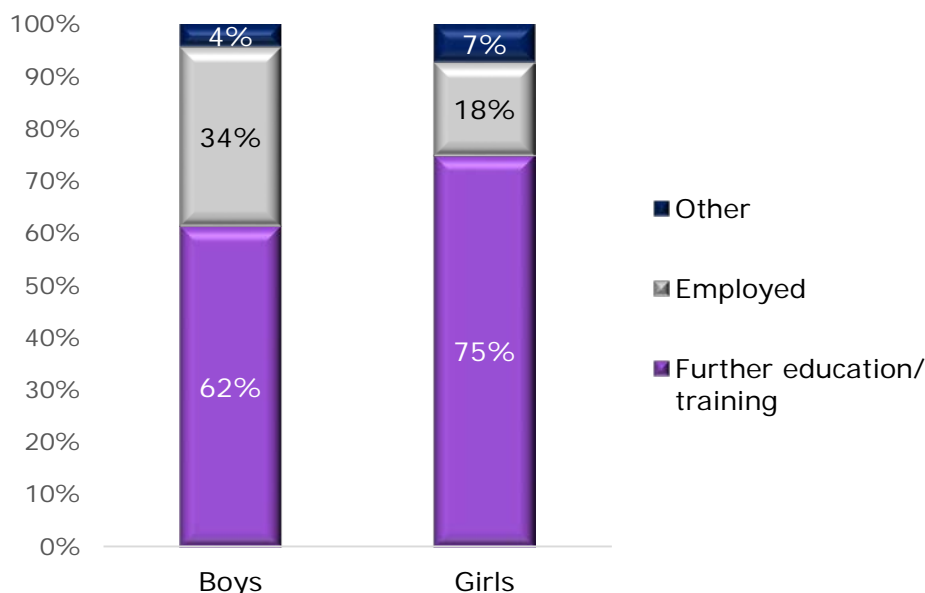
Table 12.1: Trends for Expectation of Going to Further Education/Training

	% of pupils who expect to go to further education/training
2013	72.7%
2019	68.5%
Change (2013-2019)	-4.2%

Gender

Girls were more likely than boys to say that they expected to go into further education/training after school (75% girls; 62% boys).

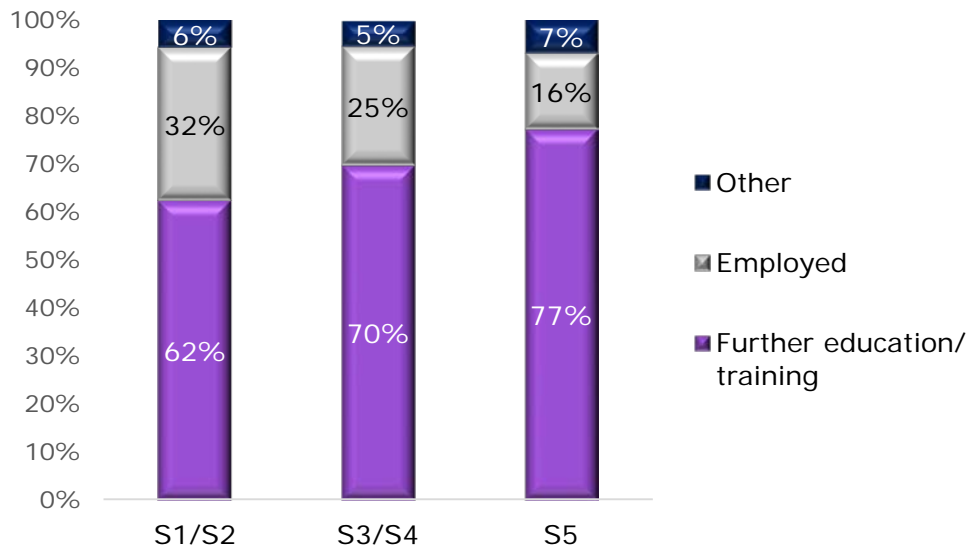
Figure 12.2: Expectations of What Will Be Doing After School by Gender



Stage

S5 pupils were the most likely to expect to go to further education or training, as Figure 12.3 shows.

Figure 12.3: Expectations of What Will Be Doing After School by Stage

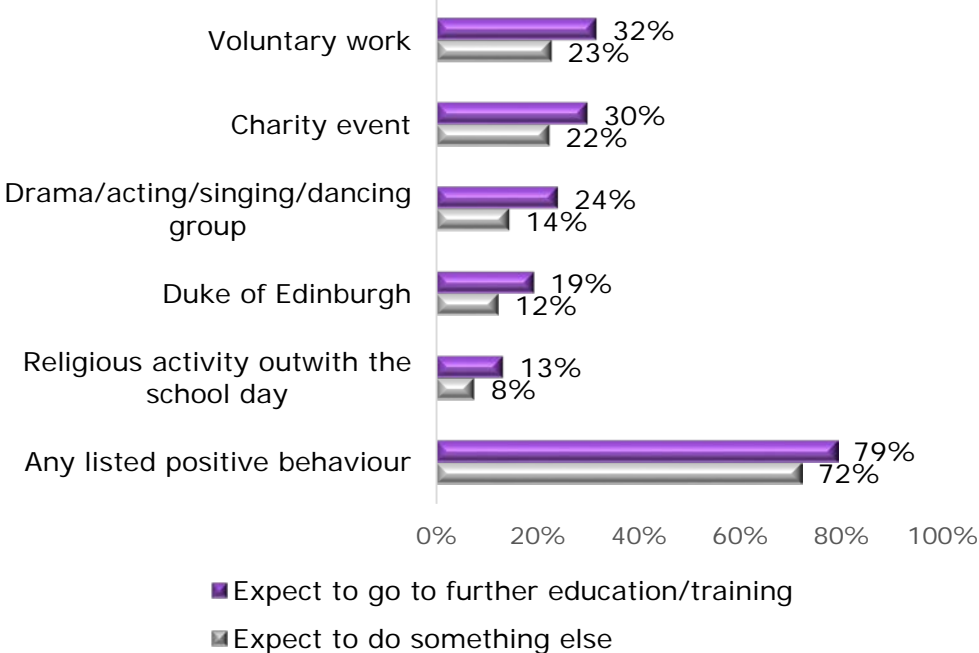


12.2 Post-School Expectations - Exploring Further

Are those who expect to go to further education/training more or less likely to engage in positive behaviours?

Overall, those who expected to go to further education or training were considerably more likely than those who expected to do something else to have participated in any of the listed positive behaviours (79% compared to 72%), and were more likely to have participated specifically in voluntary work, charity events, drama/acting/singing/dancing groups, Duke of Edinburgh or religious activities. Findings for all positive behaviours showing a significant difference are shown in Figure 12.4.

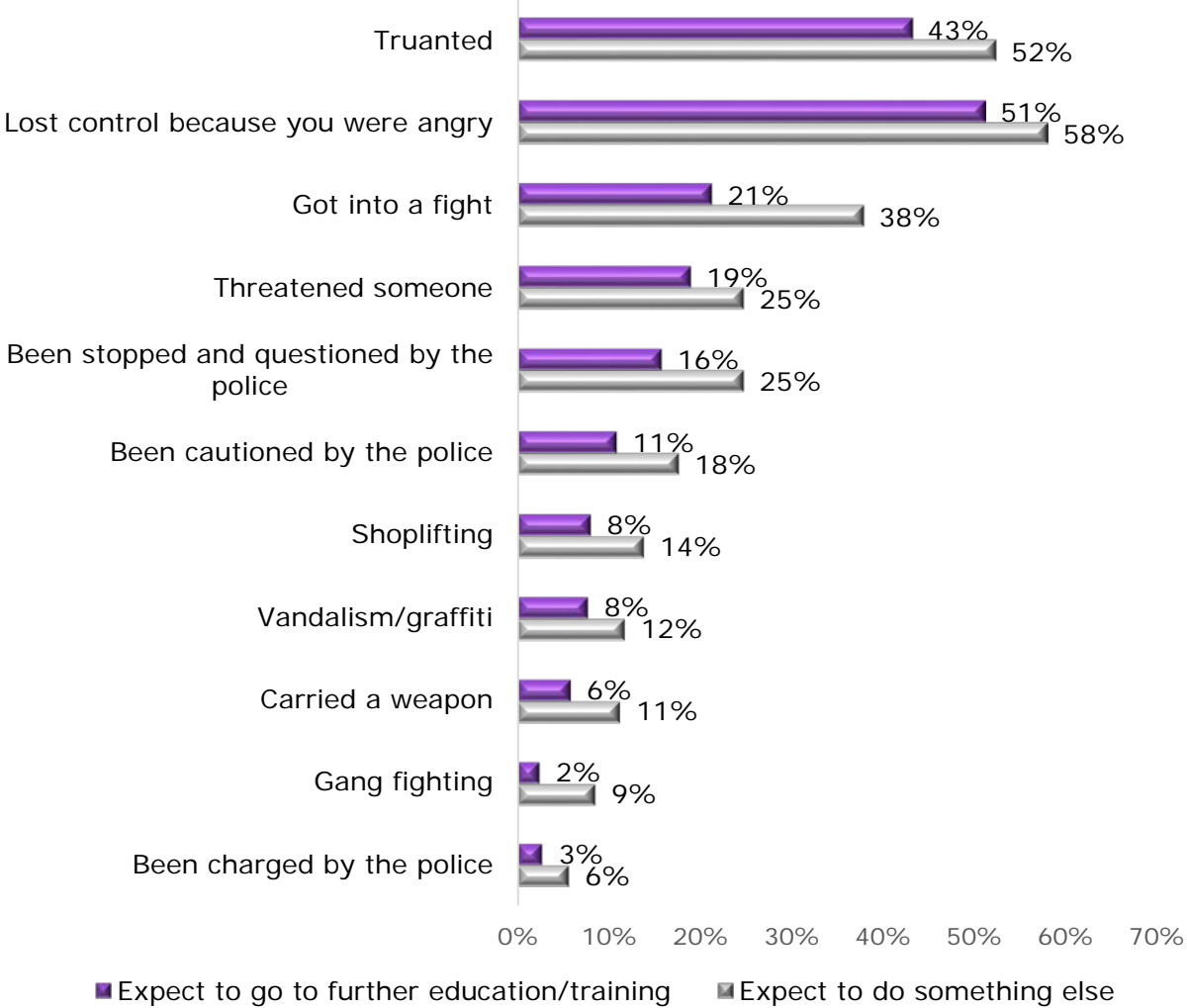
Figure 12.4: Participation in Positive Behaviours by Post-School Expectations (all behaviours showing a significant difference)



Are those who expect to go to further education/training more or less likely to be involved in risky or anti-social behaviours?

Those who expected to go to further education/training were less likely than others to have engaged in many of the anti-social/risk behaviours in the last year, as shown in Figure 12.5.

Figure 12.5: Participation in Anti-Social/Risk Behaviours by Post-School Expectations



CHAPTER SUMMARY

Key statistics

- 68% expected to go to further education/training

Trends

Between 2013 and 2019 there was a decrease in the proportion who expected to go to further education/training.

Key differences by gender

Girls were more likely than boys to expect to go to further education/training.

Key differences by stage

S5 pupils were the most likely to expect to go to further education/training.

Appendix: Data Weighting

The weighting factor used was:

$$W_{sy} = \frac{sy}{R} \times \frac{T}{t_{sy}}$$

Where:

- W_{sy}** is the individual weighting factor for a respondent in school *s*, year group *y*
- sy** is the known number of pupils on the school roll in school *s*, year group *y*
- R** is the total S1-S5 roll across the six secondary schools in Inverclyde
- T** is the total number of completed questionnaires
- t_{sy}** is the number of completed questionnaires in school *s*, year group *y*

The following two tables below shows the effect of weighting in returning the sample to be representative of the school population.

Table B1: Achieved Sample, School Population and Weighted Sample by School

	Achieved Sample	School Population	Sample after weighting
School A	21.0%	20.4%	20.4%
School B	13.5%	11.7%	11.7%
School C	16.3%	17.9%	17.9%
School D	15.8%	16.6%	16.6%
School E	21.8%	20.8%	20.8%
School F	11.7%	12.7%	12.7%

Table B2: Achieved Sample, School Population and Weighted Sample by Year Group

	Achieved Sample	School Population	Sample after weighting
S1	24.5%	20.2%	20.2%
S2	23.7%	21.0%	21.0%
S3	21.8%	20.9%	20.9%
S4	16.4%	19.6%	19.6%
S5	13.7%	18.4%	18.4%

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)



DRUG USE REPORT (2018)



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Executive Summary

Introduction

This report presents the drug use findings from the 2018 wave of the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). The research was commissioned by the Scottish Government and carried out by Ipsos MORI Scotland.

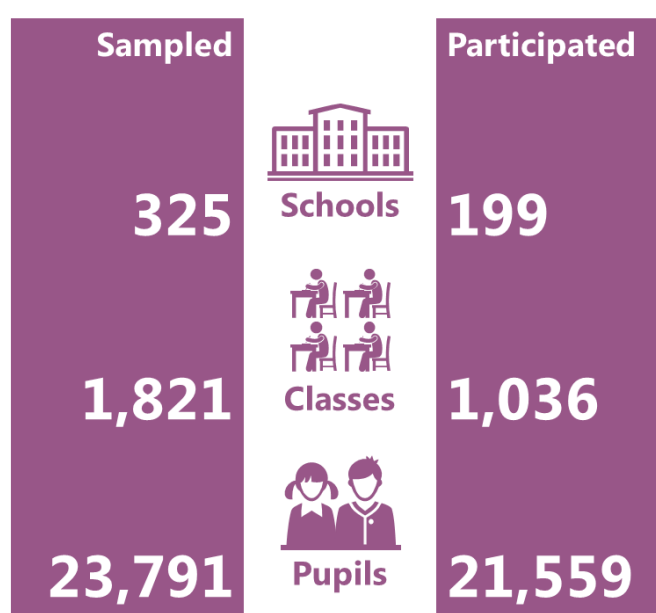
Survey background and purpose

SALSUS is a continuation of a long established series of national surveys on smoking, drinking and drug use. These were carried out jointly in Scotland and England between 1982 and 2000, to provide a national picture of young peoples' smoking (from 1982), drinking (from 1990), and drug use (from 1998) behaviours within the context of other lifestyle, health and social factors. Since 2002, Scotland has developed its own, more tailored survey, known as SALSUS.

About the survey

SALSUS is a self-completion survey administered by teachers in a mixed ability class, under exam conditions. In 2018, schools were encouraged to administer the survey online (but could administer it on paper if that was more feasible). Fieldwork was undertaken between September 2018 and April 2019.

Figure 1 Numbers sampled and participated



The overall response rate was **52%** based on class and pupil response rate¹.

For full details of the methodology please see the accompanying SALSUS 2018 Technical Report.

¹ The overall response rate excludes schools who took part in the Realigning Children's Services Survey and Glasgow state schools. For more details please see the SALSUS 2018 Technical Report.

Key findings

Prevalence and key trends

- 6% of 13 year olds and 21% of 15 year olds had ever used drugs.
- 4% of 13 year olds and 12% of 15 year olds reported using drugs in the last month.
- Drug use in the last month has been gradually decreasing since 2002, when 8% of 13 year olds and 23% of 15 year olds reported using drugs in the last month. However, between 2013 and 2018, there was an increase in the proportion of 13 year old and 15 year old boys who took drugs in the month prior to the survey (from 2% and 11% respectively in 2013, to 4% and 15% in 2018).
- Cannabis was the most widely used drug; 19% of 15 year olds had ever used cannabis. 6% of 15 year olds had ever taken ecstasy, 5% had ever taken cocaine, 5% had ever taken any form of Novel Psychoactive Substances (NPS) and 5% had ever taken MDMA powder.
- 31% of 13 year olds and 42% of 15 year olds who had ever used drugs had been drinking alcohol the last time they had used drugs 15% of all pupils had used more than one drug (polydrug use) the last time they had used drugs.
- 36% of 13 year olds and 45% of 15 year olds who had ever taken drugs had experienced at least one negative effect as a result (in the last year). The most common effects were having an argument, vomiting, and doing something they later regretted.
- It was most common for pupils to have used drugs out in the street or in someone else's home.

Sources and availability

- 22% of 13 year olds and 47% of 15 year olds had ever been offered drugs. There was an increase in the proportion who had ever been offered drugs between 2015 and 2018 (from 19% to 22% among 13 year olds and from 42% to 47% among 15 year olds).
- 15 year old pupils were most commonly offered cannabis. 37% of all 15 year olds had been offered cannabis, 18% had been offered ecstasy, 15% had been offered cocaine, and 14% had been offered MDMA powder or some form of NPS.
- Since 2015, there has been an increase in the proportions of 15 year olds who have been offered cannabis, cocaine, MDMA powder, LSD and ketamine.
- It was most common for pupils who had ever taken drugs to get them from friends (friends of the same age or older).

Attitudes to drugs

- Among 15 year olds, the acceptability of trying cannabis and sniffing glue has increased since 2015 – 33% of 15 year olds thought it was 'ok' to try cannabis, compared with 24% in 2015, and 11% thought it was 'ok' to try sniffing glue, compared with 7% in 2015.
- 9% of 15 year olds thought it was 'ok' to try cocaine.

Acknowledgements

First and foremost, we would like to thank all of the pupils who participated in the 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS).

We would also like to thank the schools that participated and, in particular, the teachers who organised and administered the survey. In addition, we would like to thank individuals from Alcohol and Drug Partnerships (ADPs) and local authority education departments who encouraged schools to take part.

We are grateful to Scottish Government colleagues for their help and guidance over the life of the project, and in particular to Carol Brown and Neil White for their support throughout.

Finally, we would like to acknowledge the contributions of many Ipsos MORI colleagues, in particular: Lucy Setterfield, Lorraine Murray, Chris Martin, Melissa Behm, Yinka Oluwi, Russell Painter and Kevin Pickering.

Carolyn Black
Linda Hutcheson
Colin Hockaday

1 Introduction and background

This report presents the drugs findings from the 2018 wave of the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). The research was commissioned by the Scottish Government and carried out by Ipsos MORI Scotland.

Survey background

SALSUS is a continuation of a long established series of national surveys on smoking, drinking and drug use. These were carried out jointly in Scotland and England between 1982 and 2000, to provide a national picture of young peoples' smoking (from 1982), drinking (from 1990), and drug use (from 1998) within the context of other lifestyle, health and social factors. Since 2002, Scotland has developed its own, more tailored survey known as SALSUS.

Survey purpose

SALSUS informs progress towards Scottish Government policies to reduce the harms from smoking, drinking and drug use among children and young people.

The survey series also provides local prevalence rates for smoking, drinking and drug use across Alcohol and Drug Partnerships (ADPs), local authorities and NHS Boards.

Policy background

It is a Scottish public health priority to reduce the harm from drugs². In November 2018, the Scottish Government published its combined alcohol and drugs treatment strategy, Rights, Respect and Recovery³, aimed at improving the nation's health by preventing and reducing alcohol and drug use, harm and related deaths. It emphasises prevention and early intervention for young people and for those most at risk of becoming addicted to alcohol or drugs.

The strategy's commitments include: identifying and implementing actions to reduce inequalities; developing recovery oriented systems of care; getting it right for children, young people and families; and taking a public health approach to addiction. The strategy also challenges services to better meet the complex health and social needs of those who are most at risk as a result of their substance use.

The strategy will be delivered in partnership with Scotland's 31 Alcohol and Drug Partnerships (ADPs), including health boards, local authorities, police and voluntary agencies. The Scottish Government has announced a commitment of £20 million per year until 2021, to allow ADPs working in local areas across Scotland to fund treatment and support services.

