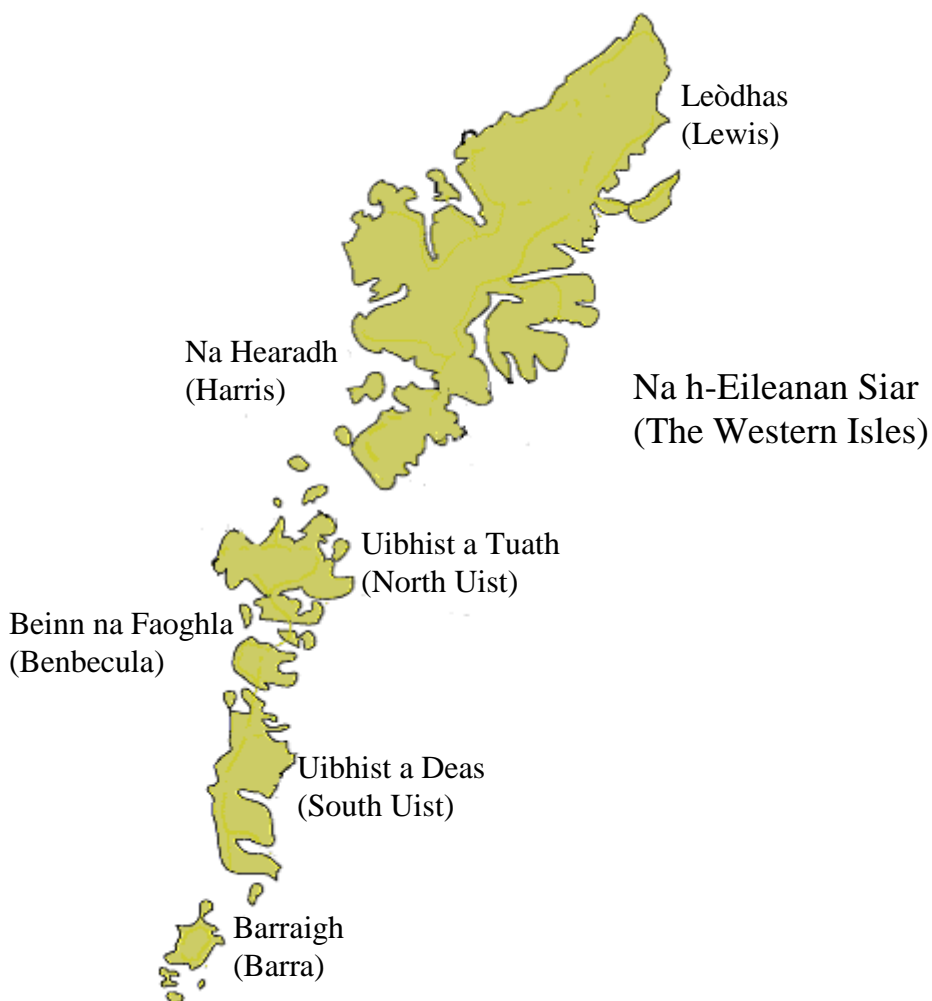


SMOKING, DRINKING, DRUG USE AND SEXUAL HEALTH AMONG SCHOOLCHILDREN IN THE WESTERN ISLES

A REPORT BASED ON THE FINDINGS OF A SURVEY CARRIED OUT IN 2001



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SUMMARY OF KEY POINTS

Alcohol Use

- The majority of S3 and S4 pupils in the Western Isles have consumed alcohol at some point in their life with 85.8% of respondents reporting ever having a complete alcoholic drink compared with 81.2% in 1994.
- Of the students who indicated they had ever had an alcoholic drink, 28% stated that they had drunk within the last week and males were more likely to do so than females.
- There was a greater incidence of pupils reporting drinking in the previous week in the current study compared with 1994, though there were more younger pupils surveyed in 1994.
- Most pupils who had ever drunk, first tried between the ages of 13 and 14. Males were more likely to have first tried drinking earlier with over one in ten males (13.3%) reporting having first consumed alcohol before the age of 11 compared with 2.1% of females.
- There were some differences with respect to the types of alcohol consumed on the pupils last drinking occasions. Males (72%) were much more likely to report drinking beer than females (26%) who favoured spirits and alcopops. Younger drinkers reported a greater incidence of drinking wine than older pupils.
- Generally, pupils reported drinking moderate amounts of alcohol on their last drinking occasion, although overall 18.9% of pupils (23.8% of males and 15.1% of females) drank more than eleven units (equivalent to 11 single spirit measures or seven pints/bottles of beer).
- Young people were most likely to report drinking with a mixed-sex group of friends. For both sexes drinking with their (step)parents has become more commonplace since 1994 and there has also been an increase in the proportion of males and females reporting that they drink alone. There have been decreases in numbers of those reporting usually drinking with girl/boy friends and single-sex groups of friends.

Smoking

- Of the 651 pupils questioned, 399 (61.7%) reported they had ever tried smoking and, proportionally, females (63.5%) were more likely to have tried smoking than males (59.7%). This represents a slight decrease from 1994 where 65% of all pupils stated they had ever tried smoking.
- The average age at which smoking was first tried was 13 years for both males and females. Younger smokers in the current study were more likely to have tried smoking before the age of 10 than in 1994.
- Of all those pupils having ever tried smoking, 25.1% were regular smokers (i.e. those who had smoked at least one cigarette per week on average over the last 30 days). This represents 15.4% of the total student sample.
- The most common sources where regular smokers obtained their cigarettes were shops (60%) and buying or getting them from their friends (30% and 50% respectively). One in ten regular smokers (11%) reported being given cigarettes by their parents. Where the students obtained their cigarettes varied greatly by sex and age and smoking habits.
- Regular smokers were much more likely to report that their parents and, more notably, best friend smoked than occasional smokers.
- Overall, there has been a slight decrease in regular smoking amongst S3 and S4 pupils since 1994. Also, smoking rates in the Western Isles remain lower than those for Scotland overall with the exception of 14 year old girls who are more likely to be smoking regularly than their Scottish counterparts.

SUMMARY OF KEY POINTS

Drug Use

- Cannabis was the most likely drug to have been offered to 14 - 16 year olds in the Western Isles with 39.8% of all pupils reporting such. Glue and solvents (15%) were the next most likely drug to be offered and the likelihood of drugs being offered generally increases with age.
- One quarter of pupils reported ever using drugs of which just over half (13.6% overall) had used drugs in the last month.
- Poppers had the highest uptake rate (60%), i.e. pupils were most likely to have taken them if offered. The probability of having taken cannabis if offered was also high (57.1%) and the lowest rates of uptake were for cocaine (20%) and heroin (20.8%).
- The majority of pupils (87.4%) reporting ever using drugs stated cannabis as the first drug they had tried. Females were more likely than males to report glue or solvents as their drug of initiation (13.6% compared with 6% respectively).
- Cannabis was the individual drug that the highest proportion of pupils had used (22.7%), followed by glue and solvents (7.4%) and magic mushrooms (4.6%).
- Cannabis and glue and solvents accounted for nearly three quarters (71.7%) of all drugs taken in the month preceding the survey being carried out.
- From 1994 to 2001, there was a decrease in reports of ever use of all drugs apart from cannabis. Reported levels of cannabis use have not changed since the 1994 survey though a slight increase was seen in females reporting the use of cannabis.
- There has been a shift from 1994 to 2001 among cannabis users to use the drug more frequently. In addition, those reporting any drug use in the last month are considerably more likely to have used cannabis more frequently than less regular drug users.
- Fourteen and fifteen year olds in the Western Isles are less likely than their counterparts in Scotland overall to report being offered drugs, ever using drugs and using drugs in the last month.

Sex Education

- Overall, pupils found teachers (51.2%), magazines (34.7%) and visiting speakers (30.4%) to be the most useful sources of sex education, though differences were seen with respect to sex and age. These results were similar to those in 1994 with the notable exception of increased reports of receiving information from visiting speakers.
- Females were more likely to feel that they needed more information on issues surrounding sex and contraception, particularly HIV, AIDS and other sexually transmitted infections. Although males were more likely to feel that they were well informed about sex, they also identified the need for further information on STIs.
- A greater proportion of pupils (41.8%) stated they were unconcerned about HIV or AIDS than those who said they were worried (37.2%). This represents a decrease in concern from 1994 (50.3% of pupils stating they were worried about HIV and AIDS).
- Female's factual knowledge of contraception, namely the appropriateness of various forms to protect against pregnancy and STIs, surpassed males in every case.
- Of the contraceptive methods, pupils were most unsure about the applicability of the coil and were also unsure as to the ability of condoms, the pill and the coil to protect against STIs.
- Most pupils felt that they had someone with whom they could share problems and this was more true for females. Overall, pupils were most likely to feel comfortable to talk to their mother (53.1%), although females were most likely to opt to talk to a girl or boyfriend (59.5%).

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1. Introduction

1.1 Background

Substance use among secondary aged schoolchildren in Scotland is an important issue which is fundamental to the health of Scottish teenagers. In a recent national survey of school age children in Scotland it was reported that one in ten of pupils surveyed had smoked at least one cigarette per week; over one in five (21%) had had an alcoholic drink in the previous week and the average weekly consumption among pupils who drank in the last seven days was 11.1 units. One in ten pupils also reported taking illegal drugs in the month prior to the survey (Boreham & Shaw ed, 2001).

Patterns of substance use at a national level, however, are not necessarily reflective of trends at a local level. The only previous survey of school age children in the Western Isles carried out by Anderson et al in 1994 reported that levels of drinking, smoking and drug use, though significant, were lower than those reported in national and local surveys across Scotland.

During 2000, the Western Isles Alcohol, Drug and Smoking Action Team and the Western Isles Sexual Health Committee commissioned the Drug Misuse Information Strategy Team, based at the Information and Statistics Division in Edinburgh, to carry out a survey of pupils in years three and four in the five secondary schools across the Islands. The survey was to examine the current prevalence of drinking, smoking and drug use among these pupils as well as establishing their views and knowledge on a range of sexual health issues. The survey would allow for data to be collected on current levels of substance misuse as well as highlight changes in patterns of use from the earlier survey in 1994.

1.2 Methodology

The subjects of this study were third and fourth year pupils aged between 13 and 16 years, attending five local authority schools in the Western Isles. The fieldwork was conducted in the Western Isles between 27 February 2001 and 15 March 2001. Four weeks before the fieldwork, the parents of all potential respondents were supplied with a copy of a letter signed by the Western Isles' Director of Education. The letter introduced the nature and purpose of the survey and allowed parents to withdraw their child from taking part in the survey. This method of contracting out was also used in the 1994 survey. No parent withdrew his or her child from the survey.

Information was collected from pupils by administration of a standardised self-completion questionnaire. The questionnaire consisted of items drawn from the survey instrument utilised in the 1994 survey as well as the bi-annual national survey of Smoking, Drinking and Drug Use among secondary aged schoolchildren. This allowed for direct comparison with the 1994 survey in the Western Isles as well as an indication of how substance use on the Islands compares with Scotland overall.

The survey was administered without teachers present under examination conditions. Pupils were assured of strict confidentiality. The questionnaire took around 40 minutes to complete varying in time by age and ability.

All graphical representations and other figures are referenced to the appropriate source data table in Appendix A.

2. Demographics

There was a total of 663 pupils who took part in the survey of which seven did not provide enough base information to be included in the analyses. As only five pupils were aged 13, it was also decided to remove this subset as any results could not be considered representative of the age group.

Of the remaining 651 contributors, 316 (48.5%) were male and 335 were female (51.5%). The corresponding proportions in 1994 were 51.9% and 48.1% respectively.

Table 1: Sex of respondents (n=651)

	n	%
males	316	48.5
females	335	51.5
total	651	100.0

Table 2 below shows that most respondents were aged either 14 (43.6%) or 15 (51.2%) years old. There were many more 13 year olds surveyed in the 1994 study and fewer pupils aged 16, which is indicative of the timing of the questionnaire. As Anderson et al (1995) carried out their research in October and November 1994, there will necessarily be more younger pupils as it is nearer the start of the academic year.

Table 2: Age of respondents (n=651)

	n	%
14 years	284	43.6
15 years	333	51.2
16 years	34	5.2
total	651	100.0

Most of the pupils were living with both of their parents (78.5%) with 13.9% being members of single parent families and 5.6% residing with a parent and step parent (see Table 3). Of the last two groups, 90.5% still lived with their mother as opposed to their father.

The living situation follows the same pattern as in 1994, although proportionally there are more pupils living in single parent families and stepfamilies in this study.

Table 3: Living situation – a comparison with 1994 figures (2001, n=650; 1994, n=801)

	n	%	1994 (%)
mother and father	510	78.5	79.9
mother only	81	12.5	10.7
father only	9	1.4	2.1
mother and stepfather	33	5.1	4.0
father and stepmother	3	0.5	0.5
other	14	2.2	2.7
total	650	100.2	99.9

There were 621 valid responses as to birthplace revealing that just under two thirds (64.9%) of pupils were born in the Western Isles. These results are summarised below (see Table 4).

	n	%
Western Isles	403	64.9
elsewhere	215	34.6
don't know	3	0.5
total	621	100.0
<hr/>		
(no answer = 30)		

These figures represent a slight shift from the 1994 study when 70% of pupils reported having been born in the Western Isles and 29.5% reported being born somewhere other than the Western Isles.

3. Alcohol Use

3.1 Introduction

Pupils were asked various questions about their drinking habits including frequency of drinking, usual drinking companions and amounts consumed. There was some focus on the last drinking occasion for comparison with the 1994 study and types of alcoholic drink chosen were also investigated.

3.2 Alcohol consumption

The majority of S3 and S4 pupils in the Western Isles had consumed alcohol at some point in their life with 85.8% (n=556) of respondents reporting ever having a complete alcoholic drink. This represents a slight increase from 1994 when 81.2% of respondents reported ever having a drink (Anderson et al, 1995) though this may be partially explained by the higher average age in the current study. With increased age pupils were more likely to report having had a drink, and although more 14 year old females reported such (83.9% compared with 83.6% of males), older boys were more likely to have drunk than girls.

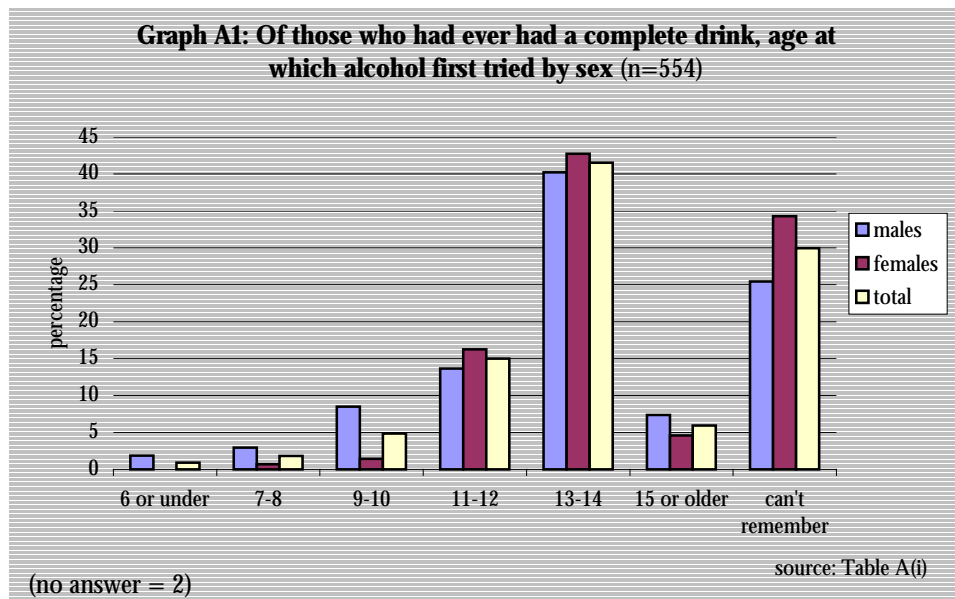
Table A1: Pupils who report having ever had a full alcoholic drink by age and sex (n=648)

	14 years		15 years		16 years		total	
	n	%	n	%	n	%	n	%
males	117	83.6	141	88.1	14	100.0	272	86.6
females	120	83.9	148	86.5	16	80.0	284	85.0
total	237	83.7	289	87.3	30	88.2	556	85.8

(no answer = 3)

3.2.1 Age of first drink

Of those students who reported ever having a drink, 41.6 % had their first drink when they were aged between 13 and 14 years old although one in five of pupils surveyed reported drinking before the age of thirteen (see Graph A1). A large number of respondents (30%), however, could not remember at what age they first tried alcohol. The most common age at which males reported their first drink was 13 years which represents no change from the Anderson et al study in 1994. Females, on the other hand, were more likely to first drink at 14 in comparison with a usual initiation age of 13 in 1994, though this may be exacerbated by the presence of more sixteen year olds in this survey than in 1994.



Males were more likely to start drinking at a very early age with over one in ten males (13.3%) reporting having first consumed alcohol before the age of 11 in contrast with 2.1% of females. It should be noted however, that a higher proportion of females did not answer this question (34.3% compared with 25.5% of males).

In 1994, 11.2 % of males reported having their first drink before the age of eleven. The findings from this study would suggest that there has been a slight increase in the number of male students trying alcohol for the first time (11.2% to 13.3%) at such a young age. In contrast, there has been a decrease in the proportion of females first drinking before the age of 11 from 6.6% in 1994 to 2.1% in the current study.

3.2.2 Drinking frequency

Pupils were asked to indicate the last occasion when they had had a drink. Those indicating that they had drunk within the last week will be regarded as 'current drinkers' for the purpose of analysis. They will be treated as separate from those reporting drinking more than a week ago and comparisons will be made between the two groups. This is an established convention and was used by the Office of National Statistics in their report on smoking, drinking and drug use among young teenagers in Scotland (Goddard and Higgins, 1999).

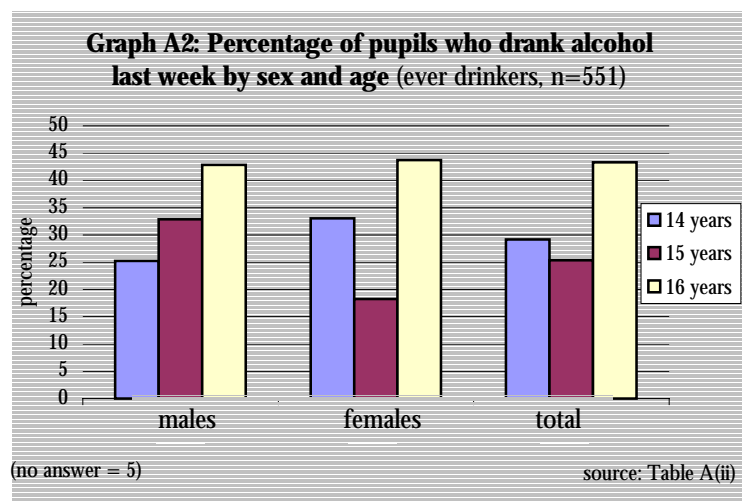
Of the students who indicated they had ever tried an alcoholic drink, 28% stated that they had drunk within the last week. Males were more likely to report drinking in the week before the survey than females (30.2% and 25.9% respectively; see Table A2).

Table A2: Recency of last drinking occasion by sex (n=551)

	males		females		total	
	n	%	n	%	n	%
today	7	2.6	5	1.8	12	2.2
not today but within the last week	74	27.6	68	24.1	142	25.8
1 - 2 weeks ago	62	23.0	61	21.6	123	22.3
3 - 4 weeks ago	36	13.4	64	22.7	100	18.1
4 weeks - 3 months ago	44	16.4	40	14.2	84	15.2
over 3 months ago	46	17.1	44	15.6	90	16.3
total	269	100.1	282	100.0	551	99.9

(no answer = 5)

The percentage of males who drank alcohol within the previous week followed a pattern of increased probability of consumption with increased age (see Graph A2). The habits of female drinkers however, are not reflective of this trend in that a far greater percentage of fourteen year olds (33.1%) than fifteen year olds (18.2%) reported recent drinking. Percentages of current drinkers remained relatively stable across the age groups in the 1994 study.



Current drinkers (i.e. those reporting drinking in the last week) had a slightly lower usual age when reporting their first drink of alcohol, 13 years compared to 13.5 years for those non-current drinkers. Current female drinkers were significantly more likely to have their first drink younger, with an average initiation age of 12 compared with 14 for non-current drinkers.

In comparing these results with the 1994 survey, there would appear to be an increase by both sex and age in pupils reporting drinking in the previous week. The increase is particularly striking amongst females; in 1994 17.6% of females were current drinkers compared with 25.9% in 2001. Similarly, there has been an increase in fourteen year old current drinkers from 22.2% in 1994 to 29.2% in 2001. There was also a slight increase with respect to fifteen year olds with a rise from 23.2% to 25.4%.

3.2.3 Last Drinking Occasion

To determine recent drinking behaviour, pupils were asked to indicate their intake on their last drinking occasion in the type of alcohol drunk and the amount consumed. When asking pupils about their last drinking occasion, they were asked how much they drank of each of the following five beverages:

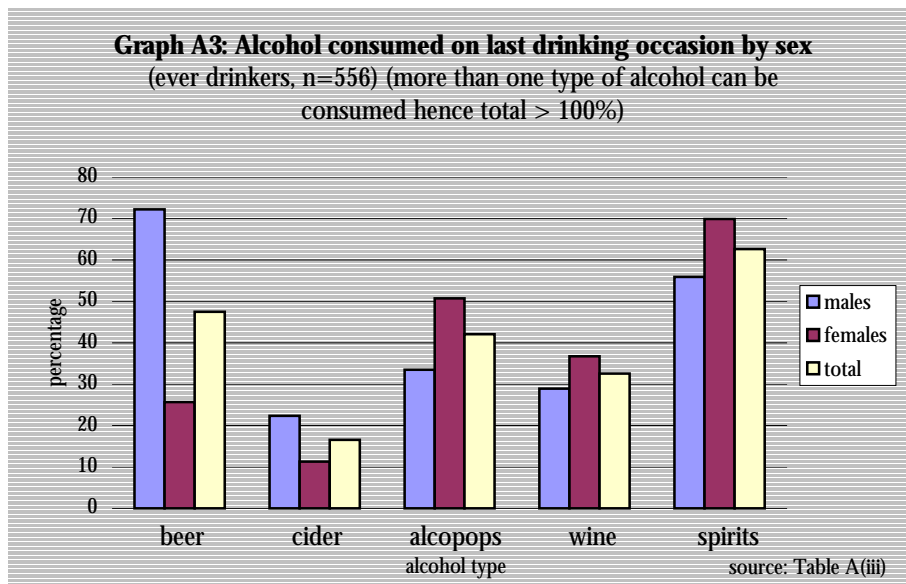
- Beer/Lager/Stout
- Cider
- Alcopops
- Wine
- Spirits

Answers could be given in terms of bottles or cans for beer, cider and alcopops, in glasses and bottles for wine and in single measures for spirits. Pupils were asked not to count low alcohol drinks.

a. Drink type

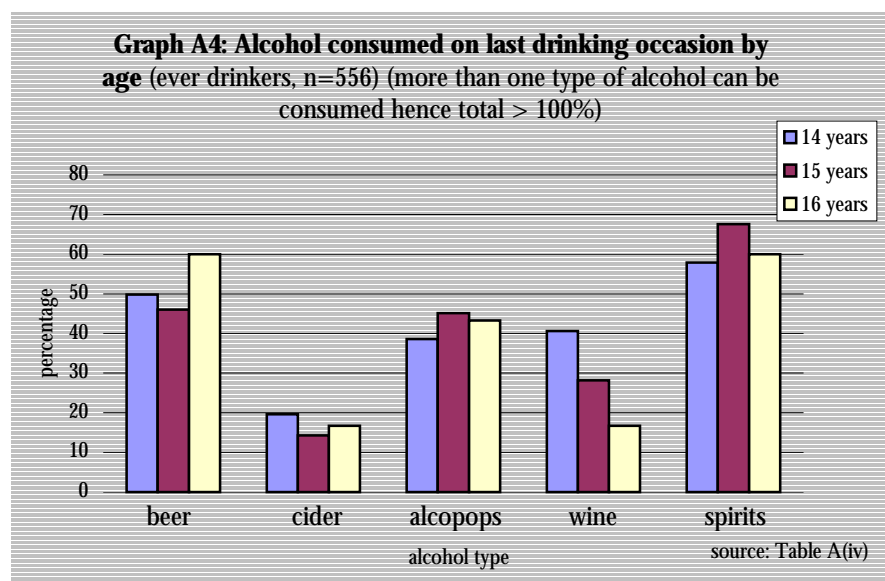
Overall, spirits (62.6%) were most likely to be drunk on the last drinking occasion followed by beer (47.5%) and alcopops (42%). One in three (32.6%) of pupils reported drinking wine when they had last drunk, and cider (16.5%) was least likely to be consumed. These figures however, mask some significant differences in the types of alcohol males and females consumed on their last drinking occasion.

