
Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Ruth Binks, Corporate Director Education, Communities & Organisational Development	Report No:	
Contact Officer:	Nicola Hurrell	Contact No:	01475 712761
Subject:	Inverclyde Council Schools Health and Wellbeing Survey 2019		

1.0 PURPOSE

- 1.1 The purpose of this report is to outline the methodological approaches employed to carry out the Health and Wellbeing Survey 2019 in all six mainstream secondary schools in Inverclyde. This report also provides a summary of key statistics from 2019 and trend analysis from 2013 to 2019 and similarities emerging from Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018.

2.0 SUMMARY

- 2.1 In 2013 Inverclyde Council in collaboration with Inverclyde CHCP and NHS Greater Glasgow and Clyde (Public Health Resource Unit) commissioned the first secondary schools health and wellbeing survey. The purpose of this research was to establish a baseline of health and wellbeing data that could be used to determine priorities and measure progress.
- 2.2 Funding was identified in 2018, with £15,000 from Inverclyde HSCP through their NHS stream and £10,000 from the local implementation of the Scottish Attainment Challenge funds, to conduct a further Health and Wellbeing Survey. Education Services and Inverclyde HSCP worked in partnership with NHS Greater Glasgow and Clyde to conduct the second Schools Health and Wellbeing Survey in 2019.
- 2.3 Traci Leven Research was commissioned to carry out the report writing and analysis of data, including comparability with the 2013 survey. **(APPENDIX 1)**. There is no national comparator data for this survey because the Scottish wide Health and Wellbeing survey has been delayed and is still at the pilot stage.
- 2.4 The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) of smoking, drinking and drug use was conducted within Inverclyde secondary schools in 2018. The report presents key findings to aid comparative analyses and benchmarking from the 2013 SALSUS report and to the 2018 national average (difference from Scotland 2018). **(APPENDIX 2)** Detail from both the Health and Wellbeing Survey and SALSUS 2018 have been noted where similarities emerge.
- 2.5 Although there are no national comparators for some measures, the findings from the Inverclyde survey mirror national media reports and research findings. Outcomes for young people in Inverclyde remain strong with increasing academic attainment, wider achievements and positive destinations. It is important that we continue to listen to the voice of our young people about their physical and emotional health in an ever changing world so that we can continue to provide the best support possible.

3.0 RECOMMENDATIONS

It is recommended that the Alliance Board:

- 3.1 Notes the contents of the report.
- 3.2 Gives approval to the continuing work required in the dissemination of the research findings, in partnership with Inverclyde HSCP.

Ruth Binks
Corporate Director
Education, Communities and Organisational Development

4.0 BACKGROUND

- 4.1 Inverclyde undertook a Health and Wellbeing survey in 2013. This survey gave a lot of rich information and prompted Clyde Conversations so that young people could talk openly about health and wellbeing issues that affect them. The intention was to undertake another survey in 2015/16, however this was postponed because the Scottish Government proposed to produce a national Health and Wellbeing survey. Although work has been undertaken, the national position is that the Scotland-wide Health and Wellbeing survey is currently only at the pilot stage. Rather than wait for the national survey, Education and HSCP undertook to carry out a local survey.
- 4.2 Although there is no national comparator data for the Inverclyde Health and Wellbeing survey, it is evident from national media and research that mental and physical health, exam stress, availability of alcohol and drugs, bullying and amount of sleep remains an issue for young people across the country. The outcomes and academic achievements for our young people remain very strong and pupils are supported and listened to in a nurturing environment. Although there are some hard hitting messages in this survey, it is important that Inverclyde continues to listen to the voices of our young people so that we can continue to provide the best support possible.
- 4.3 The aim of the 2019 Health and Wellbeing survey was to gather current demographic information on the secondary school pupil population, report trend data on key areas of health, and gain an understanding to individual pupil perceptions of their health & wellbeing.
- 4.4 In the development stages of the 2019 survey a range of key stakeholders and partners were invited to a number of meetings, in order to ensure full consultation of the questionnaire. The 2019 health and wellbeing survey includes questions that have remained the same from the 2013 survey and therefore allows the monitoring of trends over time. However, the 2019 survey has been adapted to take into account emerging issues such as e-cigarettes.
- 4.5 The 2019 Health and Wellbeing survey included questions on the following topics:
 - Demographics – including age, gender, family composition, and ethnicity
 - Physical Activity, Diet & Sleep
 - General health
 - Mental health & wellbeing
 - Smoking, Alcohol & Drugs
 - Sexual Health & Relationships
 - Screen Time
 - Risk behaviours
 - Uptake & awareness of services aimed at young people
 - Money
 - Future aspirations
- 4.6 Two online surveys were developed, one for S1–S2 pupils and one for S3–S6 pupils. Variations between the two versions were limited to the addition of questions for S3–S6 pupils on sexual relations.
- 4.7 Pupils accessed the appropriate survey for their stage via an online link to Smart Survey. Community Learning Development Youth Workers supported the fieldwork in the classrooms.
- 4.8 Liaison with Head Teachers led to an agreement to complete the surveys with S1–S5 pupils between April and June 2019. S6 were not included due to the timing of exam leave.
- 4.9 There are a total of 3,664 pupils in S1–S5, of which 2,891 completed the survey. This equates to 79% of the S1–S5 overall roll participating in the survey.

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

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

4.11 Findings from the Traci Leven Research report will be used to inform the work of Education Services, Inverclyde HSCP, other Community Planning Partners and individual schools. This type of engagement with young people has ensured they have a voice and are able to influence future service delivery based on their needs, attitudes and behaviours through this method of self-reporting.

5.0 Summary Findings

The following provides a summary of the key statistics and trend data from the chapters within the main 2019 Health and Wellbeing Survey Report. Detail from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2018 have also been noted.

5.1 Pupil Profile - Key statistics

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

Trends

The prevalence of caring rose between 2013 and 2019.

5.2 Physical Activity, Diet and Sleep - Key statistics

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

Trends

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

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

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

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

5.3 General Health - Key statistics

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

Trends

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

5.4 Mental Health and Wellbeing -Key statistics

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

Trends

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

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

5.5 Behaviours: Smoking, Alcohol and Drugs - Key statistics

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

Trends

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

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

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

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

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

5.8 There were 1,513 13 and 15 year olds within year groups S2 and S4 eligible to take part in the survey, with 391 (26% of all eligible pupils) participating. As in previous SALSUS surveys, schools dedicated to children with additional support needs were excluded from the sample. The response rates achieved (based on those sampled) for Inverclyde are shown below:-

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

5.9 Key statistics and trends

The SALSUS 2018 survey reported that:

SMOKING

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

- 1% of 13 year olds and 1% of 15 years olds reported using e-cigarettes once a week or more.

ALCOHOL

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

DRUGS

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

15 year olds only

- 32% obtained drugs from a friend of the same age (last time used drugs). This is considerably lower (31%) than the data for 2013 and lower than the data for Scotland in 2018.
- 17% obtained drugs from an older friend (last time used drugs).
- 49% gave some drugs away on the last occasion they took drugs. This is a 21% reduction from 2013 and similar to that in Scotland wide data.
- 13% who used drugs needed help related to this use - reflecting 10% increase from 2013 and 6% higher than that for Scotland as a whole.
- 66% would like to stop taking drugs. This is a 39% increase from 2013 and 22% higher than the rate for Scotland.

5.10 A brief summary of key points from Health & Wellbeing (Behaviours: Smoking, Alcohol and Drugs Section) and SALSUS Surveys are highlighted in **APPENDIX 3**.

The remainder of the report refers to the Health & Wellbeing Survey.

5.11 Behaviours: Sexual Health and Relationships **Key statistics**

- 8% identified as lesbian, gay or bisexual
- 25% had a boyfriend or girlfriend

- 40% of S3-S5 pupils had engaged in sexual activity
- 40% always used contraception or condoms when sexually active

5.12 **Behaviours: Screen Time**

Key statistics

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

5.13 **Risk Clustering and Positive Behaviours**

Key statistics

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

5.14 **Services for Young People**

Key statistics

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

Trends

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

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

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

5.15 **Money**

Key statistics

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

5.16 **Post-School Expectations**

Key statistics

- 68% expected to go to further education/training

Trends

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

6.0 IMPLICATIONS

6.1 Finance

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

6.2 **Legal**
n/a

6.3 **Human Resources**
n/a

6.4 **Equalities**
n/a
Equalities

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

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

(b) Fairer Scotland Duty

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

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

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

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
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X	NO
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6.5 **Repopulation**
n/a

7.0 CONSULTATIONS

7.1 Education Services
Inverclyde HSCP
Public Health
Community Learning Development
Sandyford

7.2 A pilot questionnaire was undertaken in March 2019 at one of the Secondary Schools in order to test and consult on the survey. This was conducted across 2 year groups with a mix of boys and girls and a mix of abilities.

8.0 BACKGROUND PAPERS

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

APPENDIX 1

**Inverclyde Council Schools Health and Wellbeing
Survey 2019**

Final Report

Prepared for



December 2019

Traci Leven Research
2 Kirkhouse Avenue, Blanefield, Glasgow G63 9BT
01360 770362

www.levenresearch.co.uk

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1 Introduction and Methodology

1.1 Introduction

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

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

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

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

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

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

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

- Gender
- School stage

Introduction and Methodology

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

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

Survey Responses by Year Group

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

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

The survey will provide useful data towards:

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

1.2 Survey Methodology

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

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

Introduction and Methodology

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

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

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

1.3 This Report

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

Data Weighting

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

Analysis

Analysis was conducted in two stages:

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

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

Table 1.2: Key Independent Variables Used for Analysis

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

Reporting Conventions

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

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

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

Other Data Sources

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

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

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

Introduction and Methodology

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

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

Tables and Figures

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

All findings are from weighted data (see Appendix)

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

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

Limitations

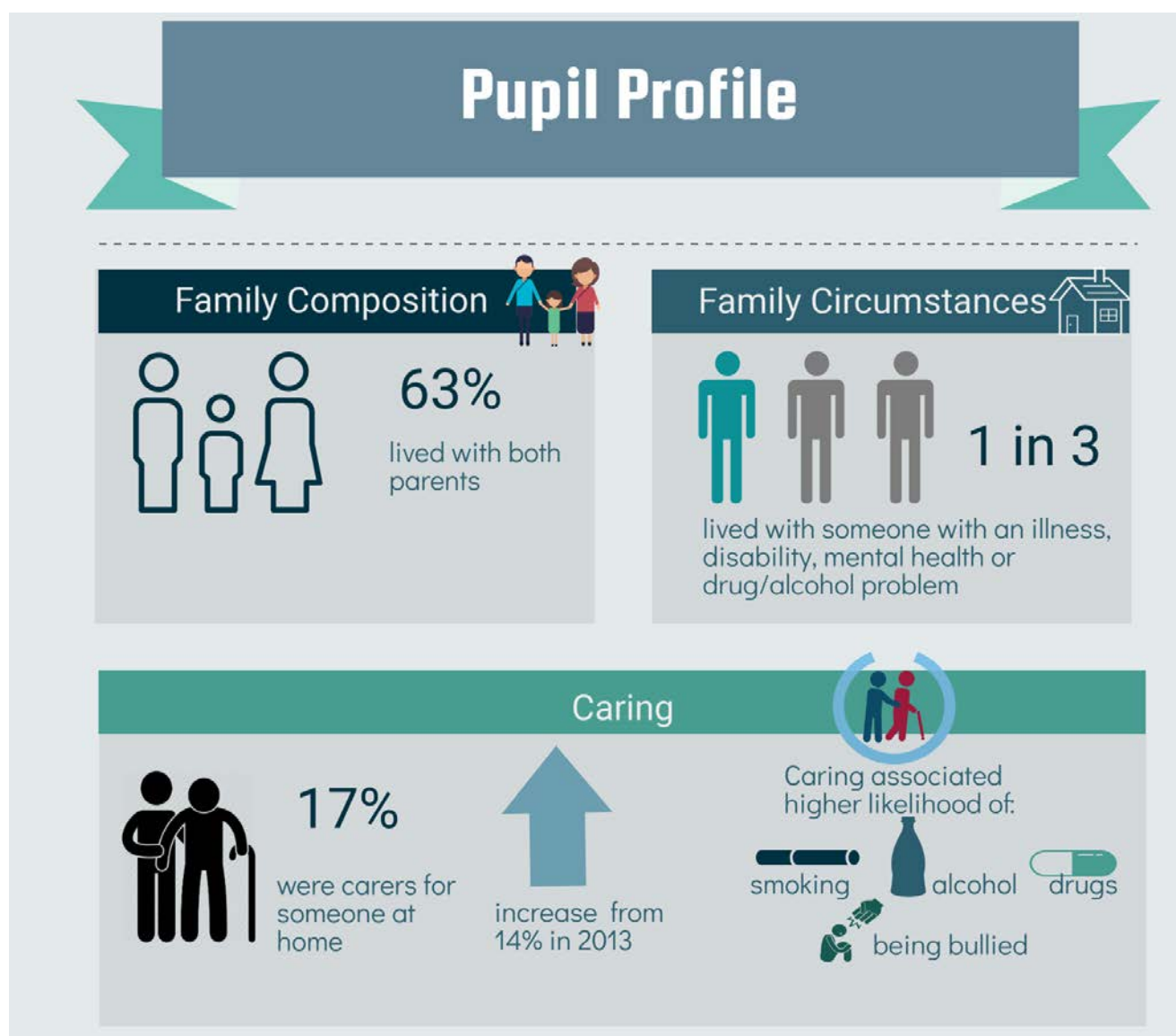
The timing of the fieldwork means there are some limitations in terms of both comparability with the 2013 survey and the overall representativeness of the sample. While the 2013 survey was conducted in October/November, the 2019 Survey was conducted between March and June. S4/S5 pupils were surveyed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

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

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

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

2 Pupil Profile



2.1 Gender, Age and Stage

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

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

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

Table 2.1: Gender of Pupils

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

Table 2.2: Age of Pupils

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

Table 2.3: Stage of Pupils

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

2.2 Ethnicity

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

Table 2.4: Ethnicity of Pupils

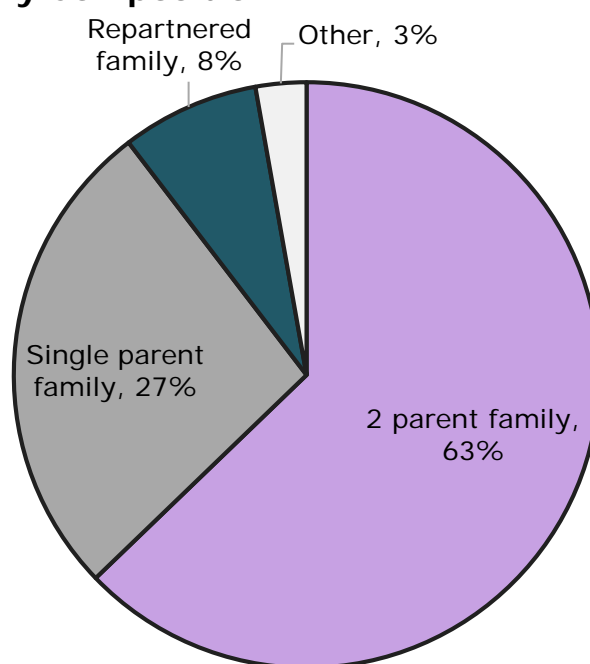
Ethnic Group	% of pupils
White Scottish/British	94%
Other White	3%
Any Mixed	1%
Any Asian	1%
Any Chinese	<1%
Any Black	<1%
Other	<1%
Total	100%

2.3 Family Composition

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

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

Figure 2.1: Family Composition



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

2.4 Language

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

2.5 Family Circumstances and Caring Responsibilities (Young Carers)

Context and National Data

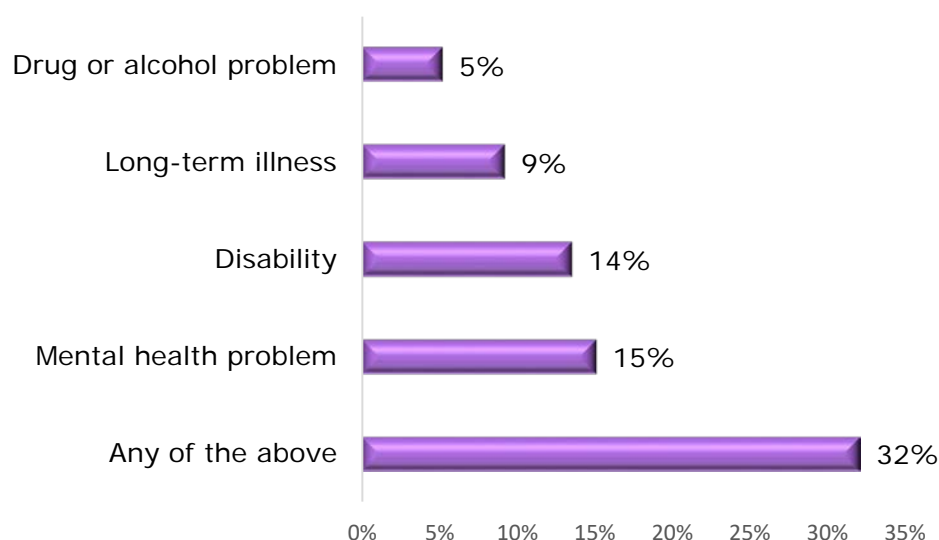
The Carers (Scotland) Act 2016 was implemented in 2018 with the aim of supporting carers' health and wellbeing, including young carers. This involved local authorities creating a person-specific young carer statement to identify needs and personal outcomes.

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

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

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

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



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

**Key
statistic:
17%
were
carers**

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

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

Table 2.5: Trends for Caring

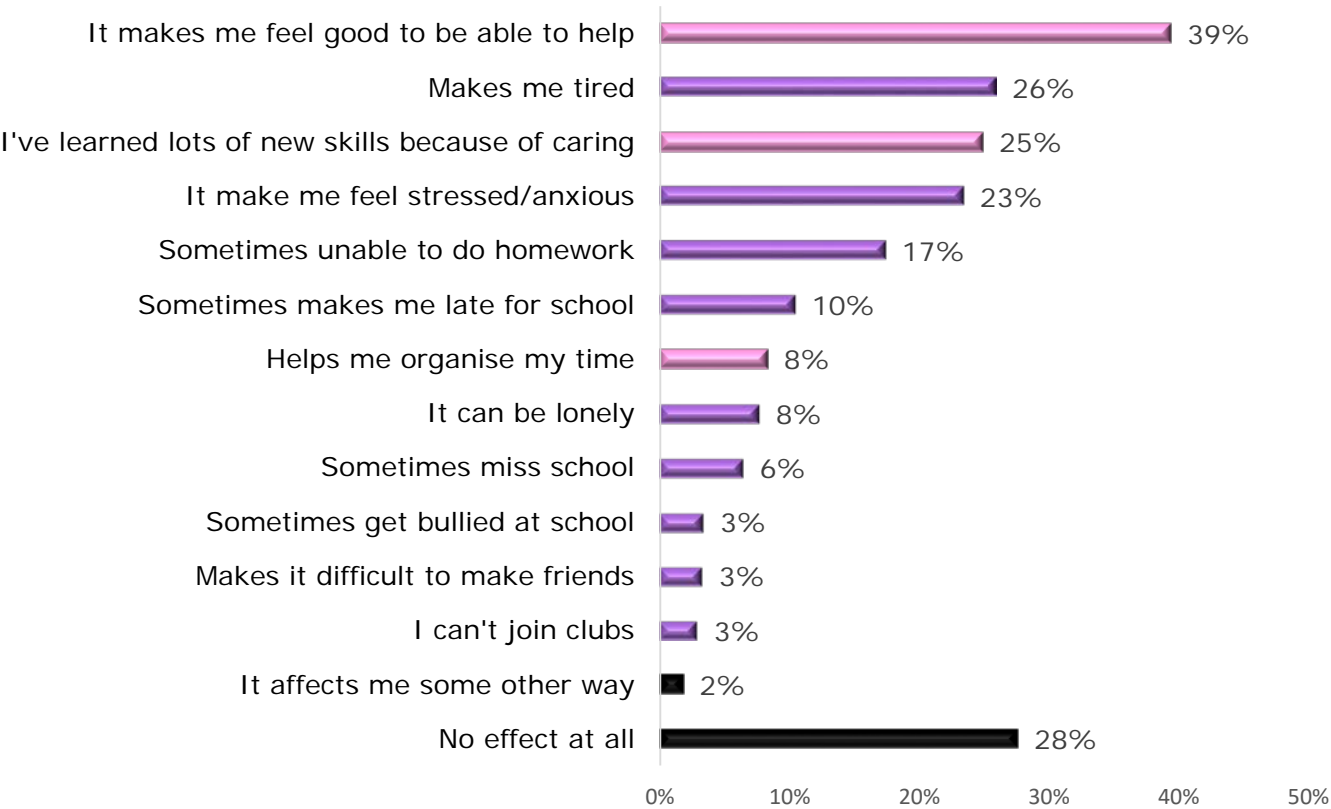
	% of pupils who cared for a household member
2013	13.8%
2019	17.5%
Change (2013-2019)	+3.7%

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

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

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

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



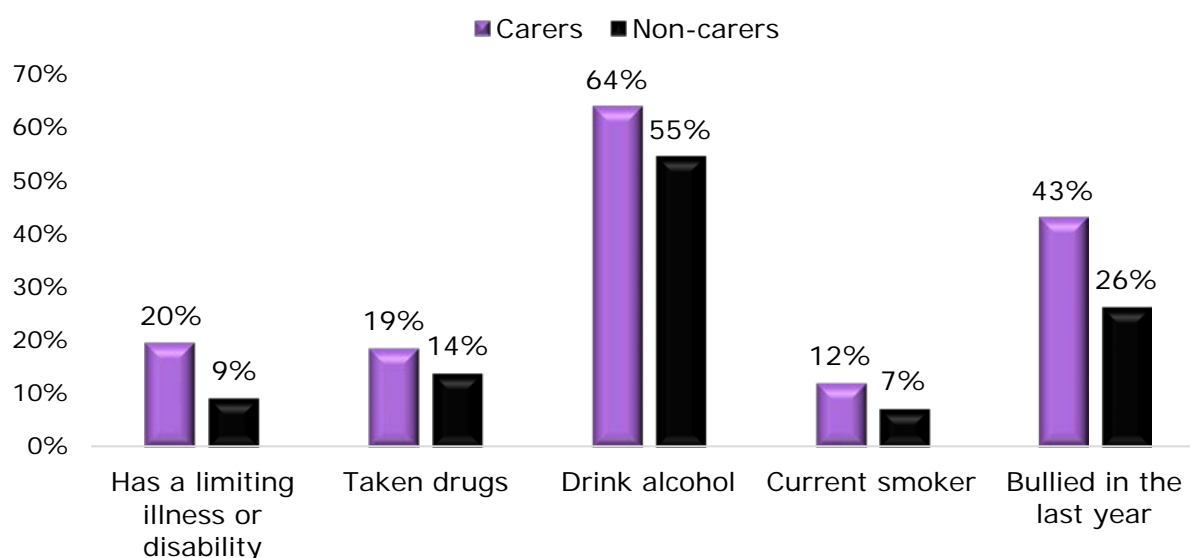
Young Carers – Exploring Further

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

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

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

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



CHAPTER SUMMARY

Key statistics

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

Trends

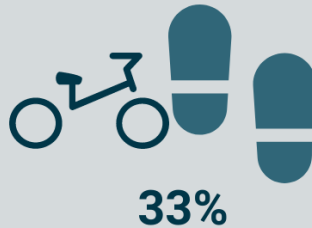
The prevalence of caring rose between 2013 and 2019.

Physical Activity, Diet and Sleep

Physical Activity



Meet the target of 60 mins+ exercise each day



Use active travel methods for journey to school

Activity levels higher for:

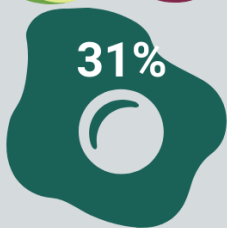
Boys



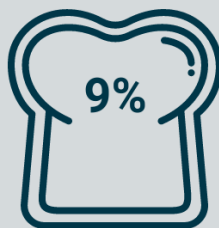
Younger pupils



Diet



Never ate breakfast on school days



Skipped lunch



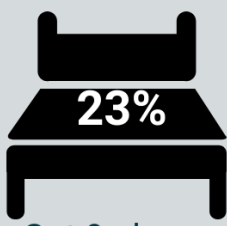
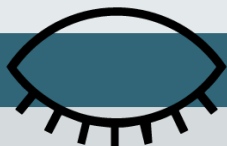
Ate a meal with their family at least once a week



Had 5+ portions of fruit/veg per day

increase from 33% in 2013

Sleep



Got 9+ hours sleep



decrease from 27% in 2013

35%



15%



11%



S1/2 S3/4 S5



felt tired every day



3.1 Physical Activity

Context and National Data

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

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

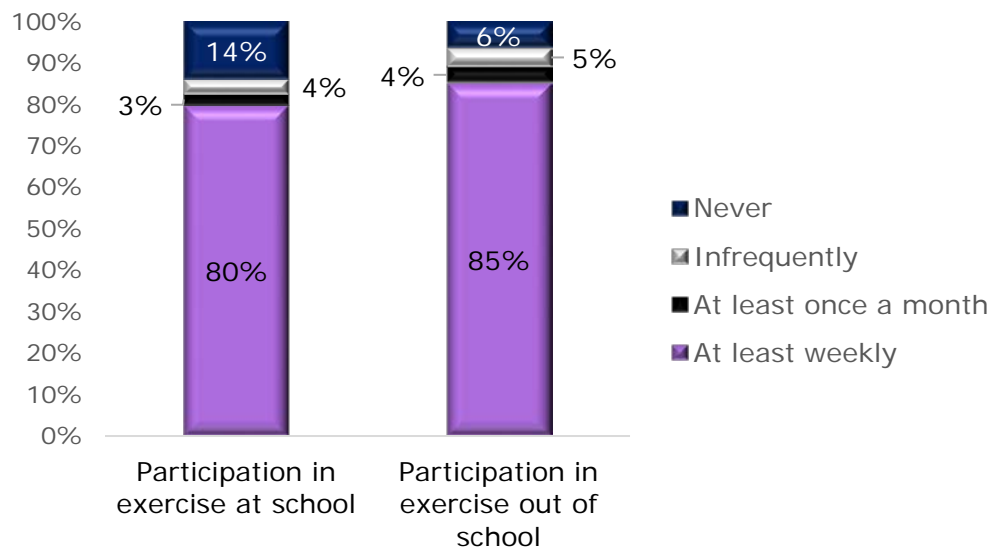
Current national guidelines for young people aged 5 to 18 years old are to take at least 60 minutes of physical activity every day, which should include both moderate activity (e.g. cycling, playground activities) and vigorous activity (e.g. running, tennis). The Scottish Health Survey 2017 found that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

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

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

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

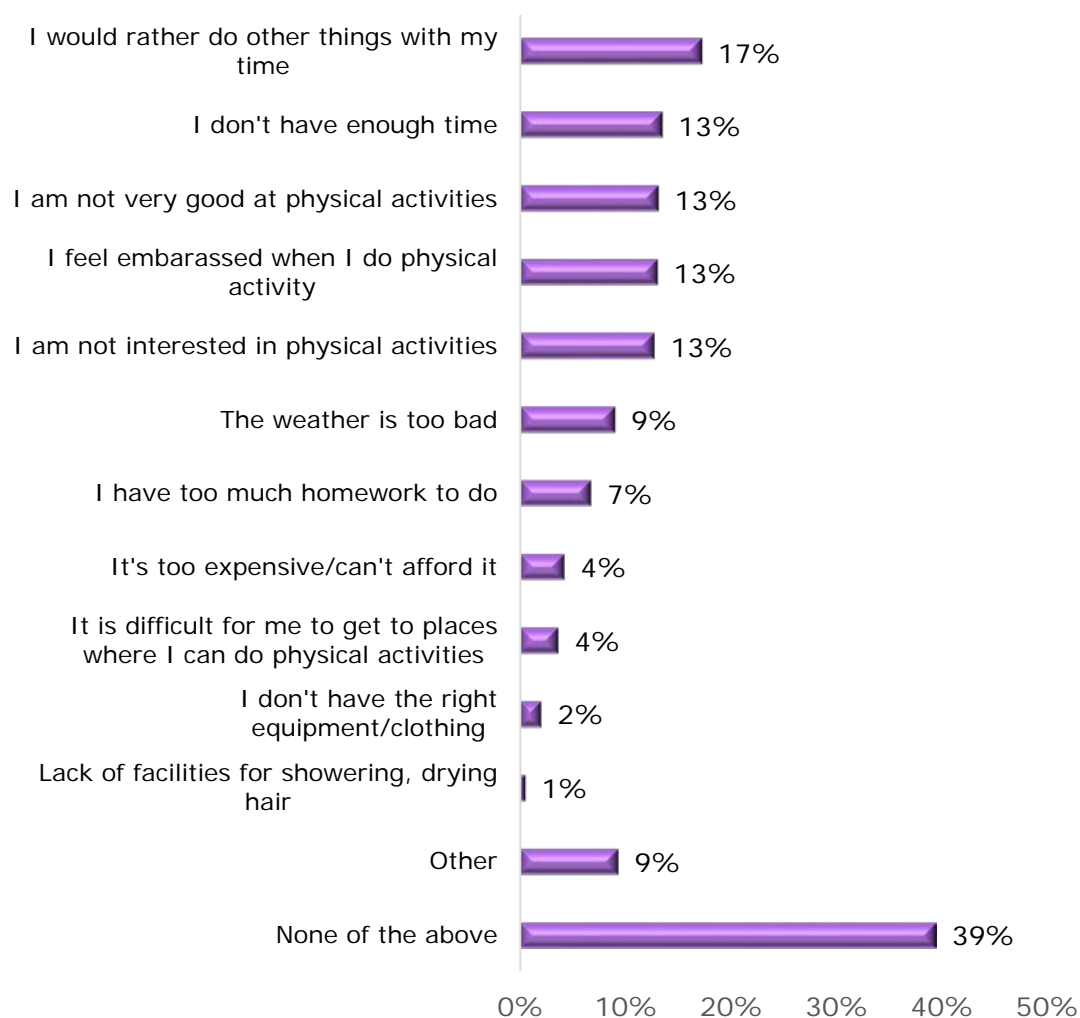
Figure 3.1: Participation in Exercise (enough to get out of breath or sweat) at School and Out of School