There is an ambitious programme for alcohol and drug education currently in place to ensure that all children and young people in Scotland have credible and accessible information and advice on drugs. The Scottish Government has implemented health and wellbeing learning outcomes through Curriculum for Excellence⁴, which includes specific emphasis on substance use. Learning in this area is aimed at promoting confidence, independent thinking and positive attitudes. It also aims to promote risk and resilience management skills in children and young people that equip them to make positive lifestyle choices.

Rights, Respect and Recovery commits to revising that programme of alcohol and drug education in schools and to developing guidance and resources that will provide accurate, evidence-based, relevant and current information around alcohol and drug use, and how to access help.

Further information about policy relating to drugs is available at:

- NHS Health Scotland: <http://www.healthscotland.scot/health-topics/drugs>
- Scottish Government: <https://www.gov.scot/policies/alcohol-and-drugs>

² Scottish Government and COSLA (2018) Public Health Priorities for Scotland
<https://www.gov.scot/publications/scotlands-public-health-priorities/>

³ Scottish Government (2018) Rights, Respect and Recovery: Drug and Alcohol Treatment Strategy <https://www.gov.scot/publications/rights-respect-recovery/>

⁴ Scottish Government (2019) Scotland's Curriculum For Excellence: Putting learners at the heart of education <https://scotlandscurriculum.scot/>

Methods

SALSUS is a self-completion survey administered by teachers in a mixed ability class, under exam conditions. In the past the survey has been completed on paper, but in 2018 schools were given the choice to complete the survey online or on paper.

A random, nationally representative sample of S2 and S4 pupils in Scottish schools was drawn with classes as the primary sampling unit. All local authority and independent schools in Scotland were eligible for inclusion in the sample, with the exception of special schools.

Fieldwork was completed between October 2018 and April 2019. A total of 12,558 S2 and 10,807 S4 pupils responded (including schools that took part in the Realigning Children's Service Survey).

The overall response rate was 52% (excludes schools that took part in the Realigning Children's Services Survey and Glasgow state schools).

Data was weighted by local authority, age, sex, school sector (state/independent), school denomination and by urban/rural classification.

Throughout the report pupils in S2 are referred to as '13 year olds' and S4 pupils are referred to as '15 year olds' for ease. It should be borne in mind that some pupils within these categories may be slightly older or younger.

Some pupils did not answer each question. Where answers are missing, these have been excluded from the analysis and so charts and tables that describe the same population may have varying bases. When differences between estimates are specifically commented on in the report, these differences are statistically significant to the level of 0.05.

Percentages may not add up to 100% due to rounding.

For full details of the methodology, please see the SALSUS 2018 Technical Report⁵.

Finally, it is important to note, that while there are associations between many of the behaviours explored in this report, conclusions about causality cannot be drawn.

Changes to the questionnaire

Only minor changes were made to the drugs questions for 2018 (i.e. updating the names of drugs in the solvents and tranquilisers categories) (see Appendix A). For further details on other question changes and survey methodology see the SALSUS 2018 Technical Report. A copy of the full 2018 questionnaire is also available⁶.

⁵ The SALSUS 2018 Technical Report can be found at:
<http://www.gov.scot/ISBN/9781839603327>

⁶ The SALSUS 2018 Questionnaire can be found at:
<http://www.gov.scot/ISBN/9781839603327>

2 Prevalence and key trends

Summary of key changes over time

Prevalence of drug use in the last month remained stable between 2015 and 2018, except among 13 year old boys (where it rose from 3% to 4%). However, there have been increases in the proportion of pupils who have been offered drugs since the last wave of the survey. The proportion of 13 year old girls and 15 year old boys who say they would find it easy to obtain drugs if they wanted to has also increased since 2015 (Figure 2.1).

Figure 2.1 Summary of trends in drug use between 2015 and 2018

	13 year olds		15 year olds	
	Boys	Girls	Boys	Girls
USED DRUGS IN THE LAST MONTH	↑	↔	↔	↔
EVER BEEN OFFERED DRUGS	↑	↑	↑	↑
EASE OF OBTAINING DRUGS	↔	↑	↑	↔

Drug use prevalence

Pupils were provided with a list of drugs (including their commonly used street names) and asked if they had used each of them. This information was used to create an overall measure of any drug use 'in the last month', 'in the last year' (including in the last month), 'ever' (including in the last month and last year) and 'never'.

2018 FIGURES

Most pupils have never used drugs at all: 94% of 13 year olds and 79% of 15 year olds (Figure 2.2). 15 year olds were more likely than 13 year olds to have ever used drugs or to have used them in the last month (Figure 2.3): 21% of 15 year olds had ever used drugs, compared to 6% of 13 year olds; while 12% of 15 year olds reported using drugs in the last month, compared to 4% of 13 year olds. Less the 0.5% of 13 year olds and 1% of 15 year olds said they took drugs at least once a week.

TRENDS OVER TIME

Drug use in the last month has been gradually decreasing since 2002. However, since 2013 there has been an increase in the proportion of boys who took drugs in the last month (2% of 13 year olds boys in 2013, compared to 4% in 2018; and 11% of 15 year old boys in 2013, compared to 15% in 2018). Drug use among girls of both age groups has remained fairly stable since 2013.

GENDER DIFFERENCES

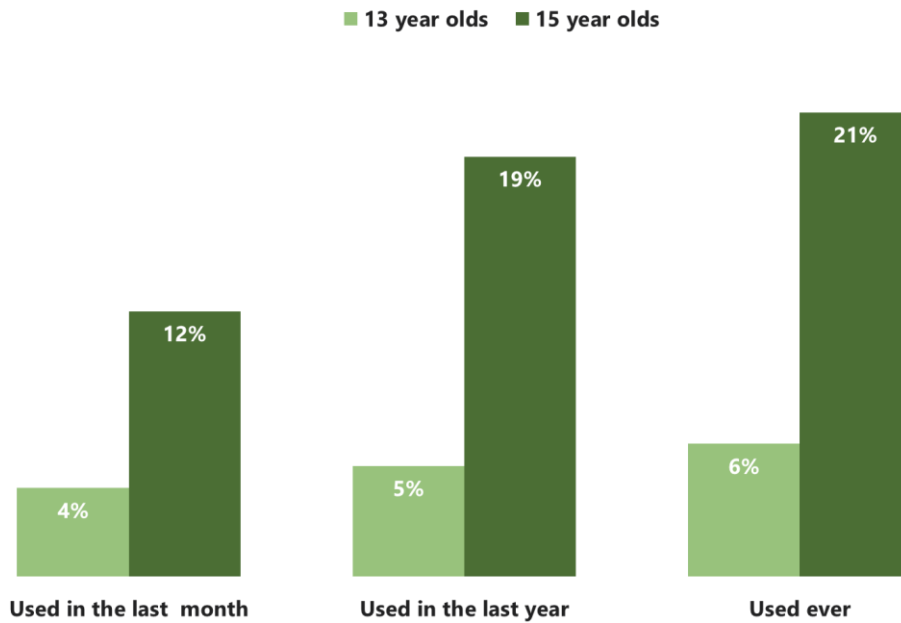
15 year old boys were more likely than 15 year old girls to have used drugs in the last month. There were no differences between 13 year old boys and girls (Figure 2.4)

Figure 2.2 Proportion of pupils who have never used drugs, by age (2018)



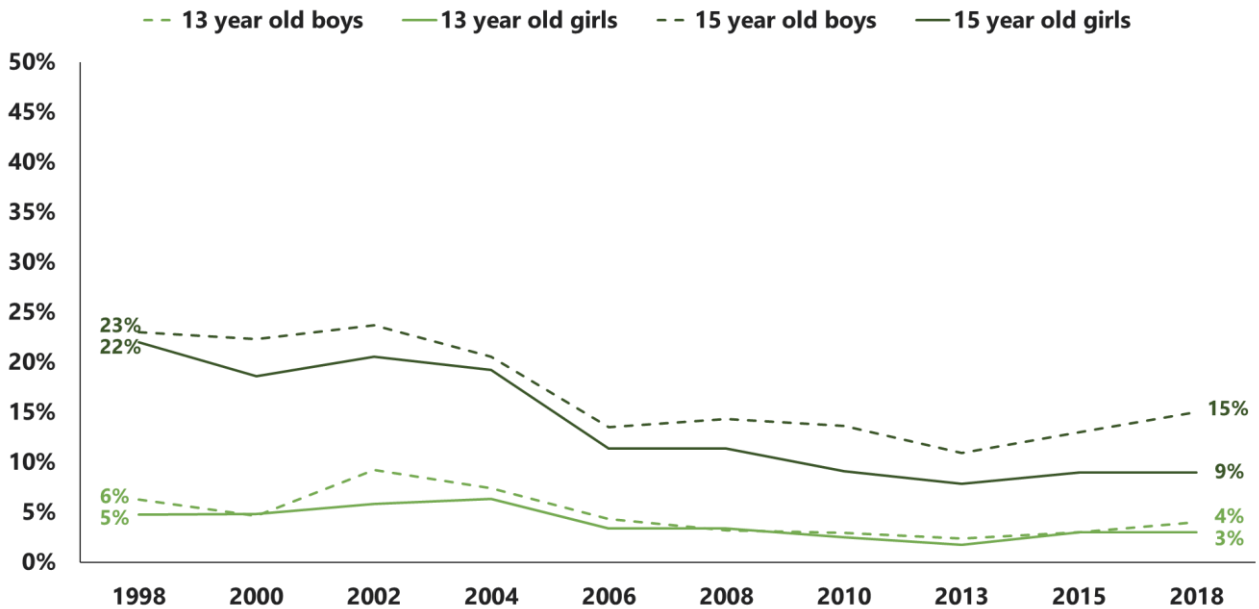
Base: all 13 year olds (11,746), all 15 year olds (10,068)

Figure 2.3 Use of drugs in the last month, last year or ever, by age (2018)



Base: all 13 year olds (11,746), all 15 year olds (10,068)

Figure 2.4 Proportion of pupils who have used drugs in the last month, by sex and age (1998- 2018)



Base: all pupils (for full base sizes please see Appendix B)

Type of drugs used

This section focuses on **15 year olds** as use of any drugs among 13 year olds is so low.

2018 FIGURES

Cannabis was the most widely used drug; 11% of 15 year olds had used cannabis in the last month and 19% had used it ever (Figure 2.5). In comparison with cannabis, the use of cocaine, ecstasy, MDMA powder and Novel Psychoactive Substances (NPS - see Appendix C) was low.

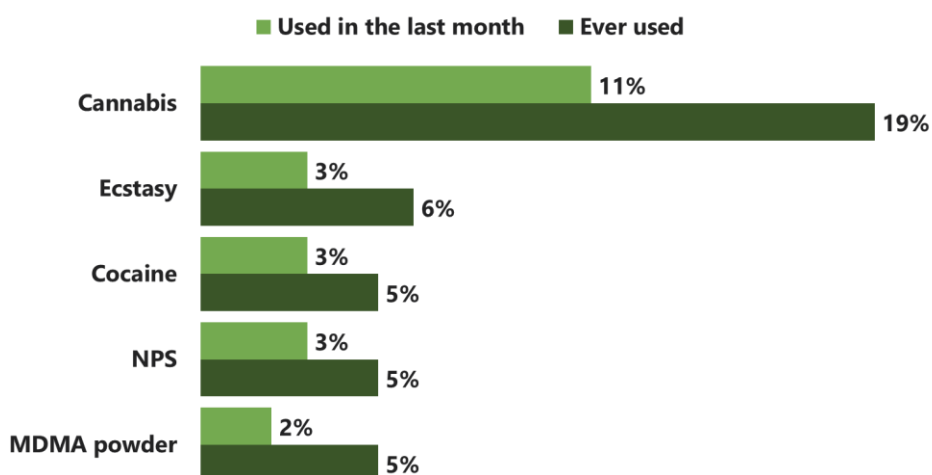
TRENDS OVER TIME

Since 2015, there have been no statistically significant changes in the proportion of pupils using any of the individual drugs in Figure 2.5 in the last month or the last year.

GENDER DIFFERENCES

15 year old boys were more likely than 15 year old girls to have taken each of the individual drugs in Figure 2.5 in the last month.

Figure 2.5 Types of drugs used in the last month and ever, among 15 year olds (2018)
Q. *When was the last time you ever used or took any of the following...?*



Base: all 15 year olds pupils (10,068)

Alcohol use and drugs

2018 FIGURES

Among pupils who have ever used drugs, 31% of 13 year olds and 42% of 15 year olds had been drinking alcohol the last time they had used drugs.

TRENDS OVER TIME

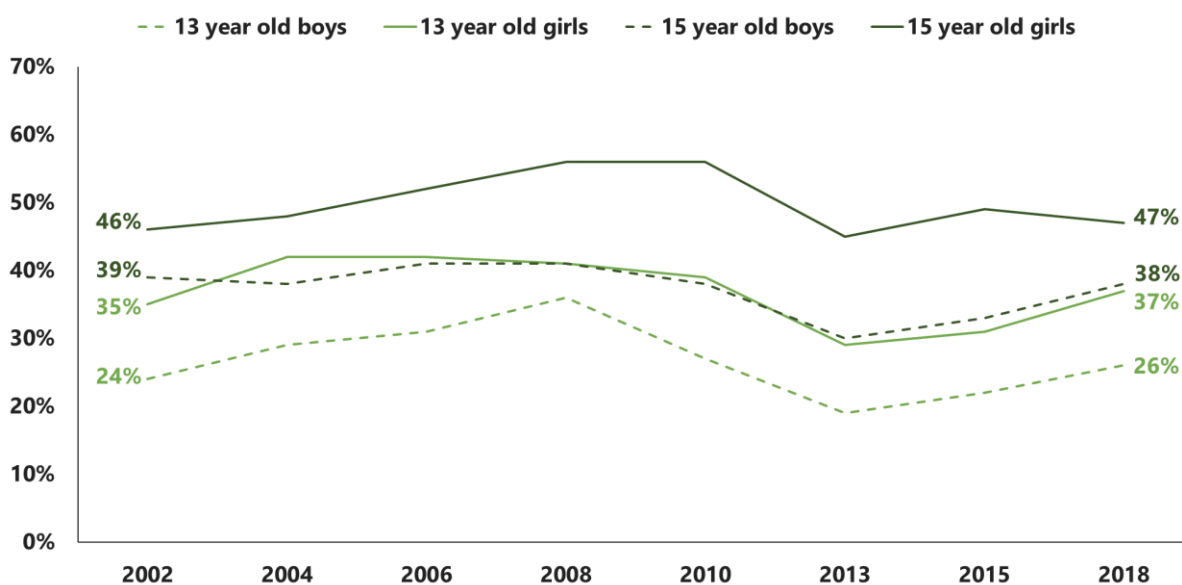
Between 2010 and 2013 there was a notable decrease in the simultaneous use of alcohol and drugs. Between 2013 and 2018 however, there was been an increase in the number of 15 year old boys who had been drinking the last time that they used drugs (the increase among 13 year olds boys and 13 year old girls is not statistically significant) (Figure 2.6).

GENDER DIFFERENCES

Among both age groups, girls were more likely than boys to have been drinking the last time that they used drugs.

Figure 2.6 Proportion of pupils who were drinking alcohol the last time they used drugs, by sex and age (2002-2018)

Q. The last time you used drugs, were you also drinking alcohol?



Base: pupils who have ever used drugs (for full base sizes please see Appendix B)

Polydrug use

2018 FIGURES

Among those who had ever used drugs, 16% of 13 year olds and 15% of 15 year olds had used more than one drug (polydrug use) the last time they used drugs (Figure 2.7).

TRENDS OVER TIME

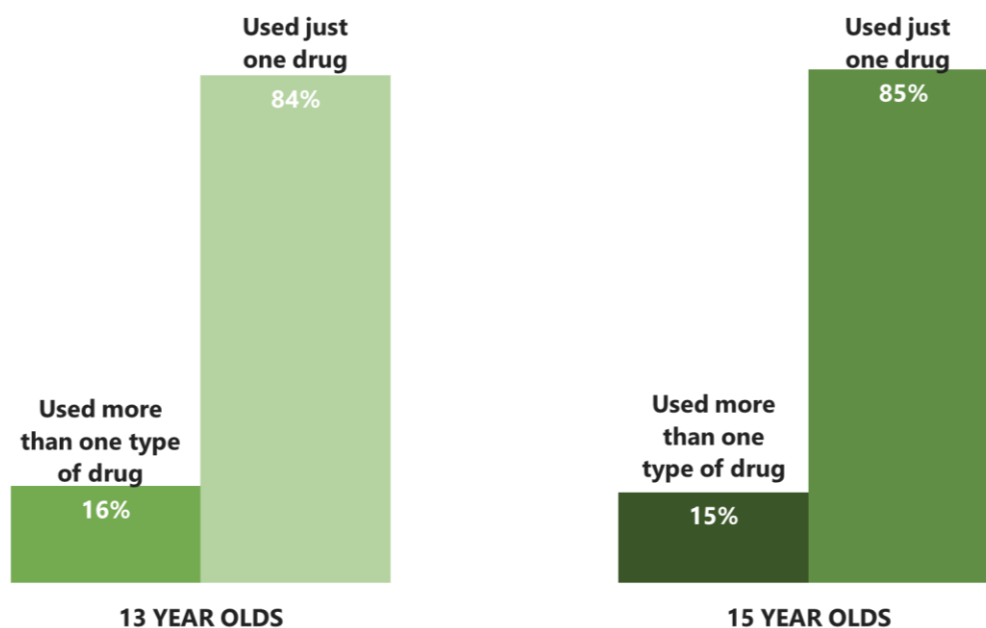
Since 2015, among both age groups there has been no change in the proportions who used more than one type of drug the last time they used drugs.

GENDER DIFFERENCES

15 year old boys were more likely than 15 year old girls to have taken more than one type of drug the last time they used drugs (17% of 15 year olds boys, compared with 12% of 15 year old girls). There was no statistically significant difference between 13 year old boys and girls.

Figure 2.7 Proportion of pupils who used more than one drug the last time they used drugs, by age (2018)

Q. The last time you used drugs, did you use more than one type of drug?



Base: 13 year olds who have ever used drugs (709), 15 year olds who have ever used drugs (2,079)

Effects of drug use

2018 FIGURES In the last year, 45% of 15 year olds and 36% of 13 year olds who had ever taken drugs had experienced at least one immediate negative effect as a result⁷.

The most common effects were vomiting, doing something they later regretted and having an argument (Figure 2.8).

TRENDS OVER TIME

There was no change in the proportion of pupils who had experienced negative consequences as a result of using drugs.