Males (72.2%) reported a greater incidence of drinking beer the last time they consumed alcohol than females (25.7%). Over two thirds of females (69.9%) reported drinking spirits and over half (50.7%) reported drinking alcopops on their last drinking occasion compared to 55.9% and 33.5% of males respectively (see Graph A3).



The most frequently consumed alcoholic drink on the last drinking occasion, common to all age groups, was spirits (57.9% of fourteen year olds, 67.6% of fifteen year olds and 60% of sixteen year olds; see Graph A4). Beer was the second most likely alcohol type to be drunk by fourteen year olds (49.8%) and sixteen year olds reported equal beer consumption as spirits (60%). Fifteen year olds were nearly as likely to have drunk alcopops (45.1%) as beer (46%) on their last drinking occasion. Likelihood of wine consumption on the last drinking occasion decreased as the pupils got older; 40.6% of fourteen year olds, 28.2% of fifteen year olds and 16.7% of sixteen year olds reported such. This may be explained to some degree by a shift, as pupils get older, in whom they drink with (see section 3.3). Fourteen year olds, who drank wine on their last drinking occasion, were more likely to report usually drinking with their parents/stepparents (40%) than with friends of the same sex (23.3%) or both sexes (27.8%). Fifteen and sixteen year old wine drinkers, however, were more likely to be drinking with friends of both sexes (33.8% and 80% respectively) than their parents (23.8% and 20% respectively).

Lintonen and Konu (2001) reported that the type of alcohol chosen might relate to the drinking objective, that is whether one is drinking socially or specifically with the aim of getting drunk. It was found that beer and spirits were highly connected with being drunk, which may go some way to explaining alcohol type choice amongst adolescents in this study. Boys et al (2000) describe a number of factors influencing young people's drug and alcohol choice including social context and availability. Their findings suggest there exists an active decision making process as to which drug option is preferred for any individual occasion and, as different alcohol types elicit varying states, it is not unreasonable to expect drinks to be consumed for different reasons.



It is also interesting to note that just over two thirds (67.4%) of pupils in the survey drank more than one type of alcohol on their last drinking occasion (see Table A3). Just under one third (30.2%) of pupils reported drinking three or more alcohol types the last time they drank. Females were more likely than males to have had only one alcohol type on their last drinking occasion (35.9% and 29.1% respectively), whilst males, on the other hand, reported a greater tendency to have drunk more than four alcohol types than females (11.9% and 6.1% respectively).

Table A3: Number of different types of alcohol consumed on last drinking occasion (n=537)

	males		females		total	
	n	%	n	%	n	%
one	76	29.1	99	35.9	175	32.6
two	96	36.8	104	37.7	200	37.2
three	58	22.2	56	20.3	114	21.2
four	25	9.6	13	4.7	38	7.1
five	6	2.3	4	1.4	10	1.9
(no answer = 19)						

Current drinkers and drink type

Those pupils reporting drinking in the previous week were more likely to have drunk most of the listed drinks in greater proportions on their last drinking occasion than non-current drinkers (see Table A4). The only exception to this was reports of drinking wine whereby non-current drinkers were more likely to have consumed it (36.1% compared with 24.8% of current drinkers). Wine was least likely to have been consumed by current drinkers, whilst those whose last drinking occasion was more than a week before the survey were least likely to drink cider.

Table A4: Frequency of drinking by alcohol type (n=551)

	current drinkers		non-current drinkers	
	n	%	n	%
beer	92	60.5	171	43.7
cider	42	27.3	50	12.7
alcopops	75	49	156	39.4
wine	38	24.8	142	36.1
spirits	120	78.4	227	57.5
(no answer = 5)				

Again, this alcohol choice may link with intention and reason for drinking. That is, current drinkers choose drinks that will increase levels of drunkenness whereas less regular drinkers display different tendencies (Lintonen & Konu, 2001).

Table A5 further illustrates the tendency for both male and female current drinkers to have drunk most of the listed drinks in greater proportions than those drinking more than a week ago with the exception of wine. This aside, there are no differences overall and between genders in the types of drinks favoured by current drinkers and those drinking over a week ago. For every drink type except beer, the difference in likelihood of consumption between current and non-current drinkers was more marked for males. That is, current male drinkers were far more likely to have consumed each drink than non-current male drinkers to a greater degree than females. The difference between current and non-current female drinkers was greater with respect to beer, although this may be indicative of lower proportions of females drinking beer generally.

Table A5: Frequency of drinking by alcohol type and sex (% , n=551)

	males		females	
	current drinkers	non-current drinkers	current drinkers	non-current drinkers
beer	86.0	69.9	45.0	20.7
cider	37.5	17.8	22.5	8.2
alcopops	42.0	29.3	56.0	48.6
wine	28.0	32.8	28.5	39.1
spirits	77.0	47.8	88.5	66.0

(no answer = 5)

b. Breakdown by units

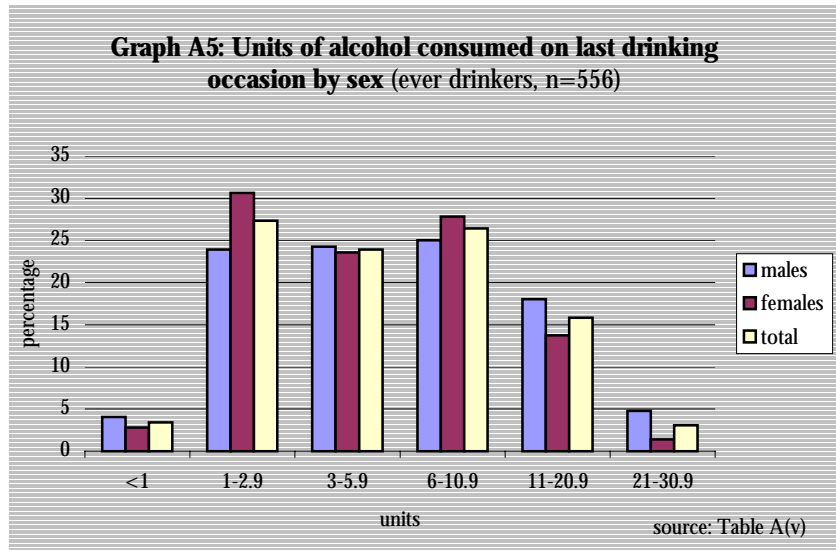
In calculating the number of units consumed the following unit conversion has been used with reference to information from www.drugscope.org.uk:

- One bottle/can beer = 1.5 units
- One bottle/can cider = 2.5 units
- One bottle/can alcopops = 1.5 units
- One glass wine = 1 unit
- One measure of spirit = 1 unit

It is important to note that it is well established that self-report surveys of alcohol consumption among adolescents are prone to bias by both under- and over-reporting (Anderson et al, 1995). Under-reporting of consumption however, is a more serious problem than overstatement (Goddard and Higgins, 1999). The assumption in most surveys that all drinks are of the same strength and the ambiguities of respondents recall ability are often quoted as being the main factors in under-reporting. Goddard and Higgins (1999) highlighted the 1989 Office of Population Censuses and Survey (OPCS) survey of adult drinking which was able to demonstrate that if variation in alcoholic strength was taken into account, consumption of those aged 16-24 increased by about one fifth for young men and one tenth for young women.

Furthermore, in this survey and most other similar surveys, 13-16 year olds are asked to record their consumption of spirits in terms of measures. This assumes that young people of this age are able to judge accurately the measure they either pour themselves or what they drink from the bottle over the course of a drinking session. Given that a greater percentage of fourteen and fifteen year olds in the Western Isles report drinking in houses or outdoors as opposed to in pubs, accurate measurement of spirit drinking will be difficult.

The overall distribution of alcohol consumption on the last drinking occasion is illustrated in Graph A5. The majority of respondents of both sexes reported drinking moderate amounts of alcohol on their last drinking occasion. Females, however, were more moderate in the amount of alcohol they consumed whilst males were more likely to have drunk greater amounts on their last drinking event. 54.6% of respondents (52.2% males and 57% females) drank less than six units on their last drinking occasion, which is equivalent to around four bottles/cans of beer or alcopops. Males (22.8%) were more likely than females (15.1%) to report drinking more than 11 units of alcohol the last time they drank and 3.1% of respondents overall reported drinking more than 21 units (equivalent to 14 cans/bottles of beer) on their last drinking occasion.



There has been a slight change from the 1994 study in that there has been an increase in moderate drinking in both sexes (see Table A6). Furthermore, although there has been a decrease in the proportion of pupils consuming large amounts of alcohol (more than 11 units) on the last drinking occasion by both sexes, the decrease is more pronounced amongst girls. Whereas in the 1994 study there was no real difference between gender when reporting consumption of more than 11 units, this survey shows that males are now 1.5 times more likely than females to have consumed more than 11 units on their last drinking occasion.

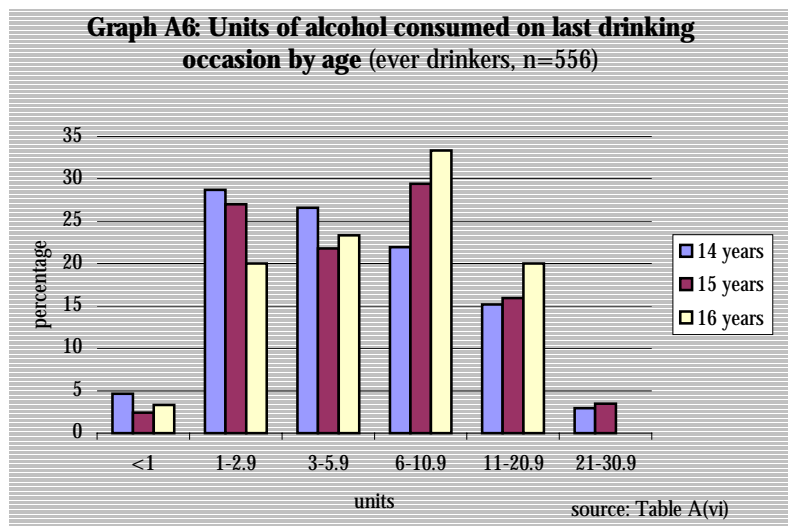
Table A6: Units consumed on last drinking occasion in % - a comparison with 1994 figures (2001, n=556; 1994, n=545)

	males		females	
	2001	1994	2001	1994
<1	4.0		2.8	
1-2.9	23.9	22.7	30.6	32
3-5.9	24.3	20.9	23.6	15.8
6-10.9	25.0	17.6	27.8	19.9
11-20.9	18.0	31.1	13.7	26.8
21-30.9	4.8	4.8	1.4	3.7
>31		2.9		1.8

(for full 2001 breakdown see Table A(v) in Appendix A)

It should be noted, however, that any direct comparison with the 1994 survey work in the Western Isles should be treated with some caution as the unit conversion is not the same and the question was worded slightly differently in 2001 survey.

Graph A6 overleaf illustrates the well-established correlation, (e.g. Anderson et al, 1995; Boreham and Shaw ed, 2001) between the amount consumed and the age of the respondent, with older drinkers more likely than younger drinkers to consume greater quantities on their last drinking occasion. For example, 21.9% of fourteen year olds reported drinking between 6 and 11 units of alcohol compared with 29.4% of fifteen year olds and 33% of sixteen year olds. The same pattern is repeated amongst those reporting drinking between 11 and 21 units the last time they drank alcohol increasing from 15% of fourteen year olds to 20% of sixteen year olds.



3.3 Social circumstances of alcohol consumption

All pupils who said they drank alcohol, even if they had not done so within the last week, were asked a few questions about where and with whom they usually drink.

3.3.1 Sex and drinking companions

Overall, those who stated that they had ever had an alcoholic drink were most likely to report that they usually drank with a group of friends of both sexes (see Table A7). Females, however, were more likely to report this than males. In contrast, males were more likely to drink with friends of the opposite sex and even more likely to drink alone (5.3% compared to 1.8% of females). Aside from groups of mixed-sex friends, pupils were most likely to report drinking with friends of the same sex (27.1%) or parents/stepparents (20%).

Table A7: Who pupils report usually drinking with by sex (ever drinkers, n=535)

	males		females		total	
	n	%	n	%	n	%
my girlfriend or boyfriend	5	1.9	5	1.8	10	1.9
friends of the same sex	74	28.1	71	26.1	145	27.1
friends of the opposite sex	7	2.7	1	0.4	8	1.5
a group of friends of both sexes	104	39.5	132	48.5	236	44.1
my parents or stepparents	55	20.9	52	19.1	107	20.0
on my own	14	5.3	5	1.8	19	3.6
other	4	1.5	6	2.2	10	1.9
total	263	9.9	272	99.9	535	100.1

(no answer = 21)

As in the 1994 survey, young people were most likely to report drinking with a group of mixed-sex friends. Nevertheless, there have been some interesting changes in whom young people report usually drinking with. For both sexes, drinking with their (step)parents has become more commonplace; in 1994 only 8.2% of males and 9.7% of females reported drinking with their parental figures but in 2001 one in five (20%) pupils stated such even though the average age of respondent was higher. There has also been an increase in the proportion of males and females reporting that they drink alone; only 1.6% of males and 0.3% of females reported drinking alone in 1994, however in 2001 these proportions have risen to 5.3% and 1.8% respectively.

3.3.2 Age and drinking companions

A far higher proportion of fourteen year olds (26.5%) reported usually drinking with their parents or stepparents than fifteen year olds (14.8%) or sixteen year olds (17.9%). Pupils were increasingly likely to drink with a group of mixed sex friends as they got older (see Table A8).

Table A8: Who pupils report usually drinking with by age (ever drinkers, n=535)

	14 years		15 years		16 years	
	n	%	n	%	n	%
my girlfriend or boyfriend	6	2.6	4	1.4		
friends of the same sex	52	22.6	89	32.1	4	14.3
friends of the opposite sex	2	0.9	6	2.2		
a group of friends of both sexes	94	40.9	123	44.4	19	67.9
my parents or stepparents	61	26.5	41	14.8	5	17.9
on my own	9	3.9	10	3.6		
other	6	2.6	4	1.4		
total	230	100.0	277	99.9	28	100.1

(no answer = 21)

Although a greater proportion of fifteen year olds (32.1%) reported usually drinking with friends of the same sex than fourteen year olds (22.6%), this tailed off for sixteen year olds (14.3%) who, as previously mentioned, were more likely to drink with friends of both sexes.

Of those who reported usually drinking with a group of friends (n=389), the majority (57.8%) reported that the friends were of the same age. Overall, 32.6% also stated their usual drinking group was of mixed ages though this was more the case for females (37.1%) than males (27.7%; see Table A(vii) in Appendix A). Males (13.6%) were three times more likely to report drinking with friends older than themselves than females (4%). Very few females and not one male reported drinking with younger friends. These findings mirror those reported from the 1994 survey.

As the pupils got older they were more likely to report drinking with a group of friends of mixed ages (27.7% of fourteen year olds, 34.9% of fifteen year olds and 43.5% of sixteen year olds). Conversely, with increased age pupils were less likely to drink exclusively with friends of the same age (62.8% of fourteen year olds, 55.3% of fifteen year olds and 47.8% of sixteen year olds; see Table A9).

Table A9: Relative age of usual drinking group of friends by age (n=386)

	14 years		15 years		16 years	
	n	%	n	%	n	%
younger than me			3	1.4	1	4.3
older than me	14	9.5	18	8.4	1	4.3
same age as me	93	62.8	119	55.3	11	47.8
mixed ages	41	27.7	75	34.9	10	43.5
total	148	100.0	215	100.0	23	99.9

(no answer = 3)

3.3.3 Usual drinking companions and units of alcohol consumed

The following analysis looks at the relationship between whom young people usually drink with and the amount (i.e. units) of alcohol they consumed on their last drinking occasion.

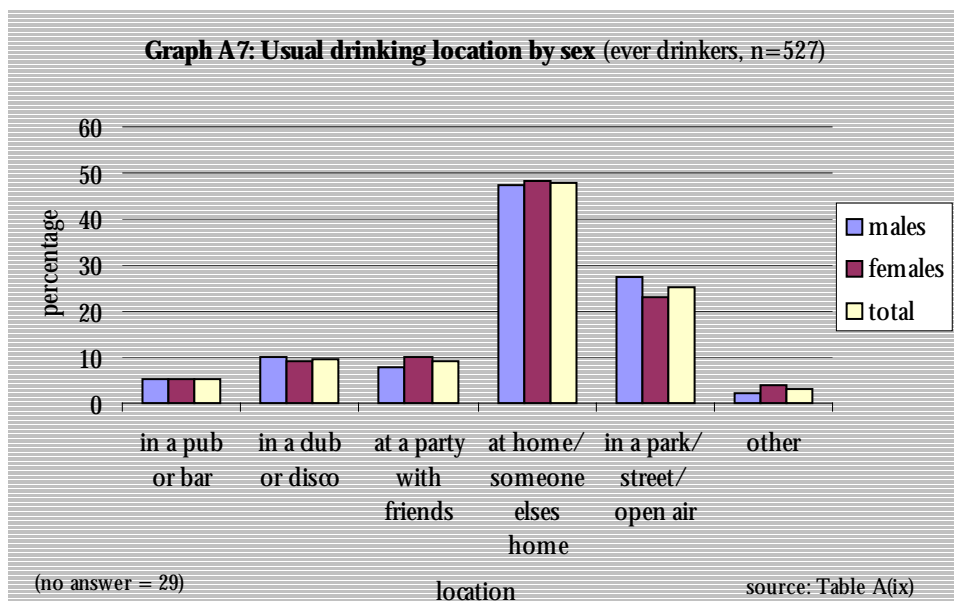
Significantly, those usually drinking with friends of the opposite sex were much more likely (62.5%) to report drinking more than 11 units than those drinking exclusively with friends of the same sex (16.9%) and those drinking with friends of both sexes (24.6%). This may be explained in part by the fact that older children were more likely to drink with friends of mixed sexes and were also more likely to drink greater quantities of alcohol. Not surprisingly much more moderate drinking takes place when the young people drink with their parents/stepparents with 55.2% reporting drinking less than 3 units and only 2.7% reporting drinking more than 11 units (see Table A(viii) in Appendix A for detailed breakdown).

Although the numbers of young people reporting drinking alone has increased five fold from the 1994 study, it would seem that when this takes place it is moderate in nature. The vast majority (73.7%) of those usually drinking alone reported drinking less than 5 units of alcohol on their last drinking occasion.

An analysis by age does not reveal many differences in the amount of alcohol consumed with regards to whom young people usually drink with. Fourteen year olds were as likely to drink more than 11 units of alcohol with friends of the same sex as they would with friends of both sexes (25% of respondents in each case). However, fifteen year olds were proportionately more likely to consume more alcohol when drinking with friends of both sexes (24.4%) than when drinking with friends of the same sex (14.6%), which may be indicative of different drinking situations.

3.3.4 Drinking location

Pupils were asked where they usually drank and, reflecting their varied behaviour, many gave more than one answer. The place of drinking mentioned by the highest proportion of those who had ever drunk was their home or someone else's home – 47.8% said this was where they usually drank, compared with 9.7% saying they drank at clubs or discos, 8.9% at parties and 5.1% in pubs or bars (see Graph A7). In addition, one quarter (25.2%) of drinkers said they usually drank in a park, street or other open venue. There were no significant differences by gender and age in where young people usually drank.



Interestingly, those reporting drinking in the previous week before the survey were far more likely to usually drink in a park, street or other open air venue than those reporting drinking over a week ago (34.3% and 21.8% respectively). This was particularly true for females whereby 19.4% of non-current drinkers reported usually drinking outdoors compared with 34.8% of current female drinkers. Conversely, those drinking over a week ago were more likely to be drinking at home or someone else's home than current drinkers (50.7% compared with 40.6% respectively).

Forsyth & Barnard (2000) propose a theory of a continuum of drinking behaviour, of which location plays a large part, from low-risk to high-risk drinking styles. They found that at one extreme, low level drinking usually occurred in the parental home, whereas pupils reporting consuming alcohol in outdoor locations were more likely to report intoxication.

Choice of drinking companion may also reflect drinking location. Anderson et al (1998) show that heavy-drinking pupils were unlikely to report drinking with their parents or other relatives and light drinkers were unlikely to drink with friends.

Table A10: Usual drinking location by sex – current and non-current drinkers (%)

	current drinkers			non-current drinkers		
	male (n=77, na=4)	female (n=66, na=7)	total (n=143, na=11)	male (n=180, na=8)	female (n=201, na=8)	total (n=381, na=16)
in a pub or bar	5.2	7.6	6.3	5.0	4.5	4.7
in a club or disco	6.5	6.1	6.3	11.7	10.0	10.8
at a party with friends	5.2	12.1	8.4	8.9	9.5	9.2
at home/someone else's home	45.5	34.8	40.6	48.3	52.7	50.7
in a park/ street/ open air	33.8	34.8	34.3	24.4	19.4	21.8
other	3.9	4.5	4.2	1.7	4.0	2.9
total	100.1	99.9	100.1	100.0	100.1	100.1

3.4 Western Isles and Scotland

Available data on the use of alcohol among school age children across Scotland can be derived from a number of sources including the 1998 Scottish Executive funded school study carried out by the Office of National Statistics (ONS), and the survey undertaken by the National Centre for Social Research and the National Foundation for Educational research in 2000 (Boreham and Shaw ed, 2001).

The vast majority of fourteen and fifteen year olds both in the Western Isles and across Scotland have at some point in their lives tried alcohol. There is a small difference between fifteen year olds in the Western Isles and those across Scotland who reported ever having a drink (13% and 14% respectively). Fourteen year olds in the Western Isles are proportionately less likely than their counterparts across Scotland to have tried drinking alcohol (16% and 21% respectively).

When contrasting the recency of pupils last drinking occasions with national figures (Boreham and Shaw ed, 2001), an initial comparison suggests regular drinking to be far more prevalent in the Western Isles. Specifically, 28% of pupils in the current study report drinking within the last week in contrast with 21% in Scotland overall, and drinking within the past one to four weeks shows the same trend (40.4% in the Western Isles compared with 16% overall). The 2000 survey of Scotland (Boreham & Shaw ed, 2001), however, included 12 and 13 year olds who reported much lower levels of current drinking. Indeed, when a direct comparison by sex and age is made (see Table A11), a lower proportion of pupils within the Western Isles drank within the last week except for the 14 year old girls.