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

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

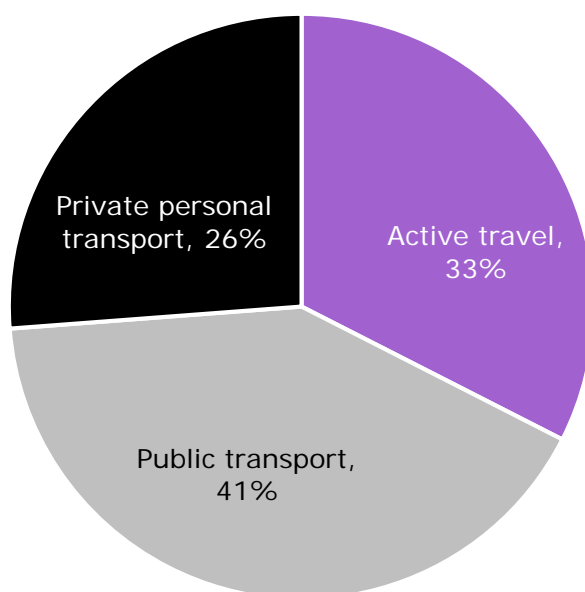
Figure 3.2: Barriers to Physical Activity



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

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

Figure 3.3: Means of Travel to School



Note:

Active travel: walking, cycling

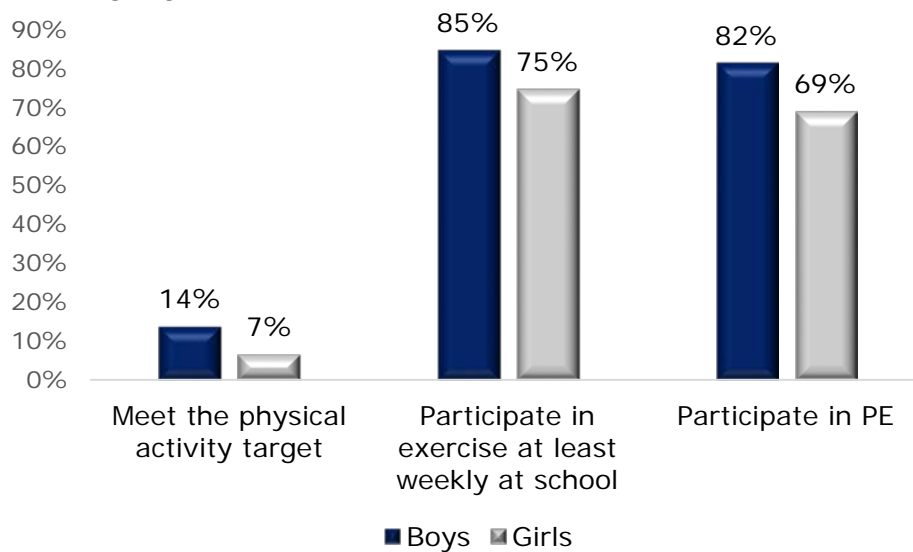
Public transport: bus, train, taxi, ferry

Private personal transport: car

Gender

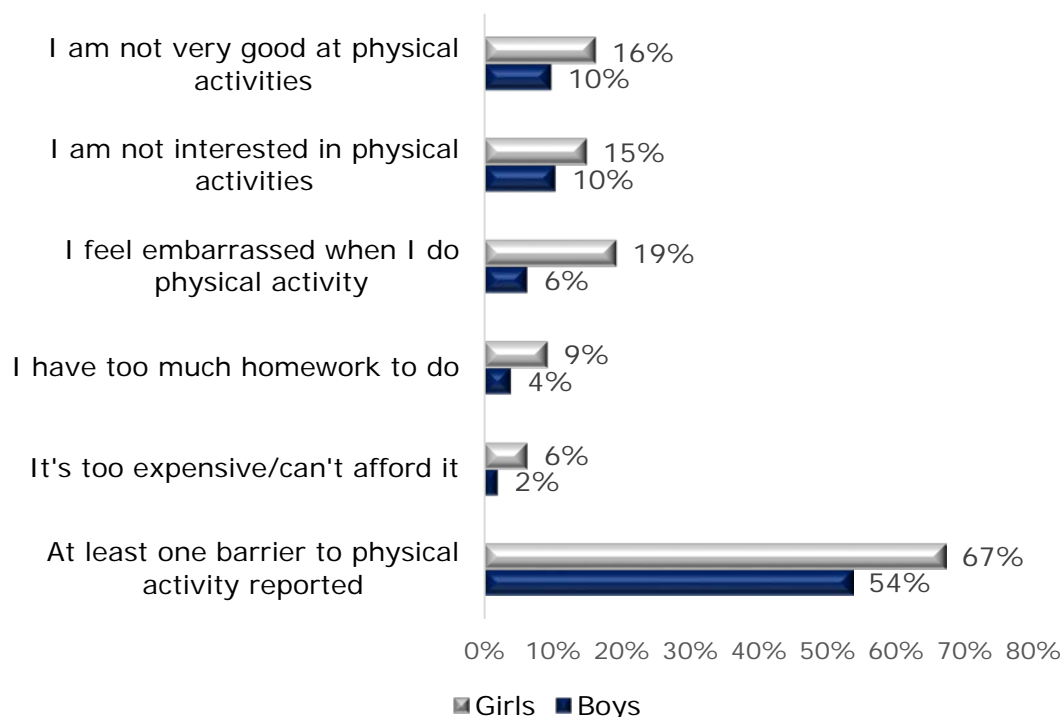
Consistent with national surveys on physical activity levels, survey findings show considerably more positive findings relating to physical activity for boys compared to girls. Responses show that boys were more active than girls. Figure 3.4 shows the significant differences between boys and girls which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

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



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

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

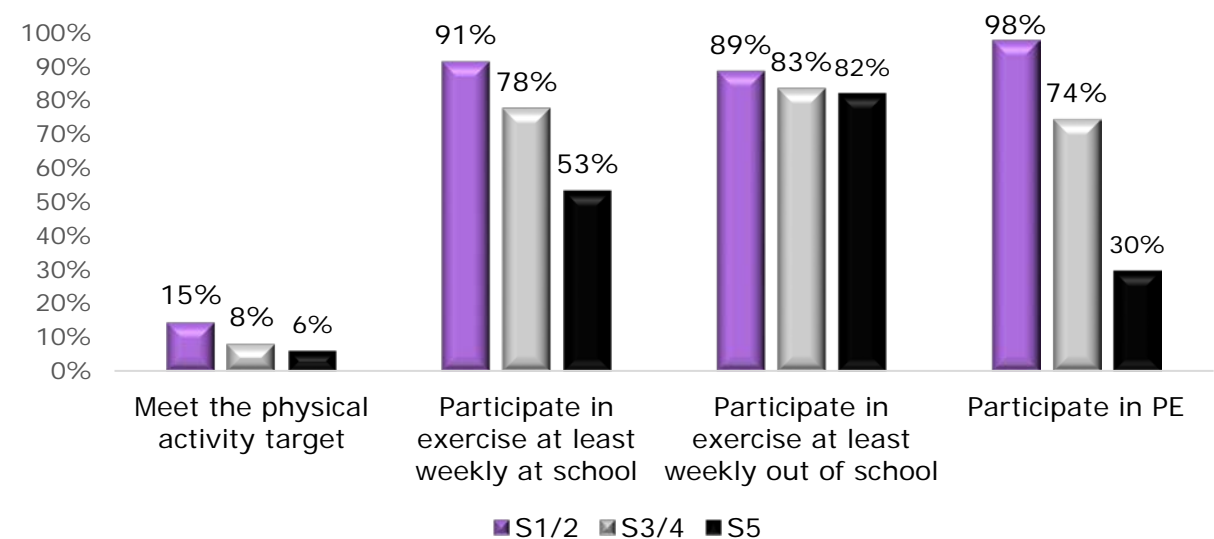


Stage

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

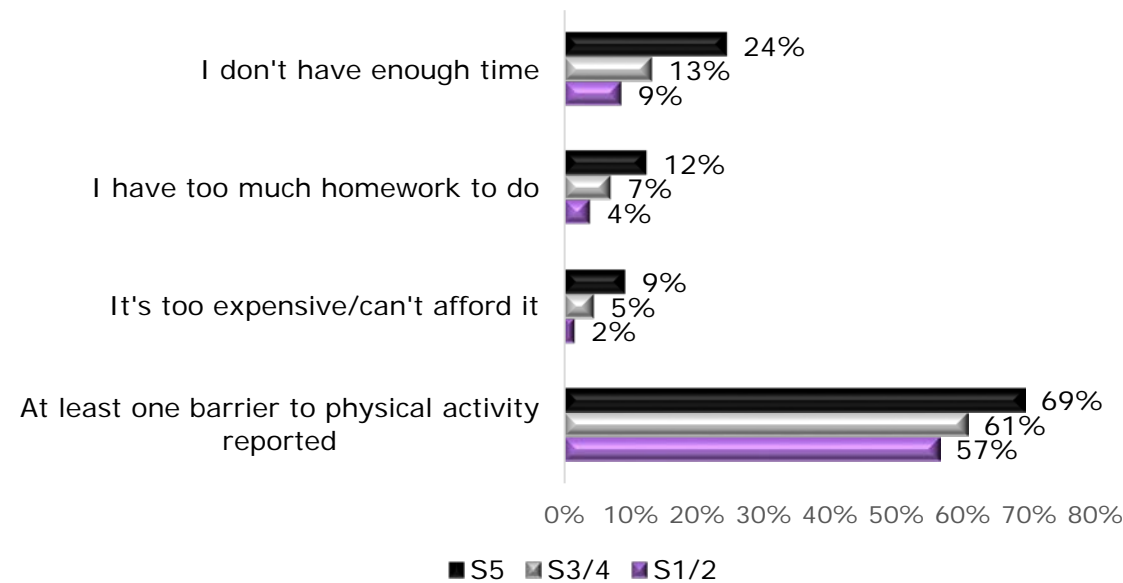
Figure 3.6 shows that S1/S2 pupils were the most likely to meet the target for physical activity. S5 pupils were the least likely to participate in sports out of school and particularly in school, and the least likely to participate in PE.

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



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

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



Context and National Data

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

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

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

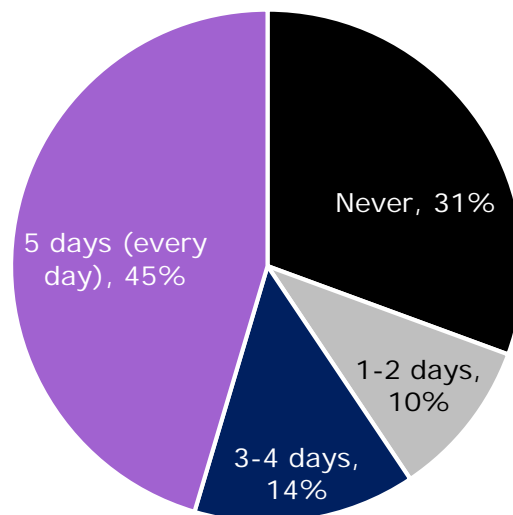
The Scottish Health Survey 2018 found that 22% of adults and 15% of children met the target of consuming five or more portions of fruit/vegetables per day.

The 2017/18 NHS GGC adult health and wellbeing survey found that 42% of adults in Inverclyde met the target of consuming five portions of fruit/vegetables per day – a significant rise from 31% in 2014/15. The proportion meeting the target was lower in the most deprived areas in Inverclyde (37%) than other areas (48%).

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

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

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

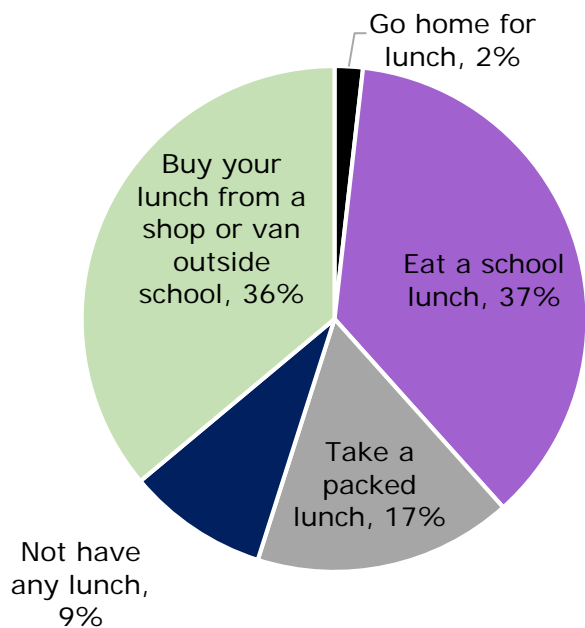


Three in five (60%) pupils said they ate breakfast on both weekend days; 22% had breakfast on one weekend day and 18% said they never ate breakfast at weekends.

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

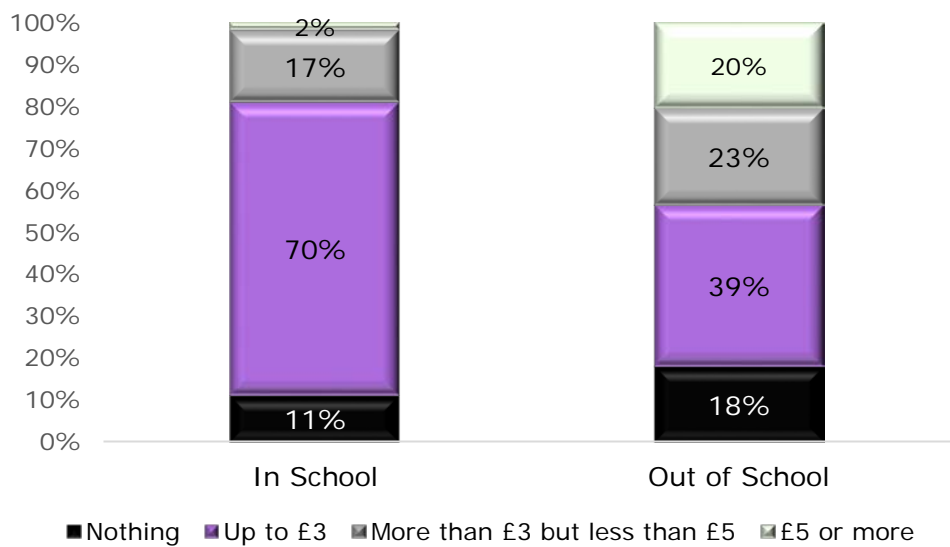
Skipping lunch was much rarer than skipping breakfast. Nine in ten (91%) pupils said they had lunch during their last school lunchtime. Most commonly pupils had a school lunch (37%) or bought their lunch from a shop or van (46%). All responses are shown in Figure 3.9.

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



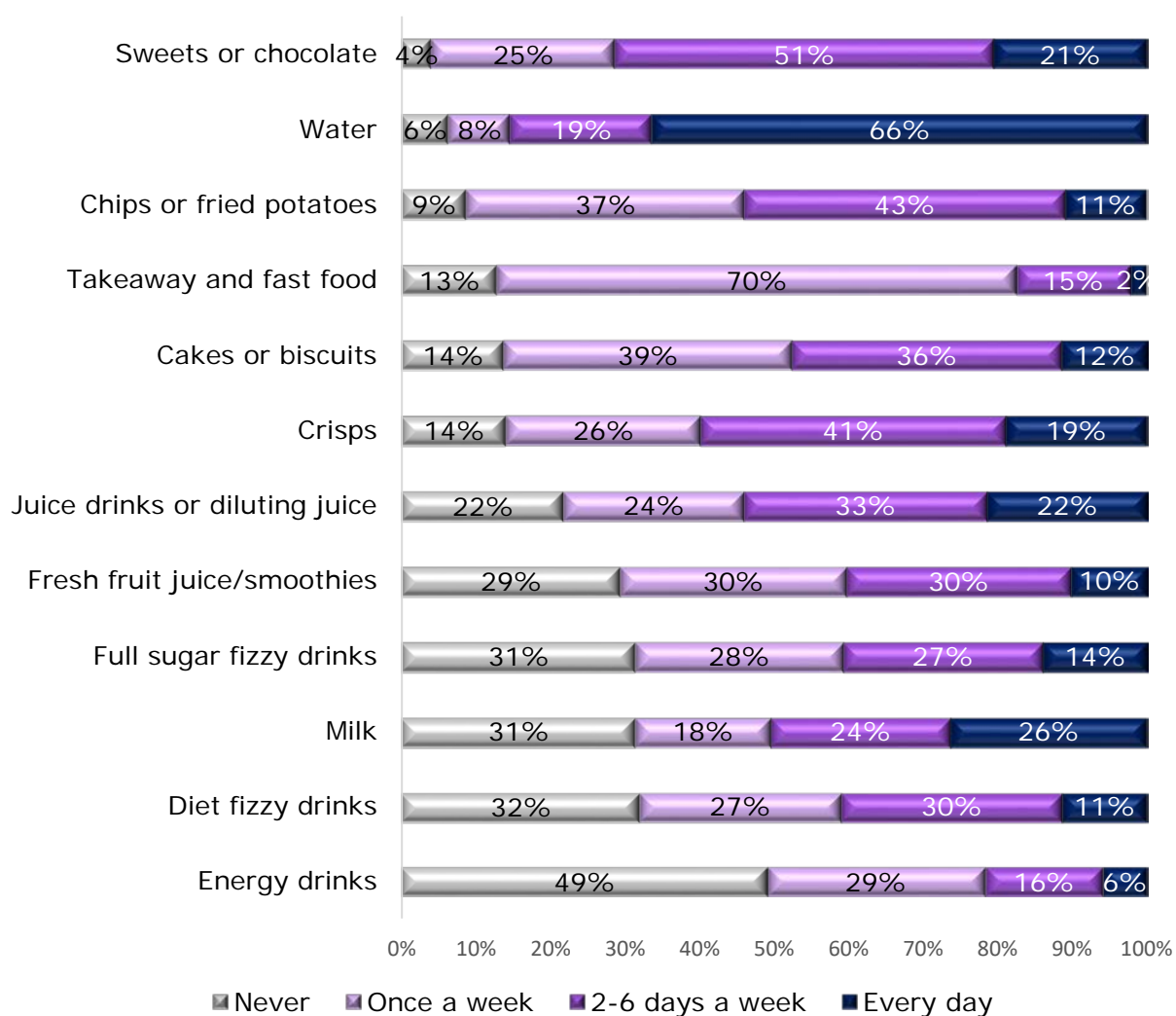
Pupils were asked the average cost of their lunch in school and out of school. Most (81%) said that school lunches cost no more than £3, compared to 57% of lunches out of school.

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



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

Figure 3.11: Frequency Consume Types of Food/Drink



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

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

Diet Trends

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

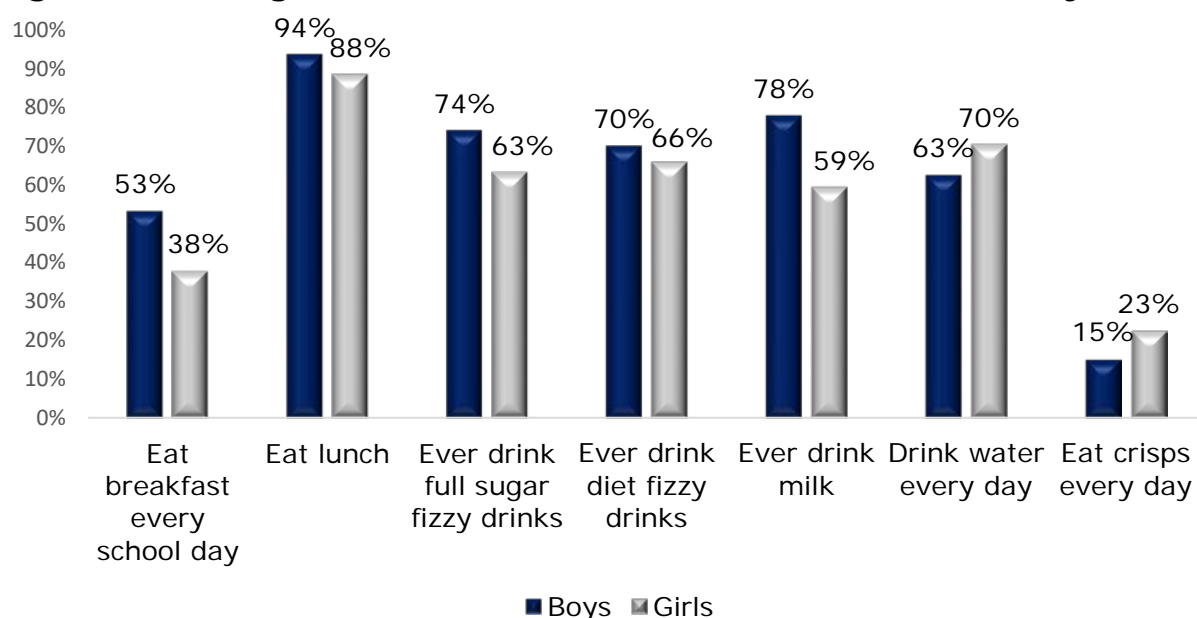
Table 3.1: Trends for Diet Indicators

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

Gender

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

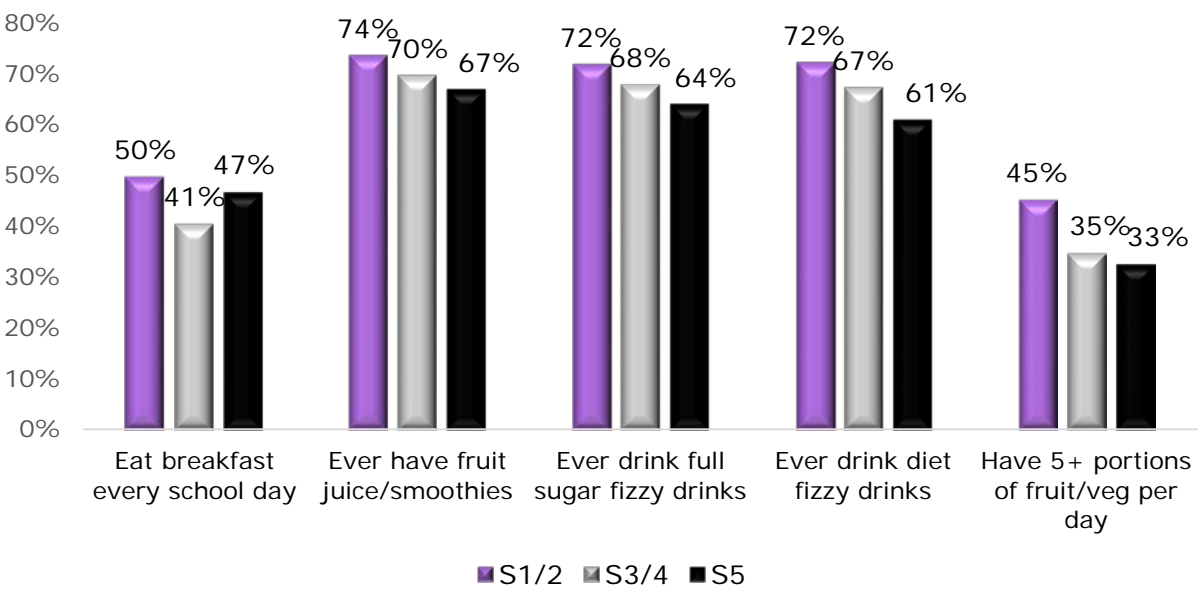
Figure 3.12: Significant Differences for Indicators of Diet by Gender



Stage

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

Figure 3.13: Significant Differences for Indicators of Diet by Stage

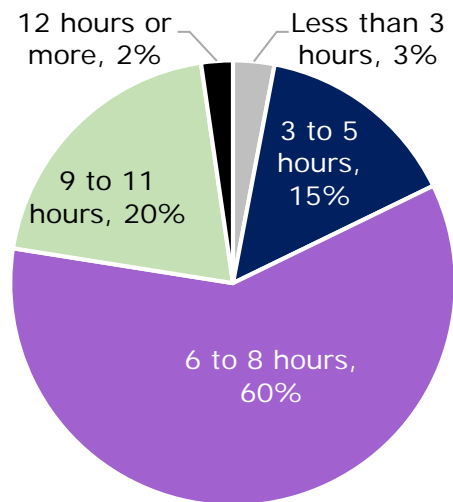


3.3 Sleep

Key statistic:
23% got 9 or more hours sleep

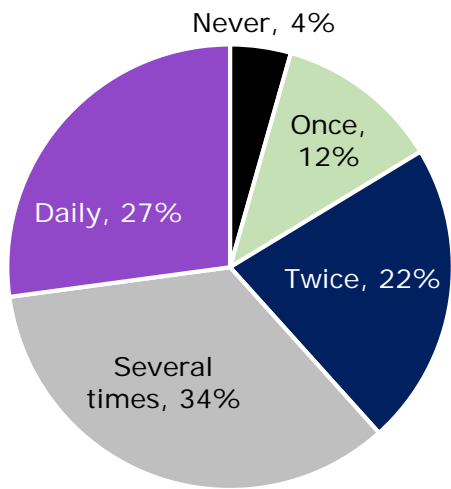
Pupils were asked how many hours sleep they got the previous night. A wealth of available research points to teenagers needing at least nine hours sleep per night, and NHS recommendations relating to secondary school children are for 12-13 year olds to get at least 9 hours 15 minutes sleep and for 14-16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

Figure 3.14: Number of Hours Sleep in the Previous Night



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

Figure 3.15: Number of Times Felt Tired in Previous Week



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

Sleep Trends

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

Table 3.2: Trends for Sleep

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

Gender

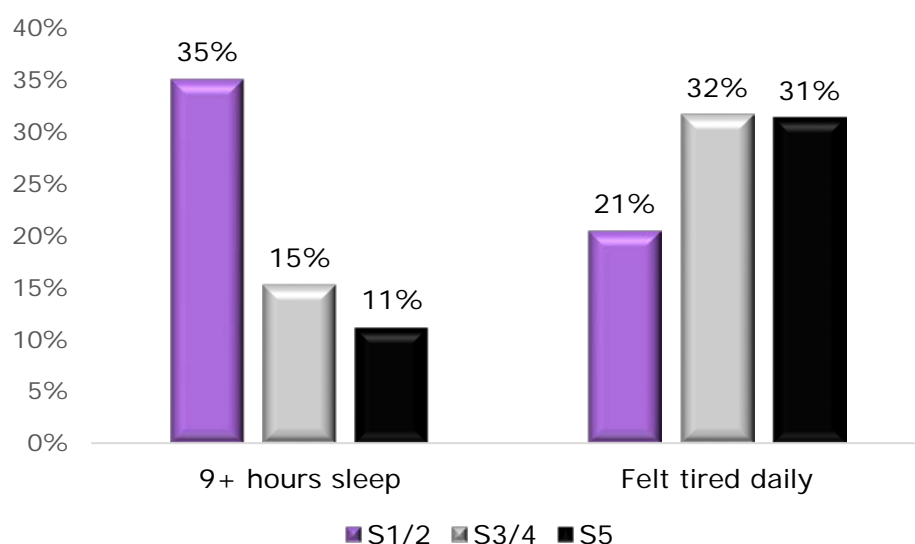
Girls were more likely than boys to say they had felt tired every day in the last week (33% girls; 21% boys).

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

Stage

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

Figure 3.16: Significant Differences for Sleep Indicators by Stage



CHAPTER SUMMARY

Key statistics

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

Trends

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

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

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

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

Key differences by gender

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

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

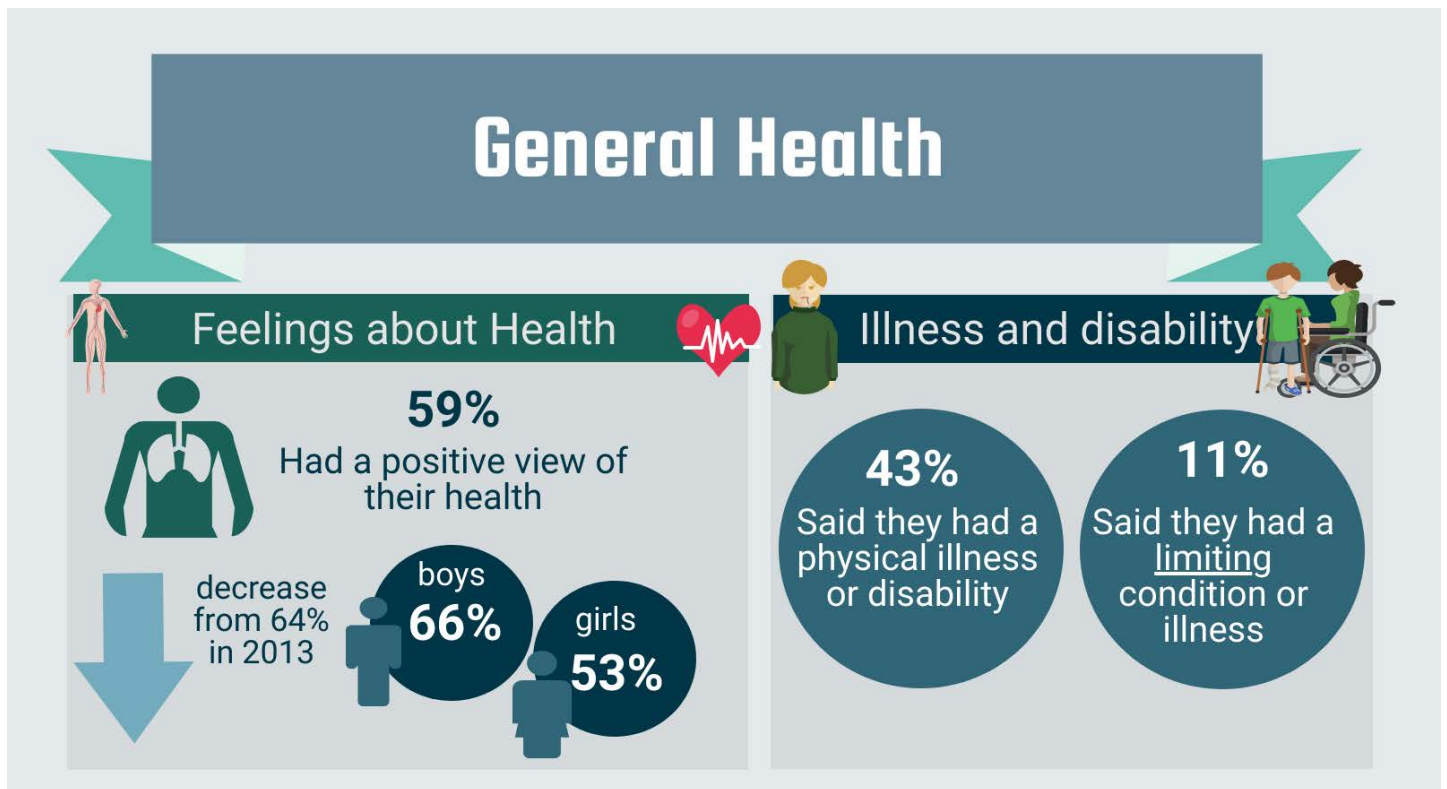
Girls were more likely than boys to feel tired every day.