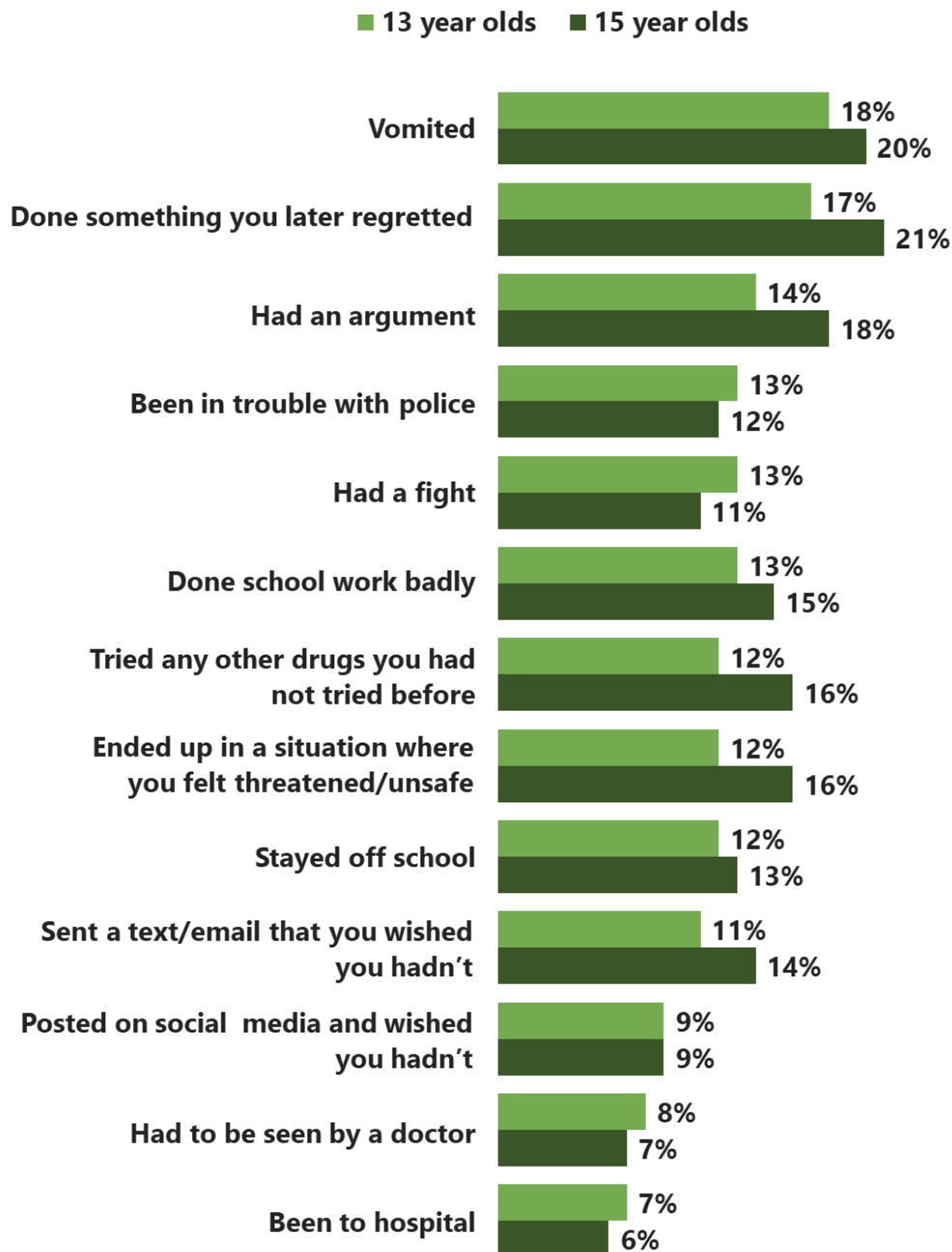
GENDER DIFFERENCES

There were no gender differences in the proportions who experienced one or more negative effects of using drugs. In terms of the effects experienced, boys who had ever used drugs were more likely than girls who had ever used drugs to have had a fight as a result of taking drugs (13% of boys, compared with 9% of girls).

⁷ The survey did not attempt to capture any longer-term negative effects.

Figure 2.8 Proportion of those who have ever used drugs who experienced negative effects as a result, by age (2018)

Q. In the past year, as a result of taking drugs have you...?



Base: 13 year olds who have ever used drugs (779), 15 year olds who have ever used drugs (2,188)

Location of drug use

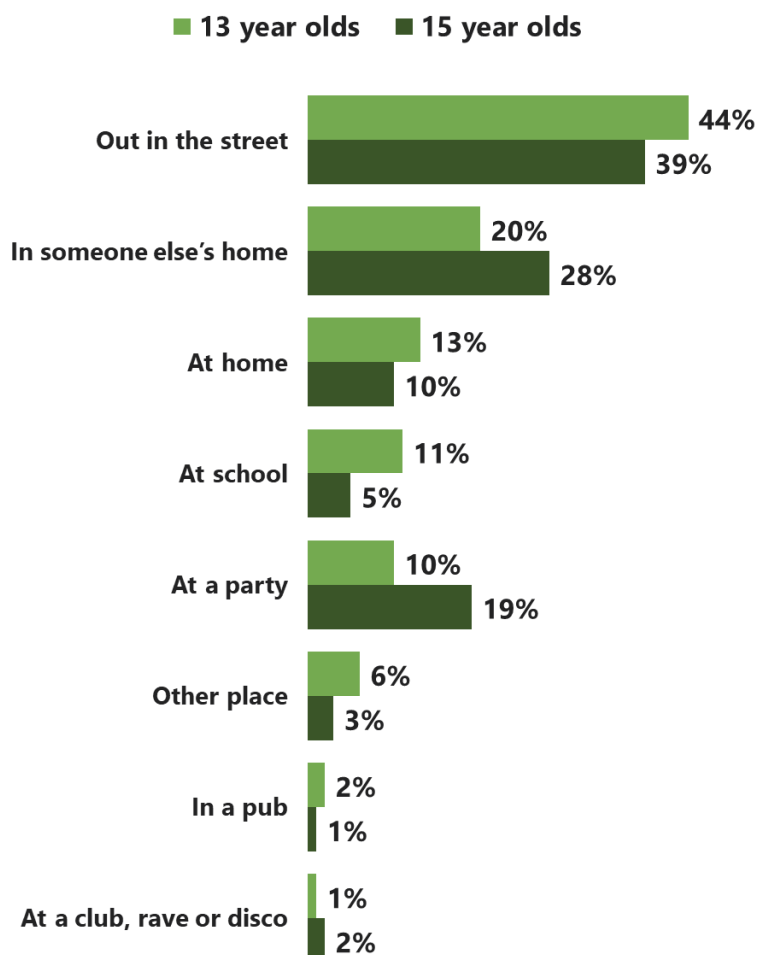
2018 FIGURES Among both age groups, it was most common for pupils to have used drugs out in the street. The next most common locations were in someone else's home and (among 15 year olds) at a party (Figure 2.9).

TRENDS OVER TIME There was no change in the proportion of pupils who reported using drugs in the various locations.

GENDER DIFFERENCES In general, there were no gender differences by location of drug use, except among 13 year olds, where girls were more likely than boys to have taken drugs in someone else's home (29% of girls, compared with 14% of boys).

Figure 2.9 Location of last drug use, by age (2018)

Q. Where were you the last time you used drugs?



Base: 13 year olds who have ever used drugs (605), 15 year olds who have ever used drugs (1,952)

What pupils did with their drugs (used, sold, given away)

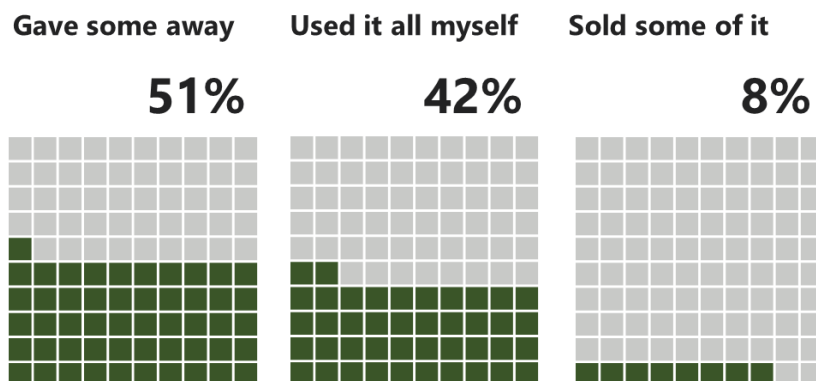
2018 FIGURES Around half of pupils who had ever used drugs gave some of their drugs to someone else the last time they used them (52% of 13 year olds and 51% of 15 year olds) (Figure 2.10). Around four in ten used it all themselves (40% of 13 year olds and 42% of 15 year olds). Only a small proportion sold some of their drugs (10% of 13 year olds and 8% of 15 year olds).

TRENDS OVER TIME Among 15 year olds, there was an increase in the proportion who said they used all of their drugs themselves (42% in 2018, compared with 37% in 2015) and a corresponding reduction in the proportion who gave some of their drugs away (51% in 2018, compared with 57% in 2015). Among 13 year olds there was no change between 2015 and 2018.

GENDER DIFFERENCES Among 15 year olds, girls were more likely than boys to give some of their drugs away (56% of 15 year old girls, compared with 48% of 15 year old boys), while boys were more likely than girls to sell some of their drugs (9% of 15 year olds boys, compared with 5% of 15 year old girls). There were no differences between 13 year old boys and girls.

Figure 2.10 What 15 year old pupils did with their drugs on the last occasion that they used them (2018)

Q. The last time you used drugs, did you use them all yourself or did you sell or give some to someone else?



Base: 15 year olds who have ever used drugs (1,783)

Would like to stop taking drugs

2018 FIGURES

55% of 13 year olds and 40% of 15 year olds who had ever used drugs reported that they would like to stop using them (Figure 2.11). 30% of 15 year olds who use drugs once a month or more would like to stop.

TRENDS OVER TIME

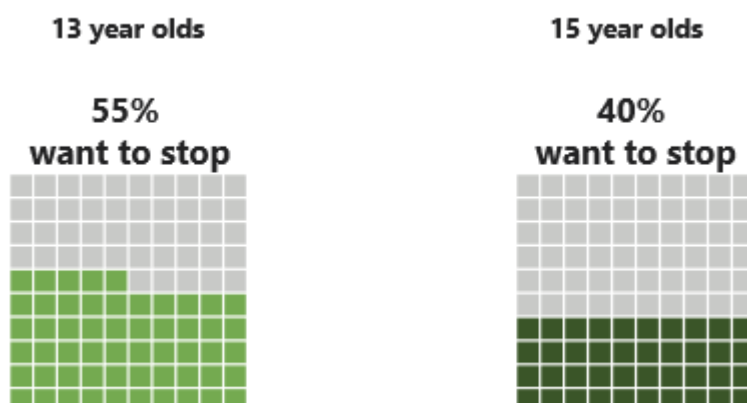
The proportion of 15 year olds who reported that they would like to stop using drugs has declined between 2015 and 2018 (46% in 2015, compared with 40% in 2018). There was no change among 13 year olds.

GENDER DIFFERENCES

Among 15 year olds, girls were more likely than boys to want to stop taking drugs (47% of girls, compared with 37% of boys). There were no differences between 13 year old boys and girls.

Figure 2.11 Proportion of pupils who have ever taken drugs who would like to stop taking drugs by age (2018)

Q. Do you want to stop taking drugs?



Base: 13 year olds who have ever used drugs (464), 15 year olds who have ever used drugs (1,528)

Need help due to drug use

2018 FIGURES

Only small proportions of those who have used drugs felt that they needed help because of their use (10% of 13 year olds who have ever used drugs and 7% of 15 year olds who have ever used drugs).

TRENDS OVER TIME

The proportion of pupils who use drugs who feel they need help has remained stable over time.

GENDER DIFFERENCES

There were no differences in the proportion of boys and girls in either age group that thought they needed help due to drug use.

3 Availability of drugs

Ever been offered drugs

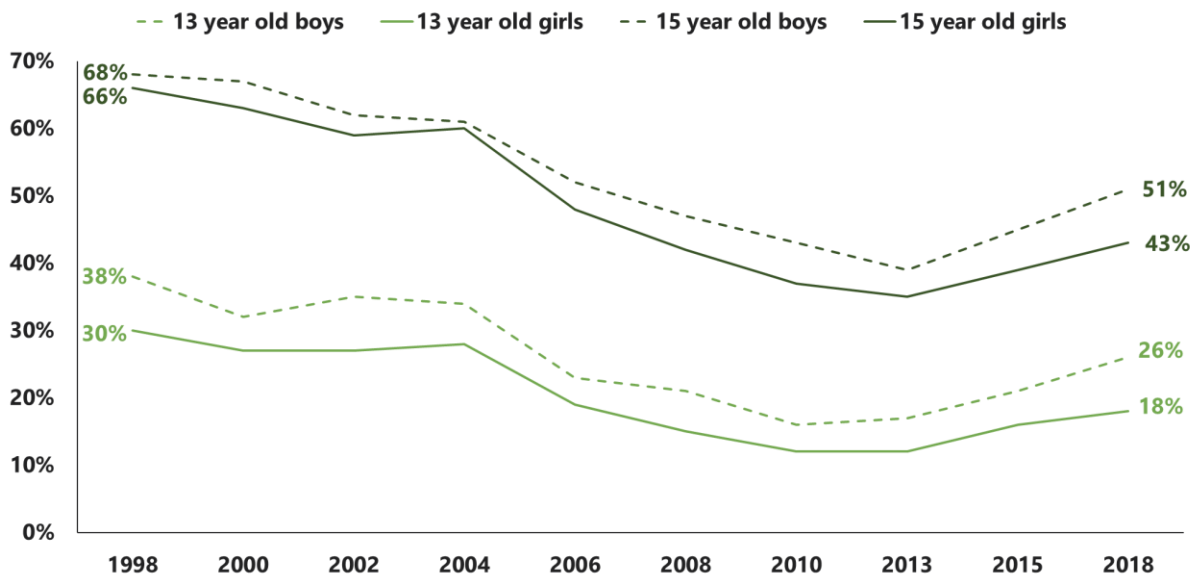
22% of 13 year olds and 47% of 15 year olds have ever been offered drugs.

Among both age groups, the proportion of pupils who had ever been offered drugs declined overall between 1998 and 2013. However, since 2013, the proportion of pupils who had ever been offered drugs increased across both age groups and genders (for example, 51% of 15 year old boys were offered drugs in 2018, compared with 45% in 2015, and 39% in 2013) (Figure 3.1).

Among both age groups, boys were more likely than girls to have been offered drugs (Figure 3.1).

Figure 3.1 Proportion of pupils ever offered drugs, by sex and age (1998-2018)

Q. Have you ever been offered any of the following drugs?



Base: all pupils (for full base sizes please see Appendix B)

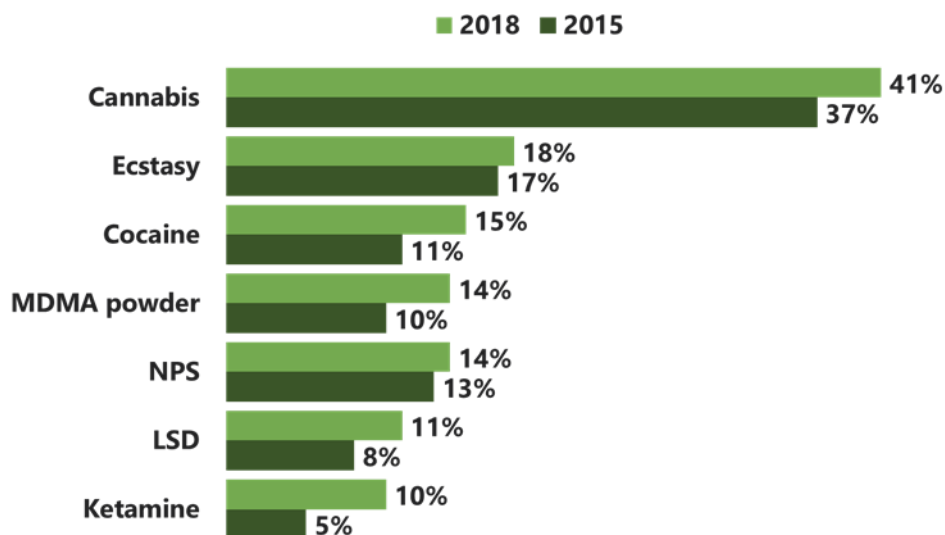
Types of drugs ever offered

15 year old pupils were most commonly offered cannabis. 41% of all 15 year olds had been offered cannabis, 18% had been offered ecstasy and 15% had been offered cocaine (Figure 3.2). 14% of 15 year olds had been offered MDMA powder and the same proportion had been offered some form of Novel Psychoactive Substances (NPS).

As shown in Figure 3.2, since 2015 there has been an increase in the proportions of 15 year olds who have been offered cannabis (41% in 2018, compared to 37% in 2015), cocaine (15% in 2018, compared to 11% in 2015), MDMA powder (14% in 2018, compared to 10% in 2015), LSD (11% in 2018, compared to 8% in 2015) and ketamine (10% in 2018, compared to 5% in 2015).

Figure 3.2 Drugs offered to 15 year olds (2015-2018)

Q. Have you ever been offered any of the following drugs?

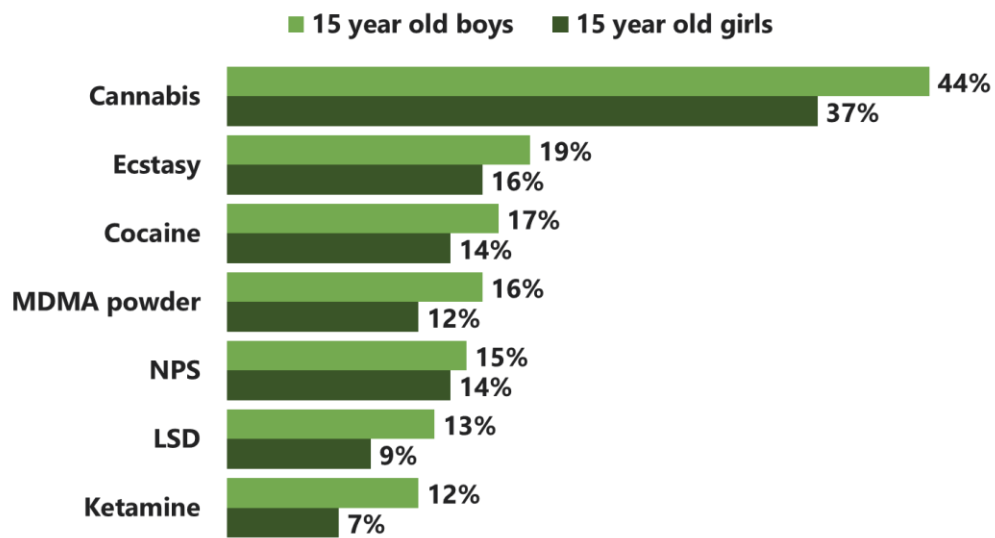


Base: all 15 year olds in 2018 (10,347), all 15 year olds in 2015 (11,401)

15 year old boys were more likely than 15 year old girls to have been offered each of the individual drugs in Figure 3.2, with the exception of NPS which had been offered to similar proportions of 15 year old boys and girls (Figure 3.3).