Table A11: Percentages of pupils reporting current drinking – a comparison between Scotland (2000, n=1952) and the Western Isles (2001, n=617)

	males		females	
	14 years	15 years	14 years	15 years
Western Isles	25.2	32.9	33.1	18.2
Scotland	30	42	30	37

4. Smoking

4.1 Introduction

The questions used to measure smoking behaviour are drawn from the 1998 Smoking, drinking and drug use among young teenagers survey (Goddard and Higgins, 1999) and Alcohol, Tobacco, Illicit Drug Use and Sex Education Amongst Teenagers in the Western Isles (Anderson et al, 1995). Questions were designed to ascertain smoking behaviour ever and currently. Pupils were also queried as to usual sources of cigarettes and smoking prevalence amongst their family and friends.

4.2 Smoking behaviour ever

Of the 651 pupils questioned, 399 (61.7%) reported they had ever tried smoking (see Table T1) and, proportionally, females (63.5%) were more likely to have tried smoking than males (59.7%). This represents a slight decrease from 1994 when 65% of all pupils stated they had ever tried smoking.

Table T1: Pupils who reported ever having tried smoking by sex (n=647)

	males		females		total	
	n	%	n	%	n	%
yes	187	59.7	212	63.5	399	61.7
no	126	40.3	122	36.5	248	38.3
total	313	100.0	334	100.0	647	100.0

(no answer = 4)

With increased age, there was increased probability of pupils having ever tried smoking in that 79.4% of 16 year olds said they had ever tried compared with 66.2% of 15 year olds and 54.3% of 14 year olds (see Table T2).

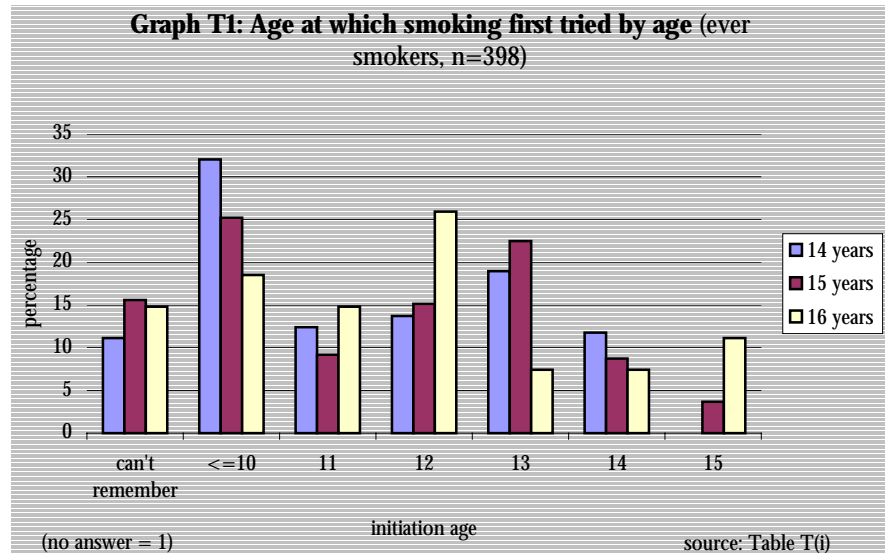
Table T2: Pupils who reported ever having tried smoking by age (n=647)

	14 year olds		15 year olds		16 year olds	
	n	%	n	%	n	%
yes	153	54.3	219	66.2	27	79.4
no	129	45.7	112	33.8	7	20.6
total	282	100.0	331	100.0	34	100.0

(no answer = 4)

4.3 Age of initiation

The average age at which smoking was first tried was 13 years for both males and females. One of the more significant aspects of the age at which smoking commenced, is the increased probability of younger smokers to have tried smoking before the age of 10 (see Graph T1). 32% of 14 year olds who had ever smoked did so before the age of 10 compared with 25.2% of 15 year olds and 18.5% of 16 year olds.



The likelihood of younger smokers to have smoked before the age of 10 was also noted in Anderson et al's study (1995). However, whereas in 1994 23% of 14 year olds and 14.9% of 15 year olds had smoked before the age of 10, in 2001 this had increased to 32% and 25.2% respectively. This would suggest that young people in the Western Isles who have ever tried smoking are more likely to have smoked before the age of 10 in 2001 than in 1994.

Males (33.2%) were also more likely than females (22.3%) to start smoking before the age of 10 (see Table T3) and this was not indicative of a greater proportion of 14 year old males reporting having ever smoked.

Table T3: Age at which smoking first tried by sex (ever smokers, n=398)

	males		females		total	
	n	%	n	%	n	%
can't remember	27	14.4	28	13.3	55	13.8
<=5 years	2	1.1	2	0.9	4	1.0
6 years	5	2.7	2	0.9	7	1.8
7 years	8	4.3	2	0.9	10	2.5
8 years	15	8.0	6	2.8	21	5.3
9 years	7	3.7	8	3.8	15	3.8
10 years	25	13.4	27	12.8	52	13.1
11 years	18	9.6	25	11.8	43	10.8
12 years	27	14.4	34	16.1	61	15.3
13 years	32	17.1	48	22.7	80	20.1
14 years	14	7.5	25	11.8	39	9.8
15 years	7	3.7	4	1.9	11	2.8
total	187	99.9	211	99.9	398	100.1

(no answer = 1)

4.4 Regular and occasional smoking

When asked whether they were 'cigarette (or cigar or pipe) smokers at the moment', 107 pupils (16.4%) overall identified themselves as current smokers. Males (16.5%) and females (16.4%) were equally likely to do so, and older pupils were more likely to self-report smoking than younger ones (23.5% of 16 year olds compared with 17.7% of 15 year olds and 14.1% of 14 year olds). So, although females were more likely to have tried smoking than males, they were no more likely to classify themselves as current smokers. These figures are lower than those in 1994 when 21.4% of students reported current smoking habits and, although individually by sex less pupils identified themselves as smokers, the difference between genders has greatly decreased between 1994 and 2001. That is, in 1994 23.7% of males and 19.5% of females identified themselves as current smokers compared with 16.5% of males and 16.4% of females in 2001.

The self-identification of current smoking status however, cannot necessarily be regarded as an accurate measure of actual smoking behaviour. Pupils were also asked to report how frequently they had smoked, on average, throughout the past 30 days. Interestingly, some of those who had indicated they had tried smoking but did not class themselves as current smokers gave details of cigarette smoking in the last month. This could be indicative of a misperception that if one does not smoke very frequently, for example less than one cigarette per day, then this does not classify 'being a smoker'. Of those who said they did not currently smoke, 16.6% actually indicated they had smoked in the last month. 11.7% stated they had smoked less than one cigarette per week and 2% smoked daily. Conversely, 7.6% of those who identified themselves as current smokers stated they had not smoked at all over the last 30 days. For the purposes of this study, pupils who indicated they smoked less than one cigarette per day were classed as 'occasional smokers' and those who had smoked at least one cigarette per week on average over the last 30 days were classed as 'regular smokers'.

Table T4: Regular smokers by sex and age (n=100)

	males		females		total	
	n	%	n	%	n	%
14 years	12	8.5	24	16.8	36	12.7
15 years	28	17.4	26	15.1	54	16.2
16 years	4	28.6	6	30.0	10	29.4
total	44	13.9	56	16.7	100	15.4

There was little difference in likelihood of being a regular smoker with respect to sex for 15 and 16 year olds. 14 year old girls, however, were nearly twice as likely to report smoking at least one cigarette per day as 14 year old boys (16.8% compared with 8.5%; see Table T4). 14 year old girls were also more likely than 15 year old girls to be regular smokers whereas twice as many 15 year old boys were regular smokers than 14 year old boys.

Proportionally, 15 and 16 year old girls (11% and 10% respectively) were slightly more likely than their male counterparts (6.2% and 7.1%) to smoke occasionally (see Table T5). For fourteen year olds, however, there were more occasional male smokers (5.7%) than females (3.5%). Overall, females were more likely than males to smoke both regularly and occasionally.

Table T5: Occasional smokers by sex and age (n=45)

	males		females		total	
	n	%	n	%	n	%
14 years	8	5.7	5	3.5	13	4.6
15 years	10	6.2	19	11.0	29	8.7
16 years	1	7.1	2	10.0	3	8.8
total	19	6.0	26	7.8	45	6.9

When these results are compared with self perception of smoking, that is whether the pupil classed themselves as a current smoker, it was found that nearly one quarter (24.4%) of occasional smokers classed themselves as smokers. 14% of regular smokers did not class themselves as smokers. Males were more likely to perceive themselves as smokers when their behaviour, by the criteria used here, did not reflect this (see Table T6). Whereas younger pupils (14 and 15 year olds) were more likely to state they were smokers when their habits implied otherwise, the reverse was true for 16 year olds.

Table T6: Smoking behaviour compared with self perception of smoking (%)

	males		females		total	
	regular smokers by behaviour (n=100)	self perceived current smokers (n=107)	regular smokers by behaviour (n=100)	self perceived current smokers (n=107)	regular smokers by behaviour (n=100)	self perceived current smokers (n=107)
14 years	8.5	12.8	16.8	15.4	12.7	14.1
15 years	17.4	18.6	15.1	16.9	16.2	17.7
16 years	28.6	28.6	30.0	20.0	29.4	23.5
total	13.9	16.5	16.7	16.4	15.4	16.4

4.5 Sources of cigarettes

Pupils were asked to indicate the sources from where they usually obtained their cigarettes. The most common sources were shops and buying or getting them from their friends (see Table T7). These findings match those from the 1994 survey though the proportion buying cigarettes from shops has decreased from 68% in 1994 to 60% in 2001. One in ten students (11%) reported being given cigarettes by their parents.

Where the students obtained their cigarettes from varied greatly between sex. For regular smokers, males (68.2%) were more likely than females (53.6%) to report buying cigarettes from shops. However, regular female smokers (62.5%) were far more likely than their male counterparts (34.1%) to have been given cigarettes by their friends. Over one in ten (14%) regular smokers had obtained their cigarettes from a pub and/or hotel though this was more common for girls (19.6%) than boys (6.8%).

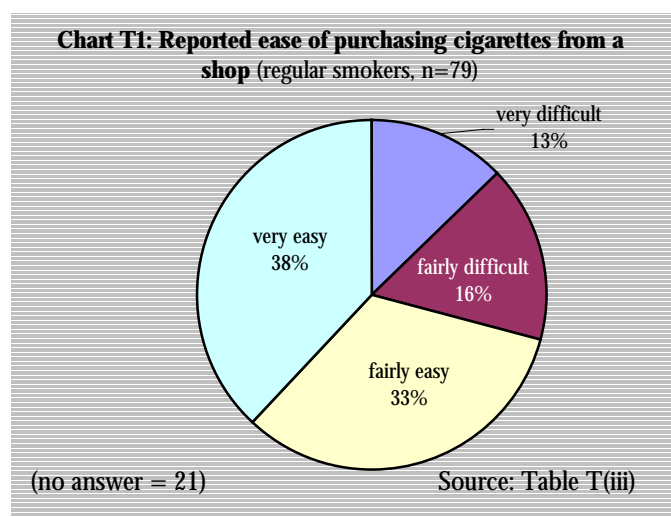
Occasional smokers were most likely to be given cigarettes by friends (60%) although, again, more females (69.2%) reported this than males (47.4%). The next most popular source was shops (31.1%) and, unlike regular smokers, females (38.5%) were more likely to purchase from shops than males (21.1%).

Table T7: Sources of cigarettes for regular and occasional smokers by sex (%); regular smokers, n=100; occasional smokers, n=45

	males		females		total	
	regular smokers	occasional smokers	regular smokers	occasional smokers	regular smokers	occasional smokers
buy from shop	68.2	21.1	53.6	38.5	60.0	31.1
buy from pub/ hotel	6.8	10.5	19.6	3.8	14.0	6.7
buy from club	2.3				1.0	
buy from friends	29.5	26.3	30.4	15.4	30.0	20.0
buy from parents	2.3		5.4	3.8	4.0	2.2
buy from other relatives	4.5		3.6		4.0	
given by friends	34.1	47.4	62.5	69.2	50.0	60.0
given by parents	6.8		14.3		11.0	
given by other relatives	4.5	5.3	7.1	3.8	6.0	4.4
other		5.3	7.1	11.5	4.0	8.9

Age also had a bearing on where students get their cigarettes. The likelihood of shops being used as a source increased with age from 19.6% of fourteen year olds to 51.9% of sixteen year olds; however fourteen year olds were more likely to buy cigarettes from, or be given cigarettes by, their friends (62.8% compared with 55.5% of sixteen year olds; see Table T(ii) in Appendix A).

As the minimum legal age for the purchase of tobacco is 16 years, pupils were asked how easy they found it to purchase cigarettes from shops. As Chart T1 below shows, the majority of regular smokers were comfortable getting their cigarettes from shops with less than one in three students (29%) reporting difficulties.



Occasional smokers were no more likely to describe problems buying cigarettes from shops with 23.5% reporting difficulties, although a high proportion (19.4%) stated they had never done so. Within all regular and occasional smokers, females were more likely to report difficulties in purchasing cigarettes from shops than males (see Table T8).

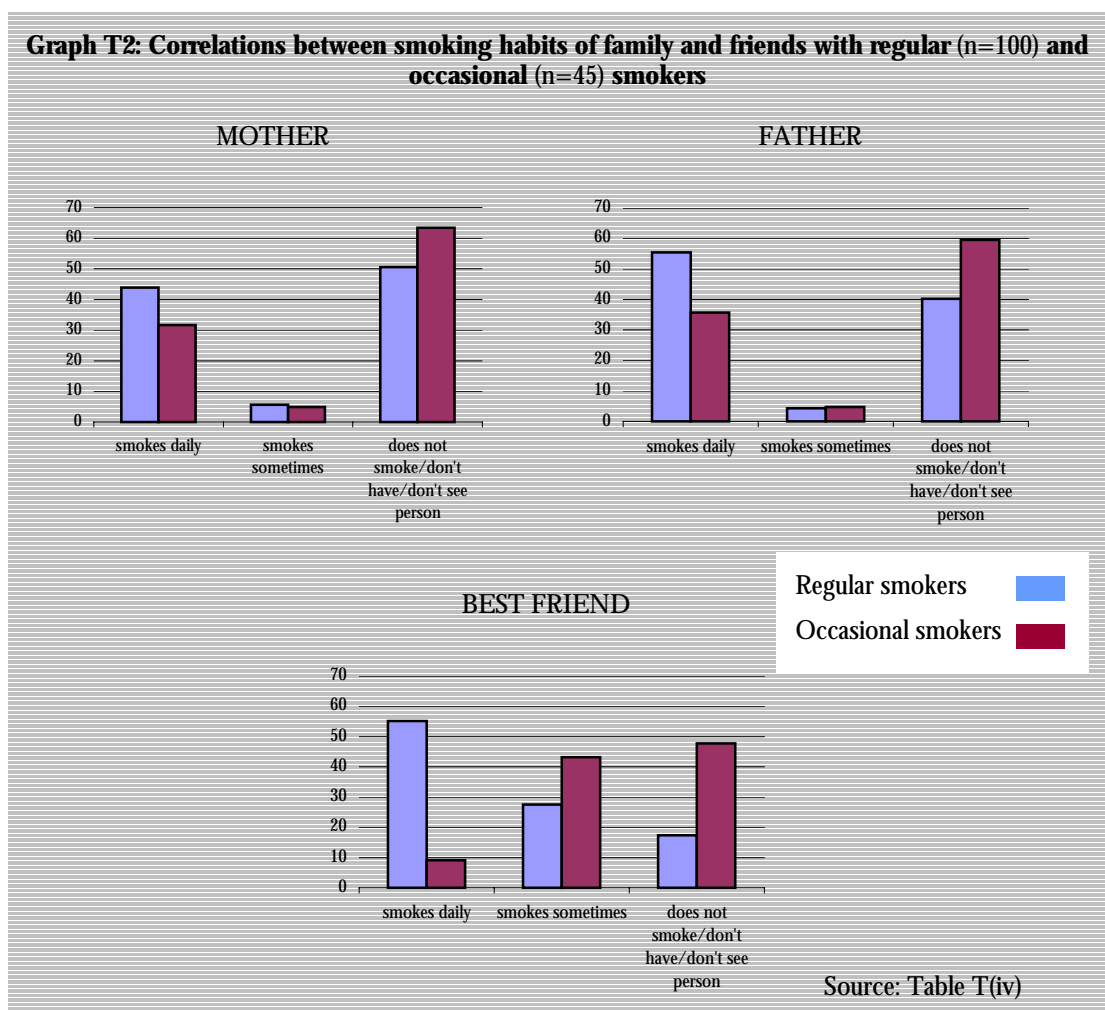
Table T8: Reported ease of purchasing cigarettes from shops (n=143)

	males		females	
	n	%	n	%
very difficult	5	8.1	10	12.3
fairly difficult	5	8.1	13	16.0
fairly easy	16	25.8	20	24.7
very easy	22	35.5	17	21.0
Cigarettes not usually purchased from a shop	14	22.6	21	25.9
total	62	100.1	81	99.9
(no answer = 2)				

4.6 Role of family and friends

A number of studies have established that the development of children's smoking experience is influenced by the smoking behaviour of family and friends (Pearson & Michell, 2000; Simons-Morton et al, 2001). This survey, therefore, sought to establish whether this is the case for young people in the Western Isles.

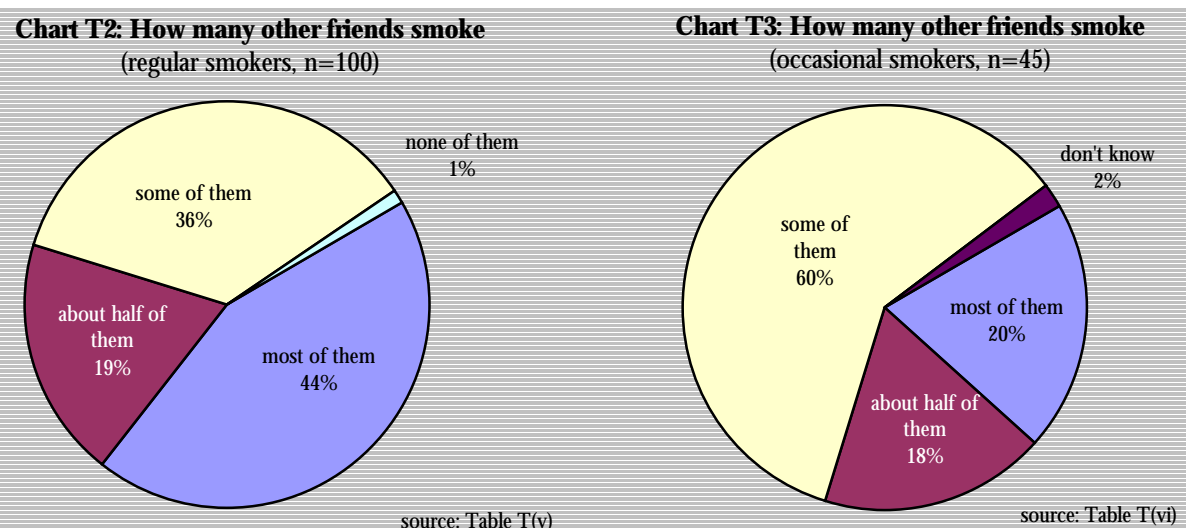
Pupils were asked whether their mother, father and best friend smoke and, if so, whether daily or sometimes. In every case, regular smokers were more likely to report that these people smoke than occasional smokers (see Graph T2). The smallest difference with regards daily smoking was in reference to the mother whereby 12.1% more regular smokers reported their mother smoked than occasional smokers. In contrast, 46% more regular smokers stated that their best friend smoked daily than occasional smokers. Occasional smokers were also more likely to report that their mother, father or best friend smoked than non-smokers.



Although no cause and effect relationship is assumed, it is evident that an individual's smoking behaviour is more highly correlated with their best friend's behaviour, followed by their father's and least so, although still positively, with the mother. Simons-Morton et al (2001) report on associations between smoking behaviours and also found that peer influence was more positively linked with smoking behaviour than the effect of an adult at home smoking.

Pupils were then asked how many of their other friends smoke with the possible responses of 'most of them', 'about half of them', 'some of them', 'none of them' or 'don't know'.

As is evident (see Charts T2 and T3), regular smokers were more likely to report that most of their friends smoke than occasional smokers (44% compared with 20%). Occasional smokers would usually respond that some of their friends smoked (60%).



Pearson & Michell (2000) reported on social groups and risk taking behaviour within and outside those groups. They found that groups tended to be polarised, that is members either displayed such behaviour (e.g. smoking, drug taking) or not and there were also correlations with peripheral members of the group with regards to their behaviour. The results in this study support their sociometric templates and the primary socialisation theory proposed (Oetting & Donnermeyer, 1998) which relates to peer group influence and behaviour.

Other studies have also shown such effects; Simons-Morton et al (2001) report a high prevalence of related smoking and drinking behaviour within peer groups and this influence was more marked amongst females than males. The findings here that regular smokers report a greater incidence of friends smoking, are in line with Simons-Morton et al (2001) who found that "those with one friend who smoked were 2.73 times as likely to smoke and those with two or more friends who smoked were 9.46 times as likely to smoke as those with no friends who smoked."

4.7 Western Isles and Scotland

There has been a slight decrease in overall and regular smoking amongst fourteen and fifteen year olds in the Western Isles since 1994. Despite this, there are still some worrying aspects in smoking behaviour such as the increasing likelihood that students are smoking in greater numbers before the age of ten than they were in 1994. Furthermore, females are now as likely as their male counterparts to be regular smokers with 14 year old females also as likely as 15 year old females to be smoking at least one cigarette a day.

The decrease in the Western Isles of those classified as regular smokers is matched by a similar decrease overall in Scotland in those reporting smoking at least once a week (Boreham and Shaw ed, 2001). In comparison with national figures, pupils in the Western Isles are also less likely to be smoking regularly; 13% of 14 year olds in the Western Isles reported smoking at least one cigarette a week compared with 17% in Scotland overall and 16% of 15 year olds in the Western Isles compared to 19% of 15 year olds in Scotland.

As Table T9 highlights, however, there are some differences in gender and age between fourteen and fifteen year olds, classified as regular smokers, in the Western Isles and Scotland overall.

Table T9: Percentage of pupils classified as regular smokers – a comparison between the Western Isles and Scotland

	14 years		15 years	
	Western Isles 2001 (n=36)	Scotland 2000 (n=1142)	Western Isles 2001 (n=54)	Scotland 2000 (n=816)
males	8.5	12	17	15
females	17	22	15	24

In Scotland overall, girls aged fourteen or fifteen are more likely to be regular smokers than males with the proportion of regular smokers increasing by age. In the Western Isles, however, this pattern is not repeated. 15 year olds boys are more likely to be regular smokers than girls of the same age in the Western Isles as well as 15 year olds boys across Scotland. Fourteen year old girls in the Western Isles are also proportionally more likely to be classified regular smokers than fifteen year olds.

5. Drug Use

5.1 Introduction

The increasing profile of drug use across society has led to an increased demand for information on prevalence of drug use among certain societal groups. School age children's exposure to drugs and their use of these illegal drugs is one such area where information is seen as essential to develop appropriate responses.

The Scottish Executive has, in line with the UK government's ten-year strategy to tackle drug use, set itself a target of reducing both the availability and usage of drugs in general amongst young people and in particular for those aged 12 to 15 years old.