Key differences by age

S1/S2 pupils were the most likely to:

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

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



4.1 Feelings about Health

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



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

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

Trends for Feelings about Health

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

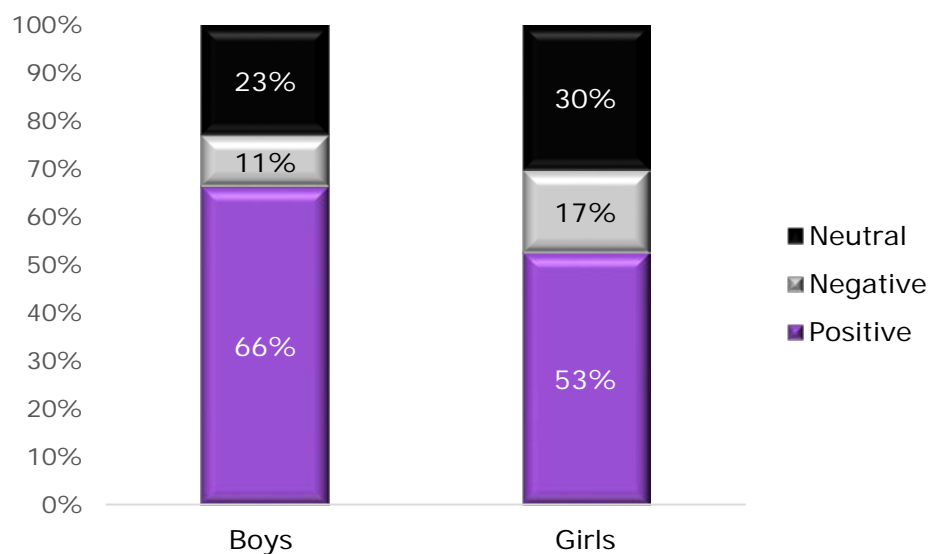
Table 4.1: Trends for Feelings about Health

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

Gender

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

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

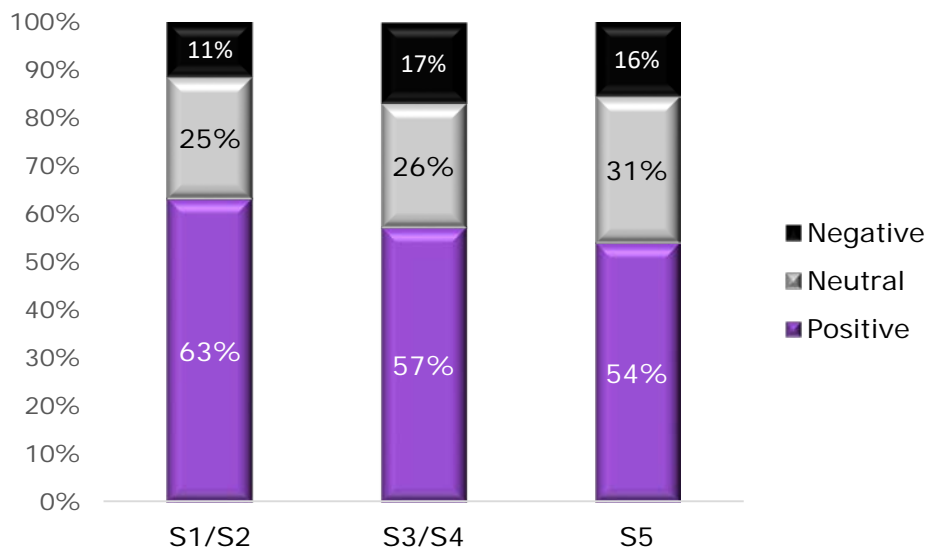


⁶ The 2013 survey asked pupils to rate their general health as 'very good', 'good', 'fair', 'poor' or 'fairly poor'. Comparisons with the 2019 survey assume that the first two faces are analogous with 'very good' and 'good'.

Stage

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

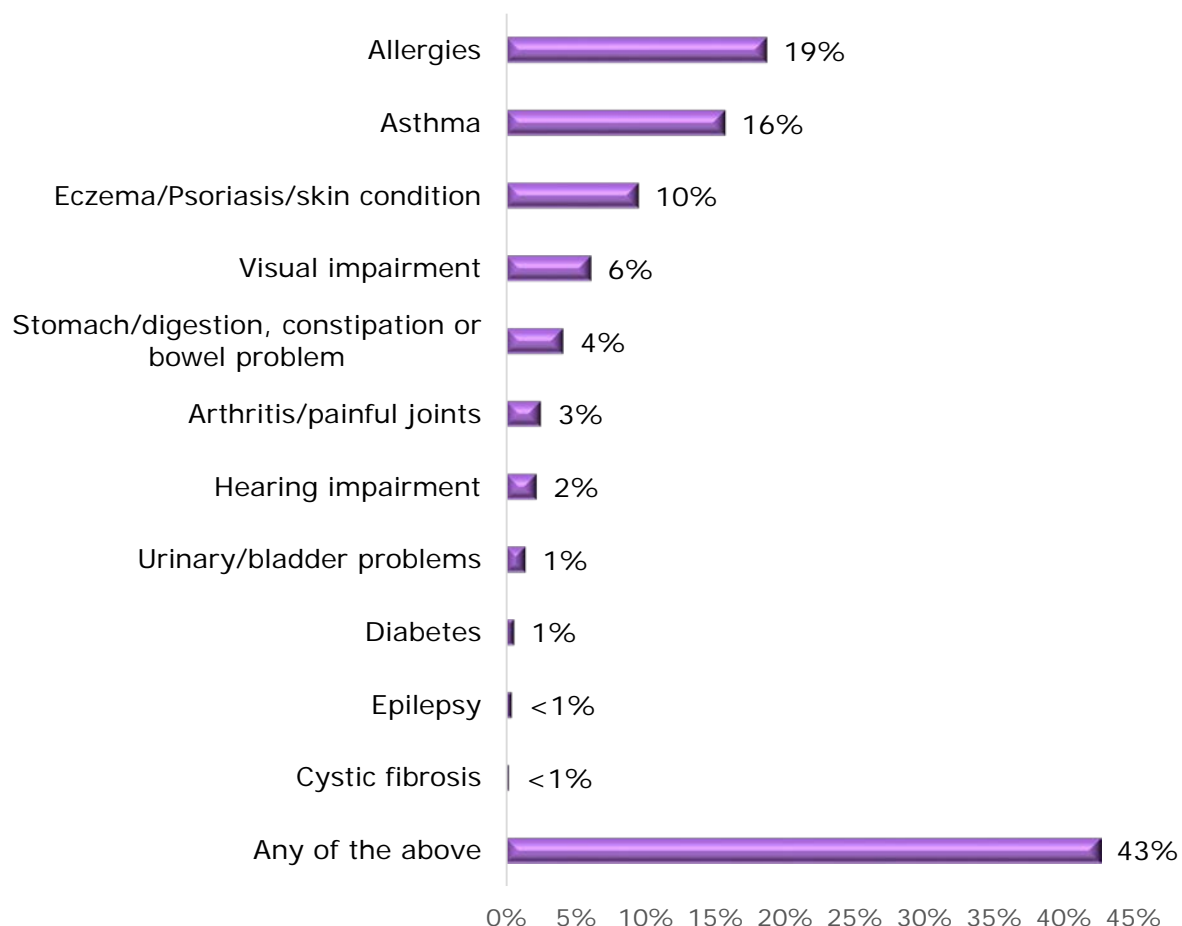
Figure 4.2: Feelings about Health in the Last Year by Stage



4.2 Illness and Disability

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

Figure 4.3: Physical Illnesses and Disabilities Reported



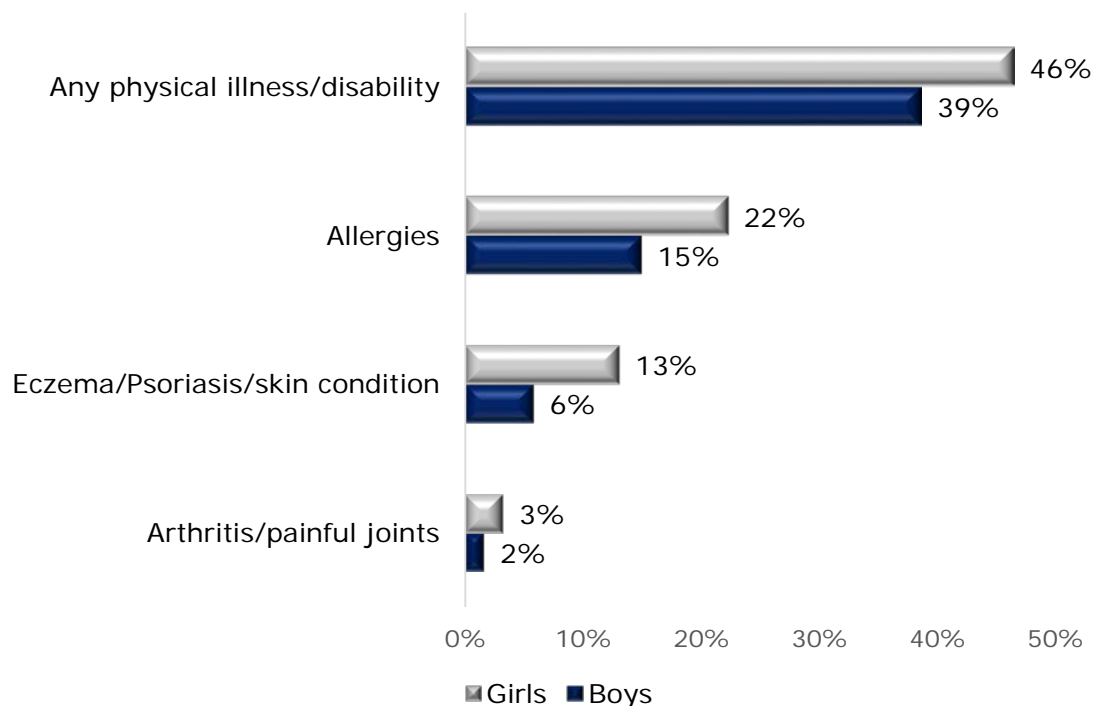
Key statistic:
11% had a limiting condition/illness

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

Gender

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

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



Stage

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

4.3 Life Expectancy

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

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

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

CHAPTER SUMMARY

Key statistics

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

Trends

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

Key differences by gender

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

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

Key differences by stage

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

Mental Health and Wellbeing



Emotional, behavioural and learning difficulties

31%

Said they had a an emotional, behavioural or learning difficulty



15% girls



4% boys

Said they had a mental health diagnosis/condition

Worries



Issues pupils most commonly worried about:



Exams:
55%



The future:
47%



The way I look:
43%

Difficulties



39%

Had a high 'total difficulties' score



increase
from 26%
in 2013

Bullying

24%

Bullied at school in the last year



increase
from 17%
in 2013

32%



21%



12%



S1/2

S3/4

S5

5.1 Mental, Emotional and Learning Difficulties/Disabilities

Context

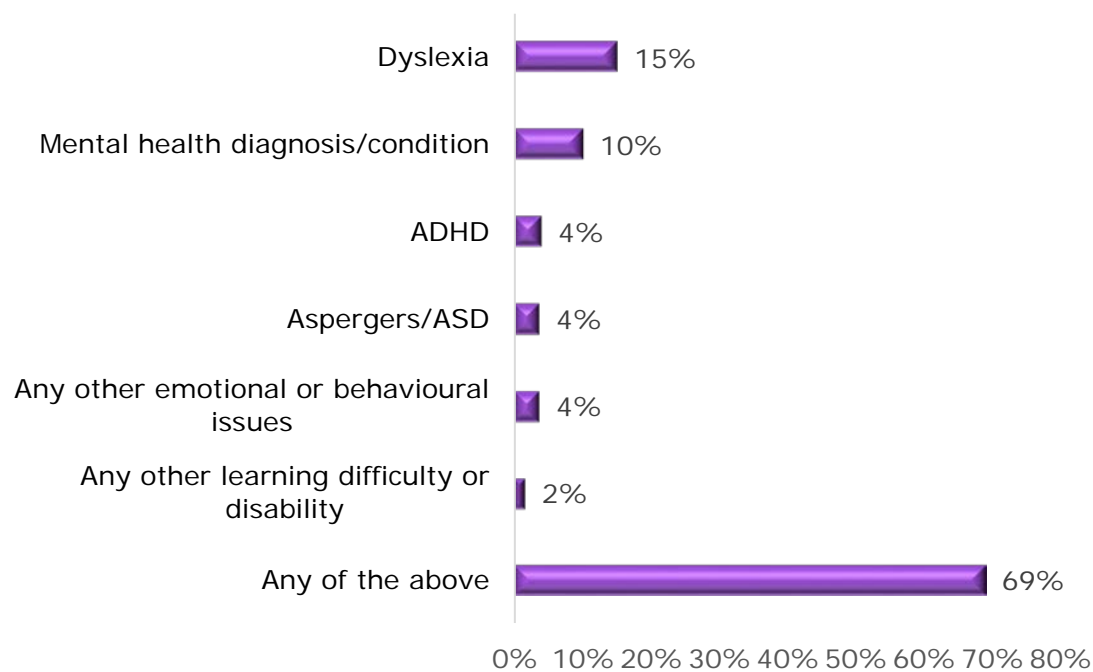
The Scottish Government's Mental Health Strategy (2017) set out a commitment to prevent and treat mental health problems in Scotland, and this includes improving prevention, early intervention and access to treatment. The strategy sets out ambitions to provide every child and young person to have appropriate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

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

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

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

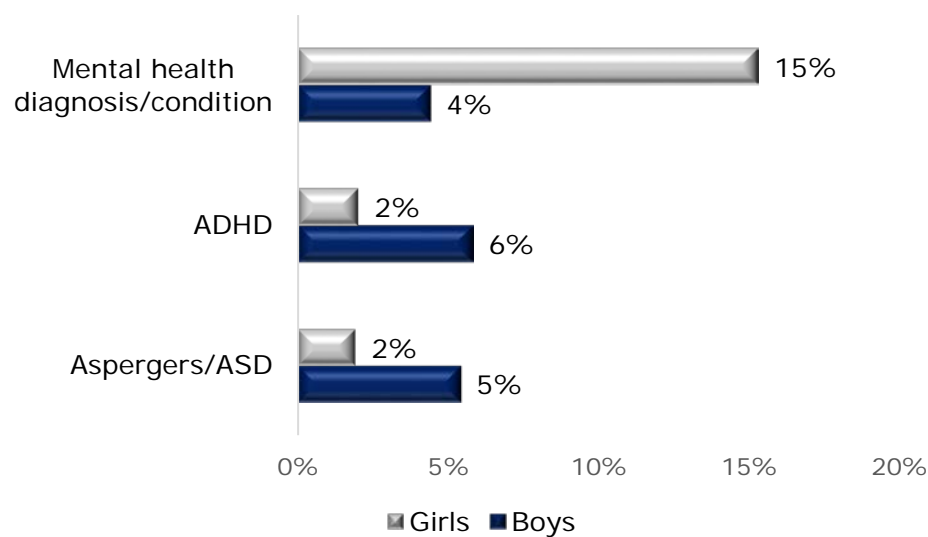
Figure 5.1: Emotional, Behavioural or Learning Difficulties/Disabilities Reported



Gender

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

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



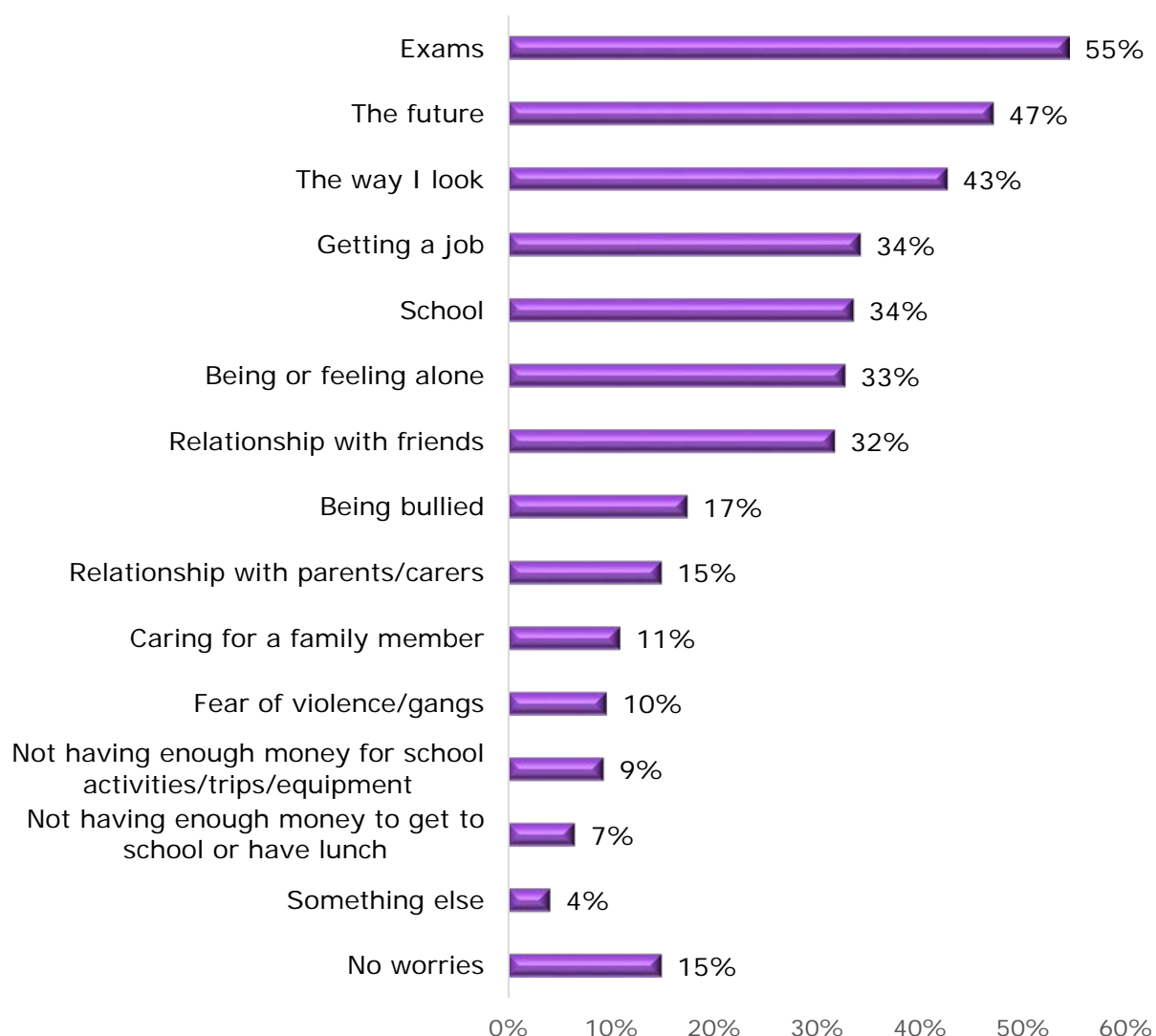
Stage

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

5.2 Worries and People to Talk to

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

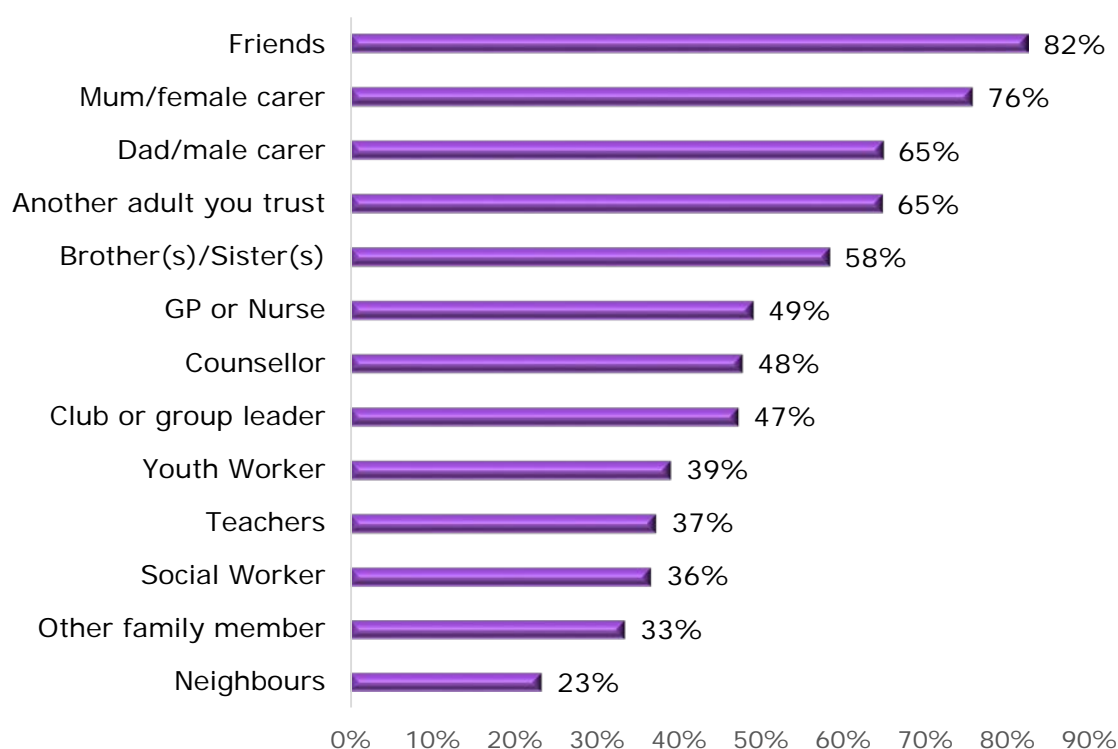
Figure 5.3: Pupil Worries



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

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

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

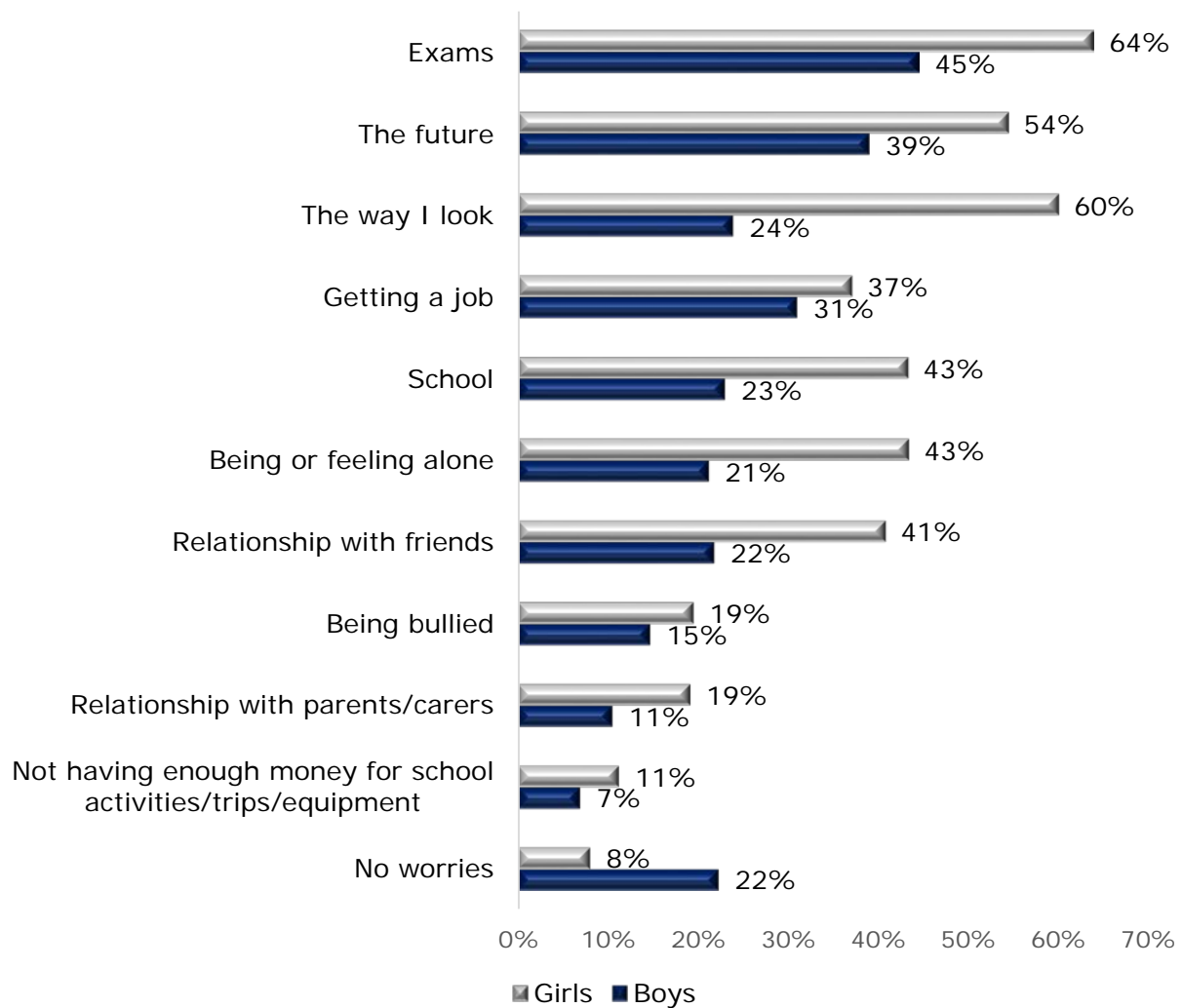


Most (94%) pupils had at least one person that they said it was easy to talk to about things that really bother them.

Gender

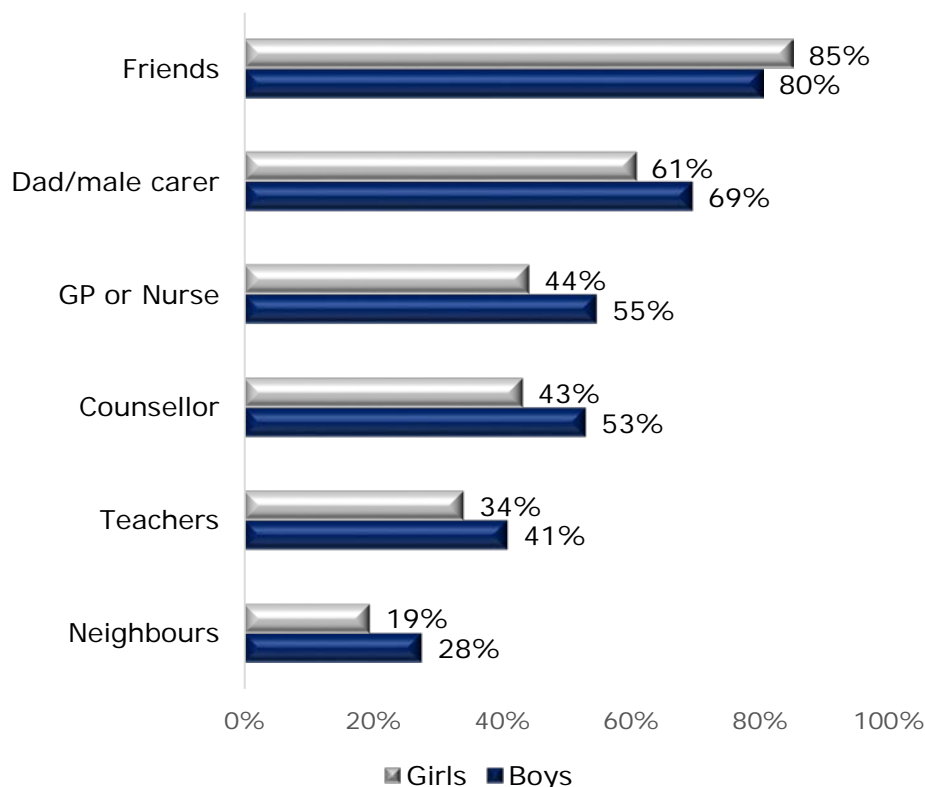
The survey findings suggest that generally girls tended to be more burdened with worries than boys. Girls were more likely than boys to have any worries (92% girls; 78% boys), and girls were more likely than boys to worry about most of the issues, as shown in Figure 5.5.