Figure 3.3 Drugs offered to 15 year olds, by sex (2018)

Q. Have you ever been offered any of the following drugs?



Base: all 15 year old boys (4,856), all 15 year old girls (4,948)

Source of drugs

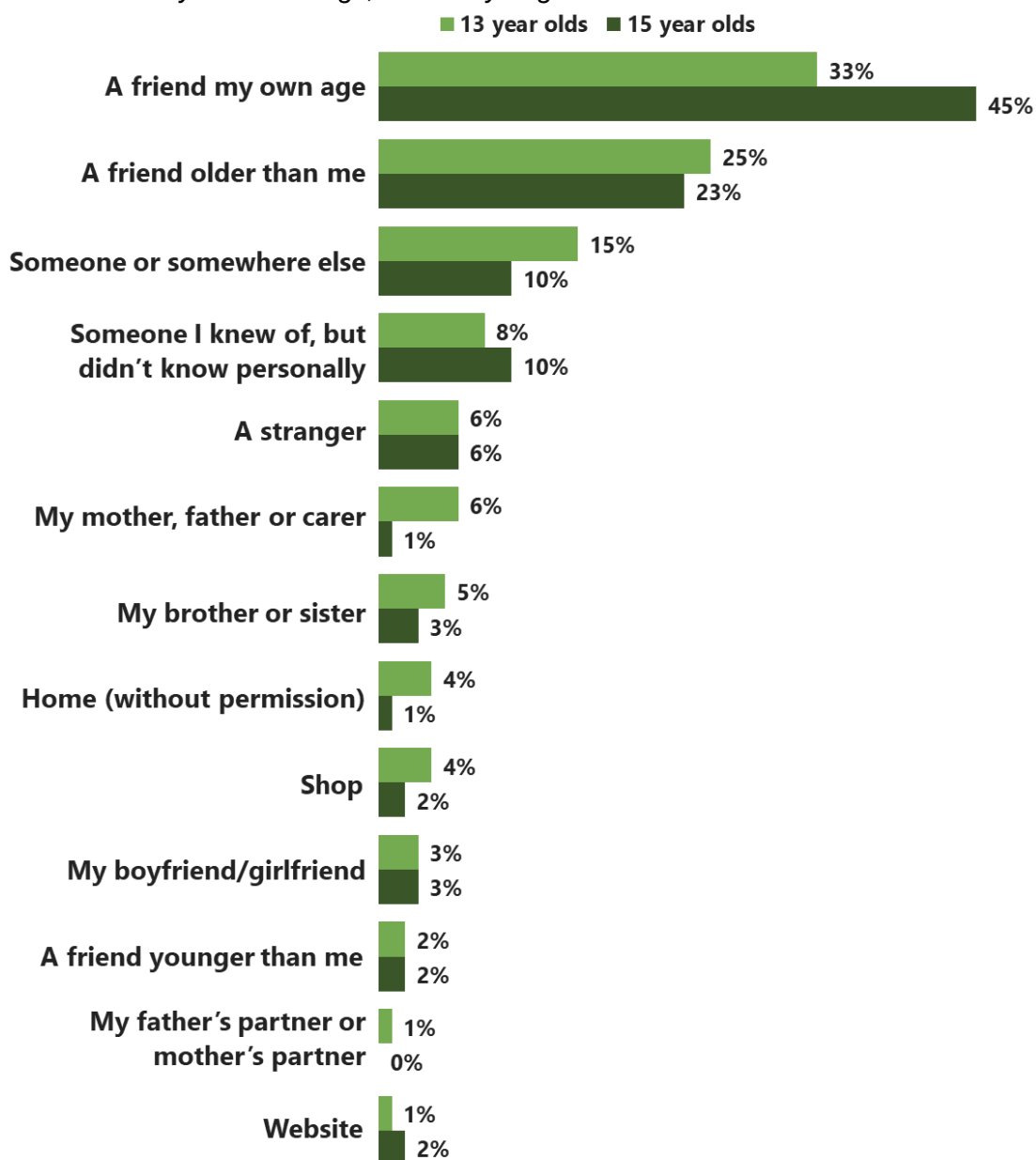
Among pupils who had ever taken drugs, it was most common to get them from friends (friends of the same age or older) (Figure 3.4).

There has been no change in the sources of drugs since 2015.

Overall, girls were more likely than boys to get drugs from an older friend (27% of girls, compared with 21% of boys) or from their boyfriend/girlfriend (4% of girls, compared with 1% of boys).

Figure 3.4 Source of drugs, by age (2018)

Q. The last time you used drugs, how did you get them?



Base: 13 year olds who have ever used drugs (526), 15 year olds who have ever used drugs (1,801)

Ease of obtaining drugs

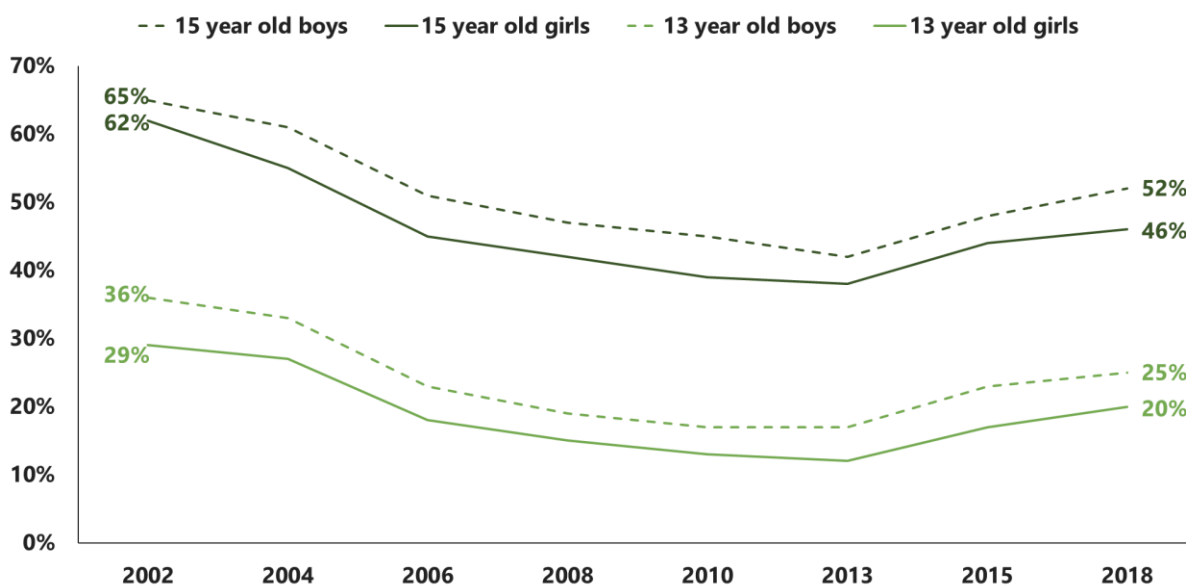
22% of 13 year olds and 49% of 15 year olds thought it would be 'very' or 'fairly' easy to get drugs if they wanted to.

Between 2002 and 2013, the proportion of pupils who thought it was easy to get drugs gradually decreased. However, there was an increase among all groups between 2013 and 2015 and since 2015 there has been a further increase in the proportion of 13 year old girls and 15 year old boys who thought it was easy to get drugs. 20% of 13 year old girls thought it would be easy to get drugs in 2018, compared with 17% in 2015, and 52% of 15 year old boys thought it would be easy to get drugs in 2018, compared with 48% in 2015 (Figure 3.5).

Among both age groups, boys were more likely than girls to think it would be easy to get drugs if they wanted to.

Figure 3.5 Proportion of pupils who think it would be very or fairly easy to get drugs, by age and sex (2002-2018)

Q. How easy would it be for you to get illegal drugs if you wanted to?



Base: all pupils (for full base sizes please see Appendix B)

4 Attitudes to drug use

Views on the acceptability of trying cannabis, cocaine and sniffing glue

Cannabis

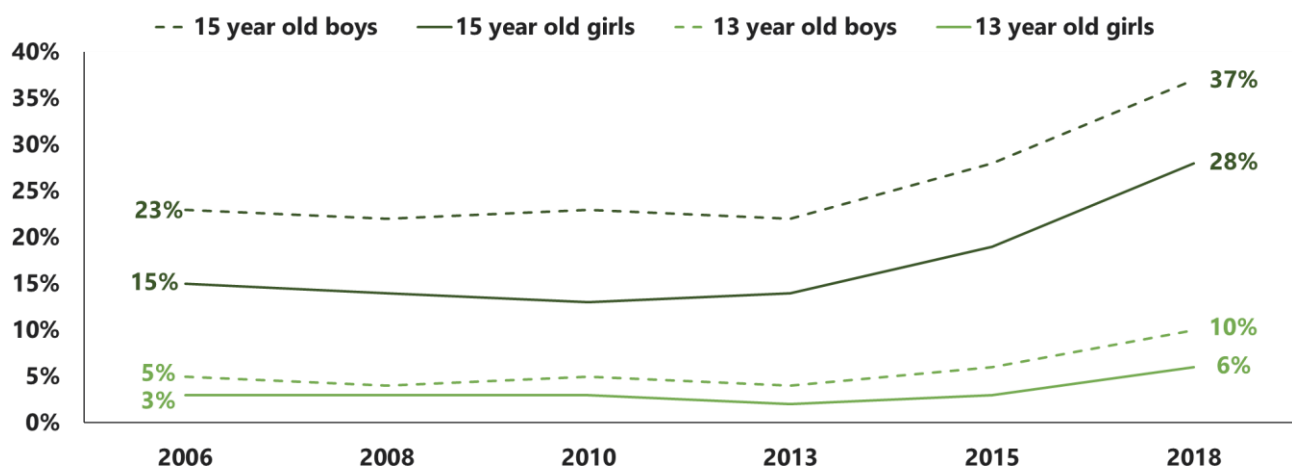
A third (33%) of 15 year olds thought that it was 'ok' for someone of their age to try cannabis, while only 8% of 13 year olds thought this.

Among both age groups, the acceptability of trying cannabis has increased considerably – 33% of 15 year olds thought it was 'ok' in 2018, compared with 24% in 2015 (and 17% in 2013), and 8% of 13 year olds thought it was 'ok' in 2018, compared with 5% in 2015.

Among both age groups, boys were more likely than girls to think that trying cannabis was acceptable (Figure 4.1).

Figure 4.1 Acceptability of trying cannabis, by age and sex (2006-2018)

Q. Do you think it is 'ok' for someone your age to try cannabis to see what it is like?



Base: all pupils (for full base sizes please see Appendix B)

Cocaine

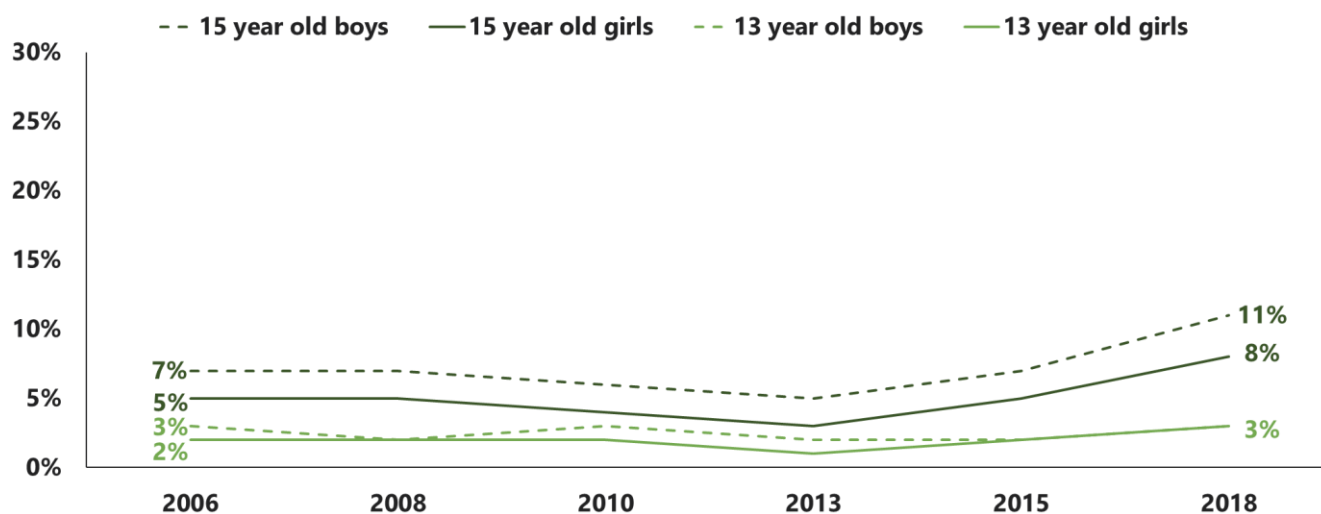
Only 3% of 13 year olds thought it was 'ok' for someone of their age to try cocaine, while 9% of 15 year olds thought this was acceptable.

Since 2015, there has been an increase in the proportion of 15 year olds thought it was 'ok' for someone of their age to try cocaine (9% in 2018, compared with 6% in 2015).

Among 15 year olds, boys were more likely than girls to think that trying cocaine was acceptable (Figure 4.2).

Figure 4.2 Acceptability of trying cocaine, by age and sex (2006-2018)

Q. Do you think it is 'ok' for someone your age to try cocaine to see what it is like?



Base: all pupils (for full base sizes please see Appendix B)

Sniffing Glue

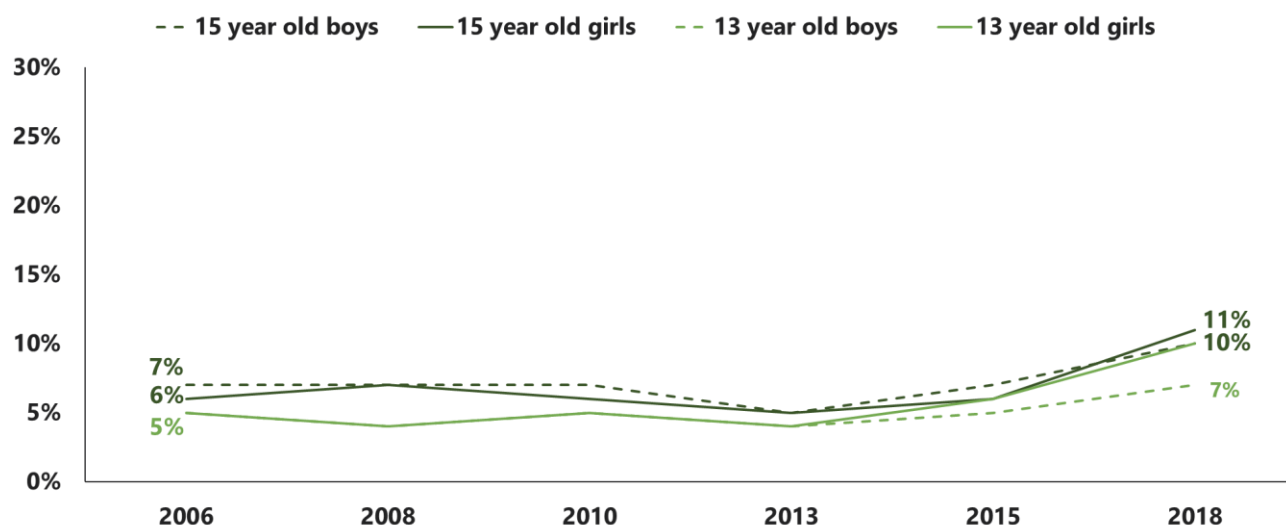
8% of 13 year olds and 11% of 15 year olds thought that it was 'ok' for someone their age to try sniffing glue.

Since 2015, there has been an increase among both age groups in the proportions of pupils who thought that it was 'ok' for someone their age to try sniffing glue – 8% of 13 year olds thought it was 'ok' in 2018, compared with 6% in 2015, and 11% of 15 year olds thought it was 'ok' in 2018, compared with 7% in 2015.

Among 13 year olds, girls were more likely than boys to think that sniffing glue was acceptable (Figure 4.3).

Figure 4.3 Acceptability of trying glue sniffing, by age and sex (2006-2018)

Q. Do you think it is 'ok' for someone your age to try sniffing glue to see what it is like?



Base: all pupils (for full base sizes please see Appendix B)

Perceptions of the risks of drug use

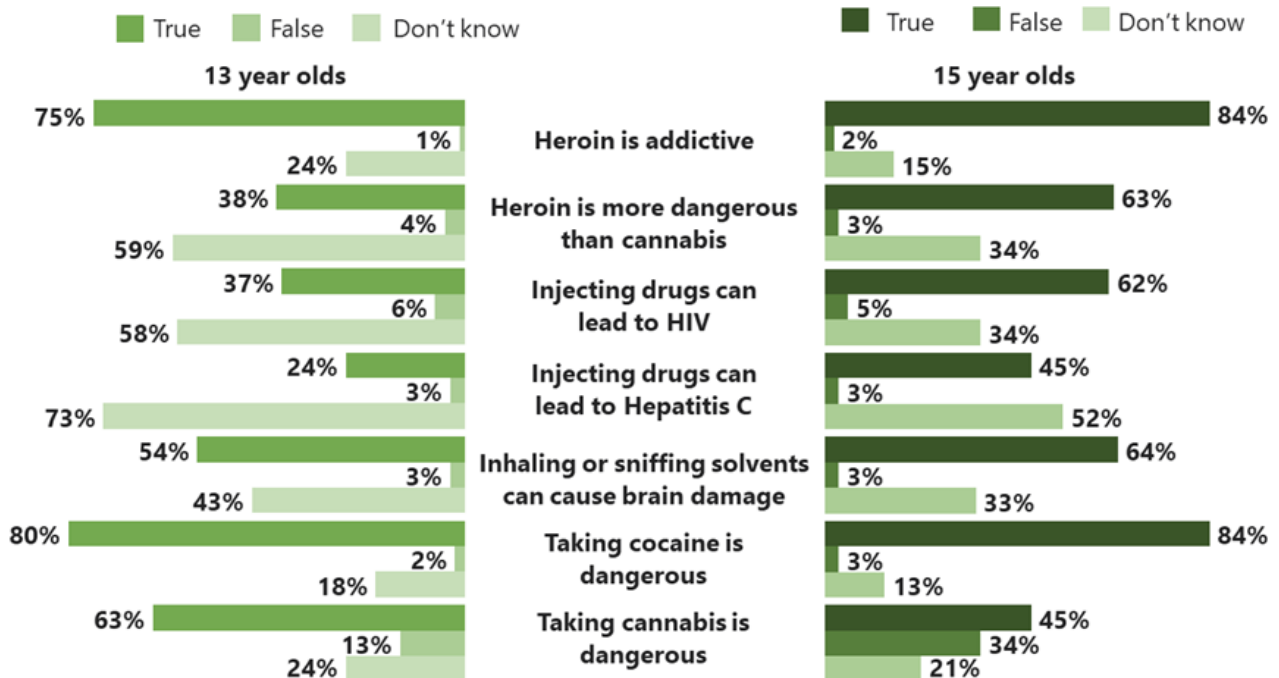
Pupils were given a number of (true) statements about the risks of drug use and asked if they thought they were true or false. They were most likely to think that the following statements about drugs were true: “taking cocaine is dangerous” and “heroin is addictive”.

For all but one of the statements, 15 year olds were more likely than 13 year olds to say that they were true. Thirteen year olds were more likely to answer “don’t know” to all statements (Figure 4.4).

The only statement thought to be “true” by a higher proportion of 13 year olds than 15 year olds was “taking cannabis is dangerous.” A third (34%) of 15 year olds stated that this was “false” (a much higher proportion than for any other statement).