This survey therefore asked pupils questions on the availability of drugs in the Western Isles, whether they had used them, how frequently and in what amounts. A list of drugs used throughout the questionnaire contained a bogus substance called semeron (also used in the 1998 survey of secondary schoolchildren in Scotland). The purpose of this was to give some indication of the extent to which children were overstating their awareness and use of drugs (Goddard and Higgins, 1999). To improve the accuracy of responses, some street names of each of the drugs were included in the questions.

The questions chosen were drawn from two previous surveys. In order to measure changes in drug use over time in the Western Isles, a number of questions were taken from the earlier Western Isles survey of S3 and S4 pupils (Anderson et al, 1995). Furthermore, to provide a direct comparison with drug use across Scotland and to provide some information on which to measure against the national targets set by the Scottish Executive, the survey also included some questions from the 1998 ONS survey of secondary age schoolchildren (Goddard and Higgins, 1999).

5.2 Availability of drugs

Pupils were asked if they had been offered any of the listed drugs, which would provide some information on the availability of certain substances across the Western Isles.

As with most surveys of this age group, cannabis (40%) was the most likely drug to have been offered to 14 to 16 year olds in the Western Isles. After cannabis, pupils were most likely to report having been offered glue or solvents¹ (15%). Around one in ten pupils had also been offered magic mushrooms (11.5%) and ecstasy (10%). 3.7% of pupils reported being offered heroin.

Table D1: Pupils reporting they had been offered various drugs by sex (n=651)

drug offered	males		females		total	
	n	%	n	%	n	%
cannabis	140	44.3	119	35.5	259	39.8
glue and solvents	53	16.8	47	14.0	100	15.4
magic mushrooms	46	14.6	29	8.7	75	11.5
ecstasy	35	11.1	30	9.0	65	10.0
amphetamines	26	8.2	17	5.1	43	6.6
cocaine	17	5.4	13	3.9	30	4.6
LSD	18	5.7	8	2.4	26	4.0
any other drug	14	4.4	11	3.3	25	3.8
heroin	13	4.1	11	3.3	24	3.7
tranquillisers	11	3.5	10	3.0	21	3.2
poppers	14	4.4	6	1.8	20	3.1
anabolic steroids	9	2.8	5	1.5	14	2.2
semeron	5	1.6	4	1.2	9	1.4
methadone	6	1.9	3	0.9	9	1.4
ANY drug	150	47.5	132	39.4	282	43.3

For every drug listed, a higher percentage of males reported having been offered the drug (see table D1). This was most obvious in the case of cannabis and magic mushrooms; 44.3% of boys compared to 35.5% of girls had been offered cannabis and 14.6% of boys had been offered magic mushrooms compared to 8.7% of girls.

Only 1.4% of pupils reported being offered the dummy drug 'semeron', slightly less than the 2% claiming so in the 1998 national survey (Goddard and Higgins, 1999). This could imply that most pupils treated the drug use questions in a serious manner (Anderson et al, 1995).

The likelihood of drugs being offered also increased with age (see Table D2). The probability of having been offered some drugs, such as cannabis, increases almost linearly over time with 31.7% of 14 year olds, 44.7% of 15 year olds and 58.8% of 16 year olds reporting having been offered the drug. Reports of being offered magic mushrooms, however, produced a different trend in that proportionally twice as many 15 year olds (14.4%) reported being offered them than 14 year olds (7.7%).

¹ Glues and solvents are not controlled under the Misuse of Drugs Act 1971. However, they are classified as illicit for the purposes of this study since their inappropriate use is potentially harmful.

Table D2: Pupils reporting they had been offered various drugs by age (n=651)

	14 years		15 years		16 years	
	n	%	n	%	n	%
cannabis	90	31.7	149	44.7	20	58.8
glue and solvents	41	14.4	54	16.2	5	14.7
magic mushrooms	22	7.7	48	14.4	5	14.7
ecstasy	17	6.0	40	12.0	8	23.5
amphetamines	12	4.2	27	8.1	4	11.8
cocaine	12	4.2	17	5.1	1	2.9
LSD	5	1.8	18	5.4	3	8.8
any other drug	10	3.5	15	4.5		
heroin	8	2.8	16	4.8		
tranquillisers	6	2.1	15	4.5		
poppers	4	1.4	14	4.2	2	5.9
anabolic steroids	4	1.4	10	3.0		
semeron	1	0.4	8	2.4		
methadone	2	0.7	7	2.1		
ANY drug	102	35.9	157	47.1	23	67.6

Whether pupils had been offered drugs was not asked in the 1994 survey and as such it is impossible to determine whether the availability of drugs has increased or decreased over the last five to six years.

5.3 Prevalence and frequency of drug use

5.3.1 Ever use of drugs

A high-level awareness of and access to drugs does not necessarily imply a high level of use. Parker and Measham (1994) and Barnard et al (1996) investigated the correlation between availability and reported usage, that is the uptake of drugs, which is covered further in Section 5.4. Only 24.8% of pupils reported ever using drugs, even though over 40% had been offered them. Thus the majority of S3 and S4 pupils are still not taking drugs even if given the opportunity. There would also appear to be very little if no overall change in the ever use of drugs from the 1994 Western Isles survey where less than a quarter of respondents reported having ever tried any of the listed drugs (Anderson et al, 1995).

Table D3: Ever use of drugs by age and sex (n=628)

	14 years		15 years		16 years		total	
	n	%	n	%	n	%	n	%
males	27	20.0	57	36.8	8	57.1	92	30.3
females	23	16.7	35	21.0	6	31.6	64	19.8
total	50	18.3	92	28.6	14	42.4	156	24.8

(no answer = 23)

Males, however, were much more likely to have taken illicit drugs with 30.3% stating they had ever tried compared with 19.8% of females. As may have been expected, there was a direct relationship between the reporting of ever drug use and age. Specifically, 18.3% of 14 year olds reported having tried a drug compared with 28.6% of 15 year olds and 42.4% of 16 year olds (see Table D3).

Cannabis was the individual drug that the highest proportion of pupils had used (23.6%), followed by glue and solvents (7.6%) and magic mushrooms (4.8%; see Table D4). Less than 1% of pupils reported having ever used heroin and only two pupils reported using the bogus drug 'semeron'.

**Table D4: Ever use of named drugs by sex (%) –
a comparison between 1994 (n=801) and 2001 (n=628)**

	males		females		total	
	2001	1994	2001	1994	2001	1994
cannabis	28.9	29.9	18.5	15.1	23.6	22.2
glue and solvents	9.5	20	5.9	15.4	7.6	17.6
magic mushrooms	6.6	16.6	3.1	4.3	4.8	10.2
amphetamines	4.6	15.1	1.9	10.3	3.2	12.6
ecstasy	3.6	7.3	0.9	5	2.2	6.1
poppers	3.0	n/r	0.9	n/r	1.9	n/r
LSD	3.0	15.3	0.3	8.4	1.6	11.7
cocaine	1.0	1.6	0.9	1.7	1.0	1.6
tranquilisers	0.3	8.6	1.2	7.7	0.8	8.1
heroin	0.7	0.3	0.9	0.7	0.8	0.5
anabolic steroids	1.0	n/r	0.6	n/r	0.8	n/r
semeron	0.3	n/r	0.3	n/r	0.3	n/r
methadone	0.3	n/r	0.3	n/r	0.3	n/r
other	2.0	n/r	0.3	n/r	1.1	n/r
<i>n/r = not reported</i>						

For most of the drugs listed, males were proportionally more likely than females to report having ever used them (see Table D4). The exceptions to this were cocaine and opiates (heroin and methadone) where there was no gender difference in reported ever use though the numbers were low. Females were more likely than males to have tried tranquilisers (1.2% compared with 0.3% respectively). Males (28.9%), on the other hand, were more likely to have used cannabis than females (18.5%) which is consistent with other studies (e.g. Boys et al, 2000; Boreham and Shaw ed, 2001).

Gender differences with respect to prevalence of drug taking have become less apparent nationally over the last decade. The Health Education Authority carried out a survey of 16 to 19 year olds in 1990 showing that males were more likely to report drug taking than females (HEA/MORI, 1992). This trend became less evident in studies throughout the 90's (e.g. HEA/BRMB International, 1997; Goddard and Higgins, 1999) although, as in the current study, drug use is still slightly more prevalent amongst young males.

The proportion of pupils who had used cannabis increased with age from 16.8% to 42.4% between the ages of 14 and 16 years (see Table D5). A similar pattern was reported for amphetamines, magic mushrooms and poppers though the proportions did not increase as sharply as those did for cannabis. Interestingly reported use of glue and solvents was the highest among 14 year olds (8.4%) and then decreased as the pupils got older with 7.1% of fifteen year olds and 6.1% of sixteen year olds admitting ever use.

Table D5: Ever use of named drugs by age (n=628)

	14 years		15 years		16 years	
	n	%	n	%	n	%
cannabis	46	16.8	88	27.3	14	42.4
glue and solvents	23	8.4	23	7.1	2	6.1
magic mushrooms	8	2.9	19	5.9	3	9.1
amphetamines	5	1.8	13	4.0	2	6.1
ecstasy	3	1.1	10	3.1	1	3.0
poppers	2	0.7	8	2.5	2	6.1
LSD	1	0.4	8	2.5	1	3.0
cocaine	3	1.1	3	0.9		
tranquillisers	1	0.4	4	1.2		
heroin	2	0.7	3	0.9		
anabolic steroids	3	1.1	2	0.6		
methadone			2	0.6		
other	1	0.4	6	1.9		

Despite overall reported use of drugs from 1994 to 2001 remaining static at around one in four of those pupils surveyed, the most striking point to note when comparing this study with 1994 is the large decrease in the reported use of all of the drugs listed with the exception of cannabis (see table D4). There has been a four-fold decrease, from 12.6% to 3.1%, in ever use of amphetamines. Glue and solvent use fell from 17.6% in 1994 to 5.7% in 2001 and ever use of LSD has decreased from 11.7% to 1.5%. Reported cannabis use in the two surveys has, however, remained stable with around 23% of pupils using at least once in their lives, though there has been a slight increase in the use of cannabis amongst females; 15.1% in 1994 and 17.9% in 2001. Ever use of cocaine and heroin has remained reasonably static.

That cannabis remains the most likely drug to be used amongst 14-16 year olds in the Western Isles is not surprising and is consistent with the previous survey in the Western Isles and also with national survey data. The most striking trend, however, is the large decreases in use of amphetamines, glue and solvents, LSD and ecstasy. Whether this is a result of a decrease in their availability or reflects a decline in their popularity or indeed a combination of both is unclear. The 2001 data, however, is broadly consistent with recent national survey work (ONS, 1998), which may suggest that in 1994 amphetamines and LSD were more available and therefore more widely used by those pupils most likely to use drugs.

5.3.2 First use of drugs

Respondents were asked at what age they first tried drugs and what was the first drug tried. Of those reporting ever drug use the normative age of first use was 14 years for both males and females.

Of those pupils who stated they had ever tried a drug, the majority (87.4%) named cannabis as the first drug they had tried. Males (90.5%) were more likely than females (83.1%) to report cannabis as their first drug of use whereas females were more likely than males to identify glue or solvents as their drug of initiation (13.6% compared with 6%).

Table D6: Of those who stated they had ever tried a drug, first drug tried by sex (n=143)

	males		females		total	
	n	%	n	%	n	%
cannabis	76	90.5	49	83.1	125	87.4
amphetamines	1	1.2			1	0.7
magic mushrooms	1	1.2	1	1.7	2	1.4
glue and solvents	5	6.0	8	13.6	13	9.1
other	1	1.2	1	1.7	2	1.4
total	84	100.1	59	101.1	143	100.0
(no answer = 15)						

With increased age, pupils were more likely to state cannabis as the first drug they had tried (81% of fourteen year olds, 89.8% of fifteen year olds and 92.3% of sixteen year olds). Conversely, younger pupils were more likely than older pupils to identify glue and solvents as their drug of initiation (see Table D7). This may reflect inaccurate recall and, whilst much debate has occurred regarding the potentiality of cannabis (e.g. Fergusson & Horwood, 2000; MacCoun, 1998) and tobacco and alcohol (e.g. Stimmel & Gold, 1998; Lynskey et al, 1998) as 'gateway drugs', there has been little focus on volatile substances. McKeganey (1998) provides a comprehensive review of recent work on volatile substance use and in 1999 reported a correlation between use of volatile substances and initiating illegal drug use (McKeganey et al, 1999).

Table D7: Of those who stated they had ever tried a drug, first drug tried by age (n=143)

	14 years		15 years		16 years	
	n	%	n	%	n	%
cannabis	34	81.0	79	89.8	12	92.3
amphetamines			1	1.1		
magic mushrooms			1	1.1	1	7.7
glue and solvents	8	19.0	5	5.7		
other			2	2.3		
total	42	100.0	88	100.0	13	100.0
(no answer = 15)						

5.3.3 Use in the last month and last year

Relying on reports of ever use of drugs is, however, not a satisfactory measure on which to accurately gauge the full nature and extent of drug use among young people. Indeed, targets set by both the Scottish Executive and the UK government focus on reducing young people's use of drugs in the last month and in the last year. Pupils who report use of drugs in the last month are often taken to be current and regular users of 'illegal drugs'. Pupils were queried as to their frequency and recency of drug use in the current survey but as use in the last month and last year were not measured in the earlier Western Isles schools study, no trend data is available.

Of the 24.8% of pupils who had ever used drugs, just over half - 14.2% of all pupils - had done so in the last month, and a further 6.2% had done so in the last year, though not in the last month. 4.5% of pupils had last used drugs more than a year ago (see Table D8).

Over one in ten pupils (11.9%) reported using cannabis in the last month accounting for over half (54.3%) of all drugs taken in the past month. The next most common drug used in the last month was glue and solvents (3.8% of all pupils). Together these substances accounted for nearly three-quarters (71.7%) of all drugs taken in the month preceding the survey being carried out.

Table D8: When last used drugs by drug type (% , n = 628)

	in the last month	in the last year	more than a year ago	all reported drug use
cannabis	11.9	6.5	4.5	22.7
glue and solvents	3.8	1.2	2.6	7.4
magic mushrooms	1.1	2.0	1.4	4.6
amphetamines	0.8	1.1	0.5	3.1
ecstasy	1.1	0.8	0.3	2.2
poppers	0.5	0.8	0.8	1.8
LSD	0.3	0.8	0.2	1.5
cocaine	0.3	0.5	0.6	0.9
tranquilisers	0.3	0.3	0.6	0.8
heroin	0.5	0.3	0.2	0.8
anabolic steroids	0.3	0.2		0.8
methadone	0.3		0.2	0.3
other	0.5	0.2	0.5	1.1
total	14.2	6.2	4.5	24.8

Of those who had taken any drug within the last month, there was very little difference in male and female use of the listed drugs (see Table D9). Males were slightly more likely to report recent use of magic mushrooms whilst females were more likely to report use of amphetamines in the previous month. It has been suggested (Boys et al, 2000) that females may use amphetamines for its appetite-suppressing properties to help them lose weight.

Table D9: Of those who had taken any drug within the last month, selected drugs recently taken by sex (n=89)

	males		females		total	
	n	%	n	%	n	%
cannabis	51	83.6	24	85.7	75	84.3
glue and solvents	17	27.9	7	25.0	24	27.0
magic mushrooms	6	9.8	1	3.6	7	7.9
amphetamines	2	3.3	3	10.7	5	5.6
ecstasy	5	8.2	2	7.1	7	7.9

(for complete details see Table D(i) in Appendix A)

Fifteen year olds were more likely than fourteen year olds to report using cannabis (85.2% and 78.6% respectively), ecstasy (11.1% and 3.6%) and amphetamines (7.4% and 3.6%) within the last month. The reverse was true for glue and solvents whereby fourteen year olds (53.6%) were far more likely than fifteen (16.7%) and sixteen year olds (0%) to report recent use.

Table D10: Of those who had taken any drug within the last month, selected drugs recently taken by age (n=89)

	14 years		15 years		16 years	
	n	%	n	%	n	%
cannabis	22	78.6	46	85.2	7	100.0
glue and solvents	15	53.6	9	16.7		
magic mushrooms	2	7.1	5	9.3		
amphetamines	1	3.6	4	7.4		
ecstasy	1	3.6	6	11.1		

(for complete details see Table D(ii) in Appendix A)

5.3.4. Frequency of drug use

As well as asking pupils when the last time they had used each drug was, the survey also sought to establish the frequency of drug use. The frequency categories were 'never', 'once', '2-5 times', '6-10 times', and 'more than 10 times'. This would firstly provide comparable data with the 1994 survey when the question was also asked and, secondly, provide some indication if those current drug users (i.e. those reporting use in the last month) had a different drug profile from less recent users.

As in 1994, most pupils reported single occasion use only of many of the listed drugs. The exceptions to this were use of cannabis with 16% of all pupils taking it on more than one occasion, glue and solvents (4.7%) and magic mushrooms (2.3%). It is also worrying to note that 2.9% of all pupils had used glue and solvents more than six times.

Table D11: Frequency of use of selected drugs (2001, n=651; 1994, n=804)

	never		once		2-5 times		6+times	
	2001	1994	2001	1994	2001	1994	2001	1994
cannabis	77.3	73.8	6.5	8.8	6.6	7.4	9.7	9.9
glue and solvents	92.6	n/r	2.6	n/r	1.8	n/r	2.9	n/r
magic mushrooms	95.4	n/r	2.3	n/r	1.1	n/r	1.2	n/r
amphetamines	96.9	84.6	1.7	6.0	0.9	6.4	0.5	3.0
ecstasy	97.8	n/r	1.4	n/r	0.3	n/r	0.5	n/r
LSD	98.5	85.8	0.5	6.7	0.6	5.2	0.5	1.5

n/r = not reported

As may be expected the most frequently indicated illicit substance used was cannabis. As a proportion of the total survey group, 22.7% reported having used cannabis on at least one occasion. This finding repeats that of the 1994 survey when it was found that apart from cannabis, most other drug use was single use only. Given the sizeable minority of pupils reporting use of cannabis, Anderson et al (1995) carried out a more in-depth analysis of these cannabis users by age and sex. The same analysis has been adopted here for comparative purposes.

In the 1994 survey, it was found that males were significantly more likely than females to have used cannabis and to have used it more frequently. Over 40% of male cannabis users reported use in excess of five occasions whilst female use of cannabis was largely confined to single occasion use (50%) (Anderson et al, 1995). From the 2001 survey, however, what appears to have

happened more recently is an increasing trend towards multiple use of cannabis and a leveling off in the gender differential in cannabis use (see Table D12). Over half of male cannabis users (52.5%) reported use in excess of five occasions. Notably, female cannabis users are also starting to report greater use of cannabis with 48% reporting use on more than five occasions. One in three male cannabis users and one in four female cannabis users reported single occasion use only.

Table D12: Frequency of cannabis use by sex, (2001, n=628; 1994, n=679)

	males		females		total	
	2001	1994	2001	1994	2001	1994
never	72.2	65.4	82.1	81.9	77.3	73.9
once	8.5	8.4	4.5	9.2	6.5	8.8
2-5 times	5.4	11.1	7.8	4.0	6.6	7.5
more than 5 times	13.9	15.1	5.7	4.9	9.7	9.9
total	100.0	100.0	100.1	100.0	100.1	100.1

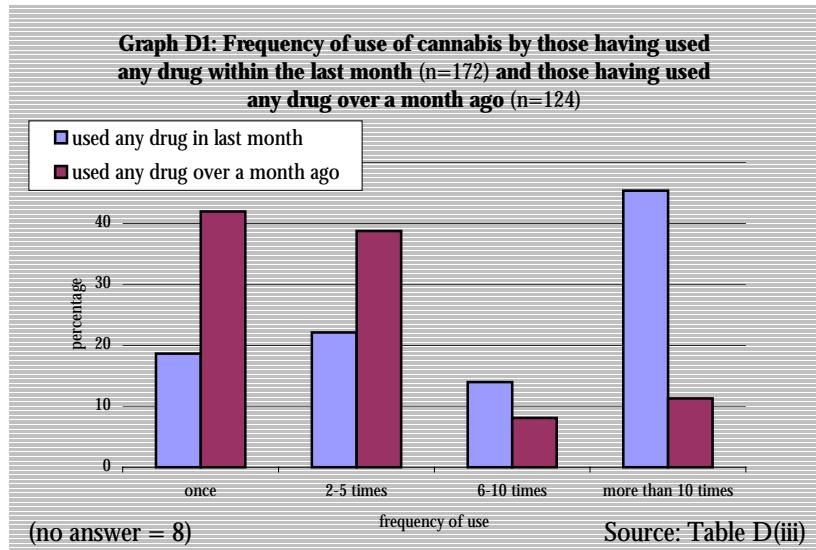
Anderson et al (1995) also found that the older the respondent the more likely they were to have reported experience of cannabis. These findings are replicated in the 2001 survey (see Table D13).

Table D13: Frequency of cannabis use by age (% , n=628)

	14 years		15 years		16 years		total	
	n	%	n	%	n	%	n	%
never	227	83.1	234	72.7	19	57.6	480	76.4
once	17	6.2	22	6.8	3	9.1	42	6.7
2-5 times	13	4.8	25	7.8	5	15.2	43	6.8
6-10 times	3	1.1	11	3.4	3	9.1	17	2.7
more than 10 times	13	4.8	30	9.3	3	9.1	46	7.3
total	273	100.0	322	100.0	33	100.1	628	99.9

As the above table shows, the proportions of those who had used cannabis range from 16.9% of fourteen year olds to 42.4% of sixteen year olds. Age also had a bearing on the frequency of a pupil's cannabis use; only 5.9% of fourteen year old cannabis users reported use on more than five occasions compared to 18.2% of sixteen year olds.

A further factor, which varies with the frequency of a pupil's cannabis use, is how recently they last used drugs. Graph D1 overleaf shows that pupils reporting use of any drug over a month ago were more likely to report single use of cannabis than those using drugs in the last month (41.9% compared with 18.6%). However, those reporting cannabis use on more than ten occasions were far more likely to have used drugs in the last month than those who hadn't (45.3% and 11.3% respectively).



5.4 Uptake of drugs and rurality

Figures relating to incidences and reports of being offered drugs may inform estimates of availability to some degree, but they do not provide information with regards to pupils behaviour. Parker & Measham (1994) introduced the notion of uptake rates to allow an examination of “the relationship between exposure to drugs and lifetime usage.” They also suggest that longitudinal data may help researchers to “measure the impact of exposure to drugs and thus the potency of the illegal drugs economy.” That is, such research will allow informed decisions to be made as to the actual effect of increased availability of drugs and to further examine how the interaction between accessibility and attitudinal issues affects drug-using behaviour in youngsters. Due to their illegal nature, increased availability of drugs does not necessarily reflect increased demand. Although ease of obtaining drugs will affect drug-using behaviour, variables such as age, socio-economic status and ethnicity will also influence the likelihood of pupils having accepted offers of illicit substances (Parker & Measham, 1994).

The rate of uptake of drugs was calculated by using the following formula:

$$\frac{\text{number of respondents reporting having taken drug}}{\text{number of respondents reporting having been offered drug}} \times 100$$

Overall, pupils were most likely to have taken poppers if they had been offered them (60%) and uptake of cannabis was also high (57.1%). Within each sex, proportional uptake of cannabis and poppers was very similar (62.9% and 64.3% respectively for males, 50.4% and 50% respectively for females). Generally, males were more likely to have taken any drug if offered (61.3% compared with 48.5% of females), but although this was true for drugs associated with social activities such as amphetamines, LSD and ecstasy, females reported a higher rate of uptake for the more serious drugs such as cocaine, heroin and methadone. It should be noted, however, that the numbers of pupils having taken these harder drugs was very low and hence results may not be indicative of a general trend (see Table D14).