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



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

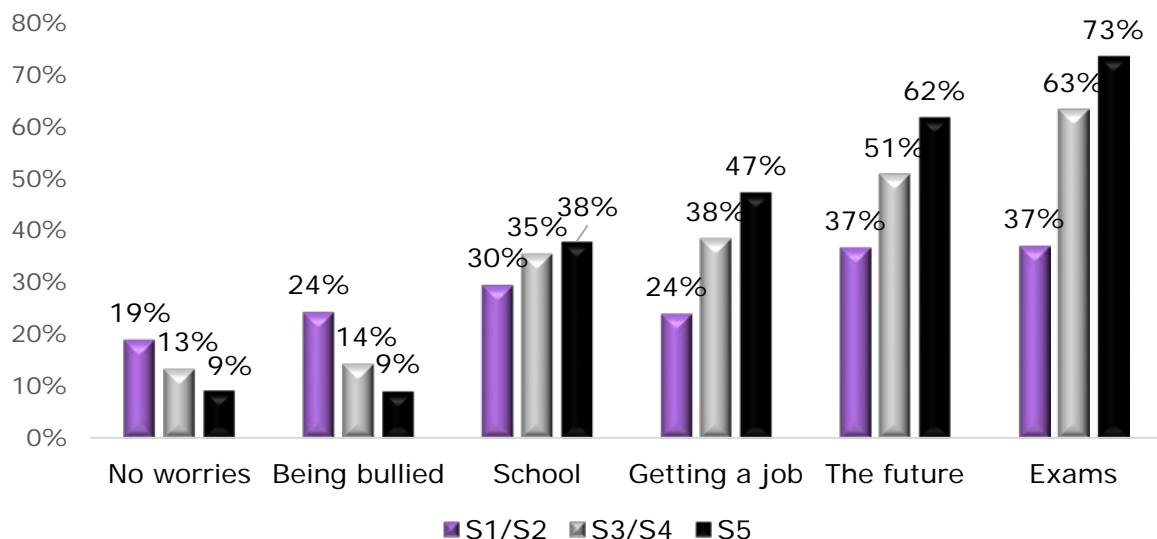
Figure 5.6: Proportion Saying it was Easy to Talk to Each Type of Person About Things that Really Bother Them (Excluding those who said 'do not have this person') by Gender (all significant differences)



Stage

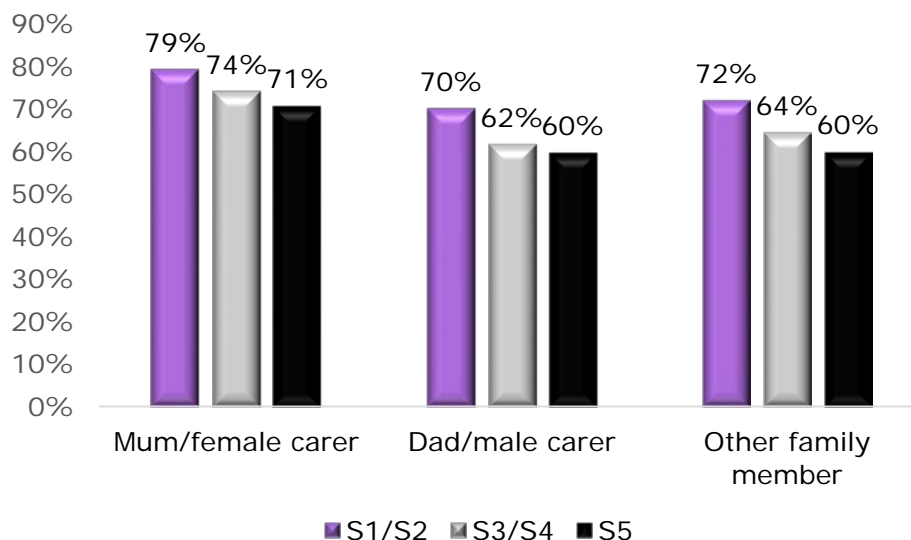
The findings show that worries increase with age during school years. The proportion of pupils with any worries ranged from 81% of S1/S2 pupils to 91% of S5 pupils (87% of S3/S4 pupils had any worries). Specifically, S5 pupils were the most likely, and S1/S2 school pupils were the least likely, to worry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

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



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

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



5.3 Bullying

Context and National Data

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

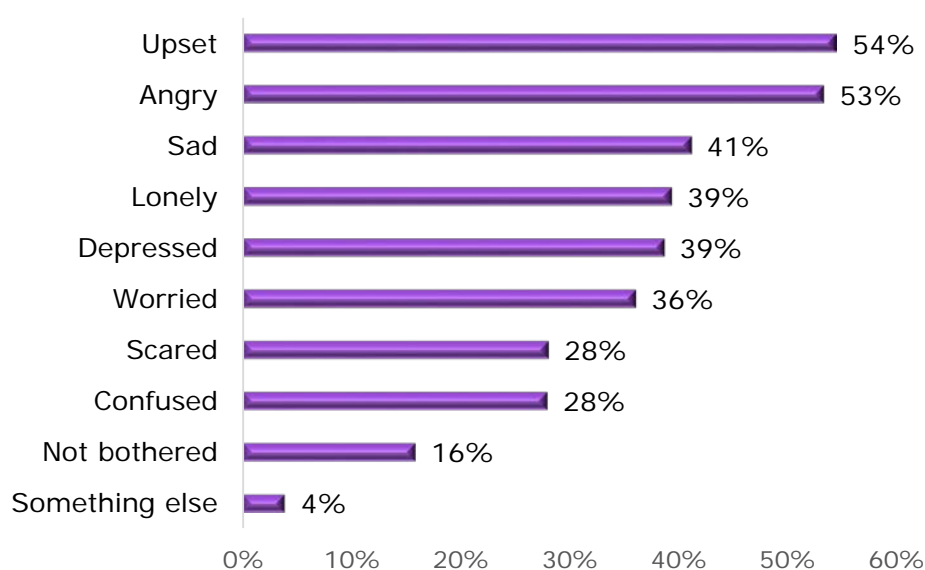
In 2017, The Scottish Government published its guidance document *Respect for All: national approach to anti-bullying* which sets out a framework for anti-bullying work across national and local organisations.

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

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

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

Figure 5.9: How Bullying Made You Feel



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

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

Bullying others

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

Trends for Bullying

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

Table 5.1: Trends for Bullying

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

Gender

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

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

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

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

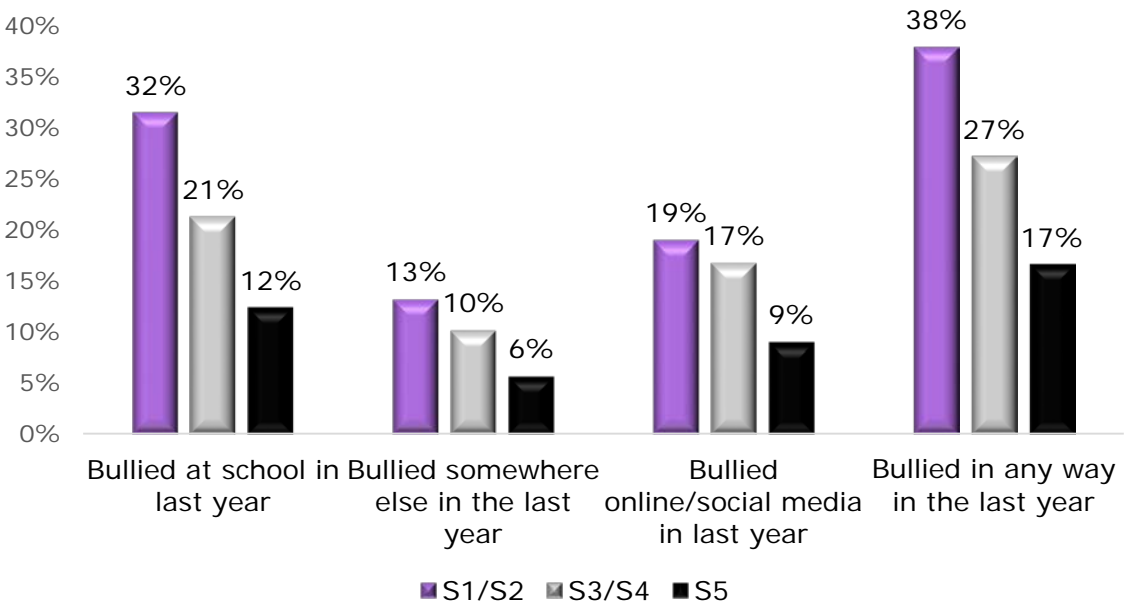
Among those who had been bullied, girls were more likely than boys to have reported the bullying to someone (54% girls; 42% boys).

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

Stage

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

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



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

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

5.4 Strengths and Difficulties

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

Table 5.2: Mean Scores for Strengths and Difficulties Scales

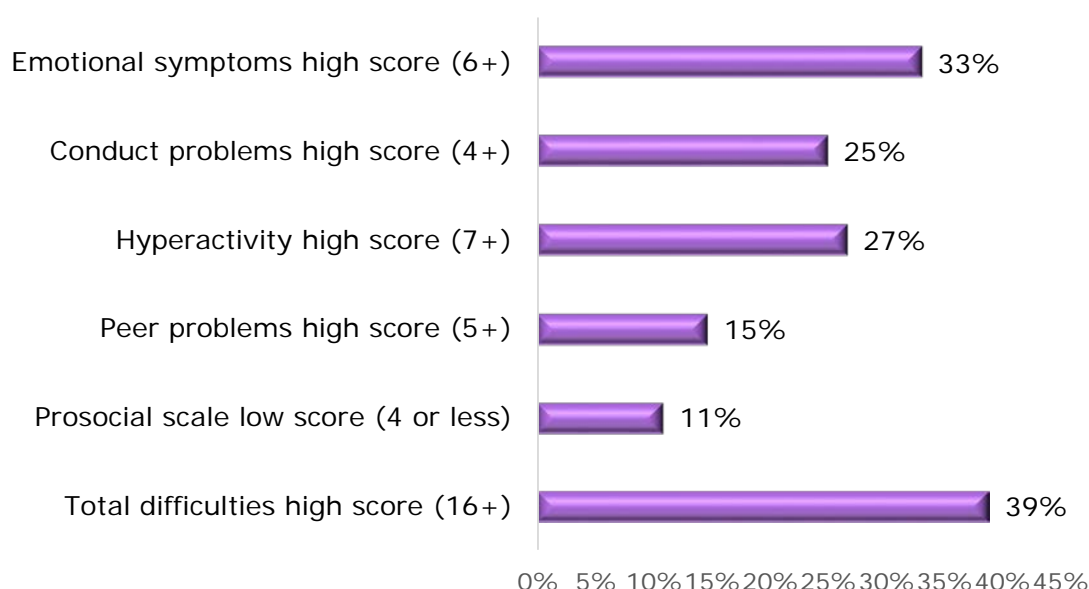
Scale	Mean Score
Emotional symptoms scale (0-10) (high score indicates difficulties)	4.3
Conduct problems scale (0-10) (high score indicates difficulties)	2.4
Hyperactivity scale (0-10) (high score indicates difficulties)	4.8
Peer problems scale (0-10) (high score indicates difficulties)	2.4
Prosocial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

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

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

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

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



Trends for SDQ

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

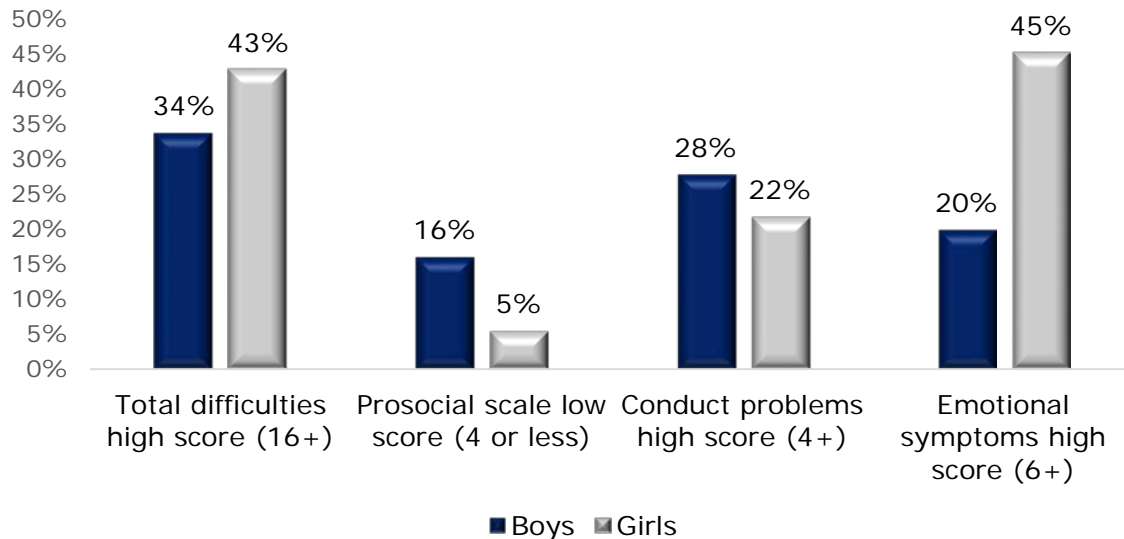
Table 5.3: Trends for Strengths and Difficulties

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

Gender

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

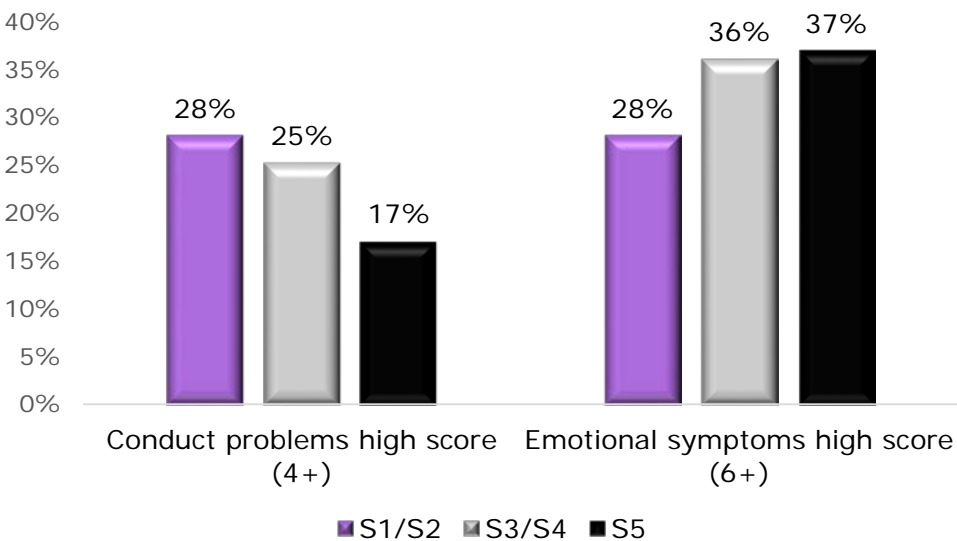
Figure 5.12: Proportion of Pupils with Scores Suggesting a High Level of Difficulty for each Strength/Difficulty Scale showing a Significant Difference by Gender



Stage

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

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



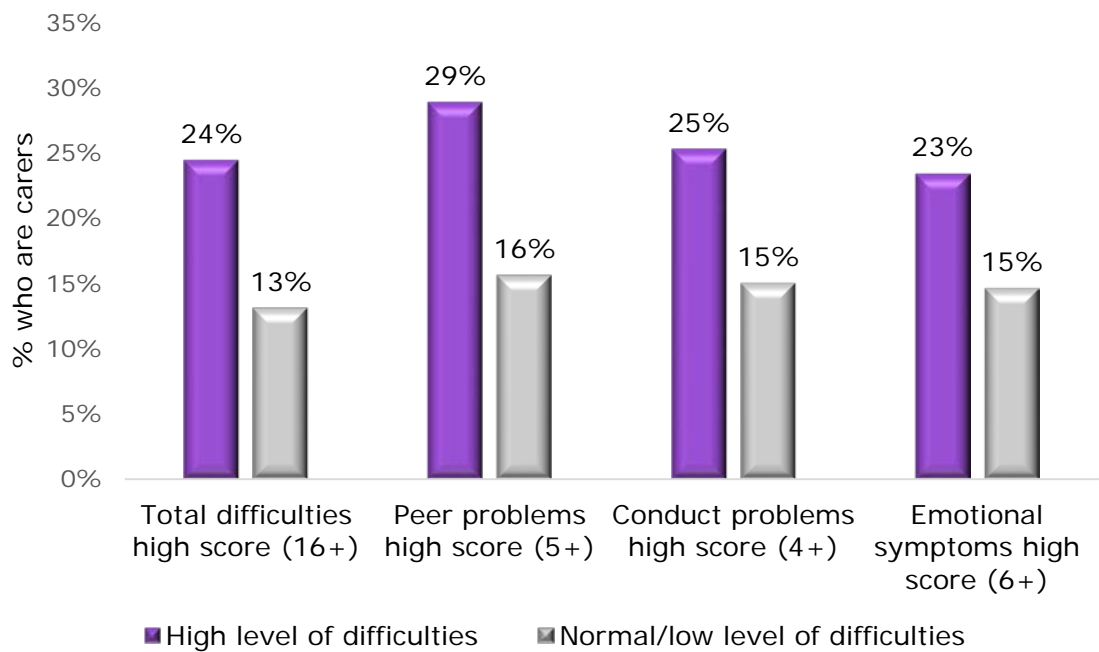
5.5 Strengths and Difficulties - Exploring Further

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

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

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

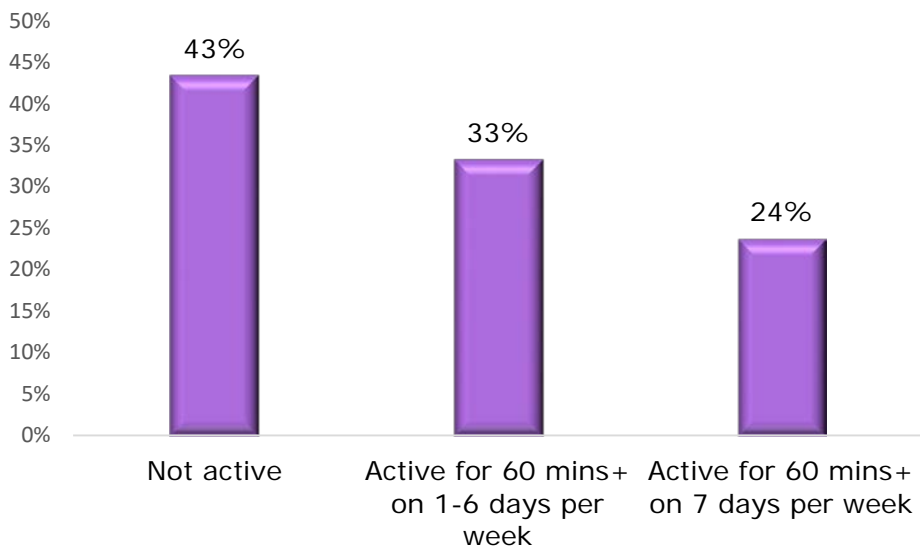
Figure 5.14: Proportion of Carers by High or Low/Normal Level of Difficulties



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

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

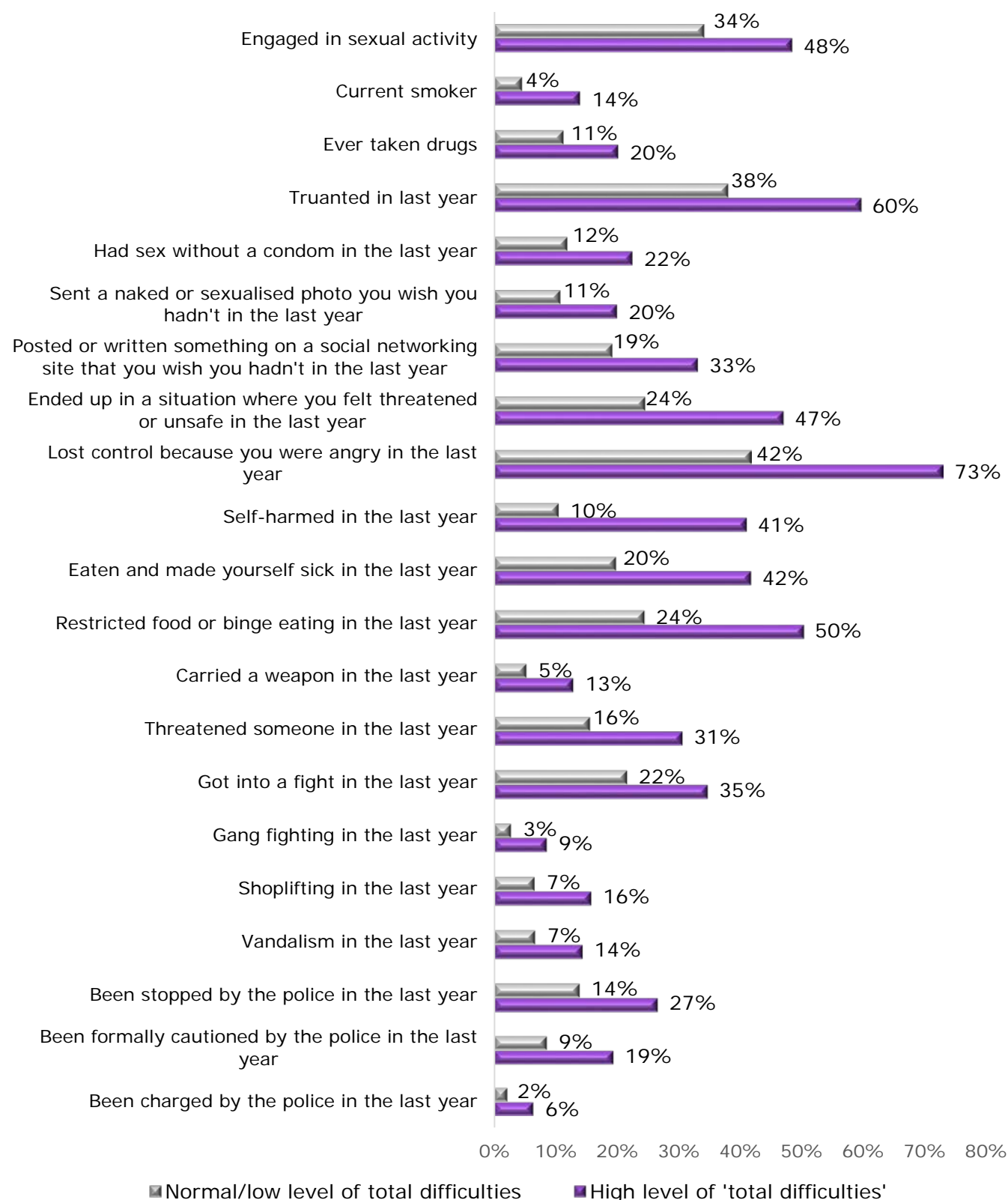
Figure 5.15: Scores Indicating High Levels of Emotional Problems by Levels of Physical Activity



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

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

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

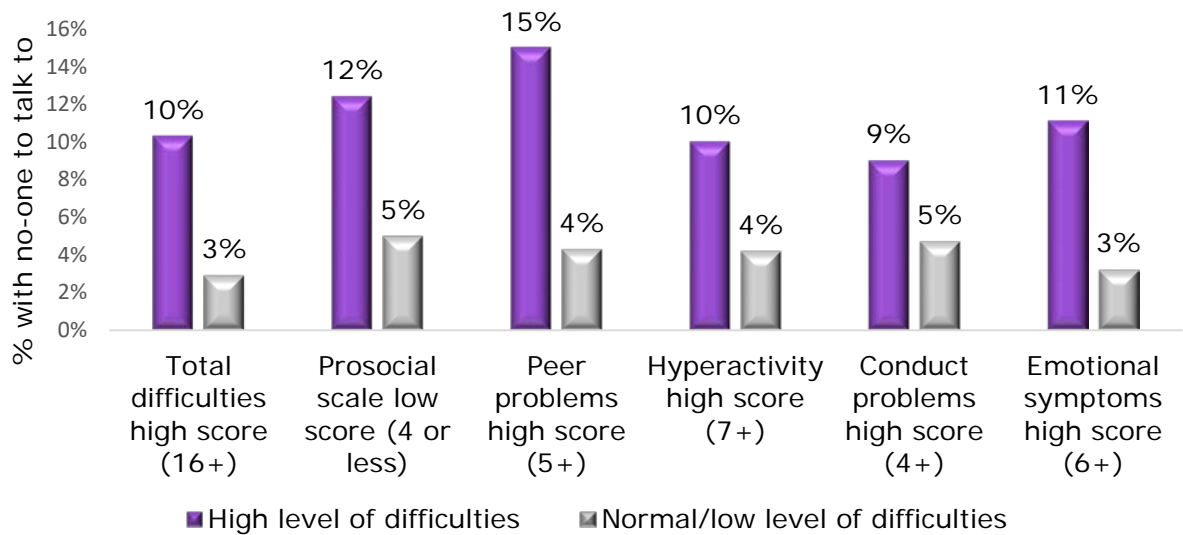


Do those with high SDQ scores have someone to talk to?

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

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

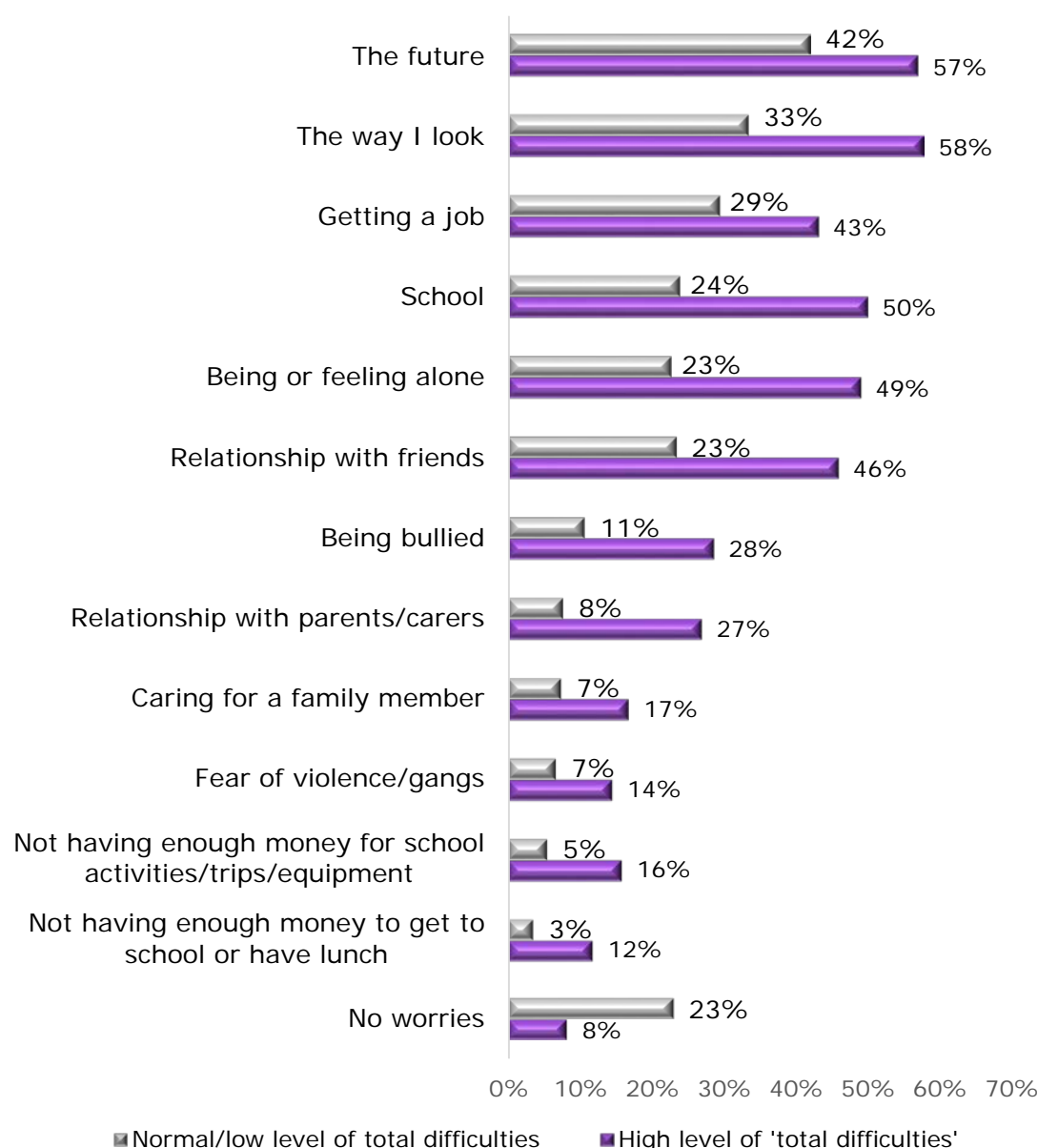
Figure 5.17: Proportion who had No-one to Talk to by High or Low/Normal Level of Difficulties



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

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

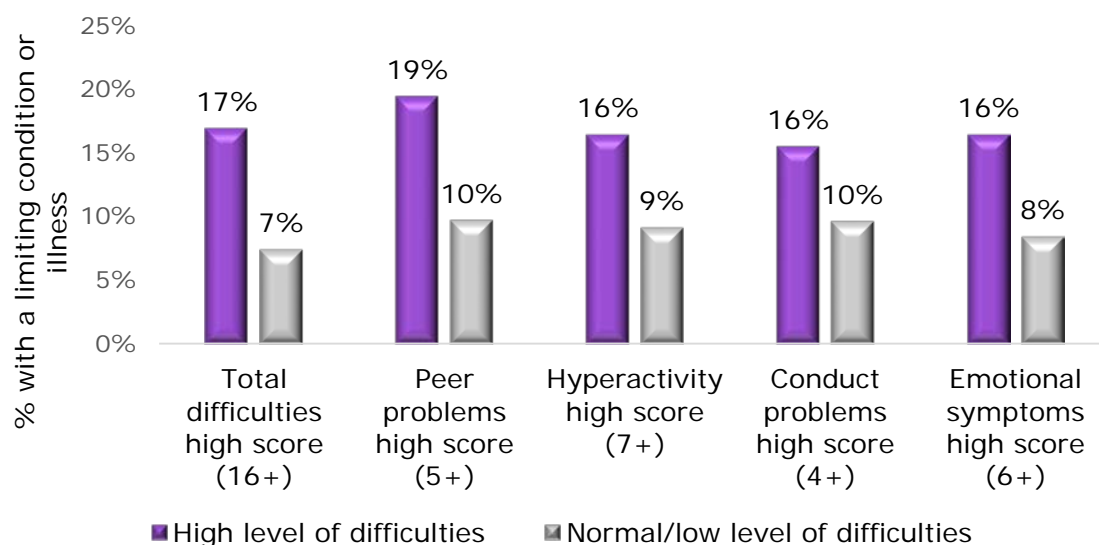
Figure 5.18: Worries by High or Low/Normal Levels of 'Total Difficulties' Scores (all worries which showed a significant difference)



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

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

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



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

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

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

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

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

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

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

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

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

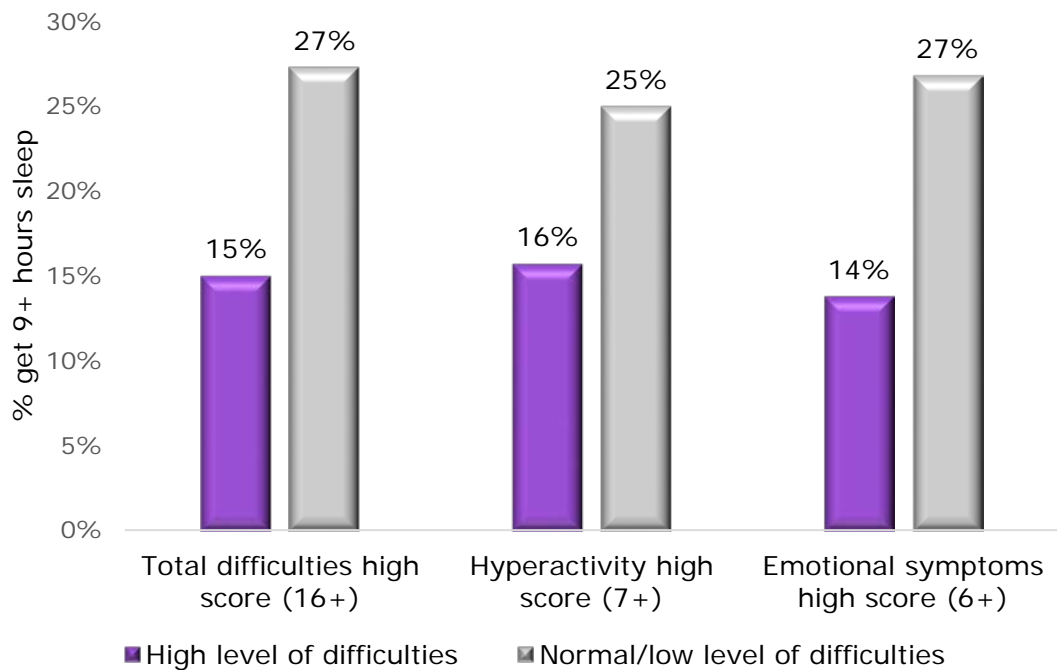
Those with a low level of prosocial strengths were more likely than those with a normal/low level of prosocial strengths to have:

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

Do pupils with high SDQ scores get less sleep?