Figure 4.4 Pupils’ perceptions of the risks of taking drugs, by age (2018)

Q. Please read the following statements about drugs and say if you think they are true or false.



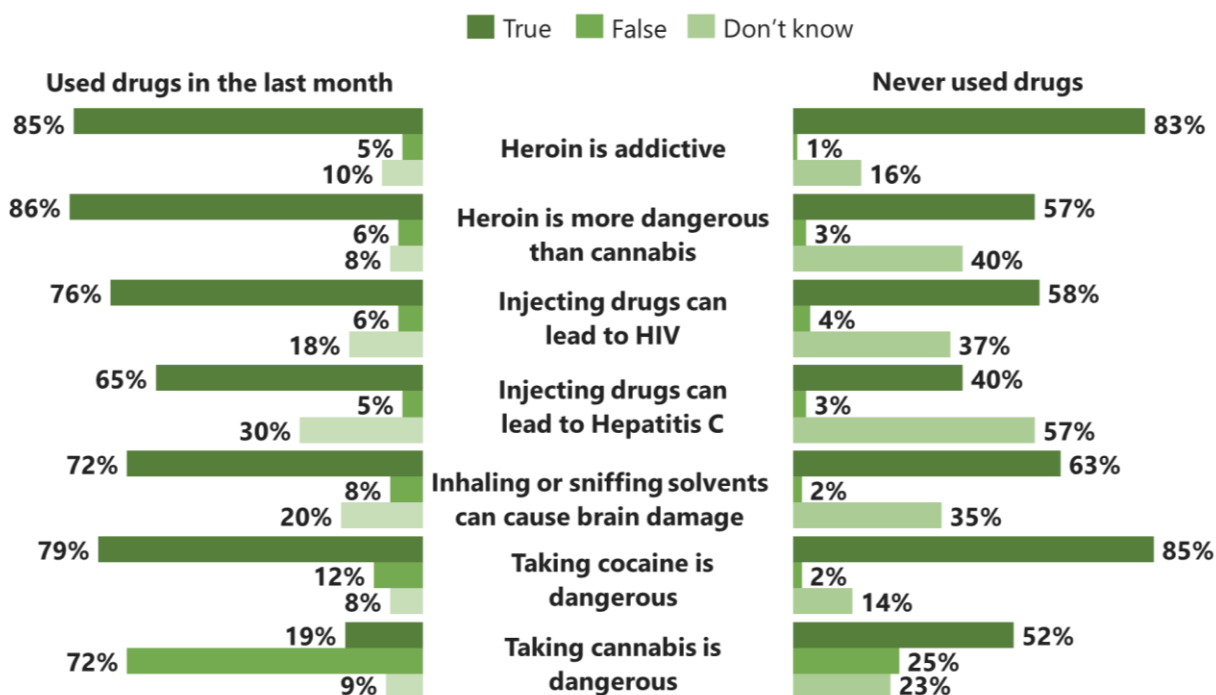
Base: all 13 year olds; all 15 year olds (for full base sizes please see Appendix B)

Pupils’ perceptions of the risks of taking drugs also varied depending on their drug use status. Pupils who had reported never using drugs were more likely than those who had used drugs within the last month to state they “don’t know” to all statements (Figure 4.5).

A higher proportion of recent users than those who have never used drugs, answered “true” to most statements. However, a much lower proportion of recent users (19%) compared with those who had never used drugs (52%), answered “true” to “taking cannabis is dangerous” (Figure 4.5). This is likely to reflect the fact that cannabis was the most commonly used drug among those who had used drugs in the last month.

Figure 4.5 15 year old pupils' perceptions of the risks of taking drugs, by own drug use (2018)

Q. Please read the following statements about drugs and say if you think they are true or false.



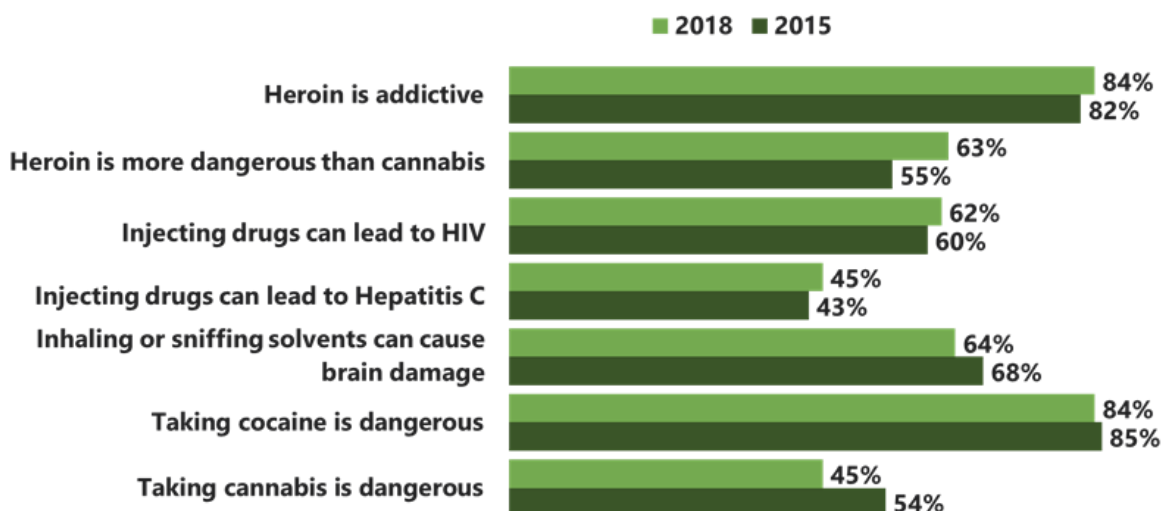
Base: 15 year old pupils who have used drugs in the last month; 15 year old pupils who have never used drugs (for full base sizes please see Appendix B)

Since 2015, there was an increase in the proportion of pupils who answered “true” to the statements “heroin is more dangerous than cannabis” (63% in 2018, compared to 55% in 2015), “heroin is addictive” (84% in 2018, compared to 82% in 2015), “injecting drugs can lead to HIV” (62% in 2018, compared to 60% in 2015), and “injecting drugs can lead to Hepatitis C” (45% in 2018, compared to 43% in 2015) (Figure 4.6).

Meanwhile, there was a decrease in the proportion of pupils who answered “true” to “taking cannabis is dangerous” (45% in 2018, compared to 54% in 2015), and “inhaling or sniffing solvents can cause brain damage” (64% in 2018, compared to 68% in 2015).

Figure 4.6 15 year olds who think statements are true (2015 to 2018)

Q. Please read the following statements about drugs and say if you think they are true or false.



Base: all 15 year olds in 2018; all 15 year olds in 2015 (for full base sizes please see Appendix B)

Attitudes to drug taking

Pupils were given a number of statements about attitudes to drug use and asked if they agreed or disagreed with them. Pupils from both age groups were most likely to agree with the statements “people my age who take drugs need help and advice”, “all people who sell drugs should be punished” and “people who take drugs are stupid”. They were less likely to agree that “it’s ok for people to take legal highs⁸” and “taking drugs is exciting” (Figure 4.7).

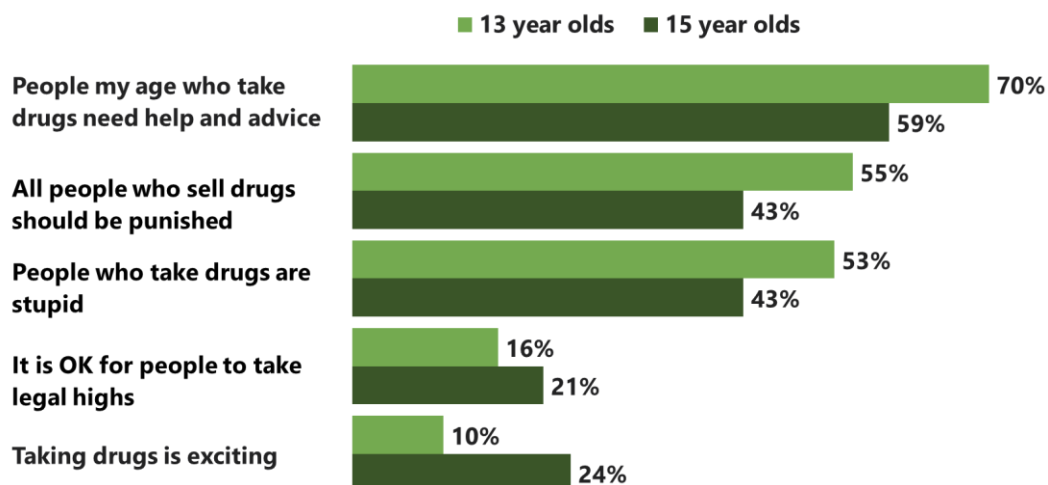
All of the attitudes have seen a change since 2015. Among 15 year olds, the proportion of pupils agreeing with the following statements has decreased since 2015: “people my age who take drugs need help and advice” (59% in 2018, compared with 63% in 2015), “all people who sell drugs should be punished” (43% in 2018, compared with 48% in 2015), and “people who take drugs are stupid” (43% in 2018, compared with 50% in 2015). Meanwhile there was an increase in the proportion of 15 year olds who agreed that “it is ok for people to take legal highs” (16% in 2018, compared with 10% in 2015) and “taking drugs is exciting” (10% in 2018, compared with 8% in 2015). Trends among 13 year olds were similar.

Overall, 13 year olds had more negative attitudes towards drug taking than 15 year olds.

⁸ Although the term ‘legal highs’ was used in the questionnaire, these are now referred to as Novel Psychoactive Substances (NPS).

Figure 4.7 Proportion of pupils agreeing with attitudes to drug taking statements, by age (2018)

Q. Please read the following statements and say if you agree or disagree.

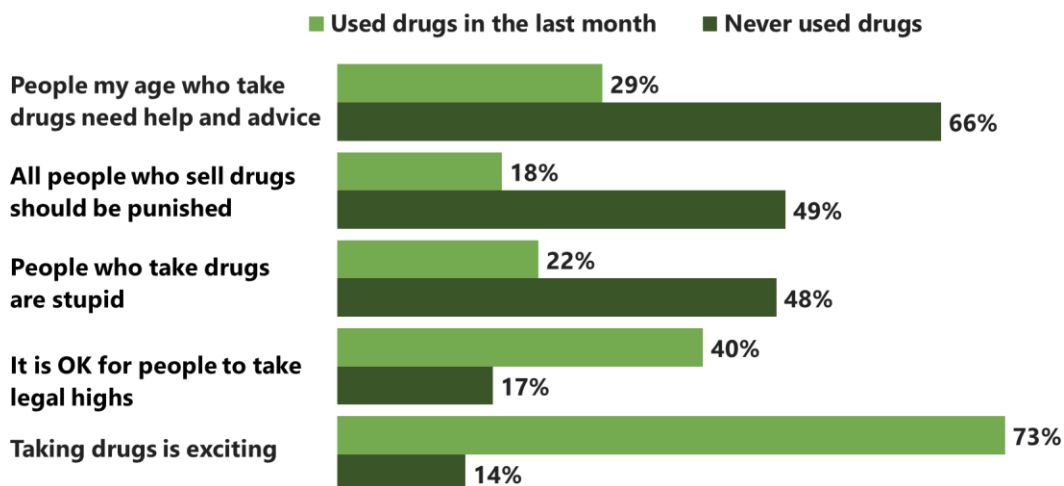


Base: all 13 year olds; all 15 year olds (for full base sizes please see Appendix B)

Pupils' attitudes towards drug taking varied greatly depending on their drug use status. Those who have never used drugs had much more negative views than those who have used drugs within the last month (Figure 4.8).

Figure 4.8 15 year old pupils' attitudes to drug taking, by drug use status (2018)

Q. Please read the following statements and say if you agree or disagree



Base: 15 year old pupils who have used drugs in the last month (1,218), 15 year olds pupils who have never used drugs (7,665)

5 Drugs education and support

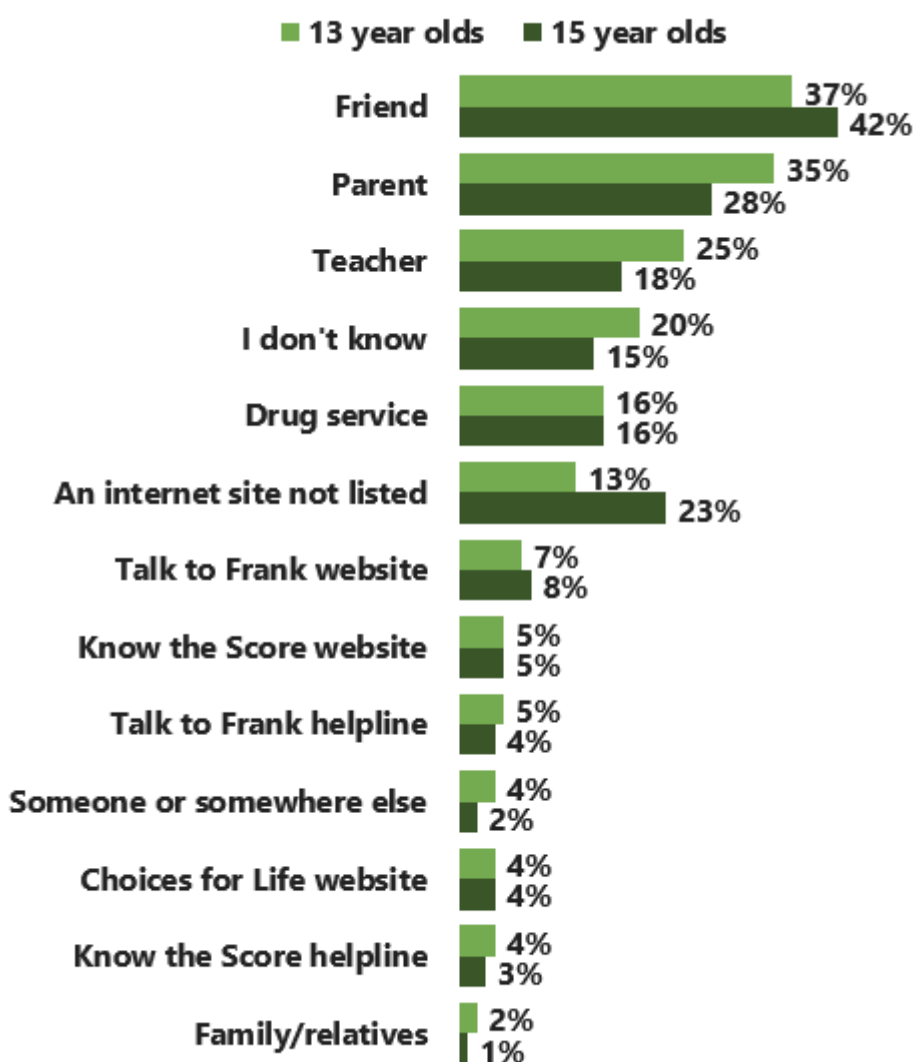
Where pupils would go for drugs information

Pupils who had used drugs were most likely to say that they would go to either a friend or a parent if they wanted more information about drugs. 13 year olds were about as likely to go to a friend or parent for advice, while 15 year olds were more likely to go to a friend (Figure 5.1).

Among both age groups, boys were more likely than girls to say that they would go to a parent (32% of boys, compared with 26% of girls) or teacher (22% of boys, compared with 17% of girls) for help. Girls were more likely than boys to say they would not know where to get help (20% of girls, compared with 13% of boys).

Figure 5.1 Where pupils would go if they wanted more information about drugs, by age (2018)

Q. If you wanted information about drugs, who/where would you go to?



Base: 13 year olds who have ever taken drugs (644), all 15 year olds who have ever taken drugs (1,891)

Drugs education

Two thirds (66%) of pupils from each age group had received lessons, videos/DVDs or discussion in class about drugs.

There was no difference in the likelihood of having received lessons, videos/DVDs or discussions in class about drugs between those who had taken drugs in the last month and those who had not.

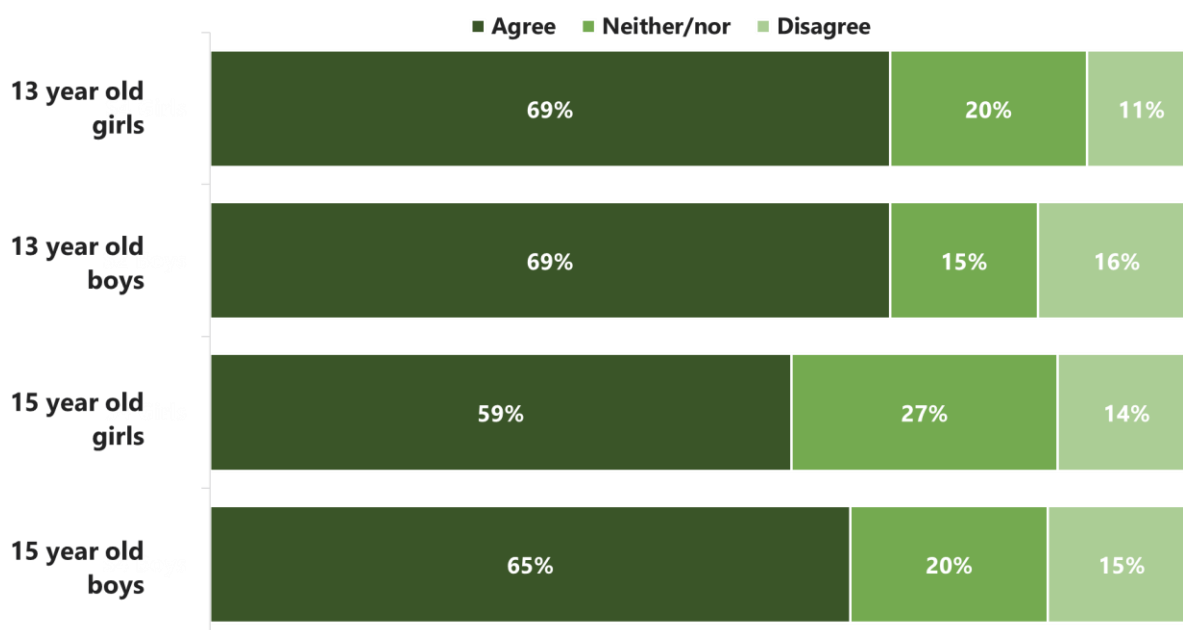
School advice and support

The majority of pupils thought that their school was providing them with enough advice and support about taking drugs (69% of 13 year olds and 62% of 15 year olds).

While there were no gender differences among 13 year olds, 15 year olds girls were less likely than 15 year old boys to agree that they received enough advice and support about taking drugs – 59% of 15 year old girls, compared with 65% of 15 year old boys (Figure 5.2).

Figure 5.2 Advice and support about using drugs, by age and sex (2018)

Q. To what extent do you agree or disagree with the following statement? My school provides me with enough advice and support about...? Taking drugs

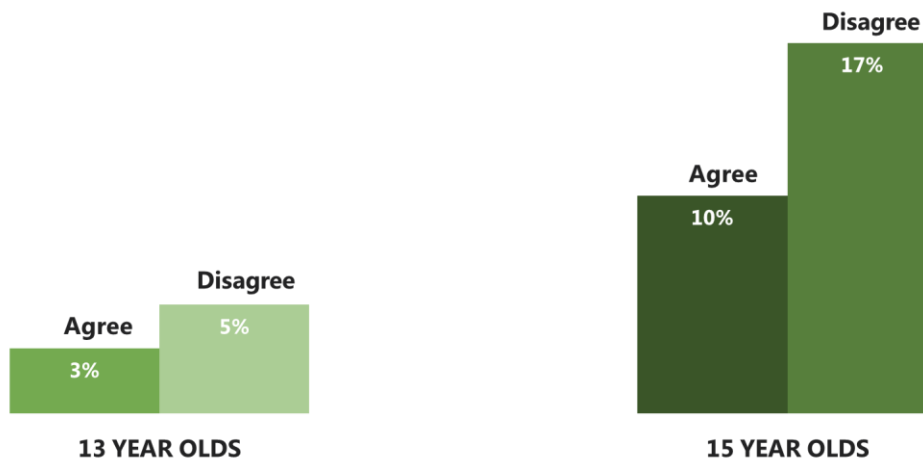


Base: all 13 year old boys (5,099), all 13 year old girls (5,261), all 15 year old boys (4,392), all 15 year olds girls (4,655)

Among both age groups, those that agreed that their school provided them with enough advice and support about taking drugs were less likely to have used drugs in the last month than those that disagreed (Figure 5.3).