Table D14: Rate of uptake of drugs by males (n=316) and females (n=335) in %

	males	females	total
cannabis	62.9	50.4	57.1
amphetamines	53.8	35.3	46.5
LSD	50.0	12.5	38.5
magic mushrooms	43.5	34.5	40.0
ecstasy	31.4	10.0	21.5
semeron	20.0	25.0	22.2
tranquilisers	9.1	40.0	23.8
cocaine	17.6	23.1	20.0
heroin	15.4	27.3	20.8
methadone	16.7	33.3	22.2
glue or solvents	54.7	40.4	48.0
poppers	64.3	50.0	60.0
anabolic steroids	33.3	40.0	35.7
any other drug	42.9	9.1	28.0
ANY drug	61.3	48.5	55.3

Disregarding other unnamed drugs, the greatest differential by sex was seen in uptake of LSD (50% of males compared with 12.5% of females), followed by tranquilisers (40% of females in contrast with just 9.1% of males).

Boys et al (2000) carried out qualitative research with young people, and suggest that sex may have some bearing on drug choice. Given this, it may be reasonable to expect that rates of uptake will differ between sexes also. As with the notion of differences in intent for using alcohol, it was proposed by Boys et al (2000) that girls are less likely to take psychoactive drugs such as LSD or magic mushrooms and this is upheld in the current study.

With regards to changing rates of uptake by age (see Table D15), older pupils were generally more likely to report having tried a drug if offered it. This was not true for all drugs (e.g. LSD, ecstasy) but, given the low numbers of 16 year olds participating in the survey, a true picture may not be represented by this age group. All 16 year olds who had been offered poppers had tried them – the only drug to have a 100% uptake rate for any age group.

Table D15: Rate of uptake of drugs by 14 (n=284), 15 (n=333) and 16 year olds (n=34) in %

	14 years	15 years	16 years
cannabis	51.1	59.1	70.0
amphetamines	41.7	48.1	50.0
LSD	20.0	44.4	33.3
magic mushrooms	36.4	39.6	60.0
ecstasy	17.6	25.0	12.5
semeron		25.0	
tranquilisers	16.7	26.7	
cocaine	25.0	17.6	
heroin	25.0	18.8	
methadone		28.6	
glue and solvents	56.1	42.6	40.0
poppers	50.0	57.1	100.0
anabolic steroids	75.0	20.0	
any other drug	10.0	40.0	
ANY drug	49.0	58.6	60.9

On the whole, just over half (55.3%) of respondents reported having taken drugs if offered them. This compares with a 66% uptake rate reported by Parker & Measham (1994) and 60.1% found by Barnard et al (1996). The former study involved primarily 16 year olds in an urban setting in North West England, which may partially explain the higher uptake rate although the research was carried out 6 years prior to the current study. Barnard et al (1996) questioned a student population with an average age of 13.3 years (compared with 14.6 in this study) from Dundee, another urban environment.

Forsyth & Barnard (1999) note that most research concerning substance use has been confined to urban areas. Due to this lack of data from more rural areas, particularly in the UK, and issues regarding the definition of pastoral and city sites, it has been proposed that the generally accepted assumption that problem drug use is largely an urban phenomenon may not be correct (Forsyth & Barnard, 1999). Indeed, although drug availability and use appears to be less prevalent in the Western Isles than in Scotland overall (as discussed in the following section), a high proportion of pupils in this less urban area report drug taking behaviour which should not be ignored.

5.5 Western Isles and Scotland

With respect to national trends, comparisons are made with the 2000 Scottish Executive funded school study carried out by NCSR (Boreham and Shaw ed, 2001). It should be noted however that direct comparisons with these surveys should be treated with some caution as the school year groups surveyed are not always identical. While NCSR survey S1 pupils through to S4, this Western Isles study only surveyed pupils in S3 and S4.

The example of pupils reporting being offered drugs is a perfect illustration of the above point. Overall 40% of pupils had been offered cannabis in the Western Isles, (44% of males and 35.5% of females) whilst NCSR reported in their survey that 32% of pupils (35% of males and 30% of females) had been offered cannabis suggesting more availability of cannabis on the Islands. However the NCSR figures also include those S1 pupils (aged 12 years) reporting being offered drugs and the considerably lower reported rates in this year group (11% compared to 47% of fourteen year olds and 59% of fifteen year olds), will lower the overall total reported.

A more meaningful comparison between the local and national data can be found when comparing between school years. Table D16 overleaf shows an entirely different picture from that when comparing overall figures. Fourteen and fifteen year olds in the Western Isles report lower rates of being offered drugs than their counterparts across Scotland for all the drugs listed.

Table D16: Percentages of pupils having been offered individual drugs by age – a comparison between the Western Isles and Scotland

	14 years		15 years	
	Western Isles 2001 (n=273)	Scotland 2000 (n=1147)	Western Isles 2001 (n=322)	Scotland 2000 (n=819)
cannabis	32	47	45	59
glue and solvents	14	21	16	24
magic mushrooms	8	14	14	19
cocaine	4	7	5	11
amphetamines	4	11	8	15
ecstasy	6	16	12	22
heroin	4	8	3	10

With fourteen and fifteen year olds in the Western Isles less likely than their counterparts across Scotland to be offered drugs, it is not surprising that these age groups in the Western Isles also report lower rates of the use of any drug in the past month. Overall, 10% of fourteen year olds and 17% of fifteen year olds in the Western Isles reported using drugs in the past month compared with 15% and 22% respectively in Scotland overall (see Table D17).

Table D17: Percentages of pupils having used drugs within the last month, by sex and age – a comparison between the Western Isles and Scotland.

	14 years		15 years	
	Western Isles 2001 (n=273)	Scotland 2000 (n=1124)	Western Isles 2001 (n=322)	Scotland 2000 (n=807)
males	13	19	24	23
females	8	12	10	20
total	10	15	17	22

Fifteen year old females (10%) in the Western Isles were far less likely to report use of drugs in the past month than their counterparts across Scotland (22%). Interestingly the differences in drug taking between fourteen and fifteen year old females in the Western Isles and in Scotland are roughly the same. This suggests that drug use on the Western Isles by males is more representative of drug use across Scotland than for females. In 2001, 14 year old ever drug use had slightly increased across Scotland (14% to 15%), whereas ever use for 15 year olds had decreased (24% to 22%).

5.6 Summary

Whilst the overall reported use of drugs has remained at a level similar to that found in 1994, there have been significant reductions in the use of many illicit drugs including amphetamines, LSD and ecstasy. The main exception to this trend is cannabis. As Anderson et al found in 1994, most of the drug use in S3 and S4 pupils was restricted to cannabis smoking. The main difference between this study and the survey in 1994 is that whilst overall reported use of cannabis is roughly the same, more females are reporting using cannabis and both male and female cannabis users are likely to be consuming more of the drug.

Similarly, and as was noted in 1994, levels of illicit drug use are also lower than in Scotland overall. S3 and S4 pupils in the Western Isles are less likely to be offered drugs and less likely to use drugs than pupils in Scotland overall. However the differences here are less marked when comparing reports of male pupils using drugs in the last month. The data here would suggest a convergence in the levels of male drug use at a local and national level.

6. Sex Education

6.1 Introduction

The last section of the questionnaire gave pupils the chance to display their understanding of sex education issues including contraception use and sexually transmitted infections. No information was gleaned as to actual sexual activity; rather attitudes towards sex and opinions of current education were measured. An open-ended question was also posed asking pupils for suggestions for ways to make it easier for young people to find out about sex and relationships. The qualitative analysis of this question will be reported separately (updates available through the national drugs misuse website: www.drugmisuse.isdscotland.org).

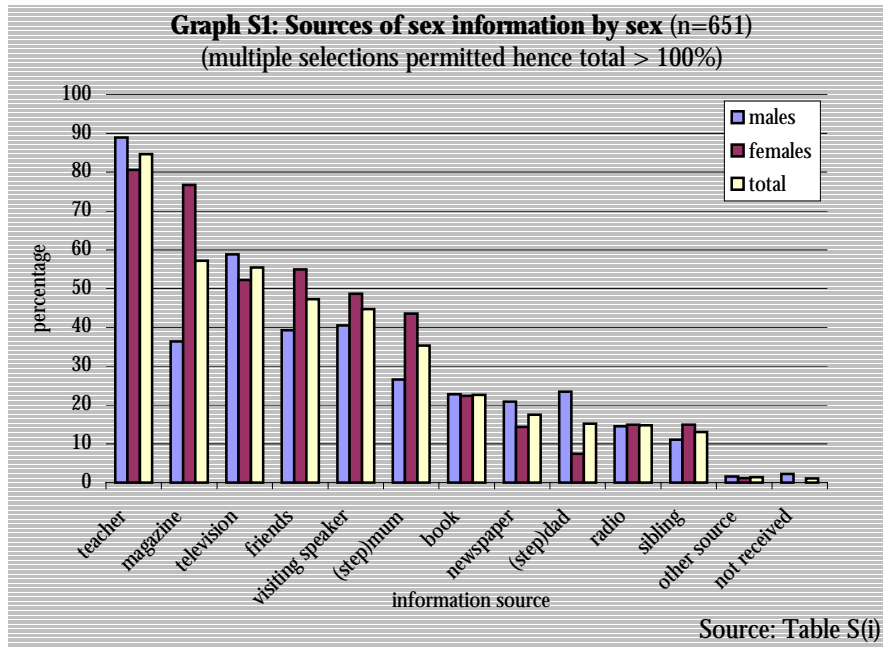
6.2 Sources of sex information

Initially, students were queried as to their sources of knowledge of sex education (see Graph S1). The majority of pupils (84.6%) indicated a teacher had provided instruction with a higher percentage of males (88.9%) reporting such than females (80.6%). The second most frequently quoted source was magazines (57.1%) although this was primarily due to the high proportion of females taking advice from them (76.7% compared with 36.4% of males). The third most popular response was also media based with 55.5% of pupils stating television as a source and whilst more males identified television, females were more likely to elicit information from friends (54.9% compared with 39.2% of males). Parental advice, although gender driven (that is, males were more likely to obtain information from their father figure and vice versa), came mainly from the mother figure (35.3% overall in contrast with 15.2% reporting their (step)dad as a source).

The Teenage Health Seminars carried out in the Western Isles in 1999 reported that whilst females stressed the importance of having same-sex confidants to get advice from, males were less concerned (Western Isles Health Board, 1999). This is reflected in the current study in that females were far more likely to receive information from their (step)mum than (step)dad, whereas males were equally likely to elicit information from both sources.

The results obtained here are not unique to the Western Isles or, indeed, Scotland. Brown & Keller (2000) recount that American adolescents also report the media as important sources of information and review the appropriateness of television, magazines and the internet as valid sources.

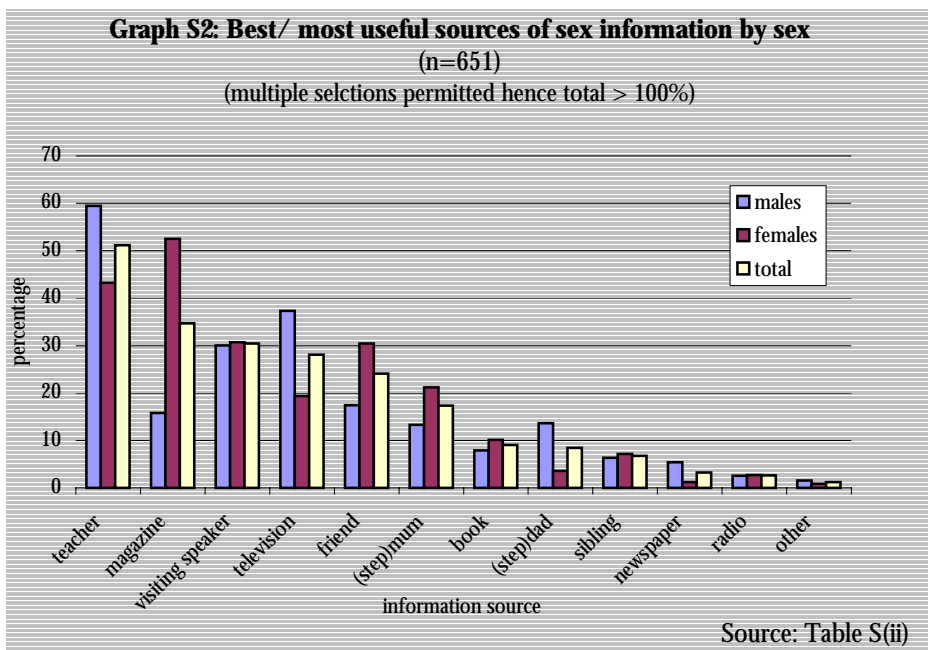
With regards to research in Scotland, Todd et al (1999) compare findings from national surveys in 1990 and 1998 investigating various aspects of sexual health of 15 year old schoolchildren. Participants were asked to identify their **main** source of information about sexual matters, and the most common response overall was friends. There was, however, a significant decrease from 1990 to 1998 in pupils reporting friends as their most common source whereas significant increases were noted with regards information gleaned from the media and from school. This may reflect more recent initiatives to enhance school-based sex education which would partially explain the even higher incidence of reporting in the current study. Moreover, as pupils in the Western Isles were asked to list **up to three** sources of sex information, it should be expected that most categories would have a greater response rate. In a similar pattern to the current study, girls were much more likely than boys to report the media as a primary source of information whereas more males identified their school as a resource.



These results were largely reflective of the 1994 study (see Table S(i) in Appendix) with teachers, television, magazines and friends as the four most often quoted sources. The most significant difference in response concerned visiting speakers in that only 11.1% of pupils identified them as a source in 1994 compared with 44.7% in the current study. Although pupils from each school individually were much more likely to mention a visiting speaker than in 1994², the high percentage obtained this year is largely attributable to the fact that over 50% of pupils in three of the five schools surveyed reported visiting speakers as an information source.

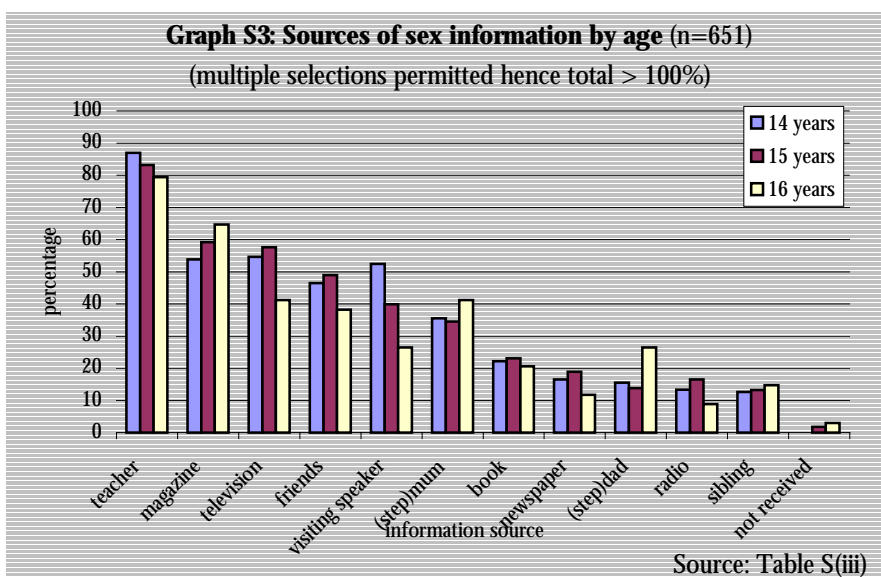
Pupils were also requested to select up to three sources that they had found most useful (see Graph S2). Over half (51.2%) of respondents recounted their teacher as one of the best sources although males (59.5%) were more likely to do so than females (43.3%). Overall, females were most likely to quote magazines (52.5%) as one of their most useful sources, compared with 15.8% of males. Interestingly, 30.4% of pupils overall rated a visiting speaker as helpful and this was equally true for males (30.1%) and females (30.7%). The response rate for this option varied between schools whereby, in two of the schools surveyed, over 70% of pupils who had noted a visitor as a source also reported that this was one of the most useful. Although this rate was also encouraging in the other three schools (between 50% and 60%), it may be beneficial for schools to compare the techniques used and the speakers invited to visit to attempt to identify the preferred methods. Males were much more likely to quote television as an effective source (37.3% compared with 19.4% of females), whereas females were more apt to turn to peers for advice (30.4% in contrast to 17.4% of males). Again, pupils were more likely to report their same sex parent figure as a valuable source, but overall the mother figure was classed as more effective (17.4% compared with 8.4% naming (step)dad as useful). These results are generally reflective of the responses in 1994 (see Table S(ii) in Appendix) with the notable exception of the improved access and perception of information received from an external speaker.

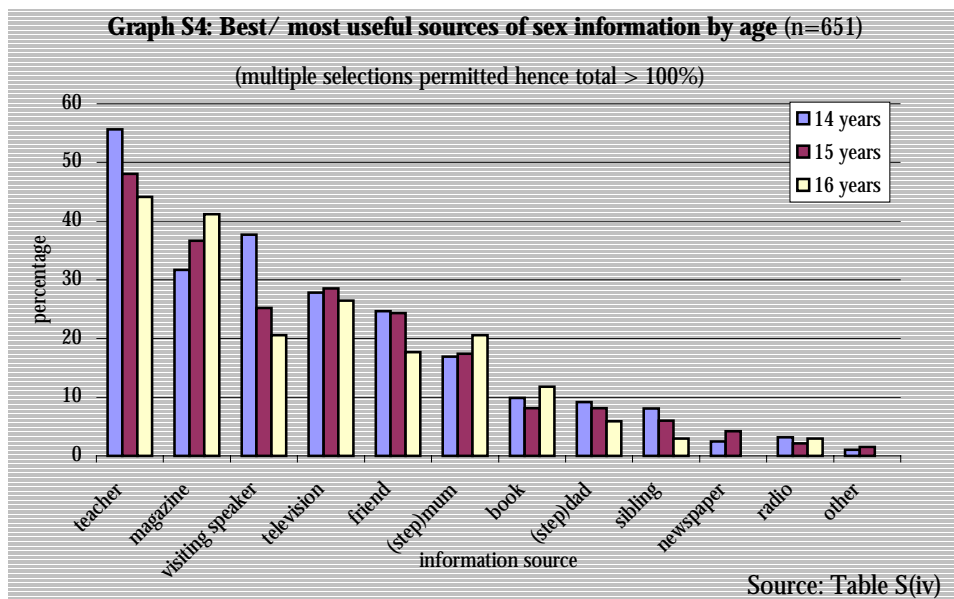
² Based on the general 1994 figure of 11.1%



When the results are analysed by age, some important trends are highlighted (see Graphs S3 and S4). Although schoolteachers were still the most quoted source of information, their contribution was viewed as decreasingly useful with increasing age. The opposite is the case for the perceived helpfulness of magazines by the pupils (mainly females) with increasing age. More 14 year olds (52.5%) than 15 year olds (39.9%) and 16 year olds (26.5%) reported a visiting speaker as an information source and this was also true of their perceived usefulness, which may be indicative of recent initiatives to bring in experts to certain schools.

With increased age, respondents were less likely to report their siblings, friends and father figure as useful sources of information, although this was not necessarily reflective of decreased likelihood of receiving information from them. Indeed, more 16 year olds (26.5%) referred to their (step)dad as an information source than 14 and 15 year olds (15.5% and 13.8% respectively) but were less likely to report them as useful (5.9% of 16 year olds compared with 8.1% of 15 year olds and 9.2% of 14 year olds).





6.3 Self perceived knowledge of sexual health issues

Overall, the majority of pupils (87.4%) considered themselves to be very well or well informed about issues concerning sex (see Table S1). Males, however, were more likely to self report being very well informed (33.3% compared with 28.1% of females) although, as is demonstrated in the following sections (6.4 and 6.5), this is less likely to reflect actual knowledge and may be symptomatic of the general trend of males over-reporting their knowledge in this area.

These results are generally similar to those produced by Anderson et al (1995) although more pupils reported being positively knowledgeable in the current study (87.4% compared with 77.7%) and fewer stated they were poorly or very poorly informed (6.2% in contrast with 8.7%).

Table S1: Self perceived knowledge of sex by sex (n= 643)

	males		females		total	
	n	%	n	%	n	%
very well informed	103	33.3	94	28.1	197	30.6
well informed	164	53.1	201	60.2	365	56.8
neither	23	7.4	18	5.4	41	6.4
poorly informed	18	5.8	17	5.1	35	5.4
very poorly informed	1	0.3	4	1.2	5	0.8
(no answer = 8)						

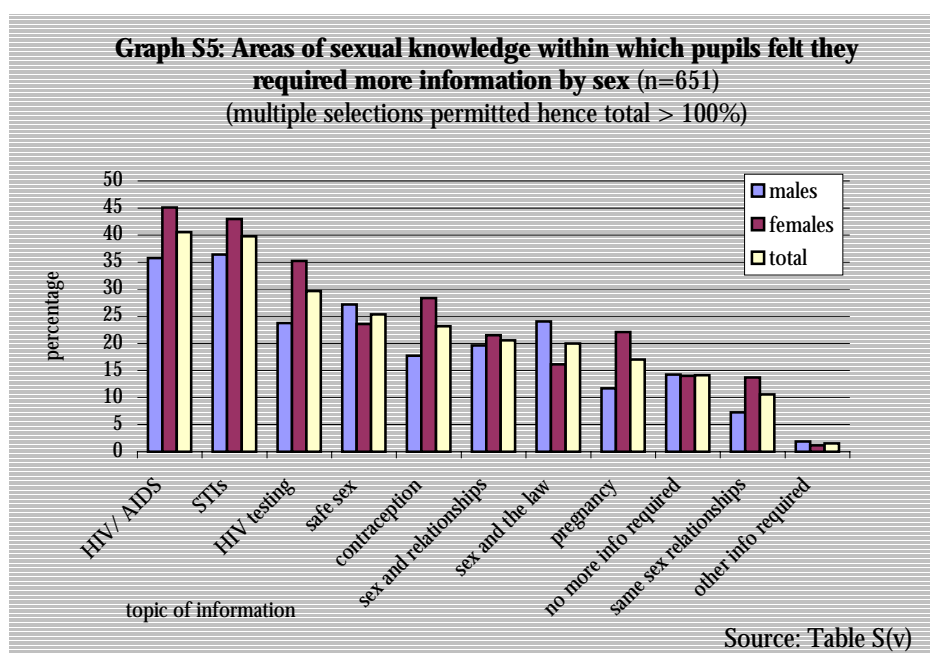
As may have been expected, pupils were increasingly likely to report being very well informed and decreasingly likely to report being very poorly informed about sex with increased age (see Table S2).

Table S2: Self-perceived knowledge of sex by age (n= 643)

	14 years		15 years		16 years	
	n	%	n	%	n	%
very well informed	81	28.7	103	31.5	13	38.2
well informed	162	57.4	185	56.6	18	52.9
neither	18	6.4	22	6.7	1	2.9
poorly informed	17	6.0	16	4.9	2	5.9
very poorly informed	4	1.4	1	0.3		
(no answer = 8)						

When asked about which sexual health issues pupils felt they required more information, HIV and AIDS (46%) was the most commonly cited issue (see Graph S5). The second and third most quoted matters also concerned diseases, with sexually transmitted infections (STIs) and HIV testing prompting a response of 39.8% and 29.6% respectively. Overall, females were more likely to admit they required more information on a range of issues than males, however males were more likely to identify the topics of safe sex (27.2% males compared with 23.6% females) and sex and the law (24.1% males in contrast with 16.1% females) as areas in which further knowledge would be useful.