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

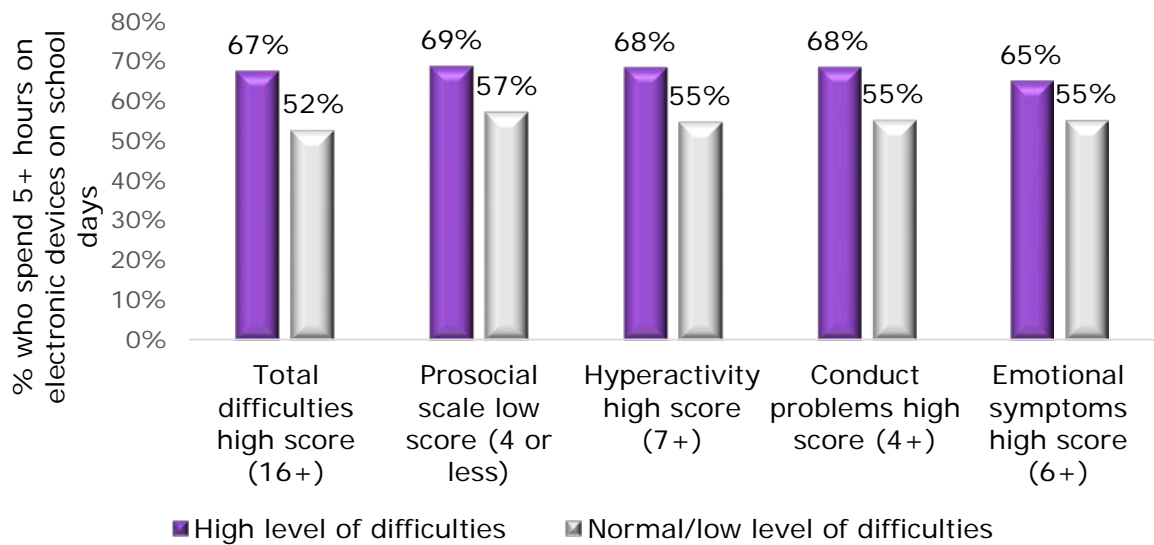
Figure 5.20: Proportion getting Nine Hours Sleep Per Night by High or Low/Normal Level of Difficulties



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

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

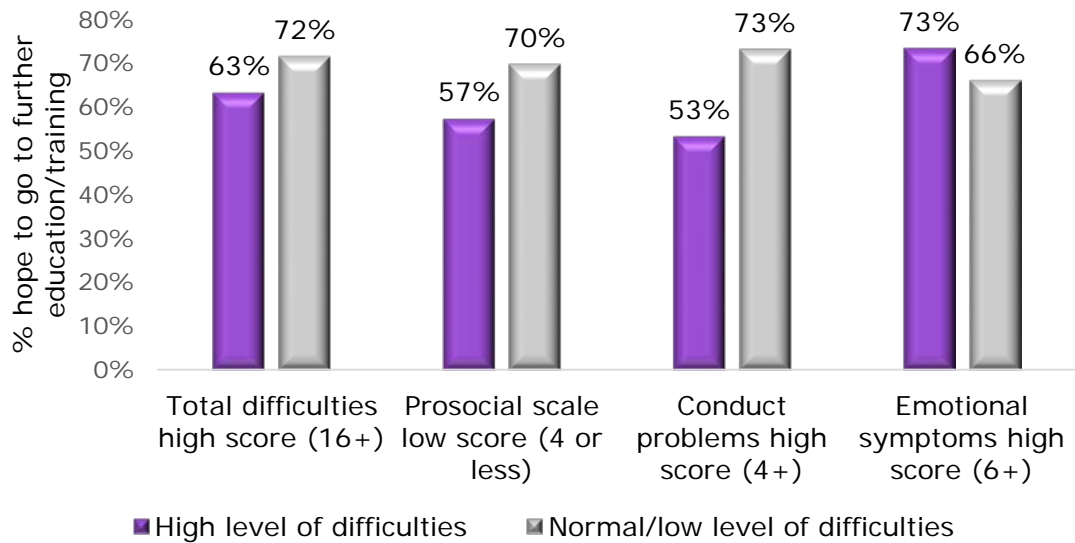
Figure 5.21: Proportion who spend Five or More Hours on Screen-Based Activities on a School Day by High or Low/Normal Level of Difficulties



Do young people with high SDQ scores have lower aspirations?

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

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



CHAPTER SUMMARY

Key statistics

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

Trends

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

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

Key differences by gender

Girls were more likely than boys to have been bullied.

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

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

Key differences by stage

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

Smoking, Alcohol and Drugs

Smoking



Alcohol



9%

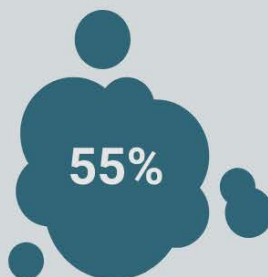
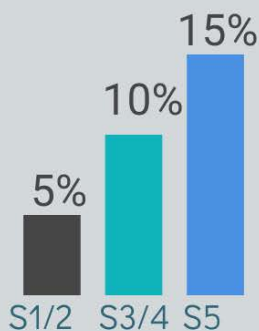
Current smokers

increase from 5% in 2013



12%

exposed to smoke in cars



55%

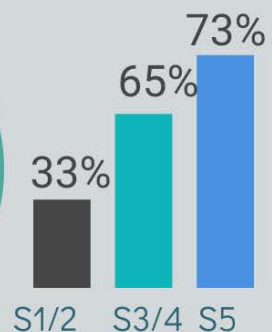
exposed to smoke indoors



29%

lived with someone who smokes at home

56%
Drink alcohol

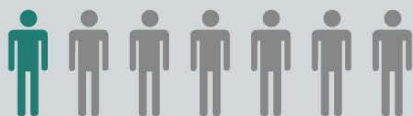


10%
drank alcohol at least once a week



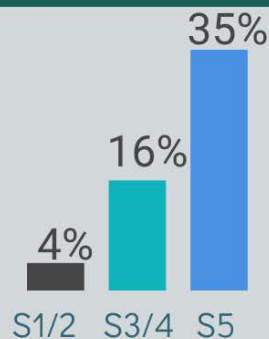
20%
of those who drank alcohol got drunk at least once a week

Drugs



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

increase from 8% in 2013



58%
used drugs with alcohol on the last occasion

Context and National Data

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

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

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

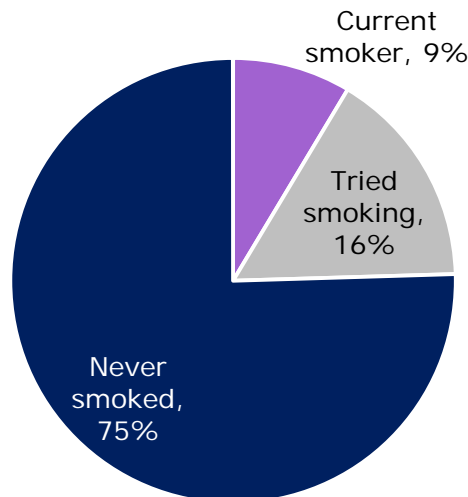
The Scottish Government publication *Scotland's Future is Smoke Free: A Smoking Prevention Action Plan (2008)* included priorities to reduce the prevalence of smoking among Scotland's young people, including health promotion and education, a campaign to reduce the attractiveness of cigarettes, enforcing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

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

**Key
statistic:
9% were
smokers**

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

Figure 6.1: Smoking Status



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

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

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

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

Smoking Trends

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

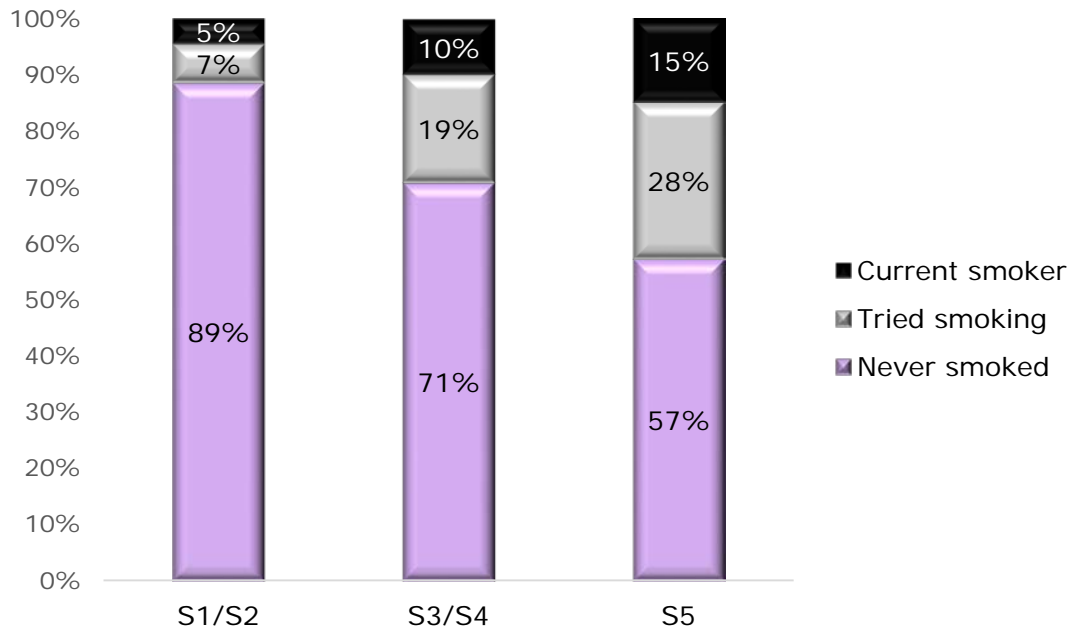
Table 6.1: Trends for Smoking

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

Stage

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

Figure 6.2: Smoking Status by Stage



6.2 E-Cigarettes

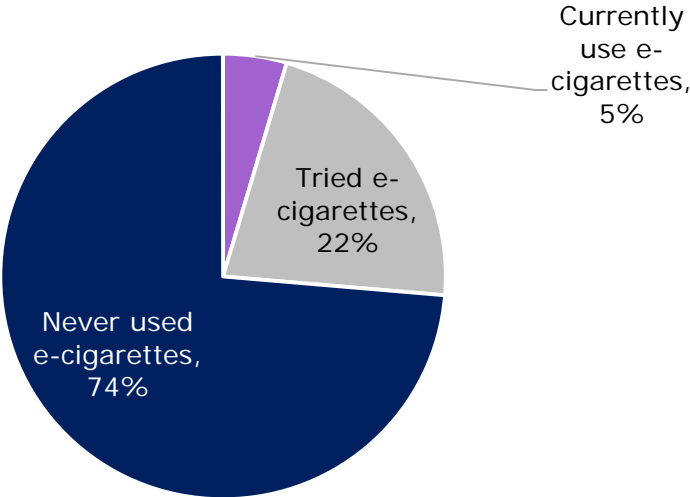
E-cigarettes (or 'electronic cigarettes', 'personal vaporizers' 'vapes' or 'ENDS' - electronic nicotine delivery systems) are battery-powered vapour inhaler devices. They usually deliver chemical mixtures which include nicotine. In

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

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

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

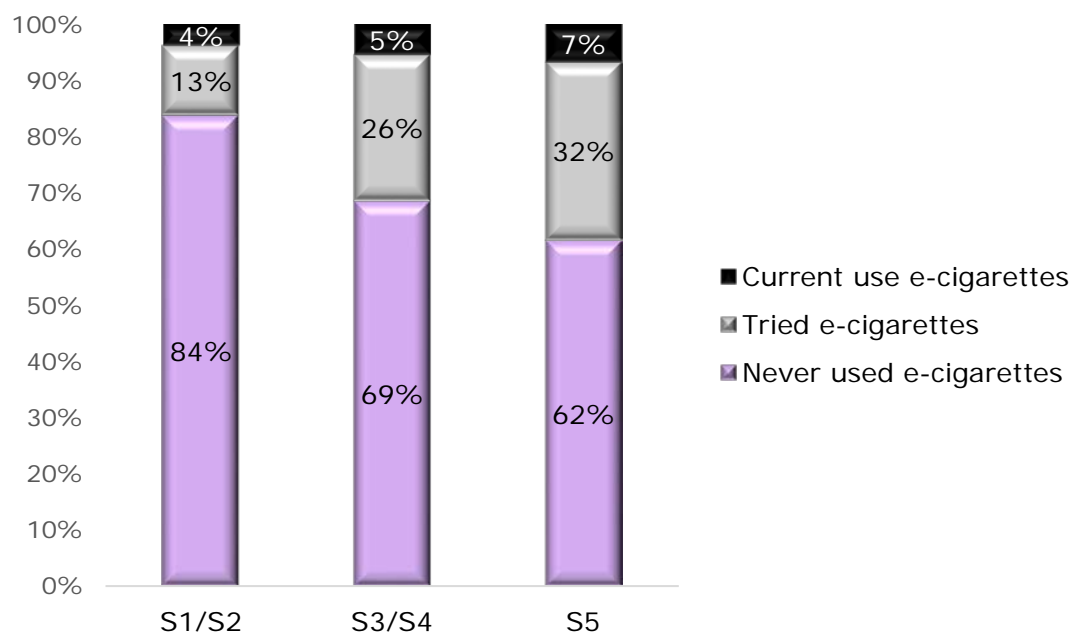
Figure 6.3: Use of E-Cigarettes



Stage

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

Figure 6.4: Use of E-Cigarettes by Stage



6.3 Exposure to Environmental Tobacco

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

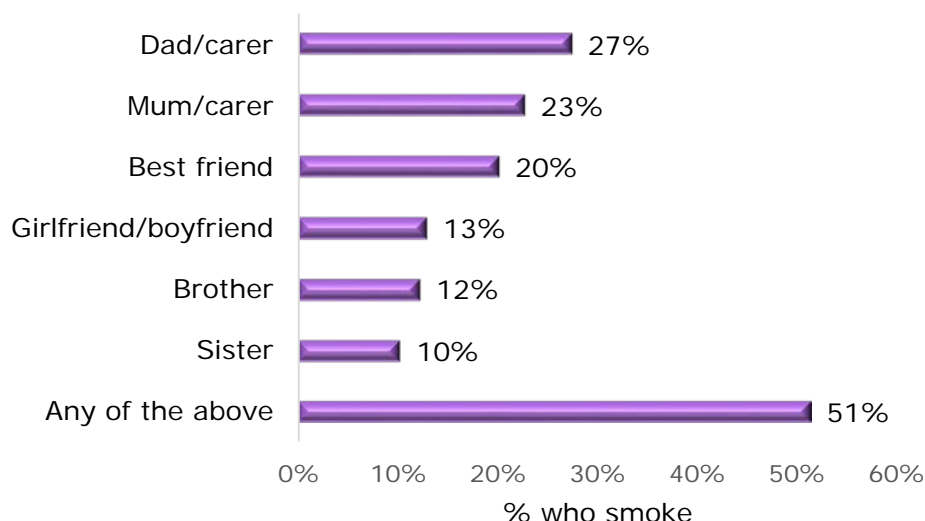
A ban on smoking in cars where anyone under the age of 18 was present was introduced in Scotland in 2016.

Others who smoke

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

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

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



Exposure to smoke at home

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

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

Among those who said someone smoked in their home:

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

Exposure to smoke in cars

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

Exposure to smoke indoors

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

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

Gender

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

Stage

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

Context and National Data

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

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

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

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

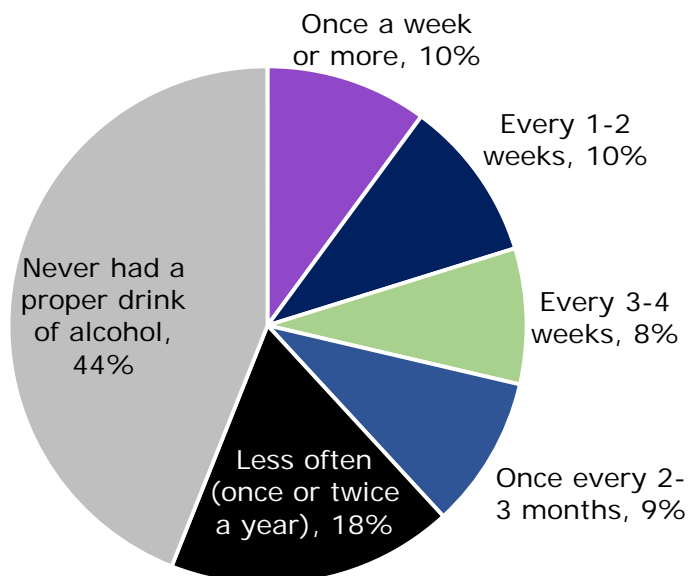
Data from the National Records of Scotland show that there were 1,136 alcohol-specific deaths in Scotland. Information Services Division (ISD) statistics show that there were 35,499 alcohol-related hospital admissions in Scotland in 2017/18. This represented a 2.5% decrease on the admissions per population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

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

**Key statistic:
56% drank
alcohol**

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

Figure 6.6: Frequency Drink Alcohol



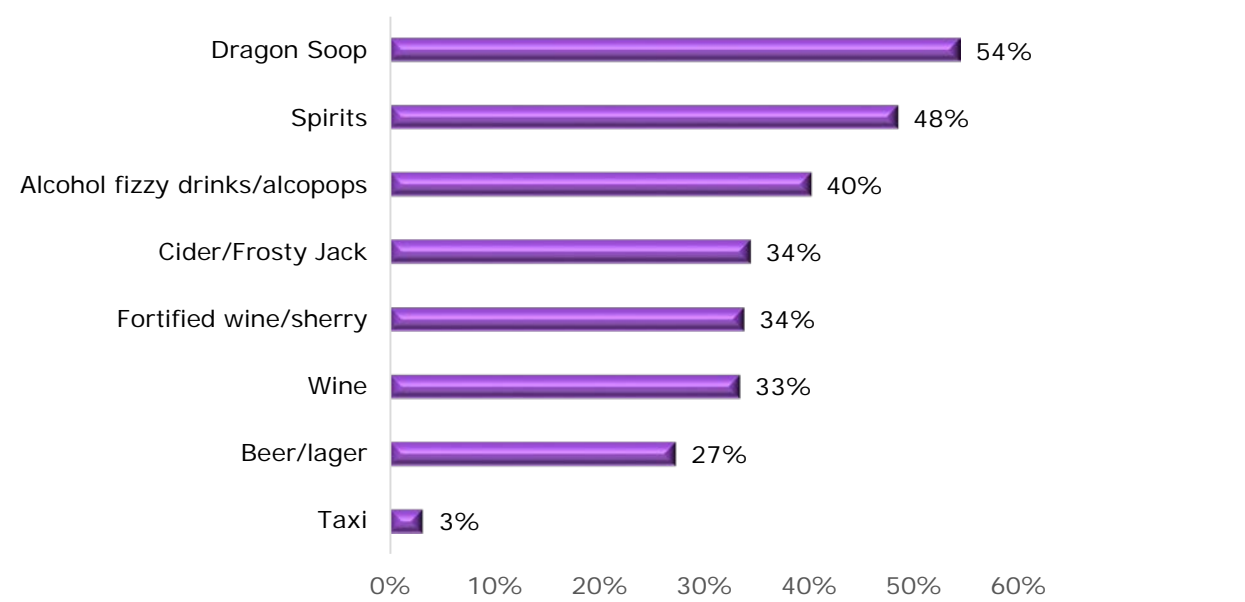
Note to Reader:

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

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

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

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

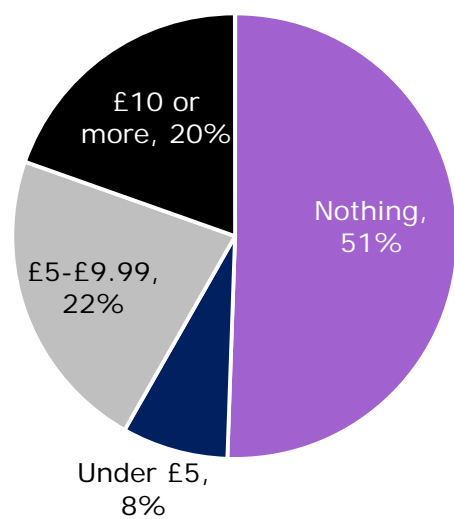


Key statistic:
20% of
drinkers got
drunk at
least weekly

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

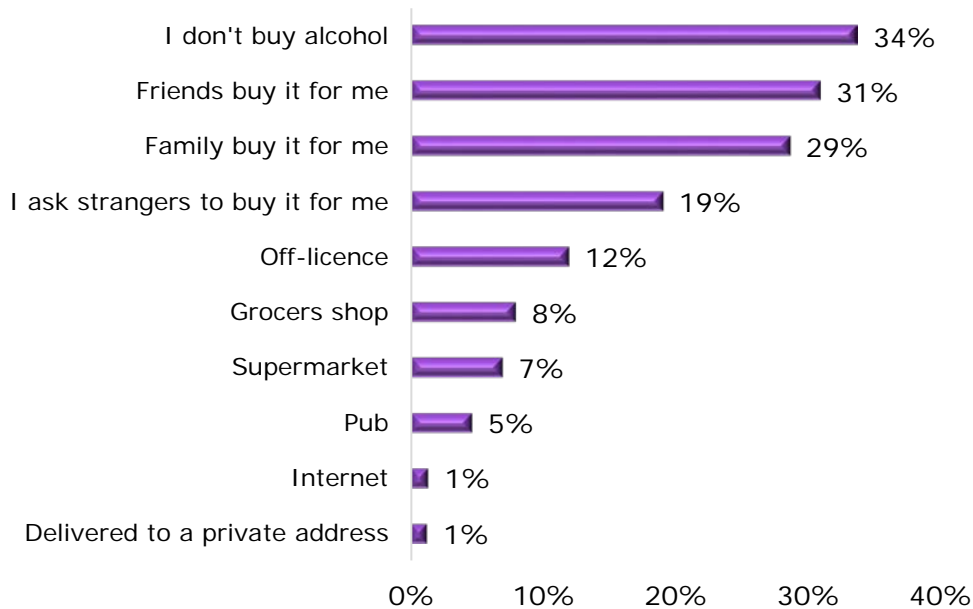
Those who ever drank alcohol were asked how much they usually spend on alcohol per week. Half (51%) said they spent nothing on alcohol. One in five (20%) spent £10 or more per week on alcohol. Responses are shown in Figure 6.8.

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



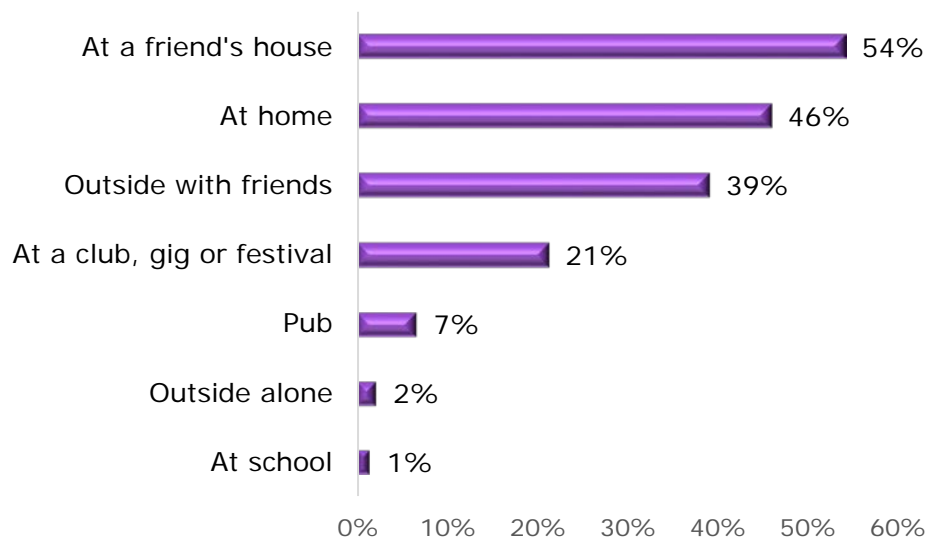
Pupils who ever drank alcohol were asked where they buy alcohol. Responses are shown in Figure 6.9. One in three (34%) said they did not buy alcohol. The most common means of buying alcohol was friends buying it for them (31% pupils).

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



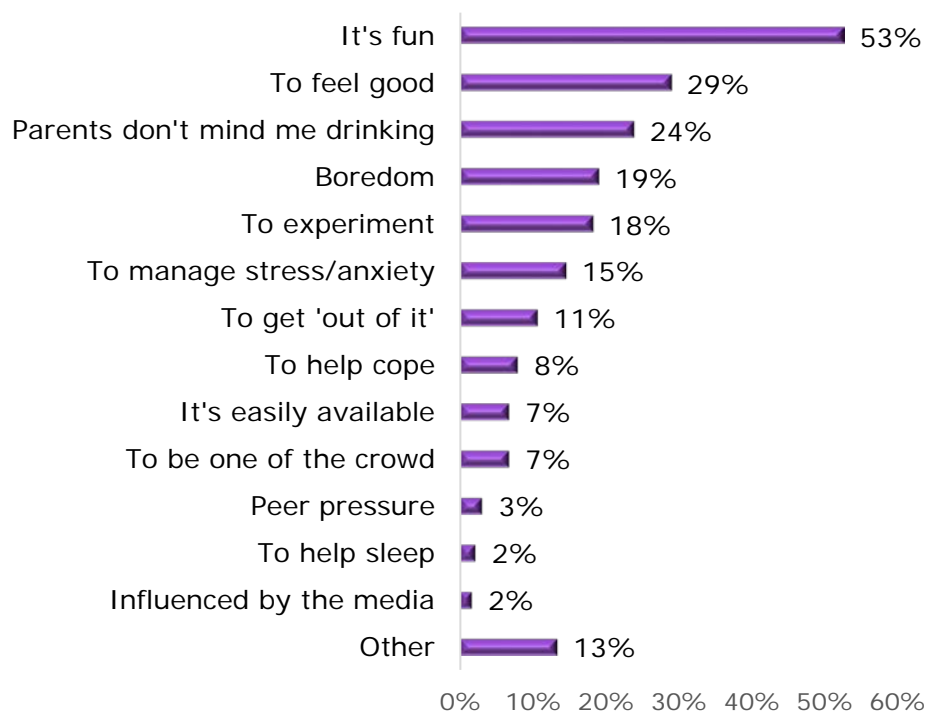
Those who ever drank were asked where they usually drink alcohol. Responses are shown in Figure 6.10. The most common places to drink alcohol were at a friend's house (54%) and at home (46%).

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



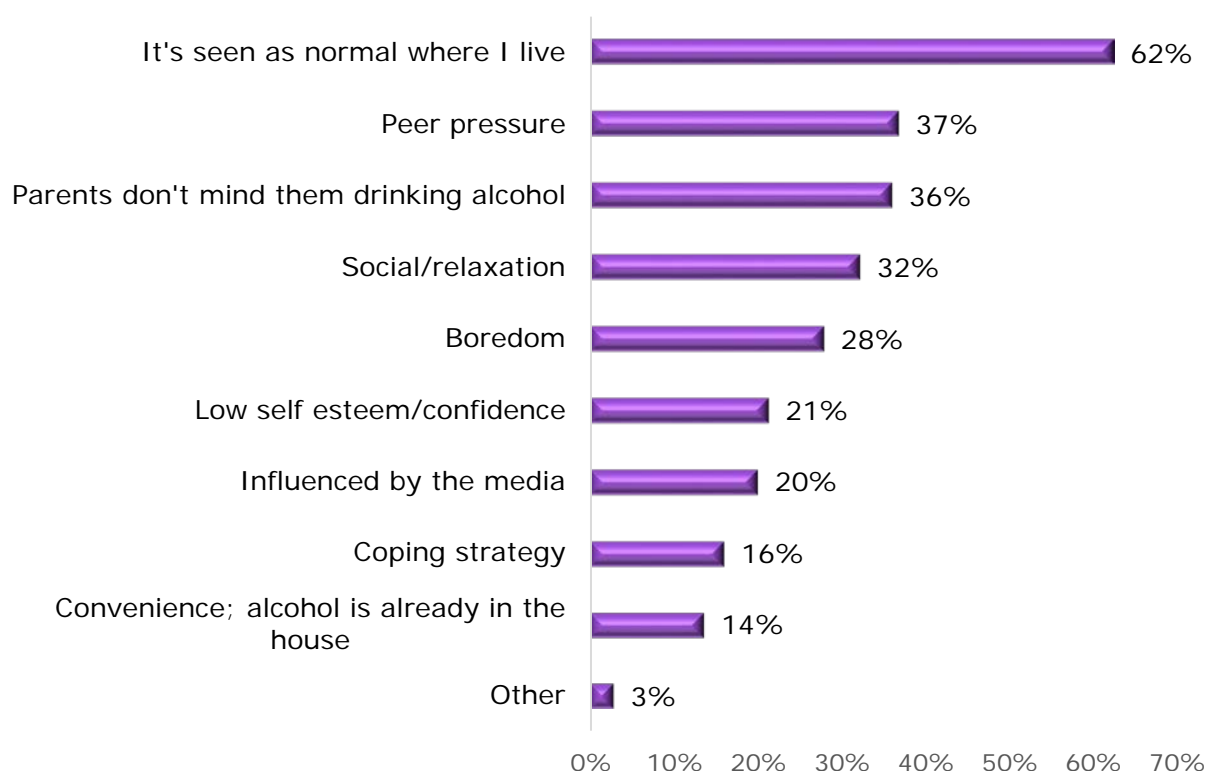
Those who drank alcohol were asked why they drank, with a list of options. The most common reason was 'it's fun', as shown in Figure 6.11.