Figure 5.3 Comparison of prevalence of drug use among those who agree/disagree that their school provides them with enough advice and support about taking drugs (2018)

Q. To what extent do you agree or disagree with the following statement? My school provides me with enough advice and support about...? Taking drugs



Base: all pupils who agreed/disagreed that their school provides them with enough advice and support about taking drugs (for full base sizes please see Appendix B)

Amount learned in school about drugs

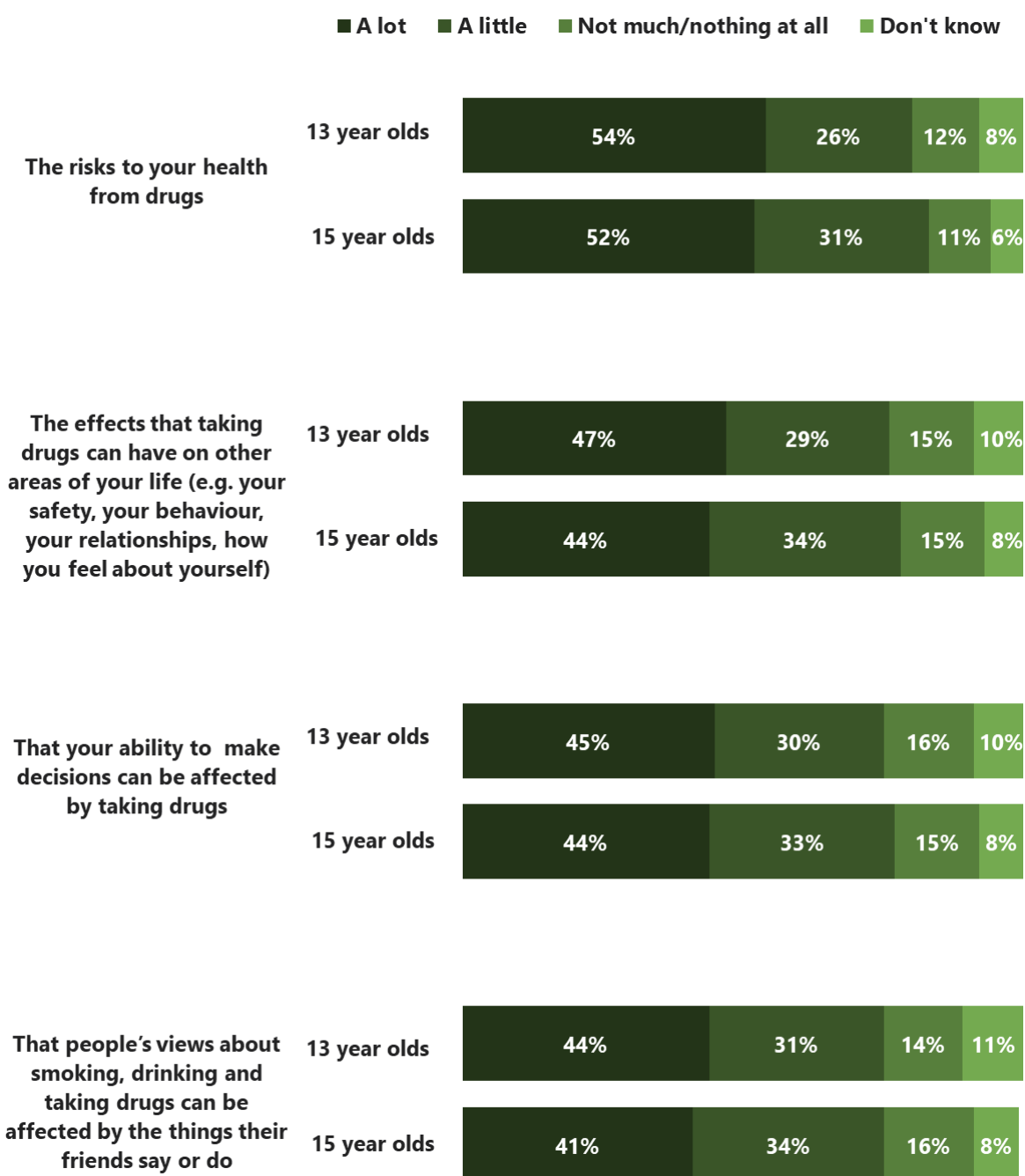
Pupils were asked how much they had learned at school about a series of topics relating to drugs. At least 40% said that they had learned 'a lot' about each of the topics (Figure 5.4).

Pupils in both age groups were most likely to say that they had learned 'a lot' about the risks to their health from drugs.

Overall, boys were more likely to say that they learned a lot about each topic.

Figure 5.4 Amount learned about drugs at school, by age (2018)

Q. In school, how much have you learned about the following?

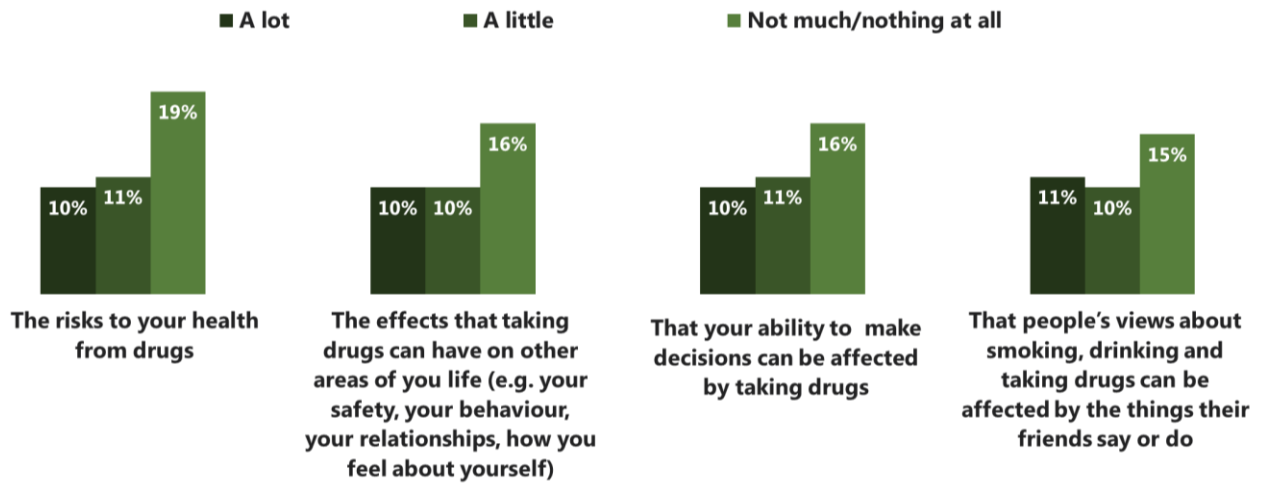


Base: all 13 year olds (10,975), all 15 year olds (9,576)

Across all four topics, those that said they had learned ‘a little’ or ‘a lot’ were less likely to have used drugs in the last month than those who learned ‘not much’ or ‘nothing at all’ (Figure 5.5). This was the case for both 13 and 15 year olds.

Figure 5.5 Comparison of prevalence of drug use among 15 year olds by how much they say they have learned about drug topics in school (2018)

Q. In school, how much have you learned about the following?



Base: 15 year olds who learned a lot about drug topics, 15 year olds who learned a little, 15 year olds who learned not much/nothing at all (for full base sizes please see Appendix B)

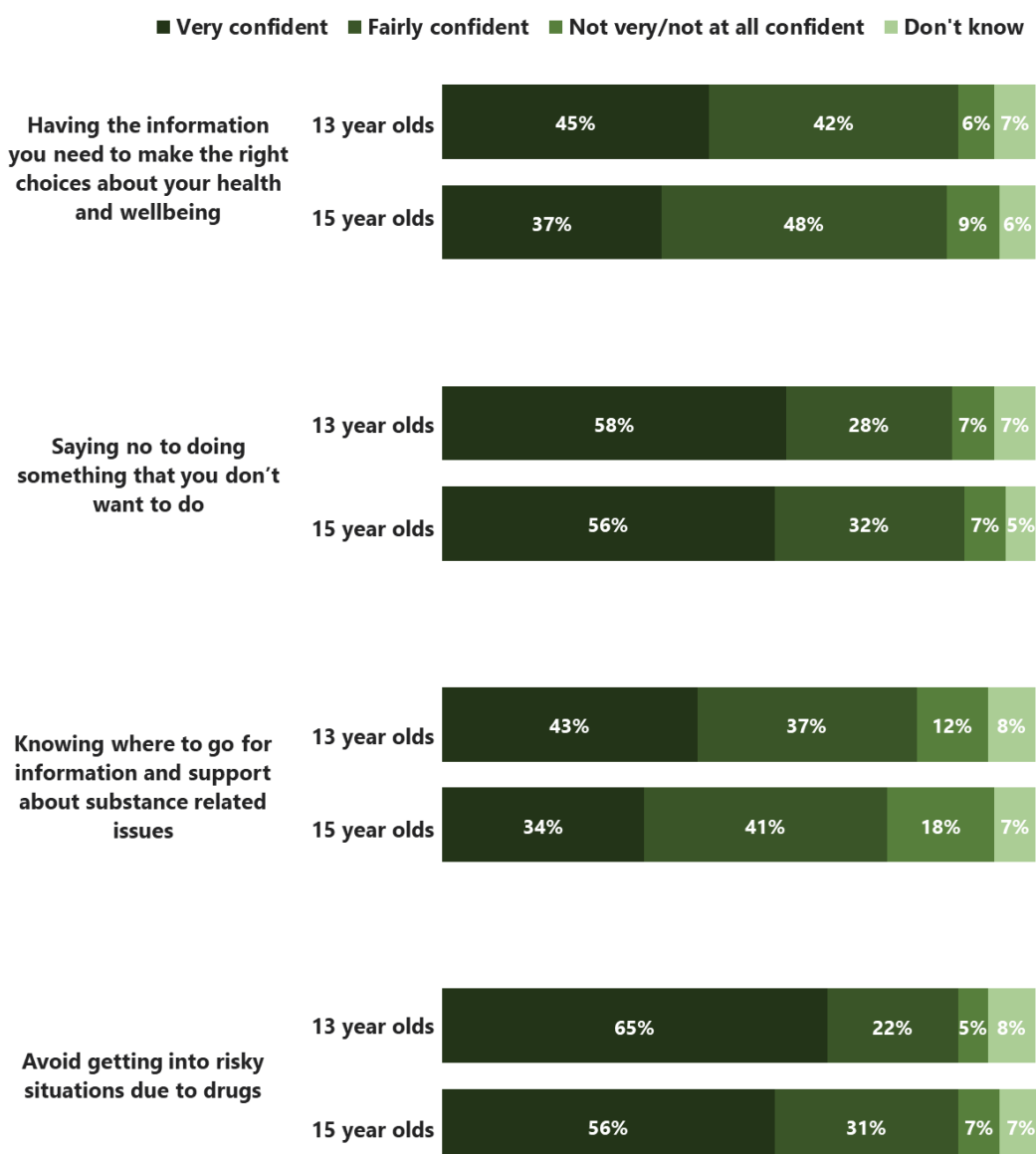
Confidence in health and wellbeing choices

Pupils were asked how confident they were about four aspects of health and wellbeing. Across each, the majority of pupils of both age groups reported that they felt confident in their health and wellbeing choices. 13 year olds were more likely than 15 year olds to feel confident that they had the information they needed to make the right choices about their health and wellbeing, and that they knew where to go for information and support about substance related issues (Figure 5.6).

Across both age groups, boys were more likely to say they knew where to go for information and support about substance use related issues (82% of 13 year old boys, compared with 78% of girls, and 79% of 15 year old boys, compared with 72% of girls). 15 year old boys were more likely than 15 year old girls to say they had the information they need to make the right choices about their health and wellbeing (87% of 15 year old boys, compared with 84% of girls)

Figure 5.6 Confidence in health and wellbeing choices, by age (2018)

Q. Thinking about the future, how confident do you feel about...?

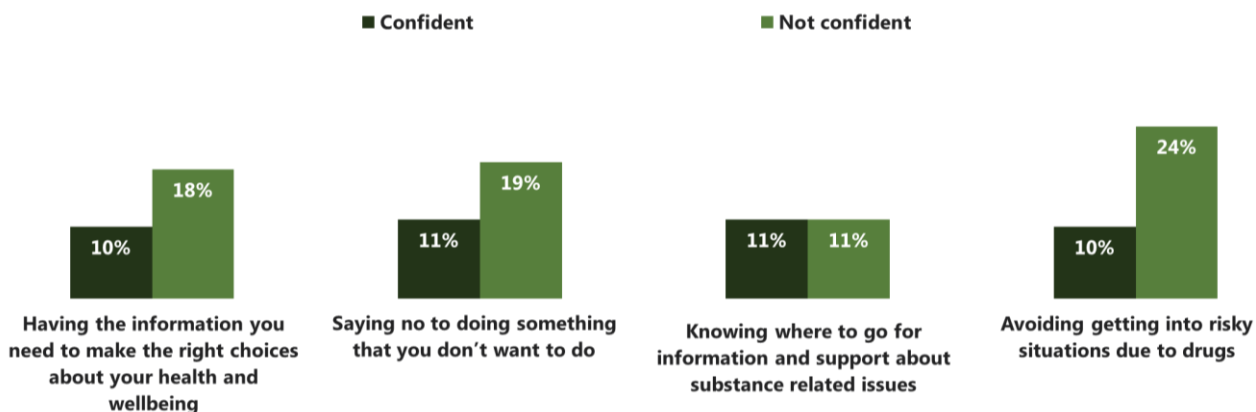


Base: all 13 year olds; all 15 year olds (for full base sizes please see Appendix B)

Feeling less confident about health and wellbeing choices was associated with drug use in the last month. Among 15 year olds, those who did not feel confident were more likely to have used drugs in the last month than those who did not (Figure 5.7). There was one exception to this: there was no difference in drug use in relation to confidence about knowing where to go for information and support about substance related issues.

Figure 5.7 Comparison of prevalence of drug use among 15 year olds, by confidence in future health and wellbeing choices (2018)

Q. Thinking about the future, how confident do you feel about...?



Base: 15 year olds who were confident about their future health and wellbeing choices, 15 year olds who were not confident (for full base sizes please see Appendix B)

6 Risk factors and protective factors

The charts in this chapter show the proportion of pupils who had used drugs in the last month among different subgroups of 13 and 15 year olds. For example, the first chart in Figure 6.1 shows that 5% of 13 year olds and 17% of 15 year olds who live with a single parent used drugs in the last month.

Family

A number of aspects of family life were associated with drug use in the month before the survey. These were: who you live with; maternal awareness; paternal awareness; family communication and caring responsibilities (Figure 6.1).

Who you live with

Among 13 year olds, those living with a single parent were more likely to have used drugs in the last month than those who lived with both parents (there was no statistically significant difference between those living with a step-parent and both parents), while among 15 year olds, those living with either a single or step parent were more likely to have used drugs in the last month than those who lived with both parents.

Maternal and paternal awareness

All pupils were asked 'How much does your mother really know about...': 'Who your friends are?'; 'How you spend your money?'; 'Where you are after school?'; 'Where you go at night?'; and 'What you do in your free time?'. For each, pupils were asked whether they thought their mother knew 'a lot', 'a little' or 'nothing'. A composite score for maternal awareness was calculated. The same questions were asked to establish their father's awareness.

Among both age groups, drug use in the last month was higher among those who thought that their mother knew a below average amount about what they do and who they are with. The same pattern emerged for father's perceived knowledge of activities, although to a slightly lesser degree.

Family communication

Across both age groups, those that said they would be likely to talk to their family if they felt worried about something were less likely to have taken drugs in the last month than those who would not.

Caring responsibilities

Among both age groups, those with caring responsibilities were more likely to have used drugs in the last month than those who did not.

Figure 6.1 Comparison of prevalence of drug use, by factors relating to family life and age (2018)

13 YEAR OLDS **15 YEAR OLDS**

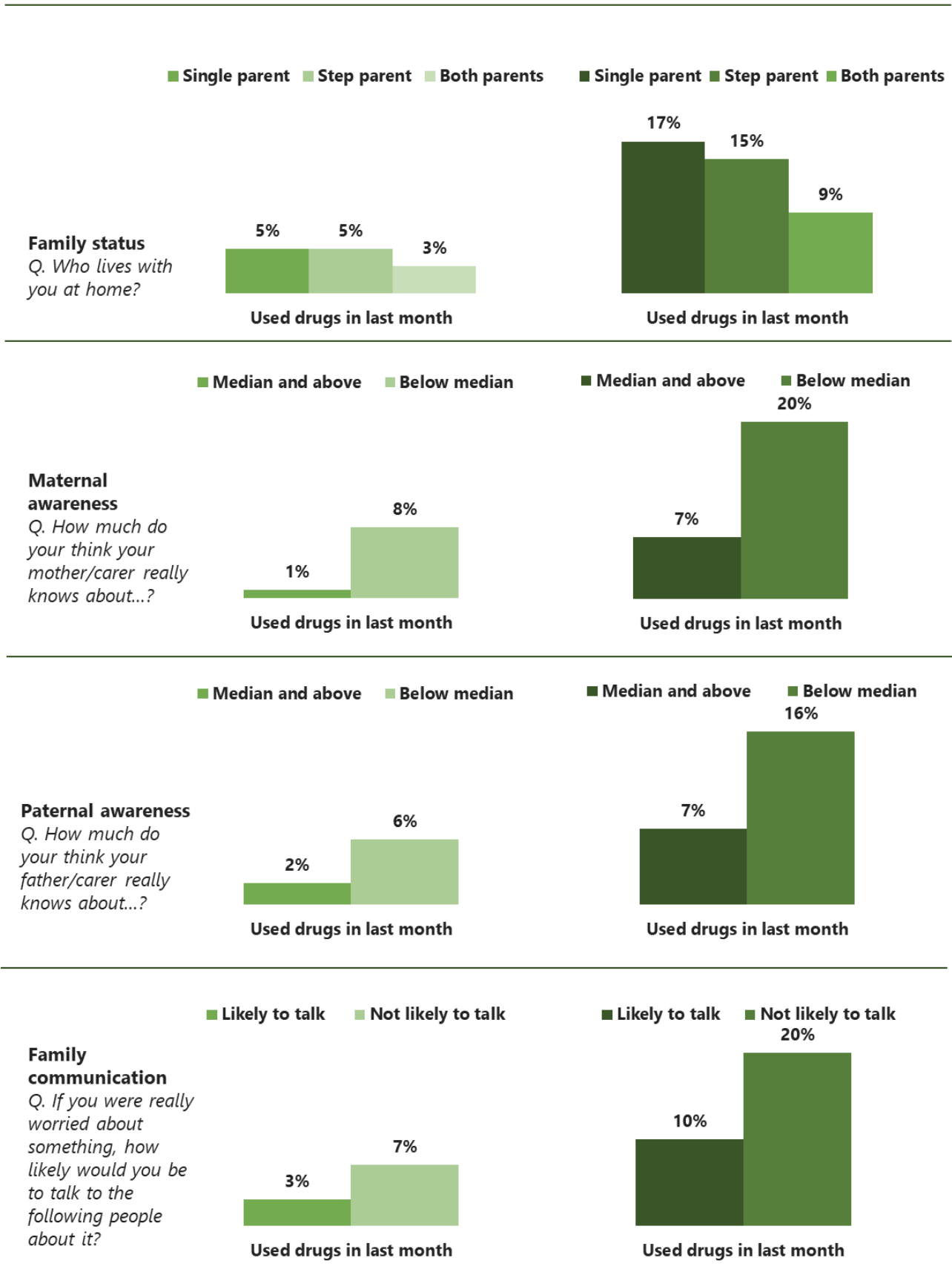
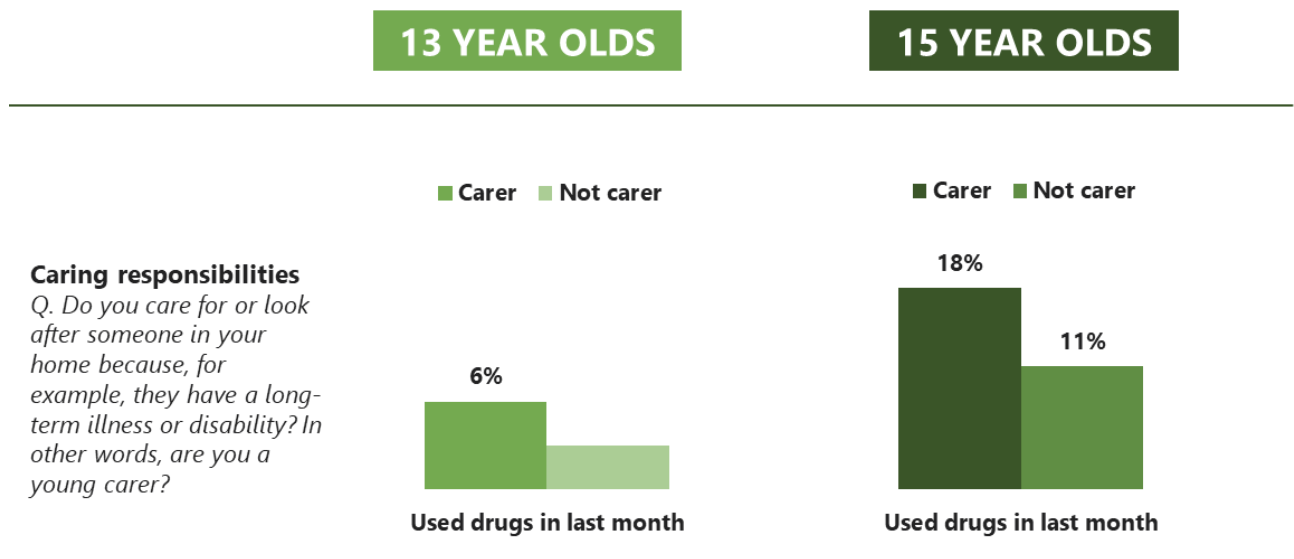