Of the specific responses, that is excluding 'no more' and 'other' information required, the largest differential with regards to sex (11.5%) concerned HIV testing with 35.2% of females acknowledging the requirement for further information compared with 23.7% of males. Both sexes were most in agreement regarding safe sex (27.2% of males and 22.3% of females) and sex and relationships (19.6% of males and 21.5% of females).



It is generally accepted that young people do not feel they receive enough sex education (Childline, 1998; Sex Education Forum, 1999), which would also appear to be the case in the Western Isles.

6.4 HIV and AIDS

Females were more likely to report being worried about HIV/ AIDS than males (39.1% compared with 35.1%) and males (45.3%) were more likely to actively state they were not concerned than females (38.5%). Although more 15 year olds (37.5%) felt they were concerned about HIV and AIDS than 14 year olds (34.9%) which may be indicative of increased exposure and awareness of the problem, there was also higher proportion of the older children stating they were not concerned (see Tables S3 and S4). These results are the basis for some concern when compared with the 1994 figures in that far fewer pupils overall reported being worried about HIV or AIDS in the current study (37.2% compared with 50.3%) and more indicated they were not worried (41.8% compared with 32% in 1994).

Table S3: Pupils reporting whether they are worried about HIV or AIDS by sex (n=651)

	males		females		total	
	n	%	n	%	n	%
yes	111	35.1	131	39.1	242	37.2
no	143	45.3	129	38.5	272	41.8
don't know	62	19.6	75	22.4	137	21.0

Table S4: Pupils reporting whether they are worried about HIV or AIDS by age (n=651)

	14 years		15 years		16 years	
	n	%	n	%	n	%
yes	99	34.9	125	37.5	18	60.0
no	111	39.1	149	44.7	12	40.0
don't know	74	26.1	59	17.7		

A series of questions relating to potential methods of contracting HIV were also posed to assess the actual levels of knowledge of the pupils. Encouragingly, many students (90.6%) identified that unprotected sex could lead to acquiring HIV, although it should be remembered that conversely this means that 1 in 10 pupils did not feel this was a likely method of contracting HIV (see Table S5). Almost as many (87.6%) felt that sharing needles was potentially dangerous and females (91.9%) were more likely to identify this than males (82.9%). The next most likely responses concerned blood transfers in that 54.1% of pupils felt that blood spillage may be a method of contracting HIV and 47.9% mentioned blood transfusions as a source of concern. Equally, students were aware that methods such as sharing cups and swimming pools were not dangerous with regards HIV contraction, although males were generally less well informed than females. For example, more males (6.6%) than females (3.9%) thought that HIV could be caught by eating food prepared by a HIV positive person.

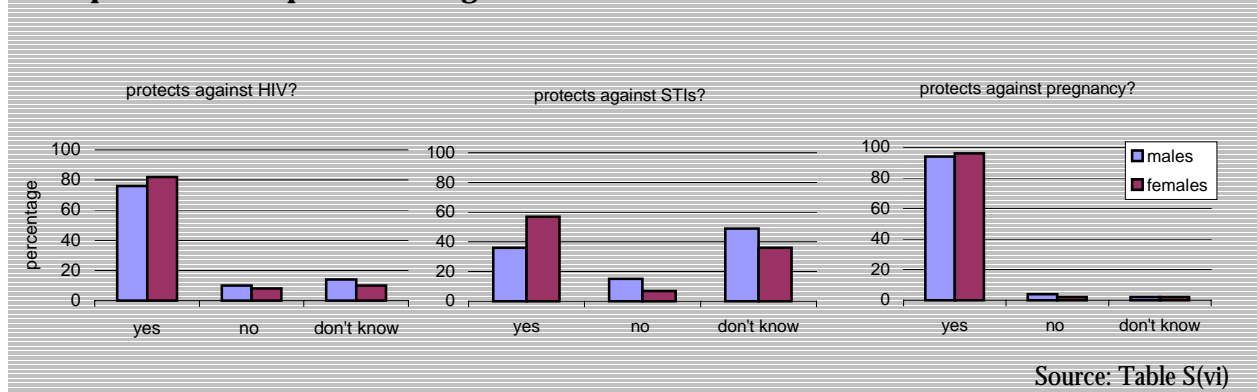
Table S5: Pupils who believed HIV could be contracted by various methods by sex (n=651)

	males		females		total	
	n	%	n	%	n	%
from unprotected sex?	273	86.4	317	94.6	590	90.6
from sharing needles?	262	82.9	308	91.9	570	87.6
from blood spillage?	165	52.2	187	55.8	352	54.1
from blood transfusions?	147	46.5	165	49.3	312	47.9
from giving blood?	65	20.6	68	20.3	133	20.4
from using drugs?	54	17.1	68	20.3	122	18.7
from breast milk?	45	14.2	38	11.3	83	12.7
from ear piercing?	34	10.8	20	6.0	54	8.3
from mouth to mouth?	27	8.5	13	3.9	40	6.1
from kissing?	25	7.9	14	4.2	39	6.0
eating food prepared by +ve person?	21	6.6	13	3.9	34	5.2
from sharing cups?	12	3.8	9	2.7	21	3.2
from swimming pools?	7	2.2	7	2.1	14	2.2

6.5 Contraception and consequences of sex

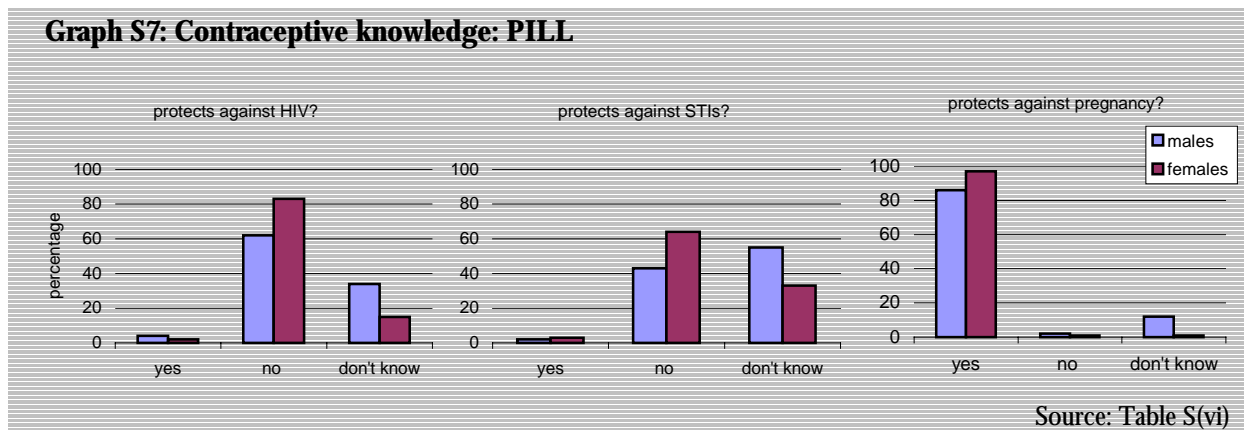
The next sets of questions concerning sex were factual based as opposed to opinion based. Pupils were asked whether they believed various forms of contraception (the pill, the coil and condoms) provided protection against HIV, STIs and pregnancy. Overall, pupils were most confident of their knowledge with regards to condoms and their usage (see Graph S6). 95.1% identified that condoms protect against pregnancy and 79.3% were aware they can protect against HIV. 47.4% of pupils thought that condoms proffer protection from STIs, but a large percentage (42%) stated they did not know which was indicative of a general lack of clarity concerning STIs.

Graph S6: Contraceptive knowledge: CONDOM



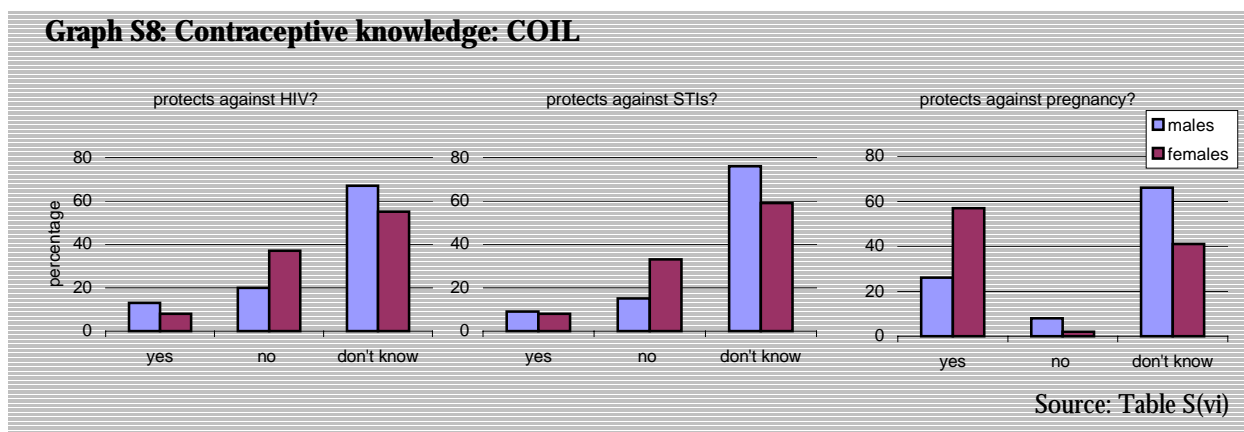
Knowledge concerning the pill (see Graph S7) was also reasonable in that 91.9% knew use of this contraceptive prevents pregnancy and, whilst 73.2% were aware the pill does not protect against HIV, nearly one quarter (24.2%) stated they did not know. Again, respondents were less sure about STIs in that 54.3% correctly identified the pill will not protect against such diseases whereas 43.5% were unsure.

Graph S7: Contraceptive knowledge: PILL



Pupils were most tentative with regards to coil usage (See Graph S8), which may be reflective of the fact that, due to health implications amongst other things, it is less likely to be offered as a viable method of contraception for adolescents. Interestingly, although over half of all respondents stated they did not know whether IUDs protect from pregnancy, STIs and HIV, reasonable proportions provided inappropriate positive responses. That is, 10.2% and 8.8% of those answering thought that the coil would protect against HIV and STIs respectively, which may be considered more concerning than similar percentages of pupils believing condoms did not protect against these infections.

Graph S8: Contraceptive knowledge: COIL



In every case, females were more knowledgeable than males with regards the applicability of different contraceptive methods and, furthermore, they were more confident of their responses which is indicated by the lower proportion stating they were unsure of any answer. With regards the pill, 97.6% of females stated this would protect against pregnancy and, whilst 85.7% of males corroborated this fact, 12% were unsure. Over 20% more females were aware the pill does not protect against HIV and STIs and males were increasingly unsure of this. Whilst the majority of both sexes (93.8% of males and 96.4% of females) reported condoms provide protection against pregnancy, more females knew they also protected against HIV (82% compared with 76.2% of males) and STIs (57.5% compared with 36.2% of males).

Although males appeared to have a less accurate knowledge base with respect to STIs, national data shows that young females are more likely to present at genito-urinary medicine (GUM) clinics with infections (ISD Scotland, 2000). Although under 15's represented a low proportion of attendants (0.1% of male visits, 0.3% of female visits), this rises dramatically for the 15-19 year old age group. 15 – 19 year old males account for 7.9% of all male presentations compared with 23% of 15 – 19 year old females.

On the whole, 15 year olds displayed a greater understanding of contraceptive methods than 14 year olds (see Table S(vii) in Appendix). 16 year olds, however, provided more incorrect responses in that they were more likely to believe the pill can protect against HIV and STIs and only slightly more (90.9%) identified the pill protects against pregnancy than 14 year olds (89.5%). Although more 16 year olds (54.8%) than 14 year olds (36.8%) knew that condoms can protect against STIs, this was not the case for HIV whereby 71.9% of 16 year olds identified the condom was protective compared with 75.2% of 14 year olds and 83.5% of 15 year olds.

The general lack of knowledge concerning STIs was something the pupils questioned were aware of. The majority (58.7%) felt they did not know enough about STIs with more females (62.1%), again, identifying this than males (55.1%). Although 15 year olds (26.1%) were more likely to report they knew enough about STIs than 14 year olds (20.1%), this was not true for 16 year olds with only 16.1% feeling happy with their levels of knowledge and 83.9% stating they definitely were not (see Table S(viii) in Appendix).

Although there was no potential to analyse which sources contraceptive information was gleaned from, it could be concluded that the methods quoted most often by females were more effective for their own sex than those used by males. That is, females may be eliciting more accurate information from magazines and friends, for example, than males are from television.

Overall, magazines were the second most quoted source of information. Interestingly, this is one of the few resources, even within the media, which is specifically targeted at males or females. Burtney (2000) notes that in "... magazines for young men... limited references to contraception [were made and these] were within the context of female responsibility." In contrast, magazines aimed at females were "...more sophisticated in content [and] tended to be graded in content according to age to provide appropriate information and advice." This may partially explain the greater proportion of females reporting magazines as a source than males.

6.6 Supportive relationships

When pupils were asked whether they had somebody in whom they could confide if they had a serious problem, many (82.4%) responded in the positive (see Table S6). This represents an increase from the 1994 survey when 72.6% of pupils indicated that they did have a confidant.

Females (91.3%) were more likely to state they had a confidant than males (72.7%) and females were much less likely to state they definitely did not have someone to talk to (3.9% compared with 16.1% of males). Males were more likely to report they were unsure if such a supportive relationship existed for them (11.2% compared with 4.8% of females), possibly because no such situation had arisen in the past. Male and female pupils were more likely to report having a confidant now than in 1994 though the increase was more marked amongst males; 72.6% of males in 2001 compared to 59.3% in 1994, 91.3% of females in 2001 compared to 84.4% in 1994.

Table S6: Whether pupils have a confidant with whom they could share a serious problem by sex (n=637)

	males		females		total	
	n	%	n	%	n	%
yes	221	72.7	304	91.3	525	82.4
no	49	16.1	13	3.9	62	9.7
don't know	34	11.2	16	4.8	50	7.8
total	304	100.0	333	100.0	637	99.9

(no answer = 14)

With increased age, pupils were more likely to respond affirmatively to this question with 81% of 14 year olds, 83.3% of 15 year olds and 85.3% of 16 year olds feeling they had a confidant (see Table S7).

Table S7: Whether pupils have a confidant with whom they could share a serious problem by age (n=637)

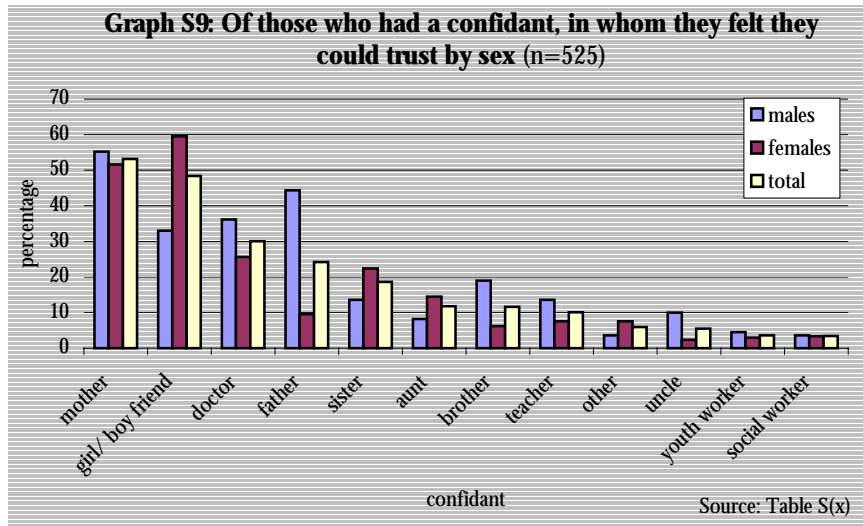
	14 years		15 years		16 years	
	n	%	n	%	n	%
yes	226	81.0	270	83.3	29	85.3
no	28	10.0	32	9.9	2	5.9
don't know	25	9.0	22	6.8	3	8.8
total	279	100.0	324	100.0	34	100.0

(no answer = 14)

Those who had identified they did have someone in whom they could trust were queried as to who this may be (see Graph S6). Overall, the most popular response involved the mother as confidant (53.1%) and, although this was the most popular response for males (55.2%), females were more likely to opt to talk to a girl or boyfriend (59.5%). Although both sexes felt comfortable to talk to their mother, males (44.3%) were much more likely to confide in their father than females (9.5%). Over one quarter of both sexes (25.7% of females and 36.2% of males) identified their doctor as a trustworthy source, but youth workers (3.6%) and social workers (3.4%) were the least favoured options.

These results highlight some changes from 1994 when the most popular response was friend (69.8%) followed by mother (44.5%). This may have been affected by the questionnaire wording in the current study, that is 'girl/ boy friend' may not have been interpreted as meaning 'friend', particularly by males who had a very low response to this option.

Generally, 15 year olds were more likely to identify any of the options as possible confidants than 14 year olds which may be indicative of increased maturity and increased likelihood to share problems. The reverse was strikingly true, however, in the case of teachers whereby 12% of 14 year olds would feel comfortable talking to them compared with just 5.1% of 15 year olds (see Table S(ix) in Appendix).



In national surveys carried out in 1998, 15 year olds pupils were asked whom they felt it was easiest to discuss personal and sexual matters with. Some parallels may be drawn with the questioning in the Western Isles enquiring as to pupils confidants. In 1998, the overwhelming choice for both sexes was friends and this was more so for females. Conversely, males were more likely to quote parents, siblings or teachers as the person they found it easiest to talk to although figures for all of these options were low overall (14.2%, 6.2% and 1.4% respectively compared with 75.3% stating friends).

6.7 Summary

There was a good response rate overall to the questions posed on sex education. Most pupils (84.6%) reported that they had received information on sex from a teacher, an increase of 8.7% from 1994. Males were more likely to quote teachers as a source and also reported them as most useful. With regards the media, girls favoured magazines from which to obtain information and although both sexes identified television, males found it more useful. Females were more likely to feel that they needed more information on most areas of sexual knowledge (excepting safe sex and sex and the law) and more males believed they were well informed about sexual issues. These convictions were not upheld when actual knowledge of contraception and HIV contraction were examined, however, in that females held a more accurate knowledge base. The majority of pupils felt that they did have somebody in whom they could confide with a serious problem (82.4%). The most favoured option stated was the mother (53.1%), whereas only 10.1% of pupils overall identified teachers as trustworthy with regards to personal problems. This feeling was largely reflected in the qualitative section, whereby pupils were asked to suggest ways that could make it easier for young people to talk about sex and relationships, in that a recurrent point made was that teachers were perceived to be somewhat unapproachable in this context.

REFERENCES

REFERENCES

- Advisory Council on the misuse of drugs (1998) Drug Misuse and the environment *The Stationery Office*
- Anderson, K & Plant, M (1996) Abstaining and carousing: substance use among adolescents in the Western Isles of Scotland *Drug and Alcohol Dependence* 41 189-196
- Anderson, K , Plant, M & Plant, M (1998) Associations between drinking, smoking and illicit drug use among adolescents in the Western Isles of Scotland: Implications for harm minimization *Journal of Substance Misuse* 3 13-20
- Anderson, K, Baillie, R, Nevison, C, Plant, M & Ritson, B (1995) Alcohol, Tobacco, Illicit drug use and sex education amongst teenagers *The University of Edinburgh*
- Barnard, M & Forsyth, A J M (1998) Drug Use among schoolchildren in rural Scotland *Addiction Research* 6(5) 421-434
- Barnard, M, Forsyth, A J M & McKeganey, N (1996) Levels of drug use among a sample of Scottish schoolchildren *Drugs: Education, prevention and policy* 3(1) 81-89
- Boreham and Shaw, ed (2001) Smoking, drinking and drug use among young people in Scotland in 2000 *The Stationery Office* (summary: www.scotland.gov.uk/library3/health/ncsr2000.pdf)
- Boys, A, Fountain, J, Marsden, J, Griffiths, P, Stillwell, G & Strang, J (2000) Drugs decisions: a qualitative study of young people *Health Education Authority*
- Boys, A, Marsden, J, Fountain, J, Griffiths, P, Stillwell, G & Strang, J (1999) What influences young people's use of drugs? A qualitative study of decision making. *Drugs: Education, prevention and policy* 6(3) 373-387
- Brown, J D & Keller, S N (2000) Can the mass media be healthy sex educators? [sex education outside of school]. *Family Planning Perspectives* 32(5) 255-256
- Burtney, E (2000) Teenage sexuality in Scotland *Health Education Board for Scotland*
- Childline (1998) Childline Annual Report 1998 *Childline, London*
- Cooling, Hilary. A question of age [teenage contraception]. *Update* 62(7) 433-439
- Fergusson, D M & Horwood, L J (2000) Does cannabis use encourage other forms of illicit drug use? *Addiction* 95(4) 505-520
- Forsyth, A & Barnard, M (2000) Preferred drinking locations of Scottish adolescents *Health & Place* 6 105-115
- Forsyth, A J M & Barnard, M (1999) Contrasting levels of adolescent drug use between adjacent urban and rural communities in Scotland *Addiction* 94(11) 1707-1718
- Fountain, J, Bartlett, H, Griffiths, P, Gossop, M, Boys, A & Strang, J (1999) Why say no? Reasons given by young people for not using drugs *Addiction Research* 7(4) 339-353
- Gardner, B W & Peck, D F (1996) Drug Use in the Scottish Highlands *Drugs: Education, prevention and policy* 3(3) 285-294
- Goddard, E & Higgins, V (1999) Smoking, drinking and drug use among young teenagers in 1998. Office for National Statistics, Government Statistical Service. *London: The Stationery Office*
- Goddard, E (2000) Drinking among young teenagers. *Acquire* 25 1-2
- Health Education Authority/ BRMB International (1997) Drug use in England: results of the 1995 National Drugs Campaign Survey *London: HEA*
- Health Education Authority/ MORI (1992) Today's young adults: 16 - 19 year olds, *MORI & HEA: London*
- ISD Scotland (2000) Scottish Health Statistics 2000. Section C4: Sexual Health. www.show.scot.nhs.uk/isd/Scottish_Health_Statistics/SHS2000/home.htm
- Johnson, P B, Boles, S M, Vaughan, R & Kleber, H D (2000) The co-occurrence of smoking and binge drinking in adolescence. *Addictive Behaviors* 25(5) 779-783