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



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

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



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

Trends for Getting Drunk

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

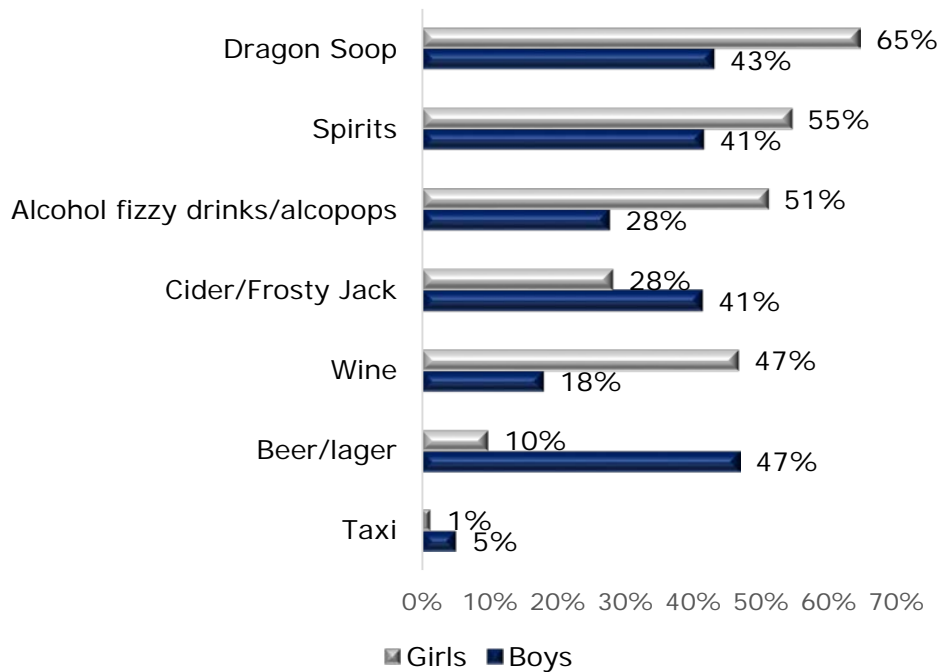
Table 6.2: Trends for Getting Drink Once Per Week or More (of those who ever drink alcohol)

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

Gender

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

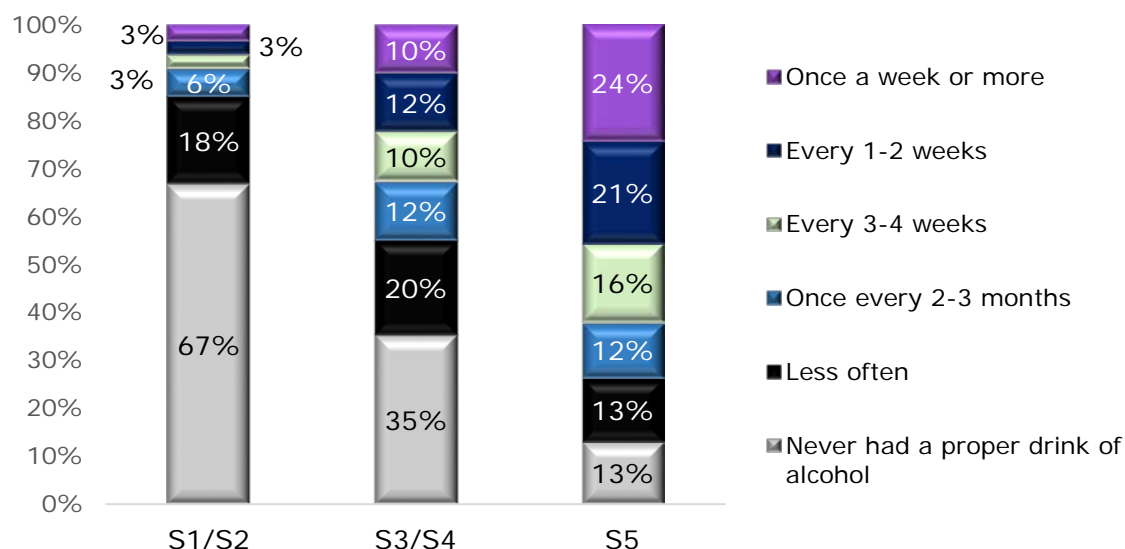
Figure 6.13: Types of Drink Consumed by Gender (all those who ever drank alcohol – all drinks showing a significant difference by gender)



Stage

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

Figure 6.14: Frequency Drink Alcohol by Stage



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

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

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

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

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

6.5 Drugs

Context and National Data

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

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

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

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

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

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

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

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

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

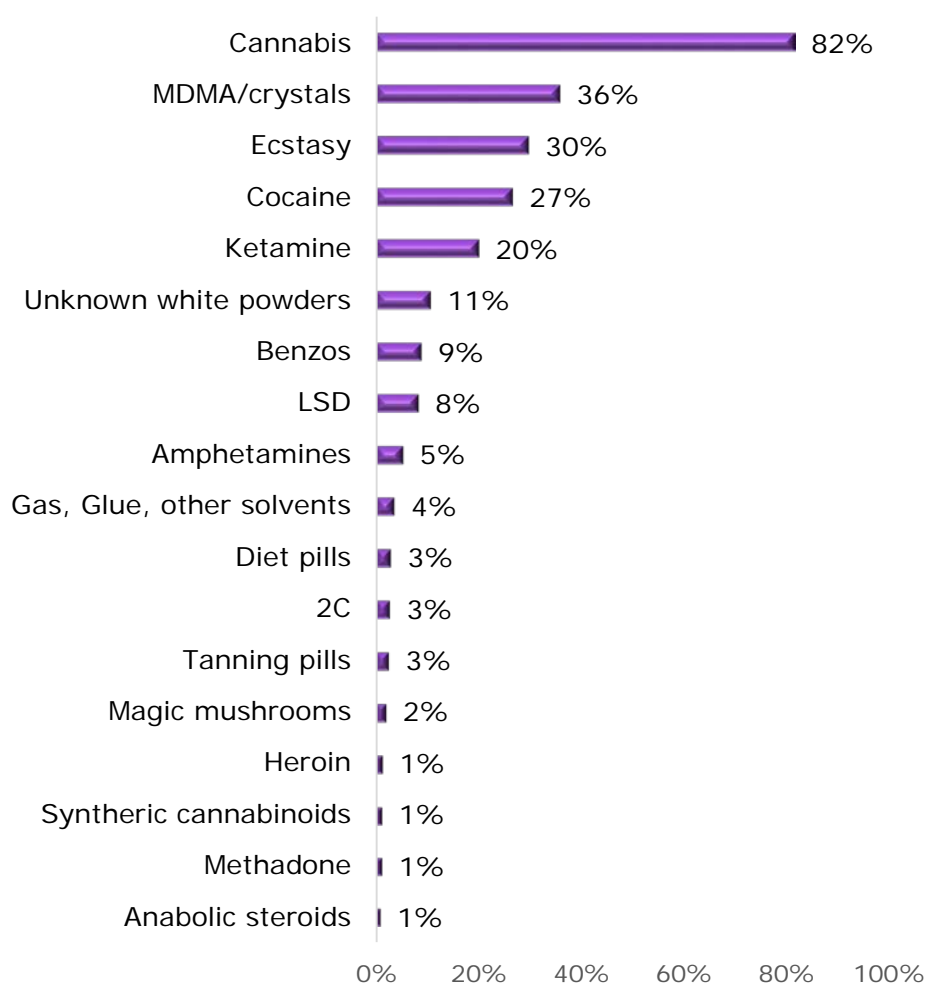
Those who had used drugs were also asked where they used them on the last occasion. Responses were:

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

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

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

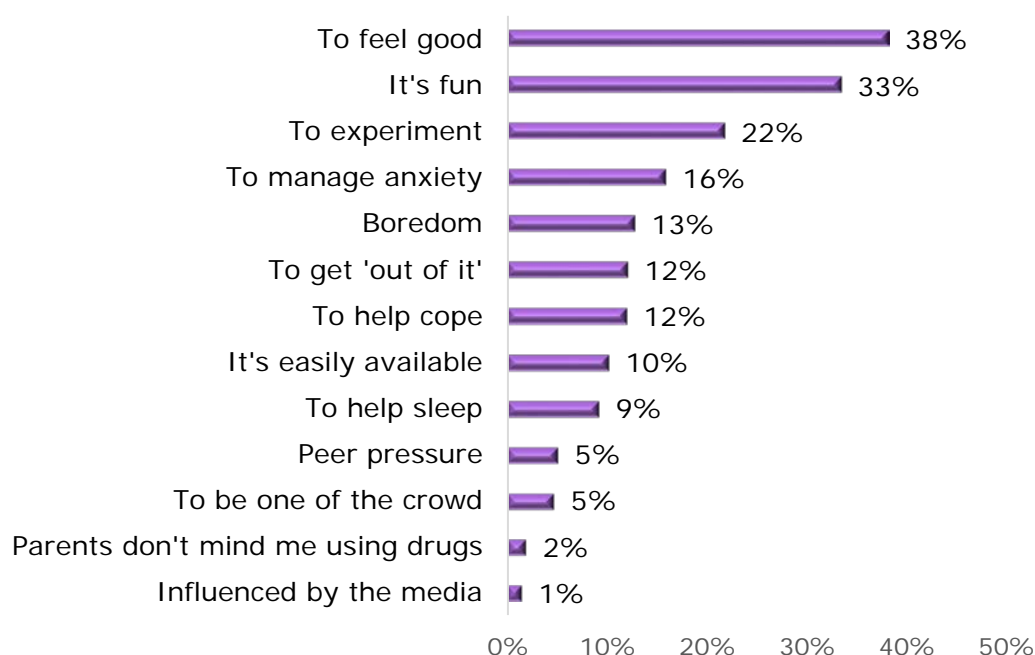
Figure 6.15: Drugs Used in the Last Year (of those who had ever taken drugs)



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

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

Figure 6.16: Reasons for Using Drugs



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

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

Trends for Drug Use

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

Table 6.3: Trends for Drug Use (ever)

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

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

Gender

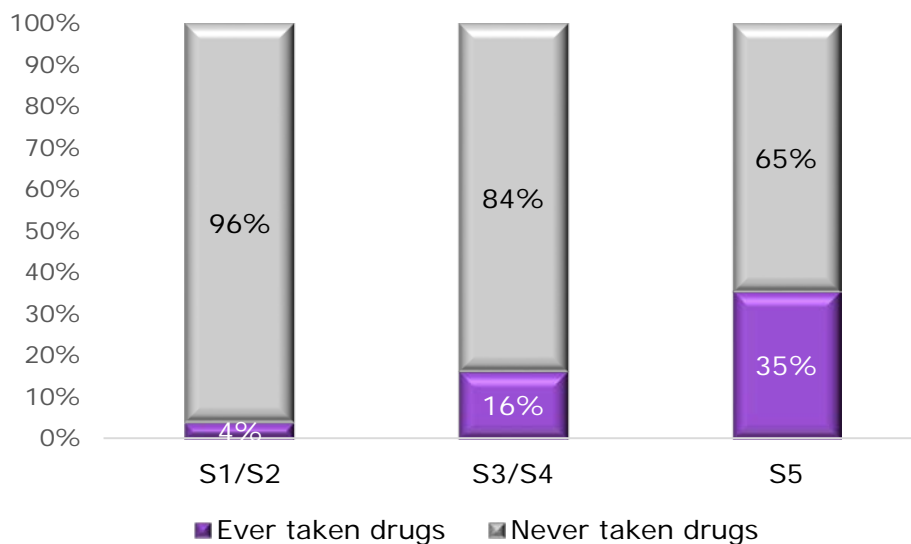
Among those who had taken drugs, girls were more likely than boys to say they had taken drugs at a friend's house (55% girls; 38% boys). Girls who had used drugs were also more likely than boys to say they the last time they had used them they did so with alcohol (71% girls; 49% boys).

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

Stage

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

Figure 6.17: Whether Ever Taken Illegal Drugs by Stage



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

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

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

CHAPTER SUMMARY

Key statistics

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

Trends

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

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

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

Key differences by stage

S5 pupils were the most likely to:

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

Sexual Health and Relationships



Sexual Orientation

8%

identified as
Lebian, Gay or
Bisexual



10%
girls

5%
boys

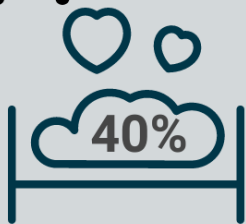
Boyfriends/girlfriends



25%
had a
boyfriend or
girlfriend



Sexual Activity



40%

S3-S5 pupils
had engaged in
sexual activity

51%
S5

34%
S3/4



always used
contraception or
condoms when
sexually active

Being sexually
active associated
with:



smoking



alcohol



drugs



risk/antisocial
behaviours

7.1 Sexual Orientation

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

Gender

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

7.2 Sexual Health and Relationships Education

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

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

7.3 Relationships with Boyfriends/Girlfriends and Sexual Activity

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

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

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

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

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

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

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

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

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

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

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

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

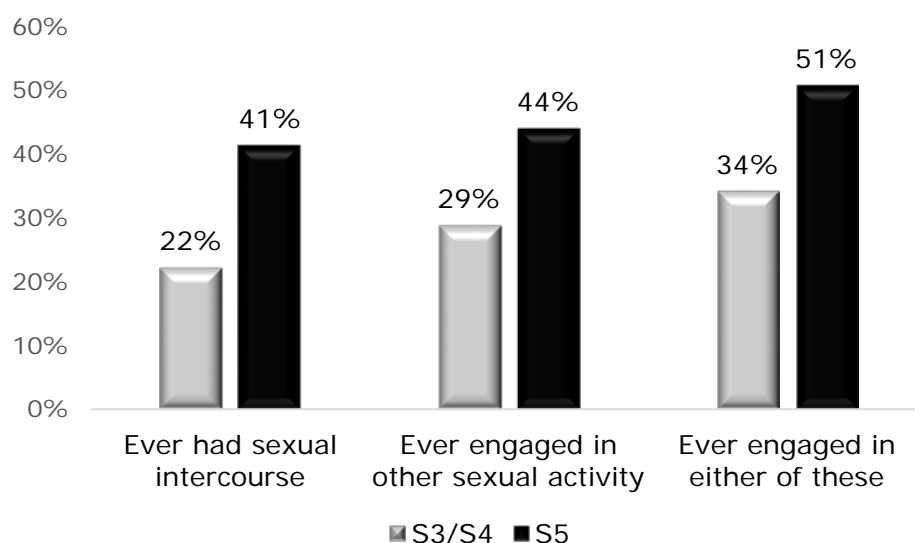
Gender

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

Stage

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

Figure 7.1: Whether Engaged in Sexual Activity by Stage



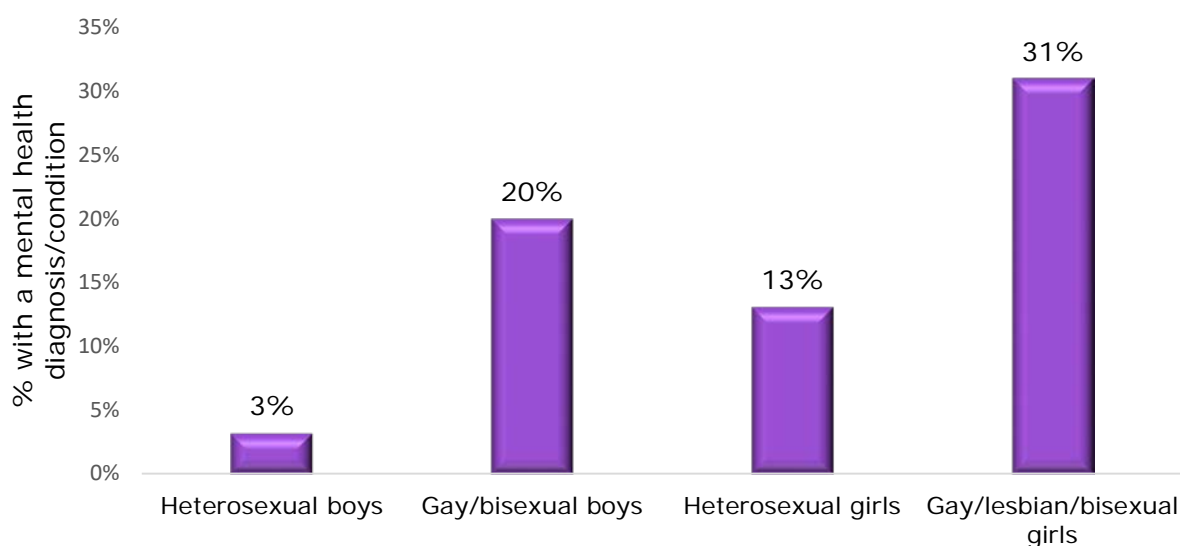
Among those who were sexually active, those in S5 were much more likely than those in S3/S4 to always use contraception (41% S5; 15% S3/S4) or say they always use either contraception or condoms (53% S5; 30% S3/S4).

7.4 Sexual Health - Exploring Further

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

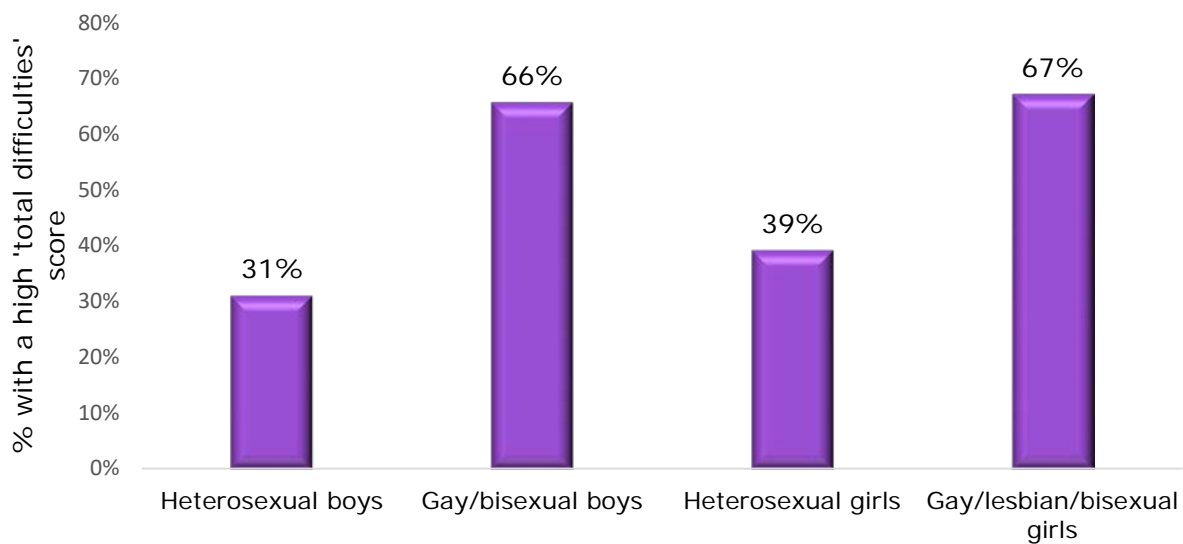
There is a very striking disparity for mental health among bisexual, lesbian or gay pupils compared to heterosexual pupils. LGB girls were nearly three times as likely as heterosexual girls to have a mental health condition. Gay and bisexual boys were nearly seven times as likely as heterosexual boys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

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



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

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



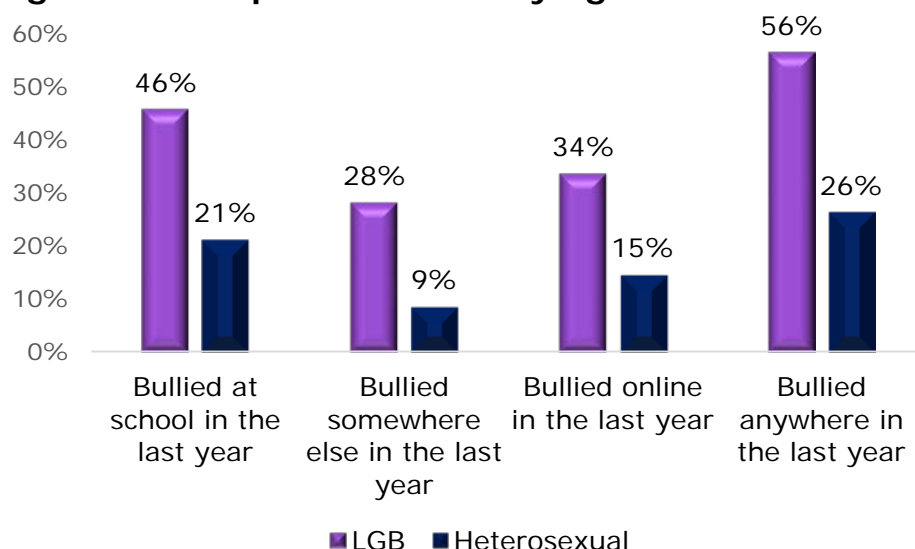
Are young people who report being attracted to the same sex more or less likely to have someone to talk to?

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

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

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

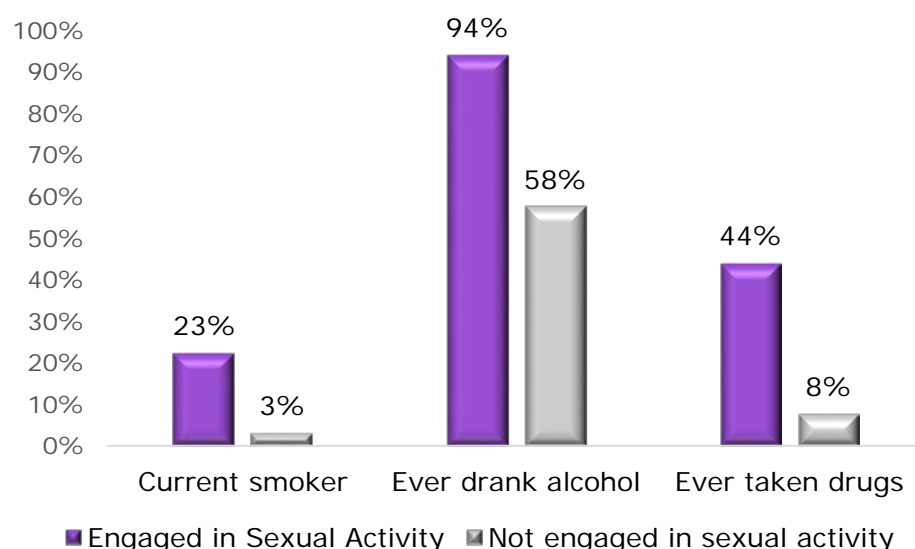
Figure 7.4: Experience of Bullying in the Last Year by Sexual Identity



What are the links between sexual activity and risk behaviours?

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

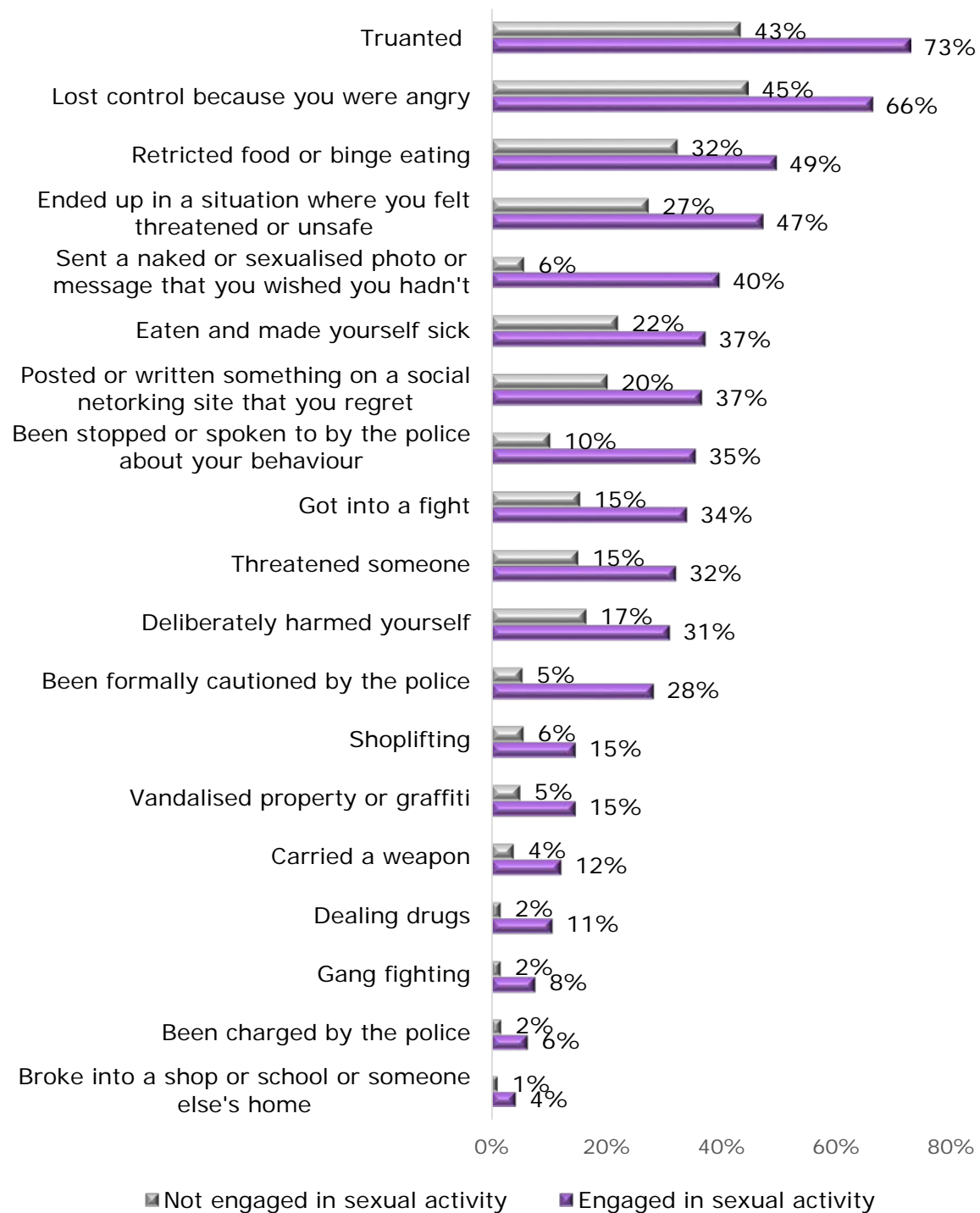
Figure 7.5: Smoking, Drinking and Drug Use by Whether Ever Engaged in Sexual Activity



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

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

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



CHAPTER SUMMARY

Key statistics

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

Key differences by gender

Girls were more likely than boys to identify as LGB.

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

Key differences by stage

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

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

Screen Time

Internet Access



99%

Had access to the internet at home

Time on devices



Spent 7+ hours on electronic devices on school days

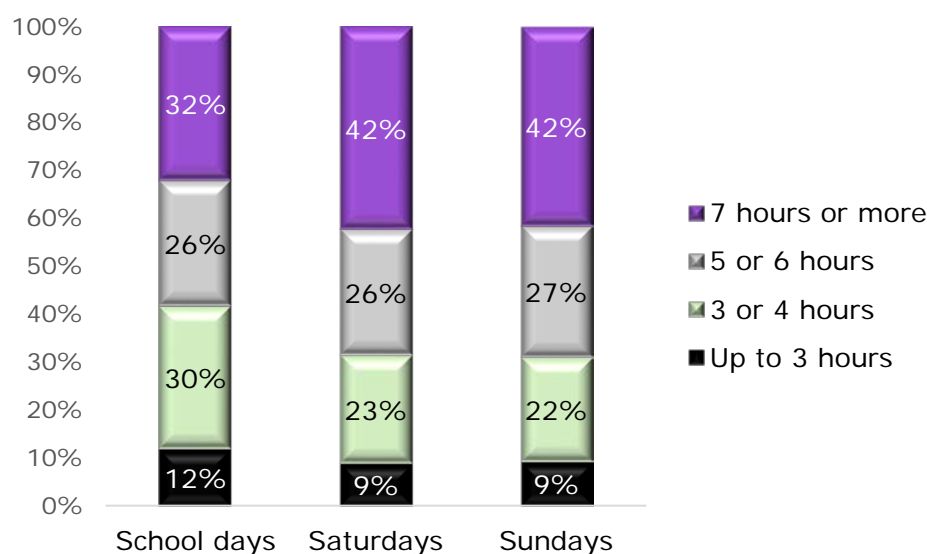
8.1 Internet Access

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

8.2 Use of Electronic Devices

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

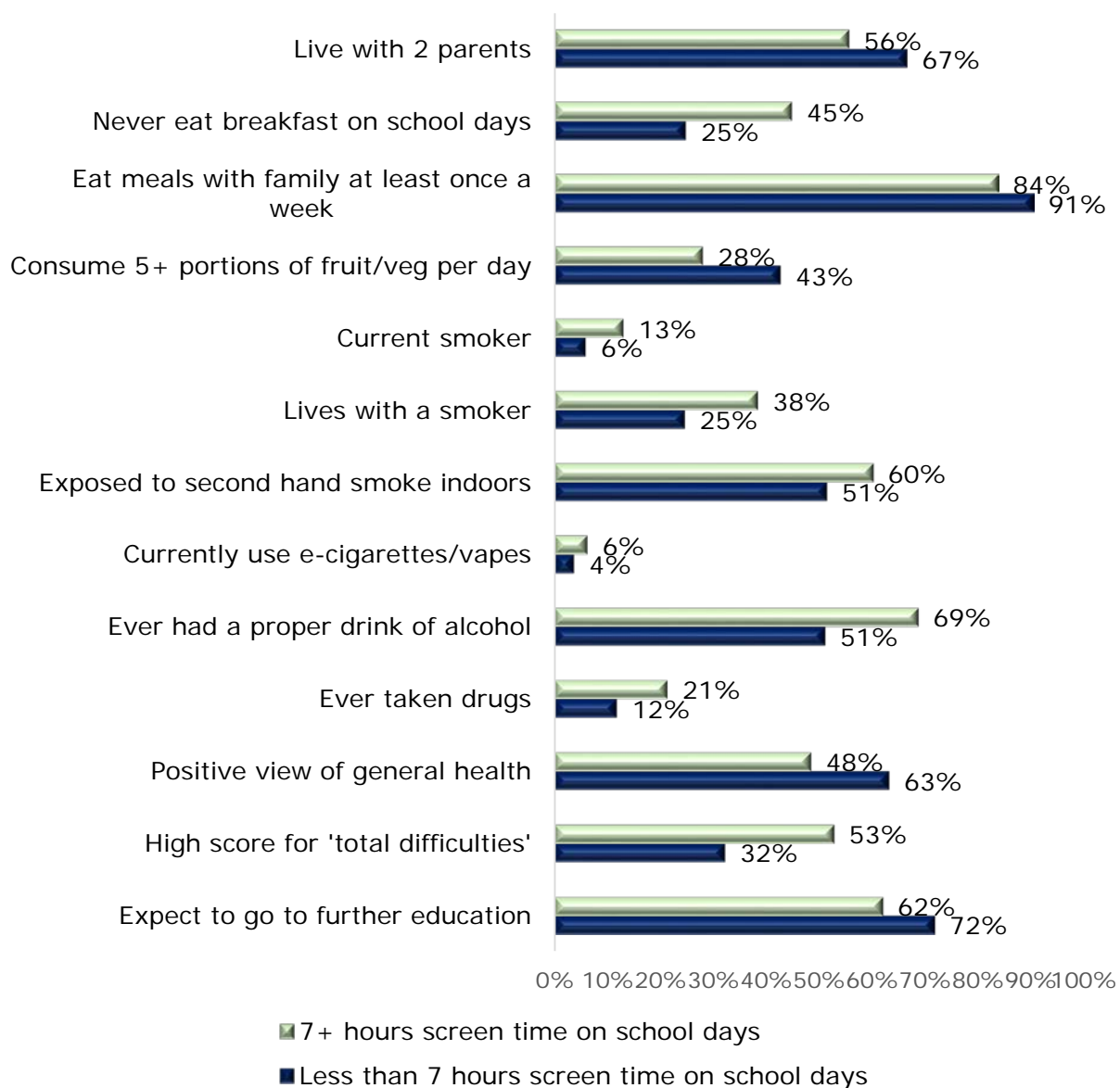
Figure 8.1: Time Spent Using Electronic Devices on School Days and Weekends