Figure 6.1 – continued – Comparison of prevalence of drug use, by factors relating to family life and age (2018)



Base: all pupils (for full base sizes please see Appendix B)

Friends and leisure activities

Aspects of a pupil's social life were also associated with having used drugs in the last month. These were: number of close friends; age of friends; number of evenings spent out with friends; and amount of own cash to spend (Figure 6.2).

Number of friends

Pupils with no close friends were more likely to have used drugs in the last month than those who had one or more close friends.

Age of friends

Pupils with mostly older friends were more likely to have used drugs in the last month than those who had younger friends or friends about the same age. Among 15 year olds, having friends of mixed ages was also associated with a higher likelihood of using drugs in the last month, but this was not the case among 13 year olds.

Number of evenings spent out with friends

The greater the number of evenings pupils spent out with friends in a week, the greater the likelihood that they had used drugs in the last month.

Amount of own cash to spend

Pupils with more money of their own to spend were more likely to have used drugs in the last month.

Leisure activities

Among 15 year olds, pupils who had never used drugs were more likely than those who had used drugs in the last month to regularly play sports, read books, do a hobby or volunteer. In contrast, with the exception of reading magazines and going to church, 15 year olds who had used drugs in the last month were more likely than those who had never used drugs to take part in all other activities (Figure 6.3).

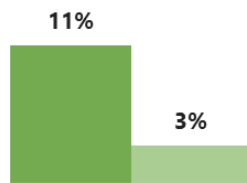
Figure 6.2 Comparison of prevalence of drug use, by factors relating to friendships and age (2018)

13 YEAR OLDS **15 YEAR OLDS**

Number of friends

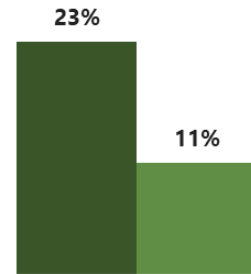
Q. How many close friends would you say you have?

■ None ■ One or more



Used drugs in last month

■ None ■ One or more

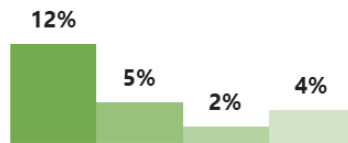


Used drugs in last month

Age of friends

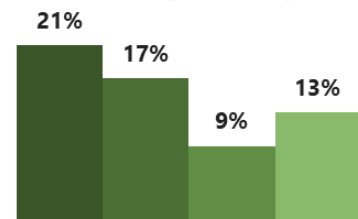
Q. Are your friends older, younger, or about the same age as you?

■ Older than me ■ Mixed ages
■ About the same age ■ Younger than me



Used drugs in last month

■ Older than me ■ Mixed ages
■ About the same age ■ Younger than me

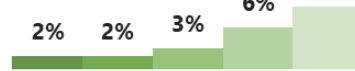


Used drugs in last month

Number of evenings spent with friends

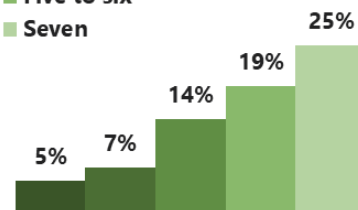
Q. Thinking about a typical week, how many evenings do you spend with friends?

■ None
■ One to two
■ Three to four
■ Five to six
■ Seven



Used drugs in last month

■ None
■ One to two
■ Three to four
■ Five to six
■ Seven

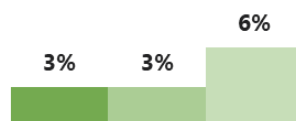


Used drugs in last month

Own cash to spend

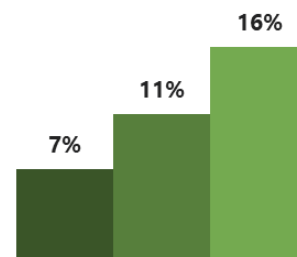
Q. How much money of your own do you have most weeks to spend as you like?

■ Under £5 ■ £5-£20 ■ More than £20



Used drugs in last month

■ Under £5 ■ £5-£20 ■ More than £20

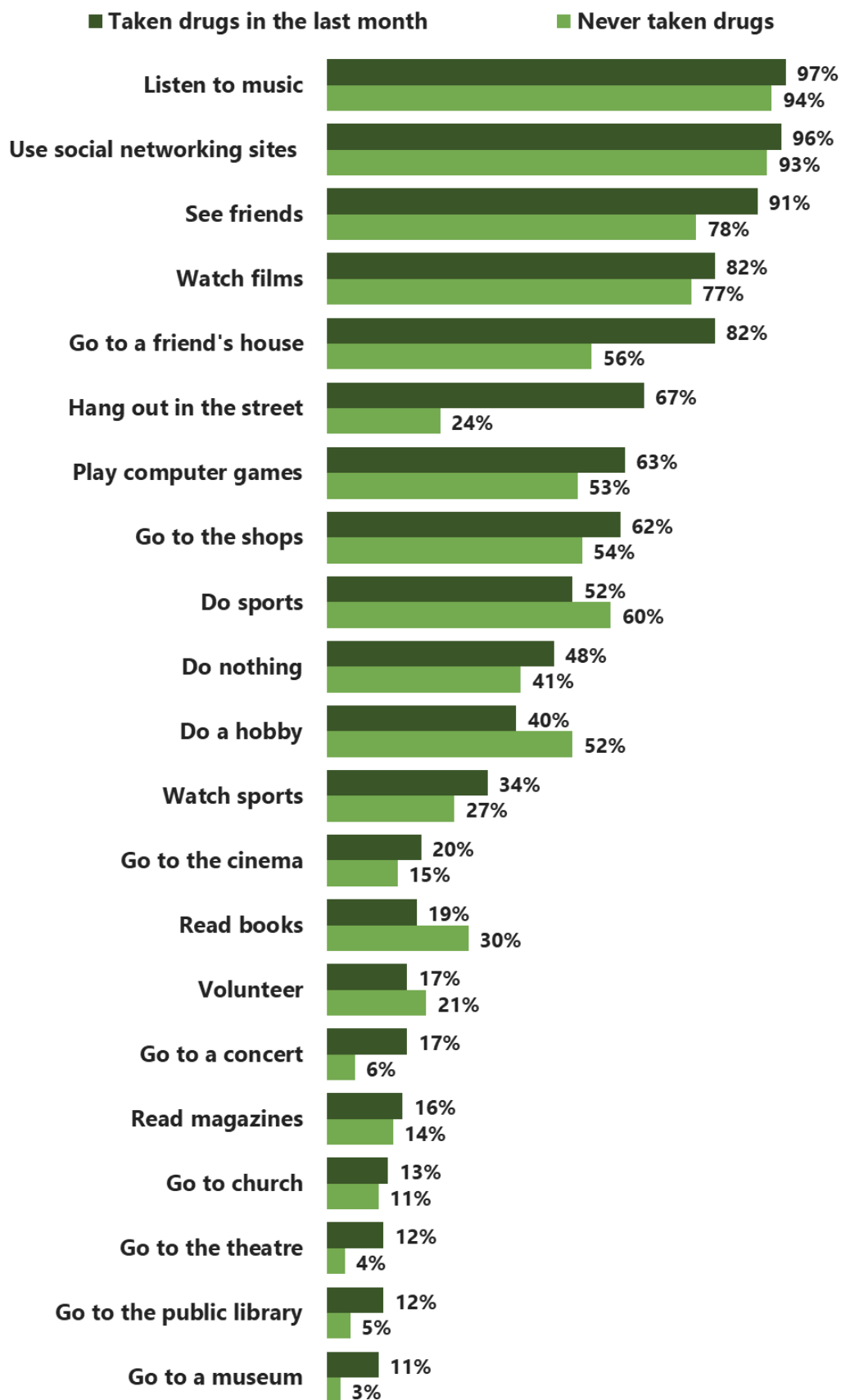


Used drugs in last month

Base: all pupils (for full base sizes please see Appendix B)

Figure 6.3 Percentage of 15 year old pupils reporting taking part in leisure activities at least weekly, by drug use status (2018)

Q. Here is a list of things that young people sometimes do in their free time, when they aren't at school. What about you?



Base: all 15 year olds (for full base sizes please see Appendix B)

School

Factors relating to a pupils' engagement with school had a strong relationship with drug use. The more engaged a pupil was with school the less likely they were to have used drugs in the last month. The main factors were: enjoying school; feeling pressured by schoolwork; exclusion from school; and truanting (Figure 6.4). Post-school expectations were also related to drug use in the last month.

Enjoying school

Pupils who didn't like school were more likely to have used drugs in the last month than those who did like school.

Feeling pressured by schoolwork

At age 13 those who felt pressured by schoolwork a lot of the time or who never felt pressured were more likely to have used drugs in the last month than those who only sometimes felt pressured.

However, among 15 year olds, those who never felt pressured were substantially more likely to have used drugs in the last month.

Exclusion from school

Pupils who had been excluded from secondary school were more likely to have used drugs in the last month than those who had not been excluded. 13 year olds who had been excluded were five times more likely to have used drugs in the last month than 13 year olds who had not been excluded, while 15 year olds who had been excluded were more than twice as likely to have used drugs in the last month than 15 year olds who had not been excluded.

Truanting

Truancy was strongly correlated with drug use in the last month. Among both age groups, the more frequently a pupil truanted, the more likely they were to have used drugs in the last month.

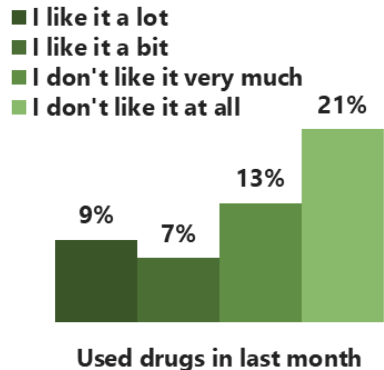
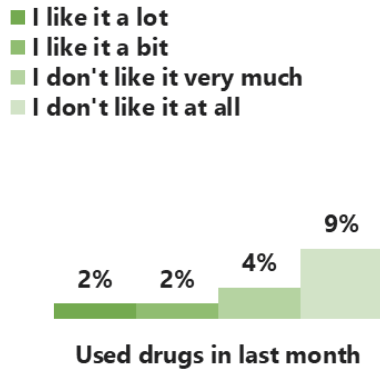
Post-school expectations

Among both age groups (although to a lesser extent at age 13), those that said they expected to go to university after school were less likely to have reported using drugs in the last month than those who did not expect to go to university. Among 15 year olds, drug use in the last month was particularly prevalent among those who thought they would complete an apprenticeship after they leave school.

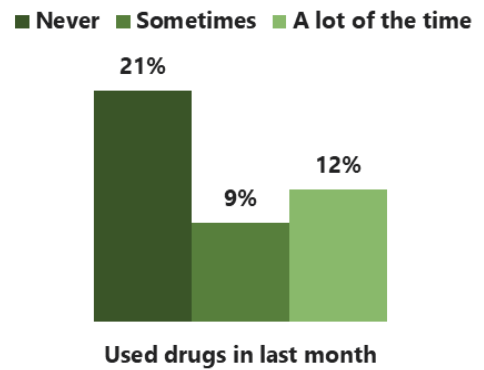
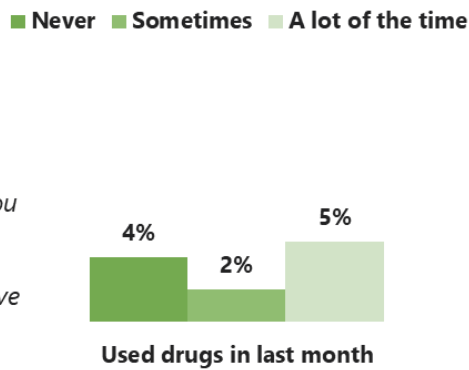
Figure 6.4 Comparison of prevalence of drug use, by school variables and age (2018)

13 YEAR OLDS **15 YEAR OLDS**

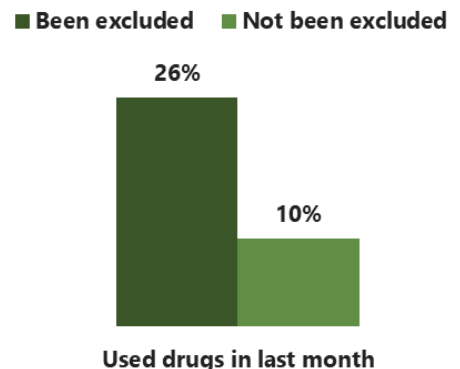
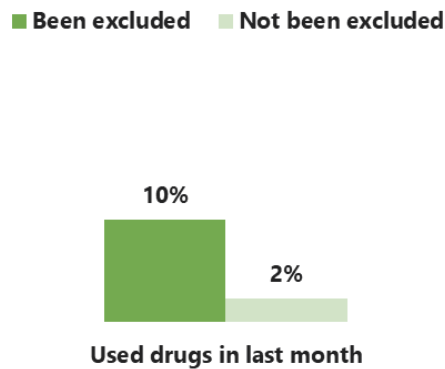
Liking school
 Q. How much do you like school at the moment?



Feeling pressured
 Q. How often do you feel strained or pressured by the schoolwork you have to do?



Exclusion
 Q. Since you started secondary school, have you been excluded?



Truancing
 Q. In the past year, how many times did you skip or skive school?

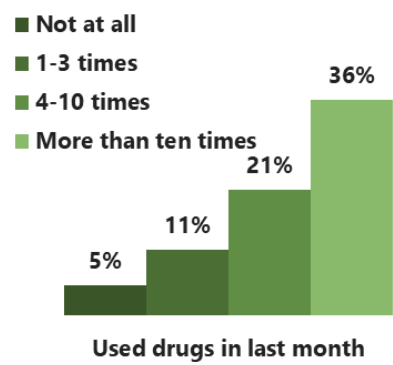
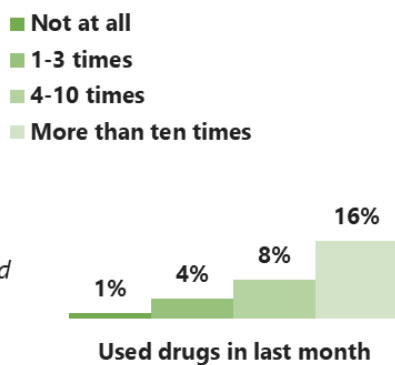
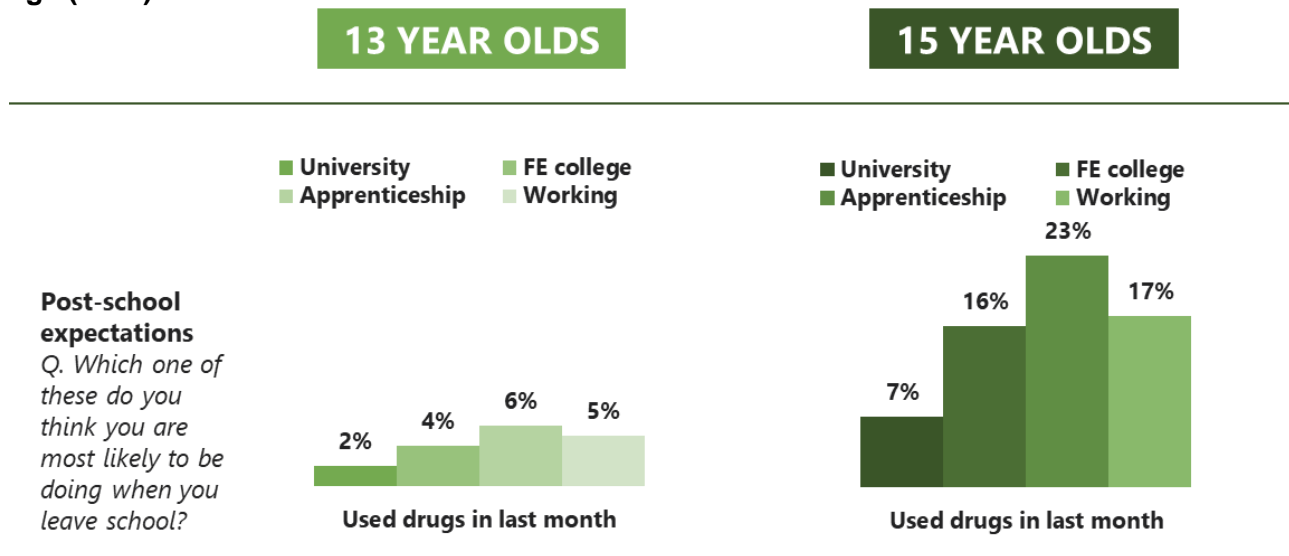


Figure 6.4 – continued – Comparison of prevalence of drug use, by school variables and age (2018)



Base: all pupils (for full base sizes please see Appendix B)

Inequalities

Inequalities related to health and wellbeing had a stronger relationship with drug use in the last month than deprivation. The main factors were: self-rated health; whether a pupil had an illness or disability; emotional and behavioural problems; and mental wellbeing (Figure 6.5).