- Lintonen, T and Konu, A (2001) Drunkenness-related alcoholic beverage choices among adolescents. *Journal of Substance Use* 6(1) 16-21
- Lynskey, M T, Fergusson, D M & Horwood, L J (1998) The origins of the correlations between tobacco, alcohol and cannabis use during adolescence *Journal of Child Psychology and Psychiatry* 39(7) 995-1005
- MacCoun, R (1998) In what sense (if any) is marijuana a gateway drug? *FAS Drug Policy Analysis Bulletin* 4 www.fas.org/drugs/issue4.htm#gateway
- McKeganey, N (1998) Volatile Substance Abuse amongst schoolchildren in urban and rural parts of Scotland *Centre for Drug Misuse Research, University of Glasgow*
- McKeganey, N, Barnard, M & Norrie, J (1999) The initiation of illegal drug use amongst young people in Scotland: A quantitative analysis *University of Glasgow*
- Miller, P & Plant, M (1999) Truancy and perceived school performance: an alcohol and drug study of UK teenagers *Alcohol & Alcoholism* 34(6) 886-893
- Miller, P & Plant, M (1999) Use and perceived ease of obtaining drugs among teenagers in urban, suburban and rural schools: a UK study *Journal of Substance Use* 4 24-28
- Misra, R & Aguilon, S (2001) Predictors of health behaviors in rural adolescents. *Health Education* 101(1) 22-30
- Oetting, E R & Donnermeyer, J F (1998) Primary socialisation theory: the etiology of drug use and deviance *Substance Use and Misuse* 3 995-1026
- Parker, H & Measham, F (1994) Pick 'n' Mix: changing patterns of illicit drug use amongst 1990s adolescents *Drugs: Education, prevention and policy* 1(1) 5-13
- Pearson, M & Michell, L (2000) Smoke rings: social network analysis of friendship groups, smoking and drug taking. *Drugs: Education Prevention and Policy* 7(1) 21-37
- Rudat, K, Speed, M, & White, R (MORI, 1992) Teenage smoking tracking survey 4: a study of schoolchildren conducted for Health Education Authority, May 1992 *London: HEA, 1992*
- Ryan, H, Rudat, K, & Speed, M (MORI, 1992) Tomorrow's young adults: 9-15 year olds look at alcohol, drugs, exercise and smoking: report on the survey period October-November 1989 *London: HEA, 1992*
- Sex Education forum (1999) The framework for sex and relationships education *Naitonal Children's Bureau, London*
- Shiner, M & Newburn, T (1997) Definitely, maybe not? The normalisation of recreational drug use amongst young people *Sociology* 31(3) 511-529
- Simons-Morton, B, Haynie, D L et al. (2001) Peer and parent influences on smoking and drinking among early adolescents. *Health Education and Behavior* 28(1) 95-107
- Spooner, C (1999) Causes and correlates of adolescent drug abuse and implications for treatment *Drug and Alcohol Review* 18 453-475
- Stimmel, B & Gold, M S (1998) Editorial: Smoking and illicit drug use - A lesson yet to be learned *Journal of Addictive Diseases* 17(1) 1-5
- Todd, J, Currie, C & Smith, R (1999) Health behaviours of Scottish Schoolchildren: Sexual Health in the 1990s. Technical Report No. 2. *University of Edinburgh Medical School*
- Western Isles Health Board (1999) Teenage Health Seminars: Stornoway, Tarbert, Lionacleit, Castlebay.
- Wibberley, C & Price, J F (2000) Young people's drug use: facts and feelings - implications for the normalization debate *Drugs: Education, prevention and policy* 7(2) 147-162
- Yamaguchi, K & Kandel, D B (1984) Patterns of Drug Use from Adolescence to Young Adulthood: II. Sequences of Progression *American Journal of Public Health* 74(7) 668-672

APPENDIX A: SOURCE DATA TABLES

APPENDIX A: Source data tables for graphs and charts

ALCOHOL

Table A(i): Of those who had ever had a complete drink, age at which alcohol first tried (n=554)
Ref: Graph A1

age	male		female		total	
	n	%	n	%	n	%
3 years	1	0.4			1	0.2
4 years	1	0.4			1	0.2
6 years	3	1.1			3	0.5
7 years	2	0.7	1	0.4	3	0.5
8 years	6	2.2	1	0.4	7	1.3
9 years	5	1.8	2	0.7	7	1.3
10 years	18	6.6	2	0.7	20	3.6
11 years	16	5.9	13	4.6	29	5.2
12 years	21	7.7	33	11.7	54	9.7
13 years	58	21.4	57	20.1	115	20.8
14 years	51	18.8	64	22.6	115	20.8
15 years	19	7.0	13	4.6	32	5.8
16 years	1	0.4			1	0.2
can't remember	69	25.5	97	34.3	166	30.0
total	271	99.9	283	100.1	554	100.1

(no answer = 2)

Table A(ii): Pupils who drank alcohol last week by sex and age (ever drinkers, n=551)
Ref: Graph A2

age	male		female		total	
	n	%	n	%	n	%
14 years	29	25.2	39	33.1	68	29.2
15 years	46	32.9	27	18.2	73	25.3
16 years	6	42.9	7	43.8	13	43.3
total	81	30.1	73	25.9	154	27.9

(no answer = 5)

Table A(iii): Alcohol consumed on last drinking occasion by sex (ever drinkers, n=556)
(more than one type of alcohol can be consumed hence total > 100%)
Ref: Graph A3

alcohol type	male		female		total	
	n	%	n	%	n	%
Beer	192	72.2	72	25.7	264	47.5
Cider	60	22.3	32	11.3	92	16.5
Alcopops	91	33.5	143	50.7	234	42.1
Wine	78	28.9	103	36.7	181	32.6
Spirits	151	55.9	197	69.9	348	62.6

Table A(iv): Alcohol consumed on last drinking occasion by age (ever drinkers, n=556)
(more than one type of alcohol can be consumed hence total > 100%)
Ref: Graph A4

alcohol type	14 years		15 years		16 years	
	n	%	n	%	n	%
Beer	115	49.8	131	46.0	18	60.0
Cider	46	19.6	41	14.3	5	16.7
Alcopops	91	38.6	130	45.1	13	43.3
Wine	95	40.6	81	28.2	5	16.7
Spirits	136	57.9	194	67.6	18	60.0

Table A(v): Units of alcohol consumed on last drinking occasion by sex (ever drinkers, n=556)
Ref: Graph A5, Table A6

units	male		female		total	
	n	%	n	%	n	%
<1	11	4.0	8	2.8	19	3.4
1-2.9	65	23.9	87	30.6	152	27.3
3-5.9	66	24.3	67	23.6	133	23.9
6-10.9	68	25.0	79	27.8	147	26.4
11-20.9	49	18.0	39	13.7	88	15.8
21-30.9	13	4.8	4	1.4	17	3.1
total	272	100.0	284	99.9	556	99.9

Table A(vi): Units of alcohol consumed on last drinking occasion by age (ever drinkers, n=556)
Ref: Graph A6

units	14 years		15 years		16 years	
	n	%	n	%	n	%
<1	11	4.6	7	2.4	1	3.3
1-2.9	68	28.7	78	27.0	6	20.0
3-5.9	63	26.6	63	21.8	7	23.3
6-10.9	52	21.9	85	29.4	10	33.3
11-20.9	36	15.2	46	15.9	6	20.0
21-30.9	7	3.0	10	3.5		
total	237	100.0	289	100.0	30	99.9

Table A(vii): Relative age of usual drinking group of friends by sex (n=386)
Ref: Section 3.3.2

	male		female		total	
	n	%	n	%	n	%
younger than me			4	2.0	4	1.0
older than me	25	13.6	8	4.0	33	8.5
same age as me	108	58.7	115	56.9	223	57.8
mixed ages	51	27.7	75	37.1	126	32.6
total	184	100.0	202	100.0	386	99.9

Table A(viii): Units of alcohol consumed on last drinking occasion with respect to drinking companions (n=535)*Ref: Section 3.3.3*

units	my girlfriend or boyfriend		friends of the same sex		friends of the opposite sex		a group of friends of both sexes		my parents or stepparents		on my own		other	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
0			3	2.1			5	2.1	8	7.5	1	5.3	1	10
1 - 2.9	2	20.0	38	26.2	1	12.5	41	17.4	51	47.7	8	42.1	4	40
3 - 4.9			22	15.2			34	14.4	27	25.2	5	26.3	4	40
5 - 6.9	1	10.0	30	20.7			54	22.9	15	14.0	1	5.3		
7 - 8.9	1	10.0	14	9.7	1	12.5	19	8.1	3	2.8	2	10.5		
9 - 10.9	3	30.0	12	8.3	1	12.5	25	10.6						
11 - 12.9	1	10.0	11	7.6	1	12.5	18	7.6	1	0.9	1	5.3		
13 - 14.9	2	20.0	4	2.8	1	12.5	12	5.1	1	0.9				
15 - 20.9			6	4.1	2	25.0	19	8.1	1	0.9	1	5.3	1	10
21 - 30.9			5	3.4	1	12.5	9	3.8						
total	10	100.0	145	100.1	8	100.0	236	100.1	107	99.9	19	100.1	10	10.00

(no answer = 21)

Table A(ix): Usual drinking location by sex (ever drinkers, n=527)*Ref: Graph A7*

	male		female		total	
	n	%	n	%	n	%
in a pub or bar	13	5.0	14	5.2	27	5.1
in a club or disco	26	10.0	25	9.3	51	9.7
at a party with friends	20	7.7	27	10.1	47	8.9
at home/ someone else's home	123	47.5	129	48.1	252	47.8
in a park/ street/ open air	71	27.4	62	23.1	133	25.2
other	6	2.3	11	4.1	17	3.2
total	259	99.9	268	99.9	527	99.9

(no answer = 29)

SMOKING

Table T(i): Age at which smoking first tried by age (ever smokers, n=398)

Ref: Graph T1

	14 years		15 years		16 years	
	n	%	n	%	n	%
can't remember	17	11.1	34	15.6	4	14.8
<5 years	1	0.7	3	1.4		
6 years	2	1.3	4	1.8	1	3.7
7 years	5	3.3	5	2.3		
8 years	12	7.8	9	4.1		
9 years	3	2.0	9	4.1	3	11.1
10 years	26	17.0	25	11.5	1	3.7
11 years	19	12.4	20	9.2	4	14.8
12 years	21	13.7	33	15.1	7	25.9
13 years	29	19.0	49	22.5	2	7.4
14 years	18	11.8	19	8.7	2	7.4
15 years			8	3.7	3	11.1
total	153	100.1	218	100.0	27	99.9

(no answer = 1)

Table T(ii): Sources of cigarettes by age (ever smokers, n=399)

Ref: Section 4.5

	14 years		15 years		16 years	
	n	%	n	%	n	%
buy from shop	30	19.6	59	26.9	14	51.9
buy from pub/ hotel	7	4.6	10	4.6	1	3.7
buy from club			1	0.5		
buy from friends	29	19.0	34	15.5	4	14.8
buy from parents	4	2.6	2	0.9		
buy from other relatives	1	0.7	6	2.7		
given by friends	67	43.8	88	40.2	11	40.7
given by parents	5	3.3	7	3.2	1	3.7
given by other relatives	4	2.6	11	5.0		
other (text spec)	5	3.3	13	5.9	1	3.7

Table T(iii): Reported ease of purchasing cigarettes from a shop (regular smokers, n=79)

Ref: Chart T1

	n	%
very difficult	10	12.7
fairly difficult	13	16.5
fairly easy	26	32.9
very easy	30	38.0
total	79	100.1

(no answer = 21)

Table T(iv): Correlations between smoking habits of family and friends with regular (n=100) and occasional (n=45) smokers

Ref: Graph T2

current smokers (n=100)	mother		father		best friend	
	n	%	n	%	n	%
smokes daily	39	43.8	51	55.4	54	55.1
smokes sometimes	5	5.6	4	4.3	27	27.6
does not smoke/ don't have/ don't see	45	50.6	37	40.2	17	17.3
total	89	100.0	92	99.9	98	100.0

(no answer varies)

occasional smokers (n=45)	mother		father		best friend	
	n	%	n	%	n	%
smokes daily	13	31.7	15	35.7	4	9.1
smokes sometimes	2	4.9	2	4.8	19	43.2
does not smoke/ don't have/ don't see	26	63.4	25	59.5	21	47.7
total	41	100.0	42	100.0	44	100.0

(no answer varies)

Table T(v): How many other friends smoke (regular smokers, n=100)

Ref: Chart T2

	male		female		total	
	n	%	n	%	n (%)	
most of them	21	47.7	23	41.1	44.0	
about half of them	12	27.3	7	12.5	19.0	
some of them	11	25.0	25	44.6	36.0	
none of them			1	1.8	1.0	
total	44	100.0	56	100.0	100.0	

Table T(vi): How many other friends smoke (occasional smokers, n=45)

Ref: Chart T3

	male		female		total	
	n	%	n	%	n	%
most of them	3	15.8	6	23.1	9	20.0
about half of them	4	21.1	4	15.4	8	17.8
some of them	11	57.9	16	61.5	27	60.0
don't know	1	5.3			1	2.2
total	19	100.1	26	100.0	45	100.0

DRUG USE

Table D(i): Of those who had taken any drug within the last month, drugs recently taken by sex (n=89)

Ref: Table D9

	male		female		total	
	n	%	n	%	n	%
cannabis	51	83.6	24	85.7	75	84.3
glue or solvents	17	27.9	7	25.0	24	27.0
magic mushrooms	6	9.8	1	3.6	7	7.9
ecstasy	5	8.2	2	7.1	7	7.9
amphetamines	2	3.3	3	10.7	5	5.6
heroin	2	3.3	1	3.6	3	3.4
poppers	3	4.9			3	3.4
other drug	3	4.9			3	3.4
LSD	2	3.3			2	2.2
tranquillisers	1	1.6	1	3.6	2	2.2
cocaine	1	1.6	1	3.6	2	2.2
methadone	1	1.6	1	3.6	2	2.2
anabolic steroids	2	3.3			2	2.2
semeron	1	1.6			1	1.1

Table D(ii): Of those who had taken any drug within the last month, drugs recently taken by age (n=89)

Ref: Table D10

	14 years		15 years		16 years	
	n	%	n	%	n	%
cannabis	22	78.6	46	85.2	7	100.0
glue or solvents	1	3.6	4	7.4		
magic mushrooms			2	3.7		
ecstasy	2	7.1	5	9.3		
amphetamines	1	3.6	6	11.1		
heroin			1	1.9		
poppers			2	3.7		
other drug			2	3.7		
LSD	1	3.6	2	3.7		
tranquillisers			2	3.7		
cocaine	15	53.6	9	16.7		
methadone			3	5.6		
anabolic steroids	1	3.6	1	1.9		
semeron			3	5.6		

Table D(iii): Frequency of use of cannabis by those having used any drugs within the last month (n=172) and those having used any drug over a month ago (n=124)

Ref: Graph D1

	used any drug in last month (n=172)		used any drug over a month ago (n=124)	
	n	%	n	%
once	16	18.6	26	41.9
2 - 5 times	19	22.1	24	38.7
6 - 10 times	12	14.0	5	8.1
more than 10 times	39	45.3	7	11.3
total	86	100.0	62	100.0

(no answer = 8)

SEX EDUCATION

Table S(i): Sources of sex information by sex (n=651)
(multiple selections permitted hence total > 100%)

Ref: Graph S1

	male		female		total		(1994 total)
	n	%	n	%	n	%	(%)
teacher	281	88.9	270	80.6	551	84.6	(75.9)
magazine	115	36.4	257	76.7	372	57.1	(59.3)
television	186	58.9	175	52.2	361	55.5	(64.2)
friends	124	39.2	184	54.9	308	47.3	(52.2)
visiting speaker	128	40.5	163	48.7	291	44.7	(11.1)
(step)mum	84	26.6	146	43.6	230	35.3	(36.8)
book	72	22.8	75	22.4	147	22.6	(28.2)
newspaper	66	20.9	48	14.3	114	17.5	(15.9)
(step)dad	74	23.4	25	7.5	99	15.2	(10.8)
radio	46	14.6	50	14.9	96	14.7	(11.2)
sibling	35	11.1	50	14.9	85	13.1	(16.7)
other source	5	1.6	4	1.2	9	1.4	(2.0)
not received	7	2.2			7	1.1	

Table S(ii): Best/ most useful sources of sex information by sex (n=651)
(multiple selections permitted hence total > 100%)

Ref: Graph S2

	male		female		total		(1994 total)
	n	%	n	%	n	%	(%)
teacher	188	59.5	145	43.3	333	51.2	(44.2)
magazine	50	15.8	176	52.5	226	34.7	(41.4)
visiting speaker	95	30.1	103	30.7	198	30.4	(8.0)
television	118	37.3	65	19.4	183	28.1	(36.4)
friend	55	17.4	102	30.4	157	24.1	(27.9)
(step)mum	42	13.3	71	21.2	113	17.4	(25.9)
book	25	7.9	34	10.1	59	9.1	(13.3)
(step)dad	43	13.6	12	3.6	55	8.4	(8.8)
sibling	20	6.3	24	7.2	44	6.8	(9.3)
newspaper	17	5.4	4	1.2	21	3.2	(3.9)
radio	8	2.5	9	2.7	17	2.6	(3.6)
other	5	1.6	3	0.9	8	1.2	(1.9)

Table S(iii): Sources of sex information by age (n=651)
(multiple selections permitted hence total > 100%)
Ref: Graph S3

	14 years		15 years		16 years		total	
	n	%	n	%	n	%	n	%
Teacher	247	87.0	277	83.2	27	79.4	551	84.6
Magazine	153	53.9	197	59.2	22	64.7	372	57.1
Television	155	54.6	192	57.7	14	41.2	361	55.5
Friends	132	46.5	163	48.9	13	38.2	308	47.3
visiting speaker	149	52.5	133	39.9	9	26.5	291	44.7
(step)mum	101	35.6	115	34.5	14	41.2	230	35.3
Book	63	22.2	77	23.1	7	20.6	147	22.6
Newspaper	47	16.5	63	18.9	4	11.8	114	17.5
(step)dad	44	15.5	46	13.8	9	26.5	99	15.2
Radio	38	13.4	55	16.5	3	8.8	96	14.7
Sibling	36	12.7	44	13.2	5	14.7	85	13.1
not received sex info			6	1.8	1	2.9	7	1.1

Table S(iv): Best/ most useful sources of sex information by age (n=651)
(multiple selections permitted hence total > 100%)
Ref: Graph S4

	14 years		15 years		16 years		total	
	n	%	n	%	n	%	n	%
teacher	158	55.6	160	48.0	15	44.1	333	51.2
magazine	90	31.7	122	36.6	14	41.2	226	34.7
visiting speaker	107	37.7	84	25.2	7	20.6	198	30.4
television	79	27.8	95	28.5	9	26.5	183	28.1
friend	70	24.6	81	24.3	6	17.6	157	24.1
(step)mum	48	16.9	58	17.4	7	20.6	113	17.4
book	28	9.9	27	8.1	4	11.8	59	9.1
(step)dad	26	9.2	27	8.1	2	5.9	55	8.4
sibling	23	8.1	20	6.0	1	2.9	44	6.8
newspaper	7	2.5	14	4.2			21	3.2
radio	9	3.2	7	2.1	1	2.9	17	2.6
other	3	1.1	5	1.5			8	1.2

Table S(v): Areas of sexual knowledge within which pupils felt they required more information by sex (n=651)
Ref: Graph S5

	male		female		total	
	n	%	n	%	n	%
HIV/ AIDS	113	35.8	151	45.1	264	40.6
STIs	115	36.4	144	43.0	259	39.8
HIV testing	75	23.7	118	35.2	193	29.6
safe sex	86	27.2	79	23.6	165	25.3
contraception	56	17.7	95	28.4	151	23.2
sex and relationships	62	19.6	72	21.5	134	20.6
sex and the law	76	24.1	54	16.1	130	20.0
pregnancy	37	11.7	74	22.1	111	17.1
no more info required	45	14.2	47	14.0	92	14.1
same sex relationships	23	7.3	46	13.7	69	10.6
other info required	6	1.9	4	1.2	10	1.5

Table S(vi) Knowledge of contraceptive methods by sex (n=651)*Ref: Graphs S6, S7 and S8*

	male						female						total					
	yes		no		don't know		yes		no		don't know		yes		no		don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
pill give protection from HIV?	11	3.9	177	62.1	97	34.0	5	1.6	259	83.3	47	15.1	16	2.7	436	73.2	144	24.2
pill give protection from STIs?	5	1.8	120	43.0	154	55.2	8	2.6	199	64.4	102	33.0	13	2.2	319	54.3	256	43.5
pill give protection from pregnancy?	258	85.7	7	2.3	36	12.0	320	97.6	5	1.5	3	0.9	578	91.9	12	1.9	39	6.2
coil give protection from HIV?	37	12.7	59	20.2	196	67.1	25	7.9	117	37.1	173	54.9	62	10.2	176	29.0	369	60.8
coil give protection from STIs?	27	9.2	44	15.1	221	75.7	26	8.4	103	33.2	181	58.4	53	8.8	147	24.4	402	66.8
coil give protection from pregnancy?	75	26.1	24	8.4	188	65.5	182	57.2	7	2.2	129	40.6	257	42.5	31	5.1	317	52.4
condom give protection from HIV?	224	76.2	28	9.5	42	14.3	265	82.0	27	8.4	31	9.6	489	79.3	55	8.9	73	11.8
condoms give protection from STIs?	102	36.2	41	14.5	139	49.3	181	57.5	22	7.0	112	35.6	283	47.4	63	10.6	251	42.0
condoms give protection from pregnancy?	285	93.8	12	3.9	7	2.3	318	96.4	7	2.1	5	1.5	603	95.1	19	3.0	12	1.9
worried about HIV/ AIDS?	111	35.8	143	46.1	56	18.1	131	39.3	129	38.7	73	21.9	242	37.6	272	42.3	129	20.1

Table S(vii) Knowledge of contraceptive methods by age (n=651)*Ref: Section 6.5*

	14 years						15 years						16 years					
	yes		no		don't know		yes		no		don't know		yes		no		don't know	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
pill give protection from HIV?	6	2.4	162	63.8	86	33.9	8	2.6	250	80.4	53	17.0	2	6.5	24	77.4	5	16.1
pill give protection from STIs?	4	1.6	114	45.6	132	52.8	8	2.6	185	60.1	115	37.3	1	3.3	20	66.7	9	30.0
pill give protection from pregnancy?	248	89.5	6	2.2	23	8.3	300	94.0	4	1.3	15	4.7	30	90.9	2	6.1	1	3.0
coil give protection from HIV?	26	10.0	55	21.1	180	69.0	34	10.9	109	34.8	170	54.3	2	6.1	12	36.4	19	57.6
coil give protection from STIs?	20	7.7	46	17.7	194	74.6	29	9.3	93	29.9	189	60.8	4	12.9	8	25.8	19	61.3
coil give protection from pregnancy?	96	36.4	10	3.8	158	59.8	150	48.2	19	6.1	142	45.7	11	36.7	2	6.7	17	56.7
condom give protection from HIV?	203	75.2	27	10.0	40	14.8	263	83.5	25	7.9	27	8.6	23	71.9	3	9.4	6	18.8
condoms give protection from STIs?	96	36.8	35	13.4	130	49.8	170	55.7	27	8.9	108	35.4	17	54.8	1	3.2	13	41.9
condoms give protection from pregnancy?	263	94.9	8	2.9	6	2.2	307	95.0	10	3.1	6	1.9	33	97.1	1	2.9		0.0
worried about HIV/ AIDS?	99	35.5	111	39.8	69	24.7	125	37.9	149	45.2	56	17.0	18	52.9	12	35.3	4	11.8

Table S(viii): Self perceived knowledge - know enough about STIs? (n=651)*Ref: Section 6.5*

	male		female		total	
	n	%	n	%	n	%
yes	82	25.9	67	20.0	149	22.9
no	174	55.1	208	62.1	382	58.7
don't know	60	19.0	60	17.9	120	18.4

	14 years		15 years		16 years	
	n	%	n	%	n	%
yes	57	20.1	87	26.1	5	16.1
no	171	60.2	185	55.6	26	83.9
don't know	56	19.7	61	18.3		

Table S(ix): Of those who had a confidant, in whom could they felt they could trust by age (n=525)*Ref: Section 6.6*

	14 years		15 years		16 years	
	n	%	n	%	n	%
confide in mum?	111	39.1	158	47.4	16	47.1
confide in dad?	50	17.6	74	22.2	5	14.7
confide in sister?	40	14.1	54	16.2	5	14.7
confide in brother?	26	9.2	34	10.2	2	5.9
confide in teacher?	34	12.0	17	5.1	2	5.9
confide in uncle?	10	3.5	18	5.4	2	5.9
confide in aunt?	23	8.1	36	10.8	3	8.8
confide in doctor?	66	23.2	87	26.1	9	26.5
confide in girl/ boy friend?	109	38.4	137	41.1	12	35.3
confide in social worker?	9	3.2	7	2.1	2	5.9
confide in youth worker?	8	2.8	9	2.7	2	5.9
confide in other?	14	4.9	14	4.2	3	8.8

Table S(x): Of those who had a confidant, in whom could they felt they could trust by sex (n=525)*Ref: Graph S9*

	male		female		total	
	n	%	n	%	n	%
confide in mum?	122	55.2	157	51.6	279	53.1
confide in girl/ boy friend?	73	33.0	181	59.5	254	48.4
confide in doctor?	80	36.2	78	25.7	158	30.1
confide in dad?	98	44.3	29	9.5	127	24.2
confide in sister?	30	13.6	68	22.4	98	18.7
confide in aunt?	18	8.1	44	14.5	62	11.8
confide in brother?	42	19.0	19	6.3	61	11.6
confide in teacher?	30	13.6	23	7.6	53	10.1
confide in other?	8	3.6	23	7.6	31	5.9
confide in uncle?	22	10.0	7	2.3	29	5.5
confide in youth worker?	10	4.5	9	3.0	19	3.6
confide in social worker?	8	3.6	10	3.3	18	3.4

APPENDIX B: SAMPLE QUESTIONNAIRE

STRICTLY CONFIDENTIAL

**A SURVEY OF ALCOHOL, TOBACCO, ILLICIT DRUG USE AND
SEX EDUCATION
AMONGST SECONDARY SCHOOLCHILDREN IN THE
WESTERN ISLES**

2001

Cols 1-3

Respondent Code [] [] []

Col 4

School Code []

**Western Isles Alcohol Drug and Smoking Action Team
Western Isles Health Board
The Granite Building,
36/1 Cromwell Street
Stornoway
Isle of Lewis HS1 2DD**

**Drug Misuse Information Strategy Team
Information and Statistics Division
Common Services Agency
Trinity Park House
South Trinity Road
Edinburgh EH5**

Introduction

This questionnaire has been designed to find out what young people like yourself know and think about alcohol, tobacco and drugs. Information is being collected by a survey of teenagers in the Western Isles. This survey also examines what you think about any health education you have had on the topics of sex and HIV/AIDS. In asking questions about any of these topics, we are not commenting on the appropriateness of any of the behaviours

This survey is strictly confidential and anonymous. None of your classmates or your teachers will see what you have written. Even the name of the school will be confidential.