8.3 Screen Time - Exploring Further

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

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



CHAPTER SUMMARY

Key statistics

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

Risk Clustering and Positive Behaviours

Risk/antisocial behaviours



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

Most common:



Lost control when angry
54%



Truanted
46%



Restricted food or binge eating
34%

Risk Clustering

High levels of multiple risk behaviours associated with:



Being bullied and being a bully



High level of screen time



Less sleep



Being a carer



Having ADHD or dyslexia



Not expecting to go to further education

Positive Behaviours



75%

Reported having engaged in at least one of 8 positive behaviours

Most common:



Sports clubs
42%



Voluntary work
28%

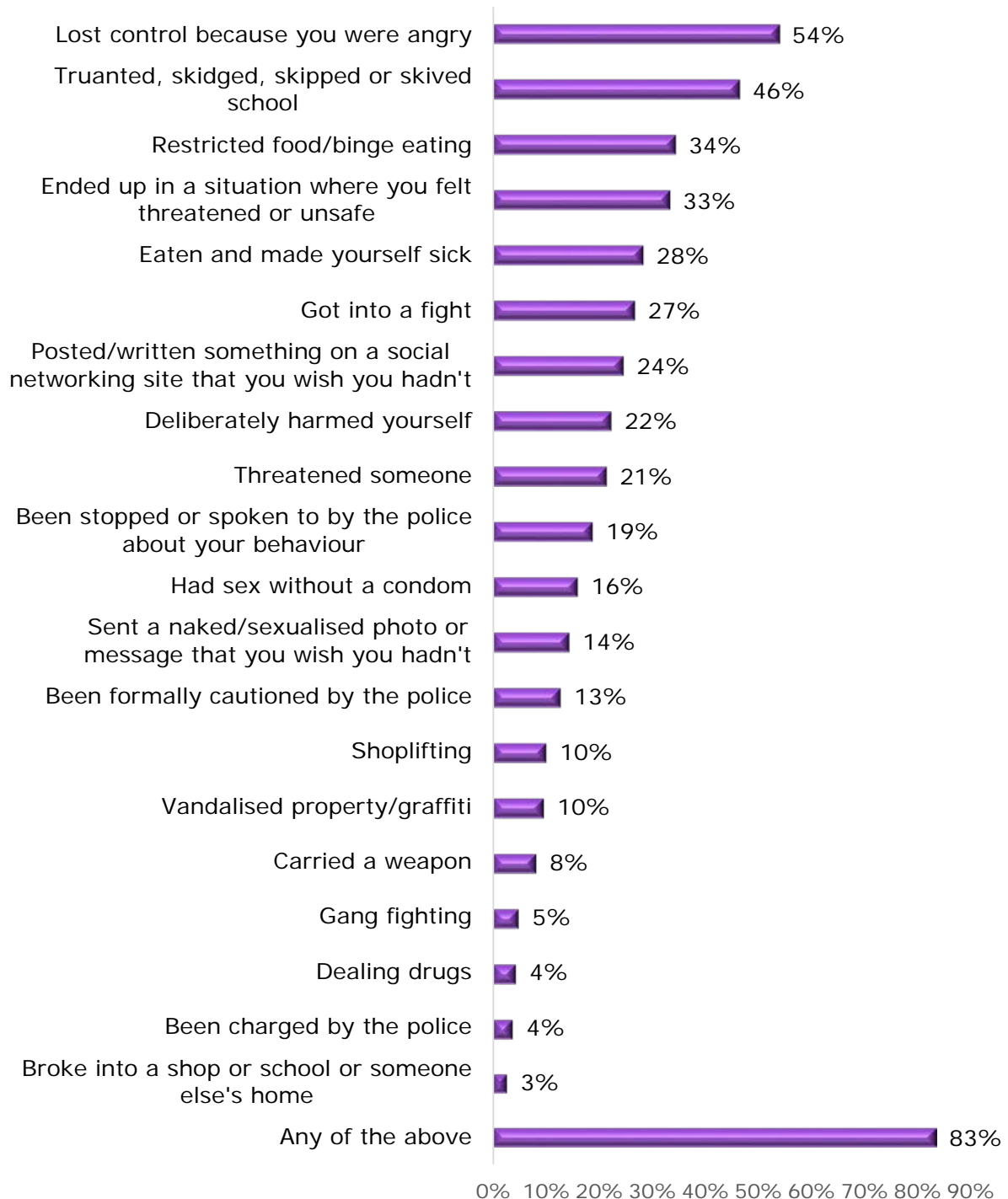


Charity event
26%

9.1 Anti Social and Risk Behaviours

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

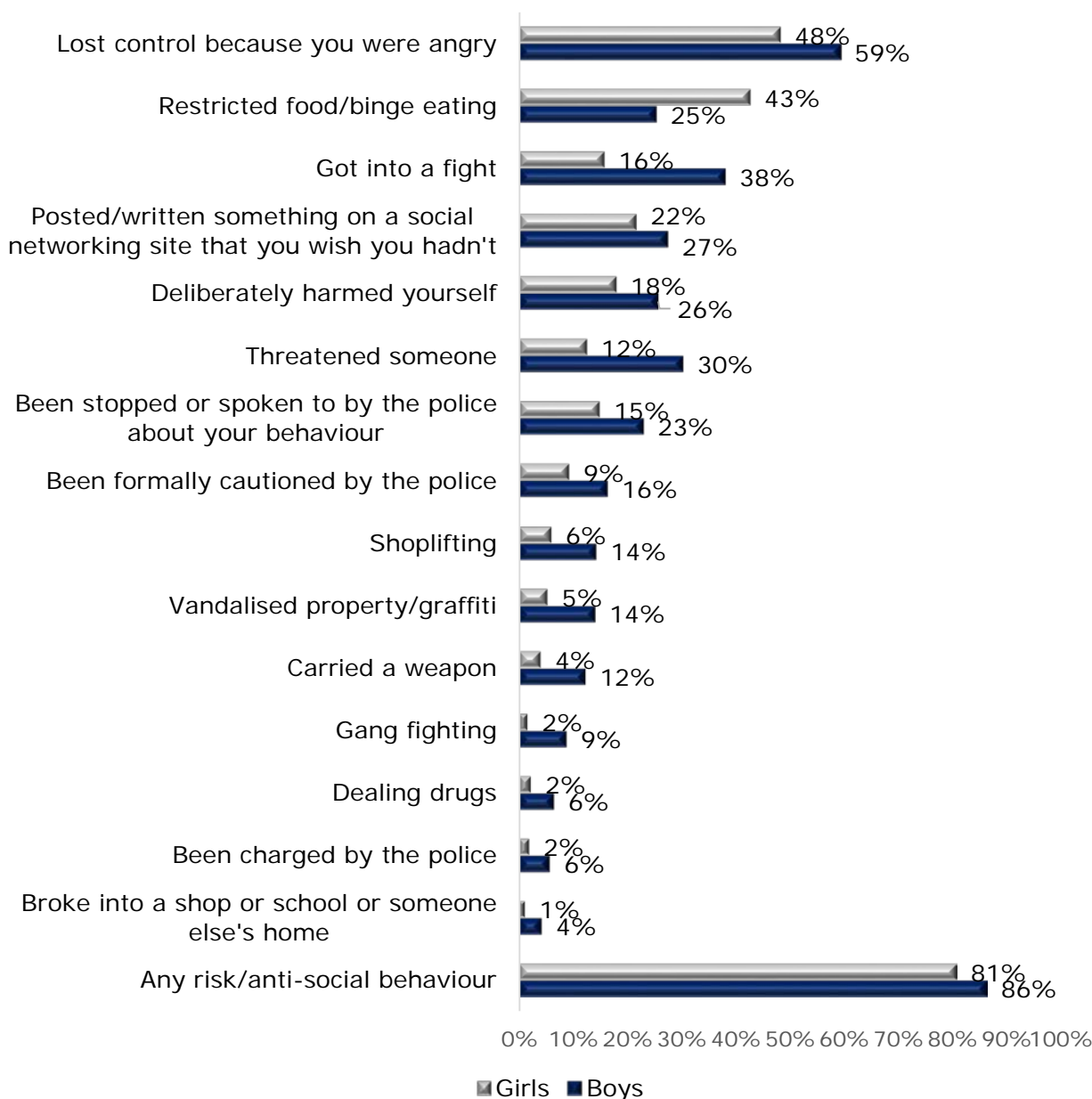
Figure 9.1: Proportion of Pupils Who Engaged in Specific Antisocial or Risk Behaviours in the Last Year



Gender

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

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

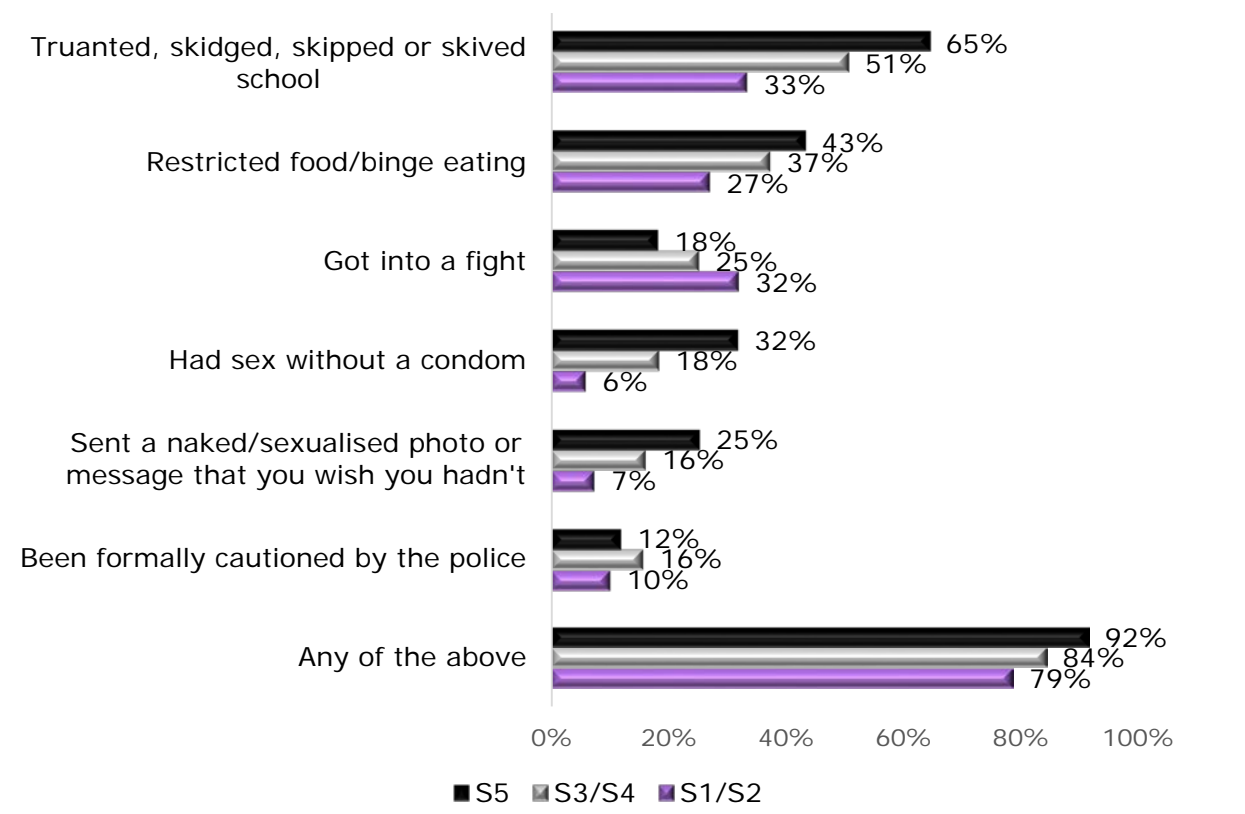


Stage

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

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

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



9.2 Multiple Risk

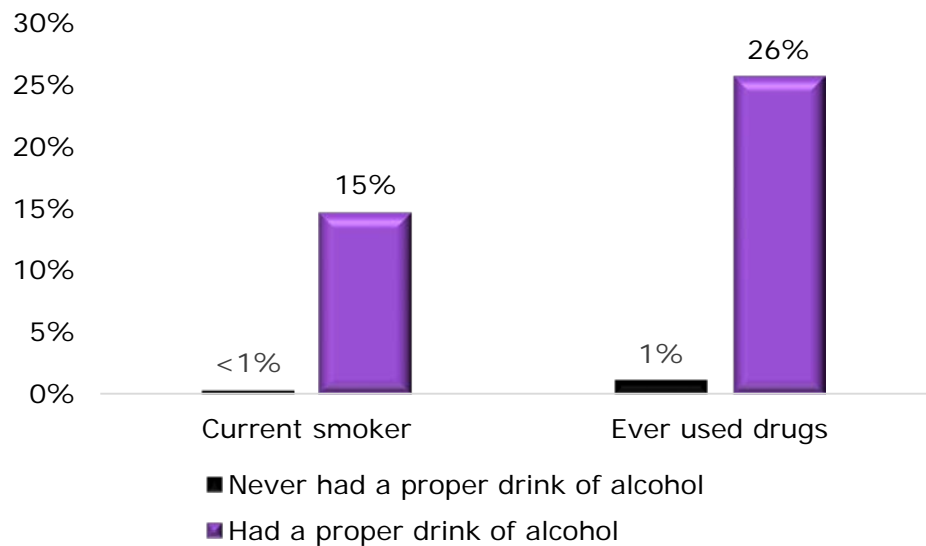
Smoking, Alcohol and Drugs

As shown in Chapter 6:

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

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

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



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

9.3 Development of a Risk Index

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

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

Table 9.1: Scores Used to Calculate Risk Index

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

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

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

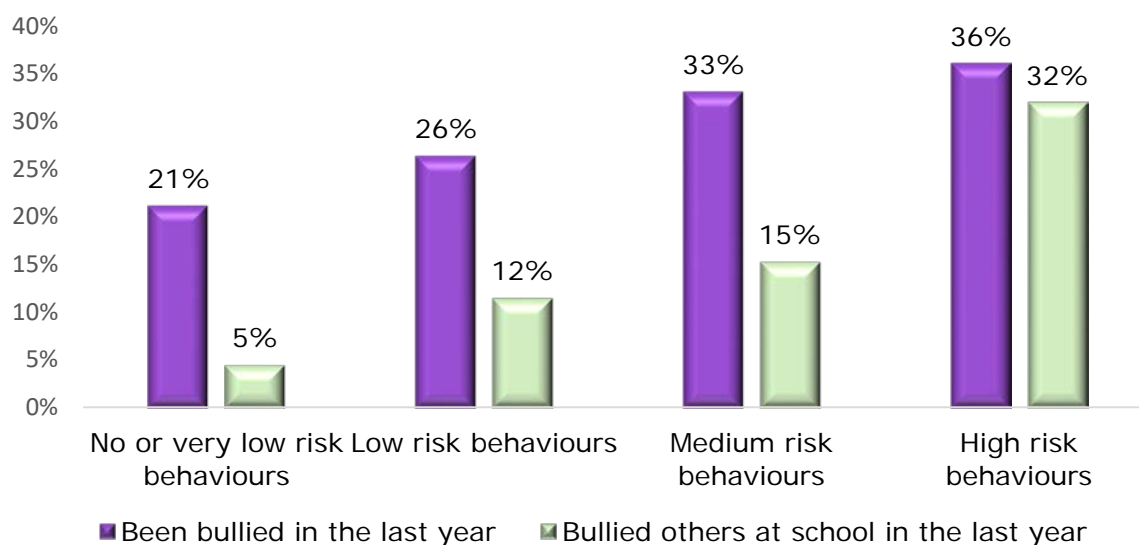
- No or very low risk behaviours (score of 0-2) - 24% of pupils
- Low risk behaviours (score of 3-7) - 24% of pupils
- Moderate risk behaviours (score of 8-19) - 29% of pupils
- High risk behaviours (score of 20+) - 23% of pupils.

9.4 Key Indicators by Risk Index

Bullying

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

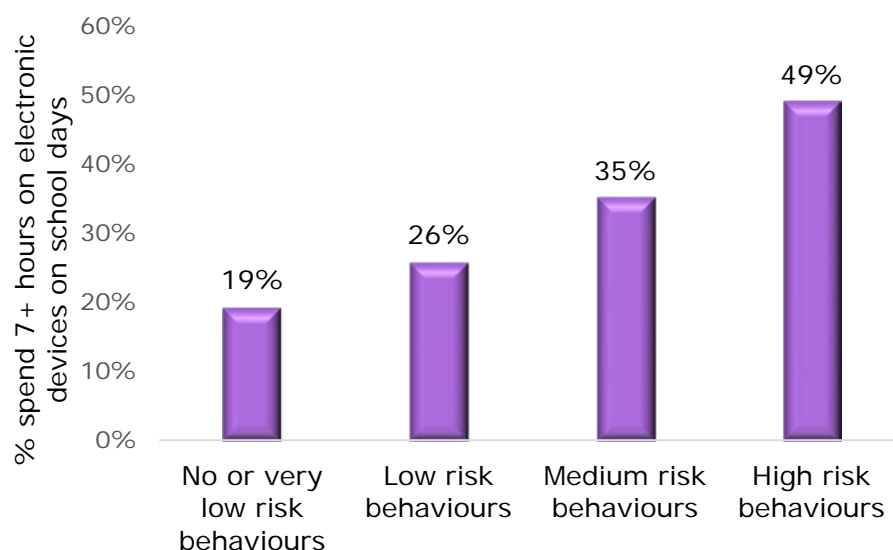
Figure 9.5: Been Bullied and Bullied Others by Risk Index



Screen Time

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

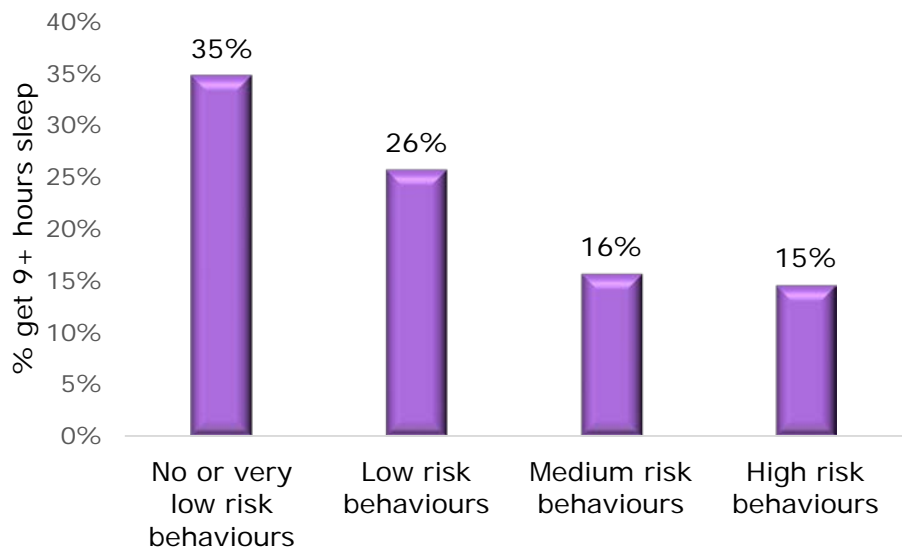
Figure 9.6: Proportion who Spend 7+ Hours on Electronic Devices on a School Day by Risk Index



Sleep

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

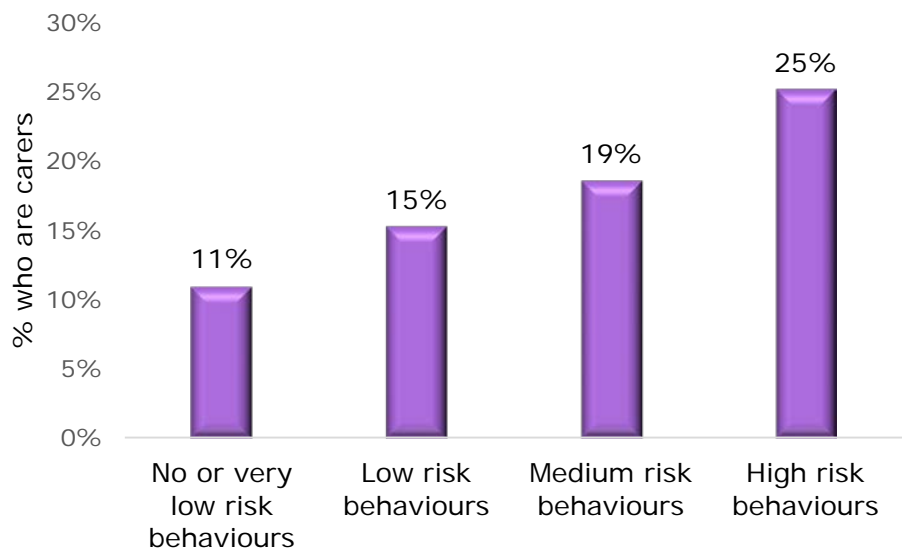
Figure 9.7: Proportion who Get 9+ Hours of Sleep Per Night by Risk Index



Carers

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

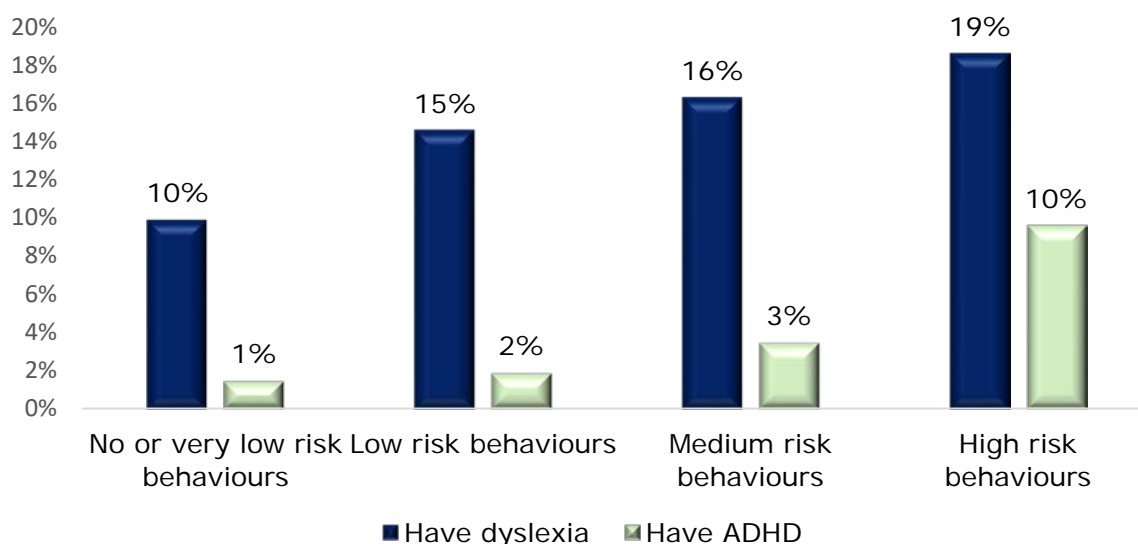
Figure 9.8: Proportion who are Carers by Risk Index



Learning/Behaviour Difficulties

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

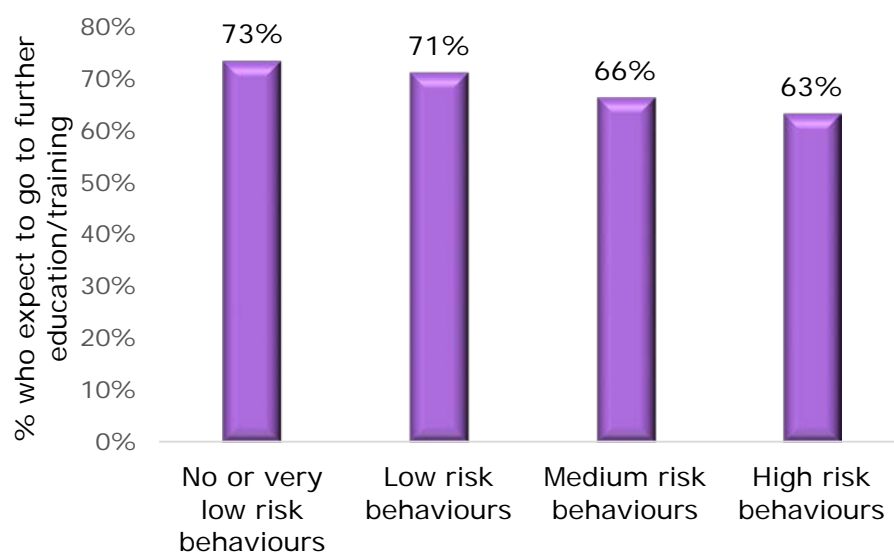
Figure 9.9: Proportion with Dyslexia and ADHD by Risk Index



Future Expectations

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

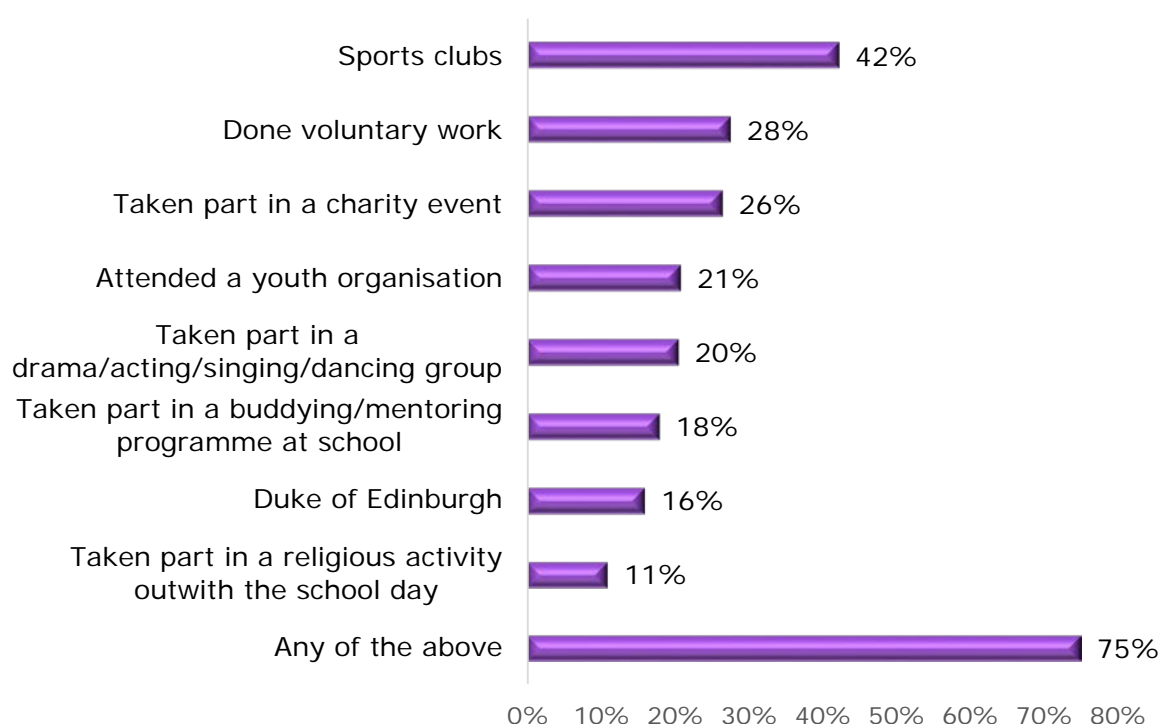
Figure 9.10: Proportion who Expect to Go to Further Education/Training by Risk Index



9.5 Positive Behaviours

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

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



Gender

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

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

Stage

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

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

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

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

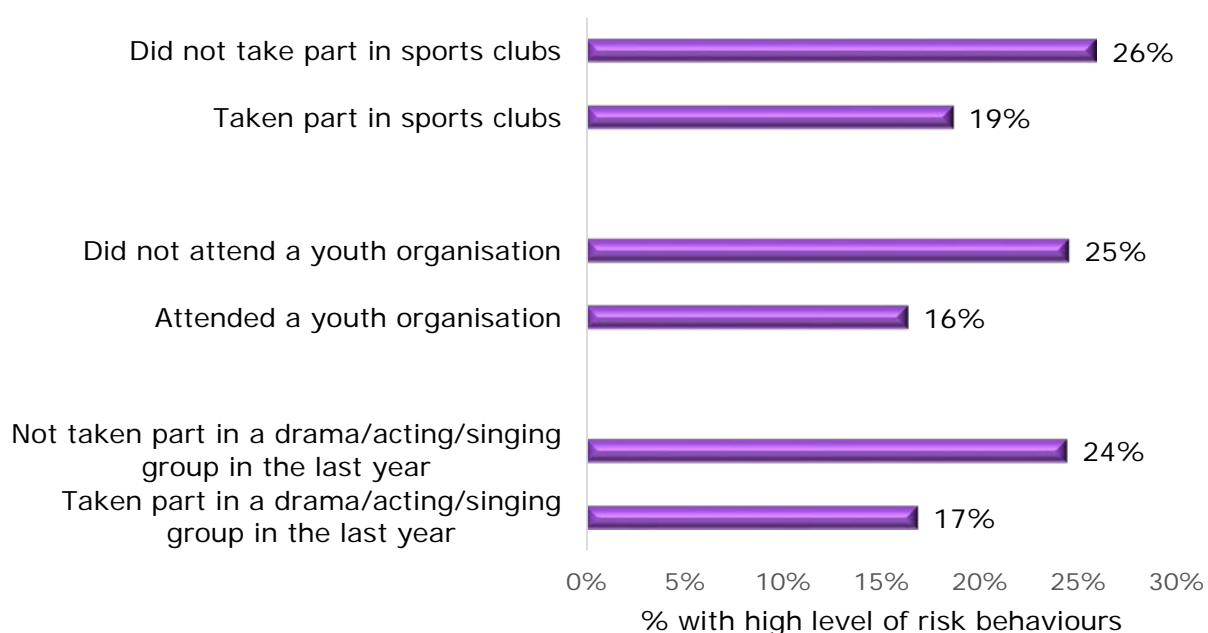
S3/S4 pupils were the most likely to have taken part in Duke of Edinburgh (27%; S3/S4; 22% S5; 2% S1/S2).