Self-rated health

Among both age groups, pupils who rated their health as 'bad' were more likely to have used drugs in the last month than those who rated their health as 'good'.

Long-term illness or disability

Pupils who said they had a long-term illness or disability were more likely to have used drugs in the last month than those who did not.

Emotional and behavioural problems

Emotional and behavioural problems are assessed through the "Strengths and Difficulties Questionnaire" (SDQ) in SALSUS⁹. The questionnaire contains 5 scales: emotional problems, conduct problems, hyperactivity problems, peer problems and pro-social behaviour. The SDQ score is a composite measure derived from the first 4 scales listed and provides an overall indicator of emotional and behavioural problems.

Pupils with borderline or abnormal scores for emotional wellbeing and behavioural conduct were more likely to have used drugs in the last month.

Mental wellbeing

Mental wellbeing is assessed in SALSUS using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). This is a scale of 14 positively worded items, with five response categories per item. The scale is scored by summing the response to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. The higher a respondent's score, the better their mental wellbeing.

Among both age groups, those with a below average score for mental wellbeing were more likely to have used drugs in the last month than those with an average or above average score.

Area deprivation¹⁰

Area-based deprivation is assessed using the Scottish Index of Multiple Deprivation (SIMD). This is used to provide an indication of material disadvantage in individual pupils.

Among both age groups there was no relationship between using drugs in the last month and SIMD.

⁹ The terminology used to describe SDQ scores is borrowed from the original SDQ questionnaire designed by Robert Goodman. While the terms 'normal', 'borderline' and 'abnormal' may seem outdated in the context of the language used to describe mental wellbeing today, they have been retained in this report to draw comparisons to previous years.

¹⁰ For full details of how area deprivation is calculated and its limitations please see the SALSUS 2018 Technical Report.

Figure 6.5 Comparison of prevalence of drug use, by inequalities and age (2018)

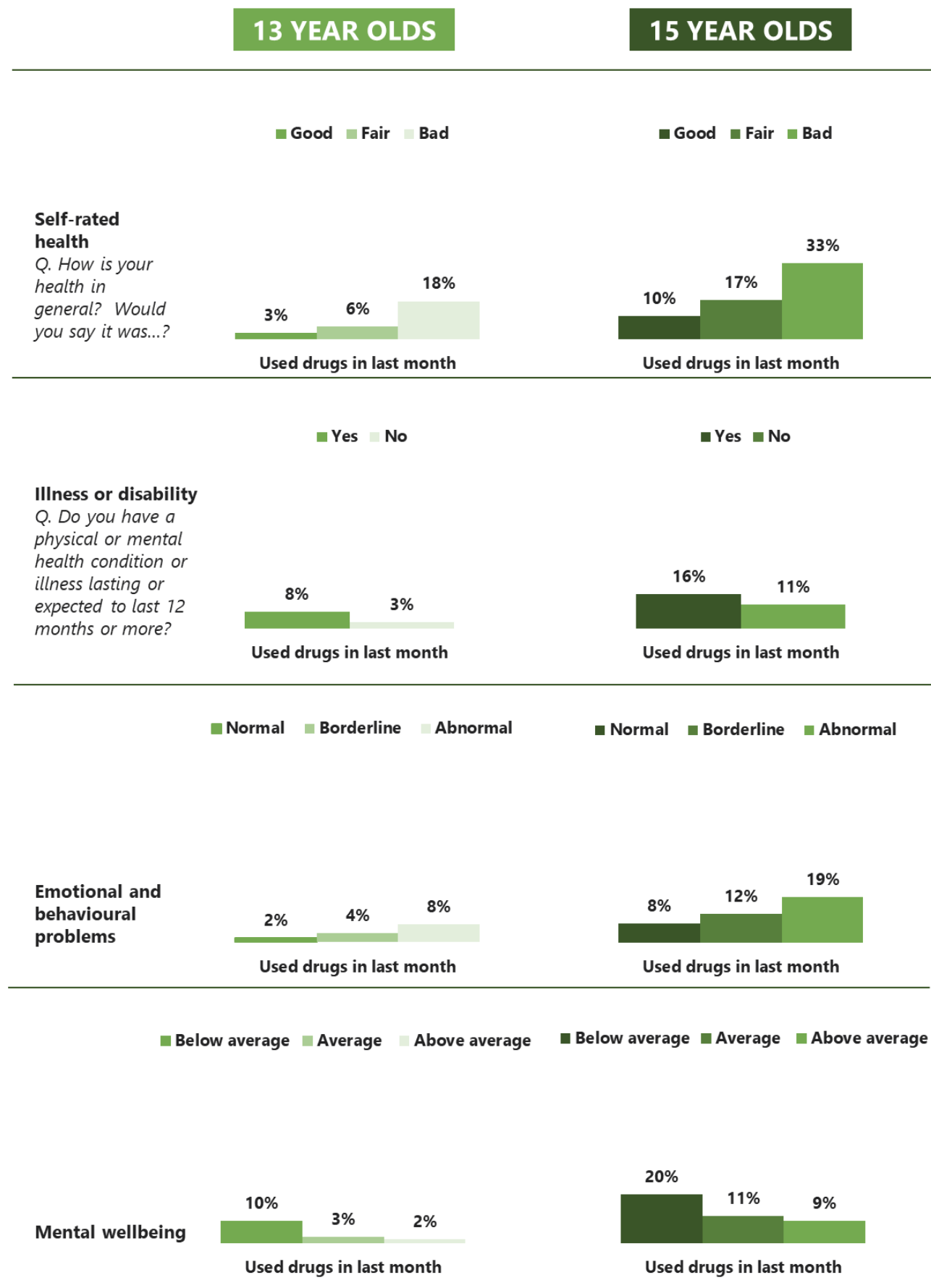


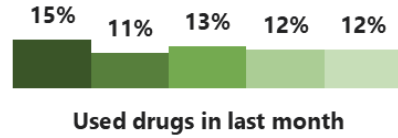
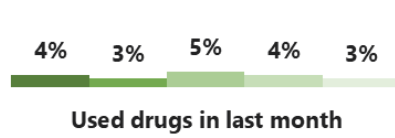
Figure 6.5 – continued – Comparison of prevalence of drug use, by inequalities and age (2018)

13 YEAR OLDS

15 YEAR OLDS

■ 1 - most deprived ■ 2 ■ 3 ■ 4 ■ 5 - least deprived ■ 1 - most deprived ■ 2 ■ 3 ■ 4 ■ 5 - least deprived

Scottish Index of Multiple Deprivation



Base: all pupils (for full base sizes please see Appendix B)

Appendix A: Changes to the 2018 drug questions

No new drug questions were added to or removed from the 2018 survey.

The following were amended:

- For the questions 'Have you ever been offered any of the following drugs?' and 'When was the last time you ever used or took any of the following?', the names of the following drugs were updated (additions in bold):
 - Gas, Glue or other solvents (Tipp-Ex, lighter fuel, aerosols, NO, laughing gas, **nitrous oxide, noitrous or noz**) – To inhale or sniff
 - Tranquilisers (downers, benzos, Valium, vallies, blues, Temazepam, **Xanax, Xans**)

Appendix B: Base Tables

Table B.1 Bases for Figure 2.4 Proportion of pupils who had used drugs in the last month, by sex and age (1998-2018)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
1998	303	314	561	552
2000	624	582	592	571
2002	6027	6274	5278	5271
2004	1810	1736	1672	1742
2006	5821	5834	5649	5451
2008	2655	2710	2310	2337
2010	9788	9532	9118	8746
2013	8703	8657	8203	8047
2015	6209	6550	5496	5498
2018	5684	5634	4719	4844

Table B.2 Bases for Figure 2.6 Proportion of pupils who were drinking alcohol the last time they used drugs, by sex and age (2002-2018)

	13 year old boys who have ever used drugs	13 year old girls who have ever used drugs	15 year old boys who have ever used drugs	15 year old girls who have ever used drugs
2002	948	710	2013	1873
2004	268	210	568	595
2006	434	369	1458	1322
2008	189	147	581	501
2010	512	418	2076	1512
2013	419	322	1478	1260
2015	320	241	1056	803
2018	374	261	1079	811

Table B.3: Bases for Figure 3.1 Proportion of pupils ever offered drugs, by sex and age (1998-2018)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
1998	306	315	562	554
2000	619	577	593	570
2002	5862	6155	5242	5240
2004	1784	1732	1673	1732
2006	5573	5690	5484	5368
2008	2423	2584	2229	2301
2010	9081	9142	8761	8562
2013	8164	8322	7930	7894
2015	6325	6651	5625	5605
2018	5784	5750	4856	4948

Table B.4: Bases for Figure 3.5 Proportion of pupils who think it would be very or fairly easy to get drugs, by age and sex (2002-2018)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2002	5808	6103	5202	5217
2004	1761	1708	1647	1731
2006	5405	5552	5339	5299
2008	2453	2572	2217	2278
2010	8885	8879	8534	8372
2013	8114	8276	7854	7822
2015	6097	6464	5446	5504
2018	5557	5605	4675	4853

Table B.5: Bases for Figure 4.1 Acceptability of trying cannabis, by age and gender (2006-2018)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2006	5917	5900	5714	5491
2008	2655	2710	2310	2337
2010	9788	9532	9118	8746
2013	8703	8657	8203	8047
2015	6067	6463	5379	5449
2018	5522	5599	4618	4829

Table B.6: Bases for Figure 4.2 Acceptability of trying cocaine, by age and gender (2006-2018)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2006	5917	5900	5714	5491
2008	2655	2710	2310	2337
2010	9788	9532	9118	8746
2013	8703	8657	8203	8047
2015	6068	6481	5371	5464
2018	5513	5595	4611	4829

Table B.7: Bases for Figure 4.3 Acceptability of trying glue sniffing, by age and gender (2006-2018)

	All 13 year old boys	All 13 year old girls	All 15 year old boys	All 15 year old girls
2006	5917	5900	5714	5491
2008	2655	2710	2310	2337
2010	9788	9532	9118	8746
2013	8703	8657	8203	8047
2015	6070	6481	5386	5457
2018	5524	5593	4617	4833

Table B.8: Bases for Figure 4.4 Pupils' perceptions of the risks of taking drugs, by age (2018)

	13 year olds	15 year olds
Heroin is addictive	11613	9984
Heroin is more dangerous than cannabis	11614	9987
Injecting drugs can lead to HIV	11599	9980
Injecting drugs can lead to Hepatitis C	11576	9967
Inhaling or sniffing solvents can cause brain damage	11583	9978
Taking cocaine is dangerous	11597	9968
Taking cannabis is dangerous	11560	9940

Table B.9: Bases for Figure 4.5 15 year old pupils' perceptions of the risks of taking drugs, by own drug use (2018)

	Used drugs in the last month	Never used drugs
Heroin is addictive	1238	7699
Heroin is more dangerous than cannabis	1234	7703
Injecting drugs can lead to HIV	1238	7692
Injecting drugs can lead to Hepatitis C	1231	7687
Inhaling or sniffing solvents can cause brain damage	1235	7695
Taking cocaine is dangerous	1236	7684
Taking cannabis is dangerous	1230	7660

Table B.10: Bases for Figure 4.6 15 year olds who think statements are true (2015 to 2018)

	2015	2018
Heroin is addictive	10904	9984
Heroin is more dangerous than cannabis	10903	9987
Injecting drugs can lead to HIV	10897	9980
Injecting drugs can lead to Hepatitis C	10884	9967
Inhaling or sniffing solvents can cause brain damage	10891	9978
Taking cocaine is dangerous	10894	9968
Taking cannabis is dangerous	10876	9940

Table B.11: Bases for Figure 4.7 Proportion of pupils agreeing with attitudes to drug taking statements, by age (2018)

	13 year olds	15 year olds
People my age who take drugs need help and advice	11517	9887
All people who sell drugs should be punished	11476	9859
People who take drugs are stupid	11427	9850
It is OK for people to take legal highs	11505	9883
Taking drugs is exciting	11521	9898

Table B.12: Bases for Figure 4.8 15 year old pupils' attitudes to drug taking by drug use status (2018)

	Used drugs in the last month	Never used drugs
People my age who take drugs need help and advice	1112	738
All people who sell drugs should be punished	1116	736
People who take drugs are stupid	1110	736
It is OK for people to take legal highs	1112	744
Taking drugs is exciting	1109	739

Table B.13: Bases for Figure 5.3 Comparison of prevalence of drug use among those who agree/disagree that their school provides them with enough advice and support about taking drugs (2018)

	13 year olds	15 year olds
Agree	7266	5784
Disagree	1515	1405

Table B.14: Bases for Figure 5.4 Amount learned about drugs at school, by age (2018)

	13 year olds	15 year olds
The risks to your health from drugs	10814	9370
The effects that taking drugs can have on other areas of your life	10812	9379
That your ability to make decisions can be affected by taking drugs	10790	9379
That people's views about smoking, drinking and taking drugs can be taking affected by the things their friends say or do	10782	9354

Table B.15: Bases for Figure 5.5 Comparison of prevalence of drug use among 15 year olds, by how much they say they have learned about drug topics in school (2018)

The risks to your health from drugs

	13 year olds	15 year olds
A lot	5927	4878
A little	2886	2909
Not much/not at all	1288	1129

The effects that taking drugs can have on other areas of your life

	13 year olds	15 year olds
A lot	5073	4143
A little	3182	3203
Not much/not at all	1613	1455

That your ability to make decisions can be affected by taking drugs

	13 year olds	15 year olds
A lot	4834	4155
A little	3208	3189
Not much/not at all	1743	1451

That people's views about smoking, drinking and taking drugs can be taking affected by the things their friends say or do

	13 year olds	15 year olds
A lot	4756	3886
A little	3335	3269
Not much/not at all	1567	1555

Table B16: Bases for Figure 5.6 Confidence in health and wellbeing choices, by age (2018)

	13 year olds	15 year olds
Having the information you need to make the right choices about your health and wellbeing	10859	9465
Saying no to doing something that you don't want to do	10847	9436
Knowing where to go for information and support about substance related issues	10822	9435
Avoid getting into risky situations due to drugs	10772	9384

Table B.17: Bases for Figure 5.7 Comparison of prevalence of drug use among 15 year olds, by confidence in future health and wellbeing choices (2018)

Having the information you need to make the right choices about your health and wellbeing

	13 year olds	15 year olds
Confident	9357	7943
Not very/not at all confident	630	801

Saying no to doing something that you don't want to do

	13 year olds	15 year olds
Confident	9290	8155
Not very/not at all confident	699	612

Knowing where to go for information and support about substance related issues

	13 year olds	15 year olds
Confident	8512	6972
Not very/not at all confident	1273	1639

Avoid getting into risky situations due to drugs

	13 year olds	15 year olds
Confident	9287	7950
Not very/not at all confident	500	637

Table B.18: Bases for Figure 6.1 Comparison of prevalence of drug use, by family variables (2018)

Family status

	13 year olds	15 year olds
Single parent	2089	1893
Step parent	907	874
Both parents	8001	6682

Maternal awareness

	13 year olds	15 year olds
Median and above	7338	5679
Below median	3893	3993

Paternal awareness

	13 year olds	15 year olds
Median and above	6367	4488
Below median	4380	4665

Family communication

	13 year olds	15 year olds
Likely to talk	9929	8186
Not likely to talk	1432	1514

Caring responsibilities

	13 year olds	15 year olds
Yes	1311	953
No	9846	8802

Table B.19: Bases for Figure 6.2 Comparison of prevalence of drug use, by friend variables (2018)

Number of friends

	13 year olds	15 year olds
0	248	328
1	343	380
2	1151	1271
3+	9332	7597

Age of friends

	13 year olds	15 year olds
Older	552	524
Younger	225	195
Same aged	7458	6283
Mixed	2872	2574

Number of evenings spent with friends

	13 year olds	15 year olds
None	1509	1301
1-2 evenings	3584	3581
3-4 evenings	3335	2852
5-6 evenings	1675	1064
7 evenings	640	552

Own cash to spend

	13 year olds	15 year olds
Less than £5 a week	2469	1509
£5 or more, but less than £20 a week	5763	4252
£20 or more a week	2761	3752

Table B.20: Bases for Figure 6.3 Percentage of 15 year old pupils reporting taking part in leisure activities at least weekly, by drug use status (2018)

	Used drugs in the last month	Never used drugs
Listen to music	1205	7659
Use social networking sites	1202	7651
See friends	1208	7655
Watch films	1198	7647
Go to a friend's house	1176	7581
Hang out in the street	1182	7588
Play computer games	1204	7645
Go to the shops	1199	7651
Do sports	1200	7629
Do nothing	1147	7424
Do a hobby	1173	7583
Watch sports	1199	7631
Go to the cinema	1179	7593
Read books	1202	7635
Volunteer	1174	7545
Go to a concert	1177	7589
Read magazines	1202	7634
Go to church	1170	7559
Go to the theatre	1175	7576
Go to the public library	1167	7577
Go to a museum	1172	7580

Table B.21: Bases for Figure 6.4 Comparison of prevalence of drug use, by school variables (2018)

How much do you like school at the moment?

	13 year olds	15 year olds
Like it a lot	1856	1038
Like it a bit	5308	4048
Not very much	2260	2540
Not at all	1487	1855

Feeling pressured by schoolwork

	13 year olds	15 year olds
Never	1593	576
Sometimes	6237	3487
A lot of the time	2974	5377

Exclusion

	13 year olds	15 year olds
Has been excluded	1365	1197
Has not been excluded	9267	8168

Truancing

	13 year olds	15 year olds
Not at all	5988	4600
1-3 times	3003	2611
4-10 times	991	1154
More than 10 times	579	899

Post-school expectations and age

	13 year olds	15 year olds
University	5978	4993
FE college	1263	1429
Apprenticeship	512	1073
Working	1114	811

Table B.22: Bases for Figure 6.5 Comparison of prevalence of drug use, by inequalities and geography variables (2018)

Self-rated health

	13 year olds	15 year olds
Very Good/Good	9610	7952
Fair	1705	1654
Bad/Very bad	301	374

Illness or disability

	13 year olds	15 year olds
Yes	1949	5140
No	8885	7274

Emotional and behavioural difficulties (overall SDQ score)

	13 year olds	15 year olds
Normal	6436	5351
Borderline	1695	1659
Abnormal	1878	1827

Mental wellbeing (WEMWBS Score)

	13 year olds	15 year olds
Below average	1271	5351
Average	1695	1659
Above average	1878	1827

SIMD Band

	13 year olds	15 year olds
1-most deprived	1568	1232
2	1952	1673
3	2406	2003
4	2912	2483
5- least deprived	2908	2677

Appendix C: Drugs categorised as NPS

The drugs that were included in the NPS analysis are listed below. This includes some substances which used to be described as 'legal highs' but which are now controlled, following the Psychoactive Substances Act 2016, which brought these substances under the control of the Misuse of Drugs Act 1971:

- Synthetic cannabis
- 'MDAI, 6-APB (Benzo Fury), methylone (or other synthetic empathogen)'
- 'MXE, MXP (or other synthetic dissociative)'
- 'Ethylphenidate, MPA or branded packets such as Ching, Snow White, Blue stuff, Pink Panthers (or other synthetic stimulant)'
- 'AMT, NBOMe, 2Cs (or other synthetic psychedelic)'
- Salvia.

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Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

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Telephone: 0131 244 4826

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The data collected for this publication:

X will be available through the UK Data Archive

X will be available on <https://statistics.gov.scot>

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