Please try to work through the questions on your own. This is not a test or examination - so just answer as fully as you can. There are no right or wrong answers to the questions.

Your help is much appreciated.

SECTION ONE

			<i>Office Use only</i>
<p>Q1 How old are you? (Tick one box)</p>	<p>13 14 15 16</p>	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div>	<p>Col 5 1 2 3 4 5</p>
<p>Other (write in) _____</p>			
<p>Q2 Please indicate whether you are male or female (Tick one box)</p>	<p>Male Female</p>	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div>	<p>Col 6 1 2 9</p>
<p>Q3 Please give first half of your postcode (e.g. HS6)</p>	<p>HS Don't Know</p>	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div>	<p>Col 7 to 15 1-00 9</p>
<p>Q4 With whom do you live? (Tick one box)</p>	<p>Mother and Father Mother only Father only Mother and stepfather Father and stepmother Other (write in)</p>	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; margin: 2px;"></div>	<p>Col 16 1 2 3 4 5 6</p>

SECTION TWO: ALCOHOL

Q4 Have you ever had a proper alcoholic drink, a whole drink, not just a sip?
(Tick one box)

Yes

No

Col. 17

1

2

9

IF YOU HAVE NEVER HAD A WHOLE DRINK OF ALCOHOL MOVE TO QUESTION 18 ON PAGE 9

IF YOU HAVE HAD A PROPER ALCOHOLIC DRINK PLEASE CARRY ON WITH QUESTIONS 5-17

Q5 How old were you when you had your first whole drink of alcohol?

Write your age in numbers not words

I was

old

I can't remember

Col. 18 to 19

00 (can't remember)

06 07

08 09

10 11

12 13

14 15

16 99 n/a

Q6 How often do you usually have an alcoholic drink?

(Tick one box)

Almost every day

Almost twice a week

Almost once a week

Almost once a fortnight

About once a month

Only a few times a year

I never drink alcohol now

Col. 20

1

2

3

4

5

6

7

9

Q7 When you drink alcohol who are you **usually** with?

- My girlfriend or boyfriend
 - Friends of the same sex
 - Friends of the opposite sex
 - A group of friends of both sexes
 - My parents (or step parents)
 - On my own
 - Other (write in)
-

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Go to Qu9
Go to Qu9

Col. 21

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 9

Q8 If in question 7 you ticked that you had a drink with friends, please indicate the age of the group. Were they mostly? (tick one box)

- Younger than you
- Older than you
- Same age as you
- Mixed ages

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Col. 22

- 1
- 2
- 3
- 4
- 9

Q9 And when you drink alcohol, where are you usually?
(tick one box)

- In a pub or bar
 - In a club or disco
 - At a party with friends
 - At home/Someone else's home
 - In a park/street/open air
 - Other (write in)
-

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Col. 23

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 9

Q10 When did you last have an alcoholic drink?
(tick one box)

- Today
- Not today but in the last week
- 1-2 weeks ago
- 3-4 weeks ago
- Over 4 weeks - 3 months ago
- Over 3 months ago

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Col. 24

- 1
- 2
- 3
- 4
- 5
- 6
- 9

Q11 At present, how often do you drink anything alcoholic, such as wine, spirits or beer ? Include even those times when you only drink a small amount
(Tick one box for each line)

Every day Every week Every month Hardly ever Never

Beer or Lager

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1 2 3 4 5 9

Col. 25

Wine, babycham, champagne

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1 2 3 4 5 9

Col. 26

Fortified (strong) wine like sherry, martini, port, buckfast

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1 2 3 4 5 9

Col. 27

Spirits like whisky or vodkas or cocktail mixtures
(fruit juices/fizzy drinks with spirits)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1 2 3 4 5 9

Col. 28

Cider

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1 2 3 4 5 9

Col. 29

Alocpops like Hooch, Two Dogs

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1 2 3 4 5 9

Col. 30

Q12 The last time you had an alcoholic drink, did you drink any beer/lager/stout? If so, how much? (Do not include low alcohol beer - 2.25% alcohol or less)

- I never drink beer
- I did not drink beer on my last drinking occasion
- Less than regular bottle or can
- 1-2 regular bottles or cans
- 3-4 regular bottles or cans
- 5 or more regular bottles or cans

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Col. 31

- 1
- 2
- 3
- 4
- 5
- 6
- 9

Q13 The last time you had an alcoholic drink, did you drink any cider? If so, how much?
(Do not include low alcohol cider)

I never drink cider

I did not drink cider on my last drinking occasion

Less than regular bottle or can

1-2 regular bottles or cans

3-4 regular bottles or cans

5 or more regular bottles or cans

Col. 32

1

2

3

4

5

6

9

Q14 The last time you had an alcoholic drink, did you drink any alcopops? If so, how much?

I never drink alcopops

I did not drink alcopops on my last drinking occasion

Less than regular bottle or can

1-2 regular bottles or cans

3-4 regular bottles or cans

5 or more regular bottles or cans

Col. 33

1

2

3

4

5

6

9

Q15 The last time you had an alcoholic drink, did you drink any wine? If so, how much?
(include wine mixed with other beverages)

I never drink wine

I did not drink wine on my last drinking occasion

Less than a glass

1-2 glasses

Half a bottle

A bottle or more

Col. 34

1

2

3

4

5

6

9

Q16 The last time you had an alcoholic drink, did you drink any spirits? If so, how much?
(include spirits mixed with other beverages)

I never drink spirits

I did not drink spirits on my last drinking occasion

Less than one single measure

1-2 single measures

3-5 single measures

6 single measures or more

Col. 35

1

2

3

4

5

6

9

Q17 After drinking have you ever?
(Tick one box for each question)

Always Often Some Never
 times

Been sick

--	--	--	--

Col. 36

1 2 3 4 5 9

Felt dizzy or faint

--	--	--	--

Col. 37

1 2 3 4 5 9

Felt really happy

--	--	--	--

Col. 38

1 2 3 4 5 9

Had a headache

--	--	--	--

Col. 39

1 2 3 4 5 9

Fallen over

--	--	--	--

Col. 40

1 2 3 4 5 9

Felt too ill the next morning to go to school

--	--	--	--

Col. 41

1 2 3 4 5 9

Been unable to remember part of time when you are drinking

--	--	--	--

Col. 42

1 2 3 4 5 9

Been in trouble with your parents

--	--	--	--

Col. 43

1 2 3 4 5 9

Been in an argument or fight

--	--	--	--

Col. 44

1 2 3 4 5 9

Tried any drugs e.g. cannabis, ecstasy

--	--	--	--

Col. 45

1 2 3 4 5 9

Felt you had a really good time

--	--	--	--

Col. 46

1 2 3 4 5 9

Felt more at ease with friends

--	--	--	--

Col. 47

1 2 3 4 5 9

SECTION THREE: SMOKING

For Office
Use Only

Q18 Have you ever tried smoking? (Tick one box)

Yes	
No	

Col.48
1
2
9

**IF YOU HAVE NEVER SMOKED SKIP TO
QUESTION 27 ON PAGE 12**

Q19 Are you a cigarette (or cigar or pipe) smoker at the moment? (tick one box)

Yes	
No	

Col.49
1
2
9

Q20 How old were you when you first tried smoking a cigarette, even if, it was only a puff or two?

Write in the box your age, in numbers not words

I was		old
I can't remember		

Col. 50-51
00 can't remember
06 07 08 09 10
11 12 13 14 15
16 99 n/a

Q21 How frequently have you smoked cigarettes during the past 30 days?
(tick one box only)

Not at all	
Less than 1 cigarette per week	
Less than 1 cigarette per day	
1-5 cigarettes per day	
6-10 cigarettes per day	
11-20 cigarettes per day	
More than 20 cigarettes per day	

Col. 52
1
2
3
4
5
6
7
9

Q22 Where do you usually get your cigarettes from?
(tick all that apply)

- Buy from a shop
 - Buy from a public house/hotel
 - Buy from club
 - Buy from friends
 - Buy from parents
 - Buy from other relatives
 - Given by friends
 - Given by parents
 - Given by other relatives
 - Other (please write in below)
-

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Col.53 - 62

53: 1 2 9
 54: 1 2 9
 55: 1 2 9
 56: 1 2 9
 57: 1 2 9
 58: 1 2 9
 59: 1 2 9
 60: 1 2 9
 61: 1 2 9
 62: 1 2 9

Q23 On the whole, do you find it easy or difficult to buy cigarettes from a shop?
(tick one box)

- Very difficult
- Fairly difficult
- Fairly easy
- Very easy
- I don't usually buy cigarettes from a shop

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Col.63

1
2
3
4
5
9

Q24 Do any of the following people smoke?
(please tick all that apply)

Don't have/
don't see
person smokes
daily smokes
some times does not
smoke

Mother

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

64: 1 2 3 4 9

Father

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

65: 1 2 3 4 9

Your best friend

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

66: 1 2 3 4 9

Q25 How many of your other friends smoke? (tick one box only)

Col.67

- Most of them
- About half of them
- Some of them
- None of them
- Don't Know

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- 1
- 2
- 3
- 4
- 5
- 9

Q26 Below are a few things people say about smoking. Some people think they are true and some people think they are not true. What do you think?

Col. 68 - 80

Against each sentence tick one box if you think it is true, false or if you don't know

True	Not True	Don't Know
------	----------	------------

Smoking gives people confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68: 1 2 3 9
Smoking makes people worse at sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69: 1 2 3 9
Smokers stay slimmer than non-smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70: 1 2 3 9
If a women smokes when she is pregnant it can unharm her unborn baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71: 1 2 3 9
Smoking helps people relax if they feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72: 1 2 3 9
Smoking can cause heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73: 1 2 3 9
Smoking is not really dangerous, it only harms people who smoke a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74: 1 2 3 9
Smokers get more coughs than non-smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75: 1 2 3 9
Other peoples smoking can harm the health of non-smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76: 1 2 3 9
Smoking helps people cope better with life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77: 1 2 3 9
Smoking makes your clothes smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78: 1 2 3 9
Smokers are more fun than non-smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79: 1 2 3 9
Smoking can cause lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80: 1 2 3 9

SECTION FOUR: DRUGS

For Office Use Only

Q27 Have you ever been offered any of the following? (please tick all that apply)

Col.81-94

Cannabis (marijuana, pot, blow, grass, hash splifs, joints, dope)

81: 1 2 9

Amphetamines (speed, whizz, sulphate, sulph speedballs)

82: 1 2 9

LSD (acid, trips, tab, stars, white lightning)

83: 1 2 9

Magic Mushrooms (mushies, psilocybin)

84: 1 2 9

Ecstasy ('E' Dennis the menace, XTC, X, MDMA)

85: 1 2 9

Semeron (Mop, Bang)

86: 1 2 9

Tranquilisers (downers, vallies, moggies, jellies, eggs, rugby balls, temazepam) **without** a prescription

87: 1 2 9

Cocaine (crack,snow, coke)

88: 1 2 9

Heroin (smack, skag, H, Brown, Junk)

89: 1 2 9

Methadone

90: 1 2 9

Glue or Solvents (lighter fuel, petrol, gas)

91: 1 2 9

Poppers (Amyl Nitrate, Liquid Gold, TNT, Nitrates)

92: 1 2 9

Anabolic Steroids

93: 1 2 9

Any other drug

94: 1 2 9

Q28 Have you ever used or taken any of these? (even if only once)

Yes

No

Col.95

1

2

9

IF NO, GO TO SECTION FIVE, QUESTION 33 ON PAGE 16

Q29 What was the first drug (if any) that you ever tried? (Tick one box only)

Col.96

- | | | |
|--|--------------------------|----|
| I have never tried any of the substances below | <input type="checkbox"/> | 1 |
| Cannabis (marijuana, pot, blow, grass, hash splifs, joints, dope) | <input type="checkbox"/> | 2 |
| Amphetamines (speed, whizz, sulphate, sulph speedballs) | <input type="checkbox"/> | 3 |
| LSD (acid, trips, tab, stars, white lightning) | <input type="checkbox"/> | 4 |
| Magic Mushrooms (mushies, psilocybin) | <input type="checkbox"/> | 5 |
| Ecstasy ('E' Dennis the menace, XTC, X, MDMA) | <input type="checkbox"/> | 6 |
| Semeron (Mop, Bang) | <input type="checkbox"/> | 7 |
| Tranquilisers (downers, vallies, moggies, jellies, eggs, rugby balls, temazepam) without a prescription | <input type="checkbox"/> | 8 |
| Cocaine (crack,snow, coke) | <input type="checkbox"/> | 10 |
| Heroin (smack, skag, H, Brown, Junk)
Methadone | <input type="checkbox"/> | 11 |
| Glue or Solvents (lighter fuel, petrol, gas) | <input type="checkbox"/> | 12 |
| Poppers (Amyl Nitrate, Liquid Gold, TNT, Nitrates) | <input type="checkbox"/> | 13 |
| Anabolic Steroids | <input type="checkbox"/> | 14 |
| Any other drug | <input type="checkbox"/> | 15 |
| | | 99 |

Q30 About how old were you the first time you used or took this drug?

Col. 97-98

Write down your age, in numbers and words I was _____ old

- | | |
|----|-----------------|
| 00 | (can't remember |
| 08 | 13 |
| 09 | 14 |
| 10 | 15 |
| 11 | 19 |
| 12 | 99 |

Q31 How often have you used the following drugs in your lifetime?

Please tick all those that apply

Once 2-5 6-10 More
times times than
10
times

Col. 99-112

Cannabis (marijuana, pot, blow, grass, hash joints, dope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99: 1 2 3 9
Amphetamines (speed, whizz, sulphate speedballs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100: 1 2 3 9
LSD (acid, tab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101: 1 2 3 9
Magic Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102: 1 2 3 9
Ecstasy ('E')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103: 1 2 3 9
Semeron (Mop, Bang)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104: 1 2 3 9
Tranquilisers (downers, vallies, moggies, jellies, eggs, rugby balls, temazepam without a prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105: 1 2 3 9
Cocaine (crack, snow, coke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106: 1 2 3 9
Heroin (smack, skag, H, Brown, Junk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107: 1 2 3 9
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108: 1 2 3 9
Glue or Solvents (lighter fuel, petrol, gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109: 1 2 3 9
Poppers (Amyl Nitrate, Liquid Gold, TNT, Nitrates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110: 1 2 3 9
Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111: 1 2 3 9
Any other drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112: 1 2 3 9

Q32 When was the last time you used or took any of the following, if ever?

Tick one box only for each drug

	In the last month	In the last year	More than a year ago	Never	
Cannabis (marijuana, pot, blow, grass, hash splifs, joints, dope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113: 1 2 3 9
Amphetamines (speed, whizz, sulphate, sulph speedballs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114: 1 2 3 9
LSD (acid, trips, tab, stars, white lightning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115: 1 2 3 9
Magic Mushrooms (mushies, psilocybin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116: 1 2 3 9
Ecstasy ('E' Dennis the menace, XTC, X, MDMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117: 1 2 3 9
Semeron (Mop, Bang)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118: 1 2 3 9
Tranquilisers (downers, vallies, moggies, jellies, eggs, rugby balls, temazepam) without a prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119: 1 2 3 9
Cocaine (crack, snow, coke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120: 1 2 3 9
Heroin (smack, skag, H, Brown, Junk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121: 1 2 3 9
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122: 1 2 3 9
Glue or Solvents (lighter fuel, petrol, gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123: 1 2 3 9
Poppers (Amyl Nitrate, Liquid Gold, TNT, Nitrates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124: 1 2 3 9
Anabolic Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125: 1 2 3 9
Any other drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126: 1 2 3 9

Col. 113-126

SECTION 5 SEX EDUCATION

Q33 Have you ever had information about sex education (e.g. contraception, pregnancy, HIV) from any of the following? (please tick all that apply)

Teacher at school	<input type="checkbox"/>
Visiting speaker at school	<input type="checkbox"/>
Father/Stepfather	<input type="checkbox"/>
Mother/Stepmother	<input type="checkbox"/>
Friends	<input type="checkbox"/>
Brother/Sister	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Television	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>
Magazine	<input type="checkbox"/>
Books	<input type="checkbox"/>
I have not had sex education from any of the above	<input type="checkbox"/>
Other (please indicate below)	<input type="checkbox"/>

Col.127-139

127:	1	2	9
128:	1	2	9
129:	1	2	9
130:	1	2	9
131:	1	2	9
132:	1	2	9
133:	1	2	9
134:	1	2	9
135:	1	2	9
136:	1	2	9
137:	1	2	9
138:	1	2	9
139:	1	2	9

Q34 Which three of these sources was the best/most useful? (please tick up to three)

Teacher at school	<input type="checkbox"/>
Visiting speaker at school	<input type="checkbox"/>
Father/Stepfather	<input type="checkbox"/>
Mother/Stepmother	<input type="checkbox"/>
Friends	<input type="checkbox"/>
Brother/Sister	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Television	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>
Magazine	<input type="checkbox"/>
Books	<input type="checkbox"/>
Other (please indicate below)	<input type="checkbox"/>

Col.140-151

140:	1	2	9
141:	1	2	9
142:	1	2	9
143:	1	2	9
144:	1	2	9
145:	1	2	9
146:	1	2	9
147:	1	2	9
148:	1	2	9
149:	1	2	9
150:	1	2	9
151:	1	2	9

Q35 How well informed about sex do you feel?
(please tick one box only)

- Very well informed
- Well informed
- Neither
- Poorly informed
- Very poorly informed

Col.152

- 1
- 2
- 3
- 4
- 5
- 9

Q36 What aspects of sex and relationships do you require more information about?
(please tick all that apply)

- methods of contraception
- pregnancy
- HIV?AIDS
- Sexually Transmitted Infections
- Safer Sex
- HIV Testing
- Sex and relationships
- Same sex relationships
- Sex and the law
- None of the above
- Other

Col.153-163

- 153: 1 2 9
- 154: 1 2 9
- 155: 1 2 9
- 156: 1 2 9
- 157: 1 2 9
- 158: 1 2 9
- 159: 1 2 9
- 160: 1 2 9
- 161: 1 2 9
- 162: 1 2 9
- 163: 1 2 9

Q37 Does the pill give protection from?

- HIV
- STI's (e.g. gonorrhoea, herpes, chlamydia)
- Pregnancy

	Yes	No	Don't Know
HIV			
STI's (e.g. gonorrhoea, herpes, chlamydia)			
Pregnancy			

- 164:** 1 2 9
- 165:** 1 2 9
- 166:** 1 2 9

Q38 Does the coil give protection from?

- HIV
- STI's (e.g. gonorrhoea, herpes, chlamydia)
- Pregnancy

	Yes	No	Don't Know
HIV			
STI's (e.g. gonorrhoea, herpes, chlamydia)			
Pregnancy			

- 165:** 1 2 9
- 166:** 1 2 9
- 167:** 1 2 9

Q39 Does the condom give protection from?

Yes No Don't Know

HIV
STI's (e.g. gonorrhoea, herpes, chlamydia)
Pregnancy

168: 1 2 9
169: 1 2 9
170: 1 2 9

Q40 Are you worried about HIV/AIDS? (tick one box only)

Yes
No
Don't Know

Col. 173
1
2
9

Q41 Please indicate from list below which you feel are likely ways of contracting HIV infection (tick all that apply)

Kissing
Sharing Cups
Having your ears pierced
Sharing Needles
Using Drugs
Blood Transfusion
Giving Blood
Unprotected sexual activity
Eating food prepared by a HIV positive person
Breast Milk
Swimming pools
A spillage of blood
Mouth to mouth resuscitation

Col. 174-186

174: 1 2 9
175: 1 2 9
176: 1 2 9
177: 1 2 9
178: 1 2 9
179: 1 2 9
180: 1 2 9
181: 1 2 9
182: 1 2 9
183: 1 2 9
184: 1 2 9
185: 1 2 9
186: 1 2 9

Q42 Do you think you know enough about sexually transmitted infections?

Yes
No
Don't Know

Col.187
1
2
9

Q43 If you really had a serious problem, is there anybody in whom you could confide/talk to about it?

Yes

No

Don't Know

GO TO QUESTION 45

Col. 188

1

2

9

Q44 If the answer to Q43 was "yes" who is the person/persons with whom you could confide?
(tick which of the following that apply)

Mother

Father

Sister

Brother

Teacher

Uncle

Aunt

Doctor

Boyfriend/Girlfriend

Social Worker

Youth Worker

Other (please specify)

Col. 189-200

189: 1 2 9

190: 1 2 9

191: 1 2 9

192: 1 2 9

193: 1 2 9

194: 1 2 9

195: 1 2 9

196: 1 2 9

197: 1 2 9

198: 1 2 9

199: 1 2 9

200: 1 2 9

Q45 For some people talking about sex and relationship can feel embarrassing.
Can you suggest ways that could help make it easier for young people to talk about it?

Q47 How long have you been living in the Western Isles?

Col.202-204

_____ months
_____ years

THANK YOU FOR ANSWERING THESE QUESTIONS

WERE THERE ANY QUESTIONS YOU MEAN TO GO BACK TO COMPLETE?

IF YOU HAVE FINISHED EARLY PLEASE USE SPACE BELOW TO WRITE DOWN ANY COMMENTS OR FEELINGS YOU HAVE ON ALCOHOL, TOBACCO, DRUGS AND EDUCATION ON SEX OR HIV/AIDS OR ON THE QUESTIONNAIRE.

THANK YOU

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