9.6 Positive Behaviours: Exploring Further

Is engagement with positive behaviours associated with fewer risk behaviours?

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

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



CHAPTER SUMMARY

Key statistics

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

Key differences by gender

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

Key differences by stage

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

Services for Young People

Health Services



93%

Had used at least one listed health service

Most common:



Hospital
78%

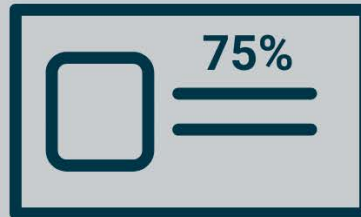


GP/Health
Centre
77%



Pharmacy
66%

Young Scot Card



Had a Young Scot Card



Increase from
19% in 2013

Community Facilities

Proportion who had used each facility in the last year:



Parks
79%



Sports centre
61%



Library
39%



Museums
38%



Community
centre
29%

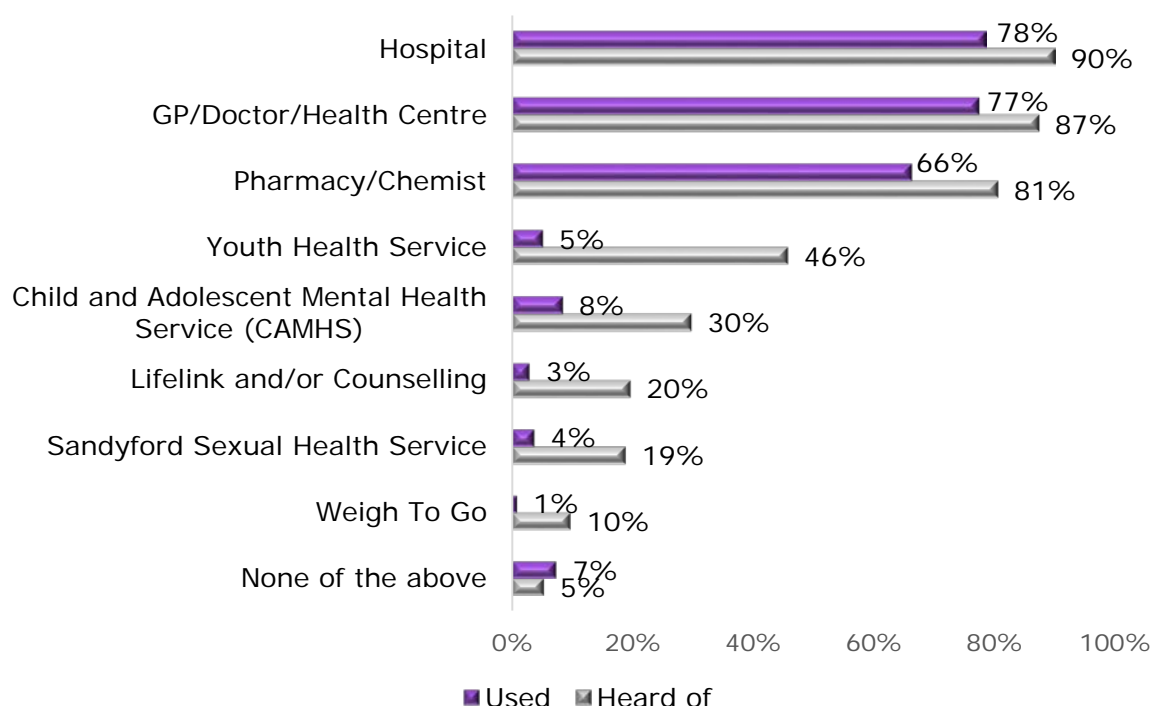


Youth club
18%

10.1 Awareness and use of Health Services

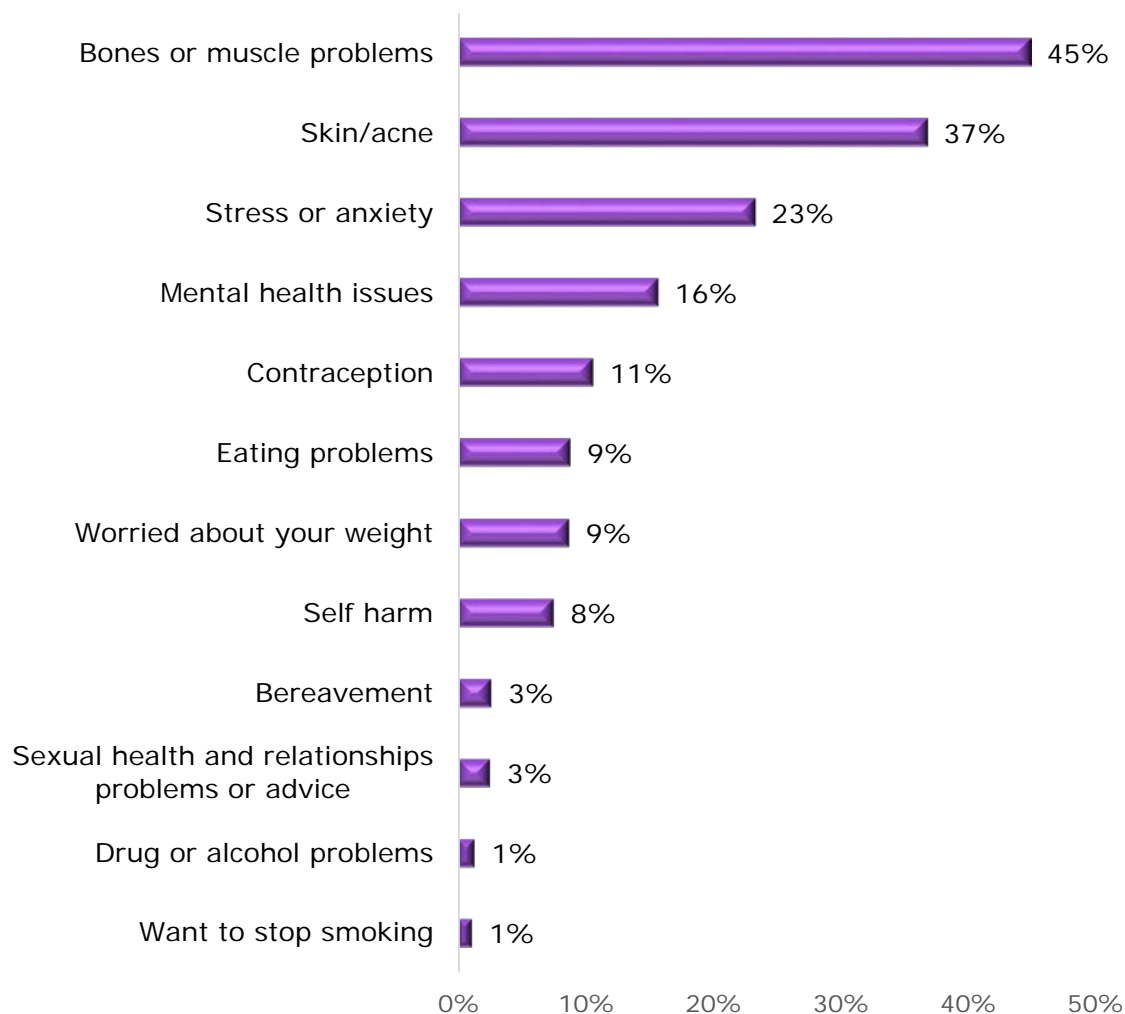
Pupils were asked which health services they were aware of and which they were used. Awareness and use were highest for hospitals, GP/health centres and pharmacies. All responses are shown in Figure 10.1.

Figure 10.1: Awareness and Use of Health Services



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

Figure 10.2: Reasons for Using Health Services



Gender

Girls were more likely than boys to be aware of:

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

Girls were also more likely than boys to have used:

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

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

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

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

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

Stage

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

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

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

S5 pupils were the most likely to have used:

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

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

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

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

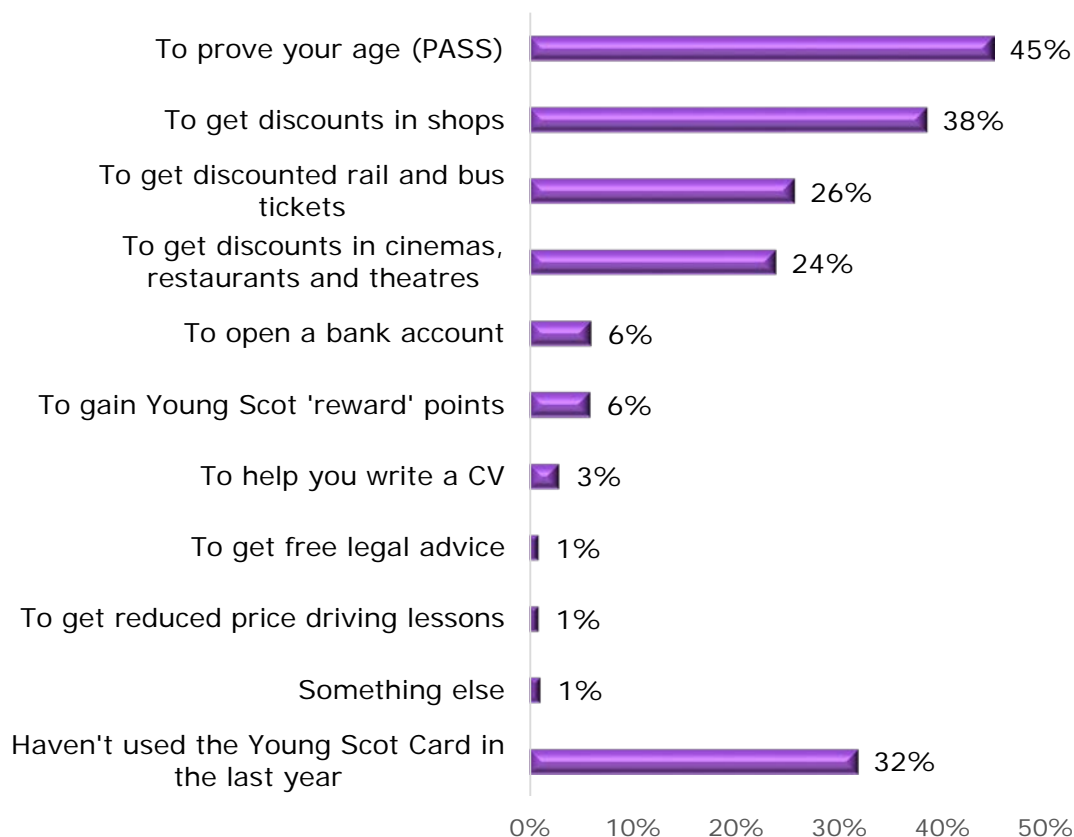
10.2 Young Scot Card

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

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

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

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



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

Trends for Young Scot Cards

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

Table 10.1: Trends for Holding a Young Scot Card

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

Gender

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

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

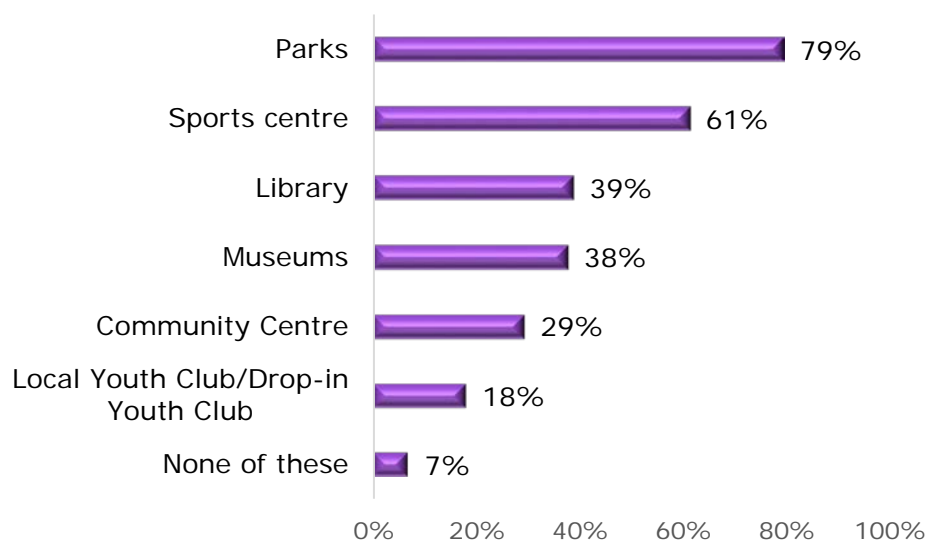
Boys were more likely than girls to say they had not used their Young Scot Card in the last year (40% boys; 25% girls).

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

10.3 Culture and Leisure Facilities

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

Figure 10.4: Facilities Used in Last Year



Trends for Use of Culture and Leisure Services

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

Table 10.2: Trends for Use of Culture and Leisure Services

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

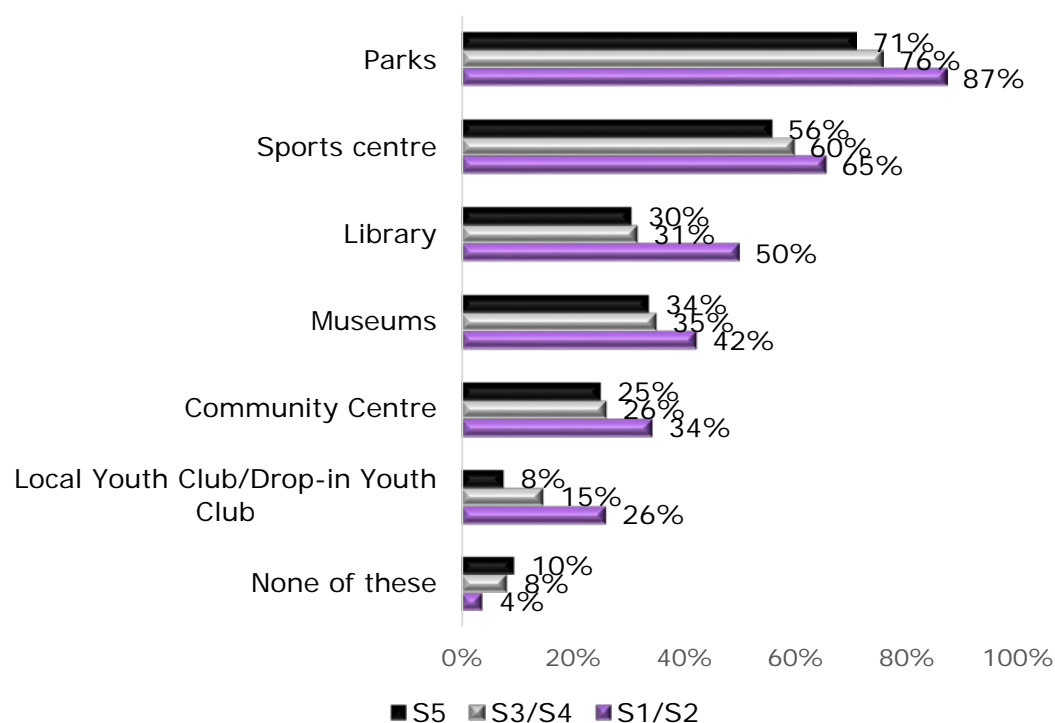
Gender

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

Stage

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

Figure 10.5: Facilities Used in the Last Year by Stage



CHAPTER SUMMARY

Key statistics

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

Trends

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

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

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

Key differences by gender

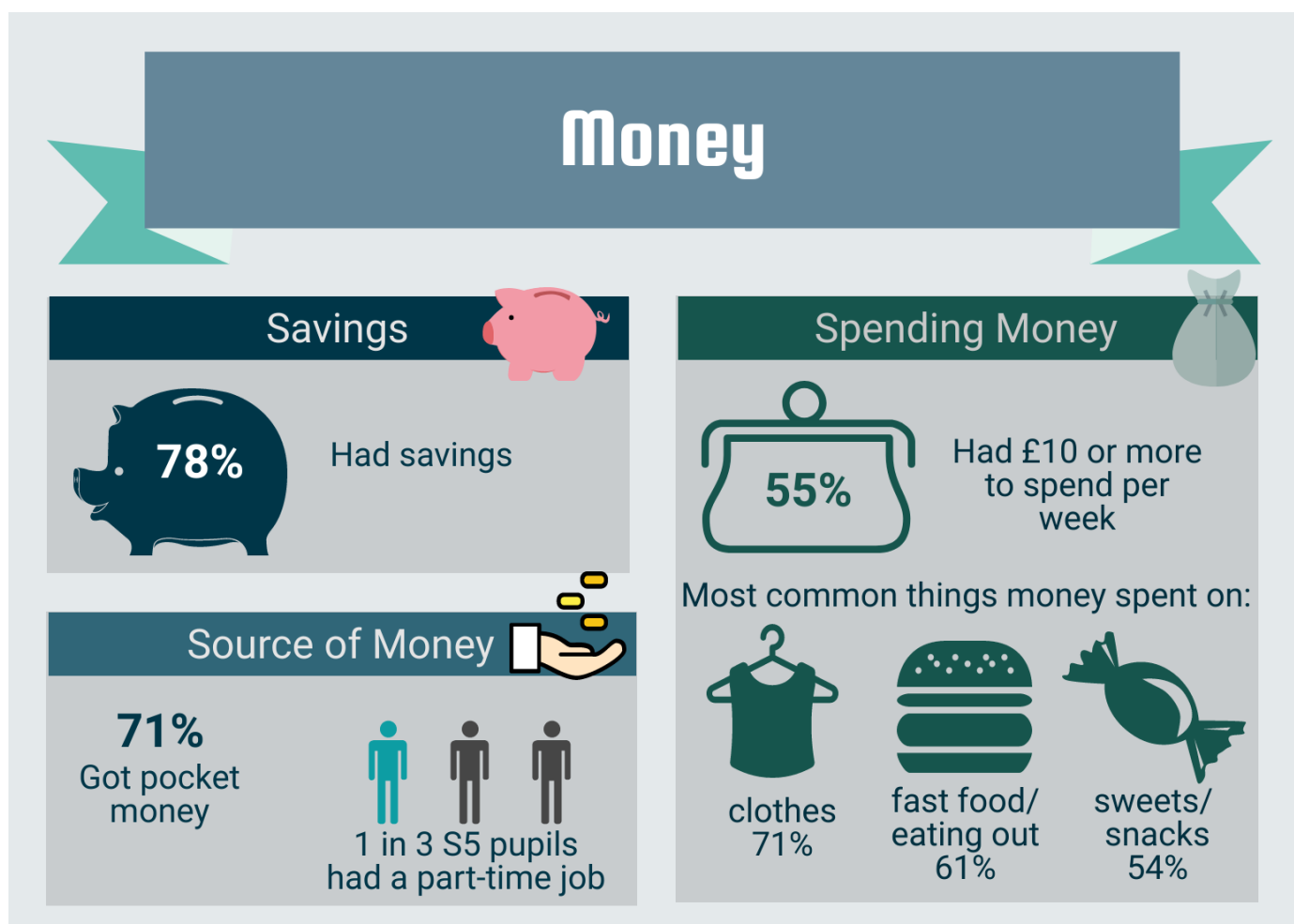
Girls were more likely than boys to have a Young Scot card.

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

Key differences by stage

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

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



11.1 Money

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

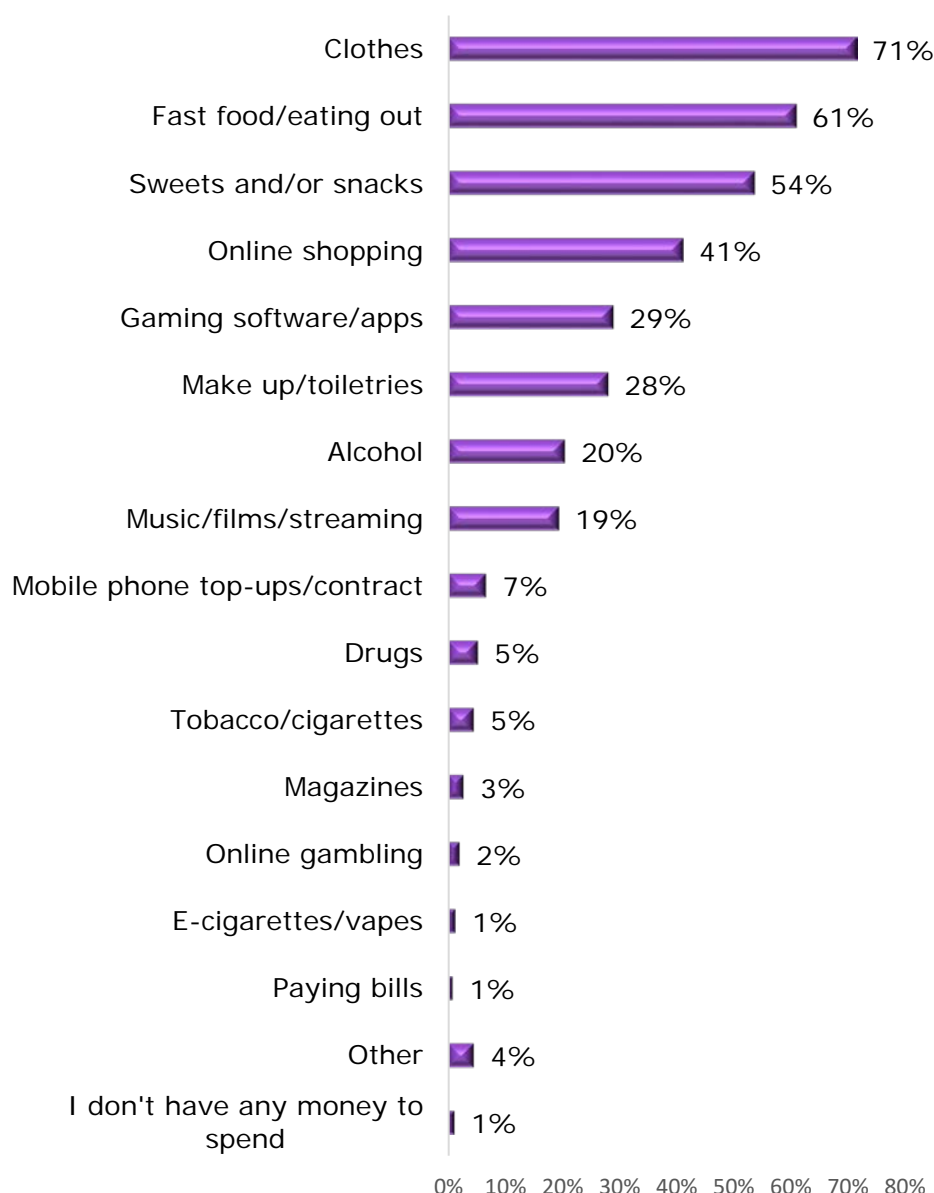
Pupils were asked where they saved their money. Three in five (61%) saved in a bank/building society, 4% used a school credit union/saving scheme and 20% said they saved somewhere else. Most of those who saved somewhere else said they kept their money at home/in their wallet/in a piggy bank.

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

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

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

Figure 11.1: What Pupils Spend Money On



Gender

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

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

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

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

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

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

Stage

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

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

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

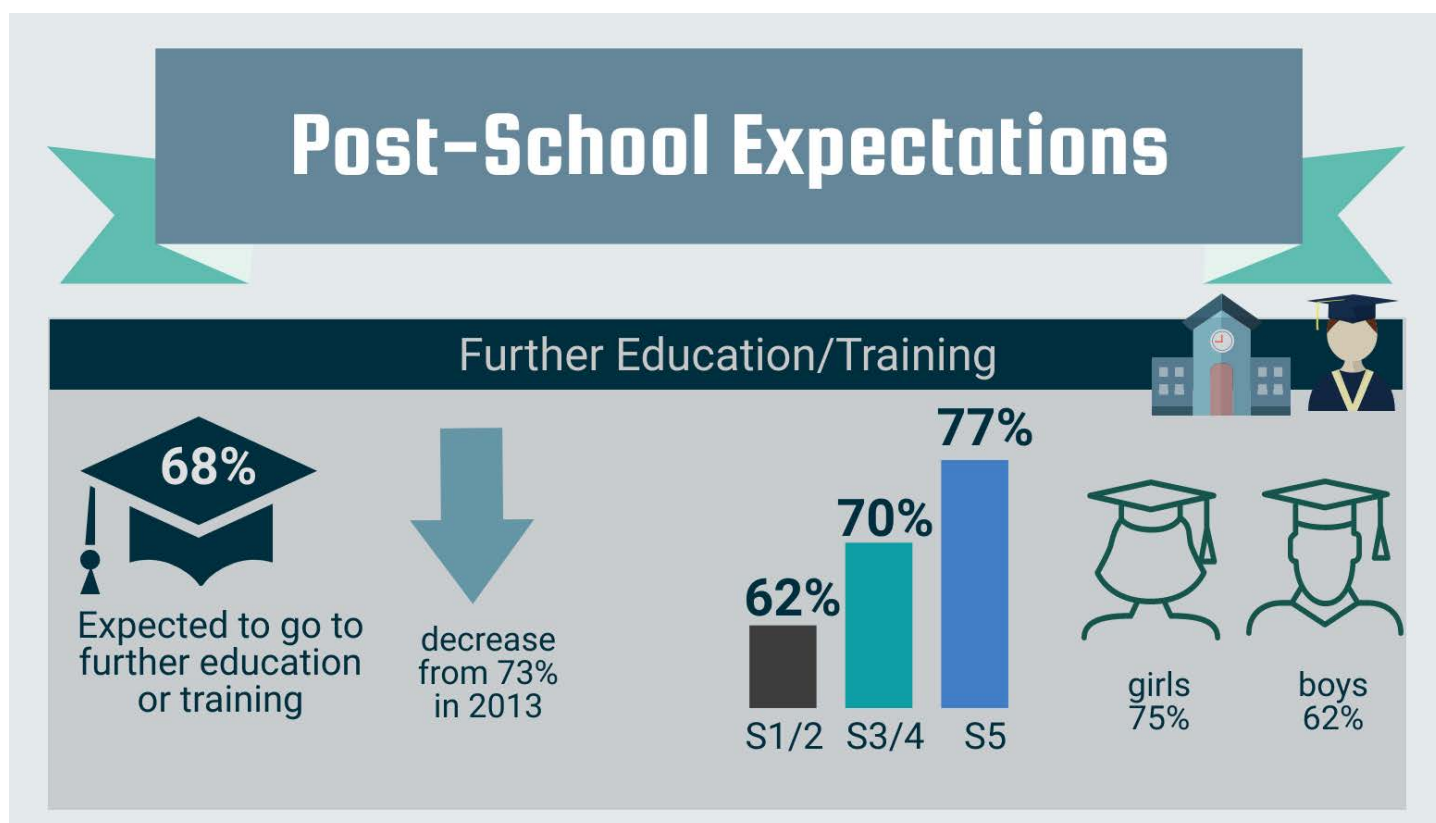
- Clothes (82% S5; 72% S3/S4; 65% S1/S2)
- Fast food/eating out (75% S5; 64% S3/S4; 51% S1/S2)
- Online shopping (54% S5; 43% S3/S4; 34% S1/S2)
- Alcohol (45% S5; 22% S3/S4; 7% S1/S2)
- Make up/toiletries (33% S5; 29% S3/S4; 24% S1/S2)
- Music/films/streaming (27% S5; 18% S3/S4; 17% S1/S2)
- Drugs (12%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

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

CHAPTER SUMMARY

Key statistics

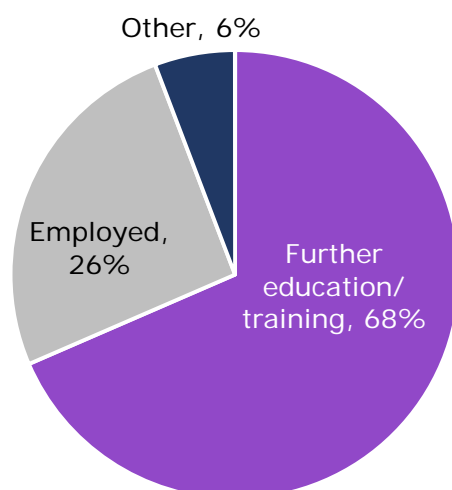
- 78% had savings
- 55% had £10 or more to spend per week



12.1 Post-School Expectations

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

Figure 12.1: Expectations of What Will Be Doing After School



Notes:

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

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

Other = Take a gap year, volunteering, other

Trends for Post-School Expectations

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

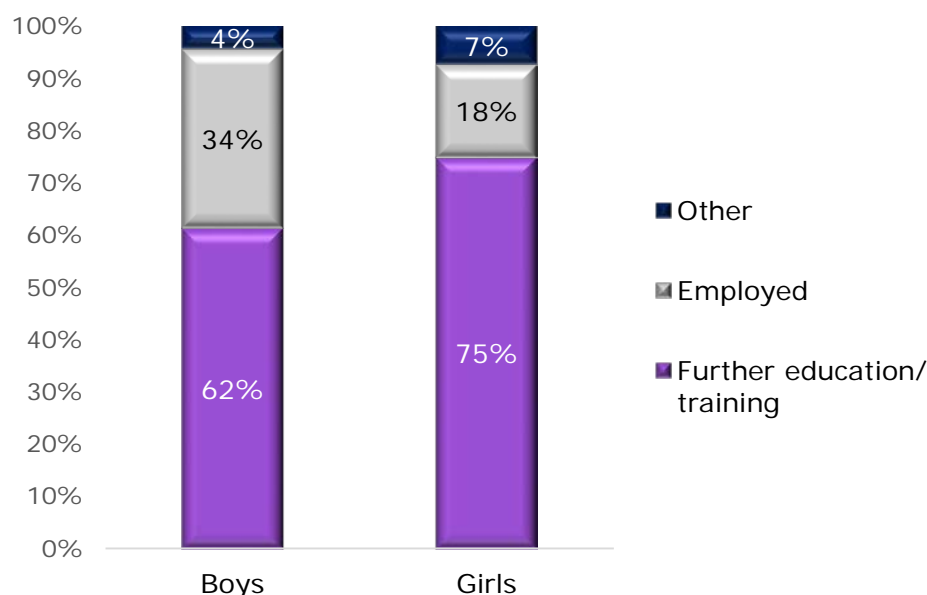
Table 12.1: Trends for Expectation of Going to Further Education/Training

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

Gender

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

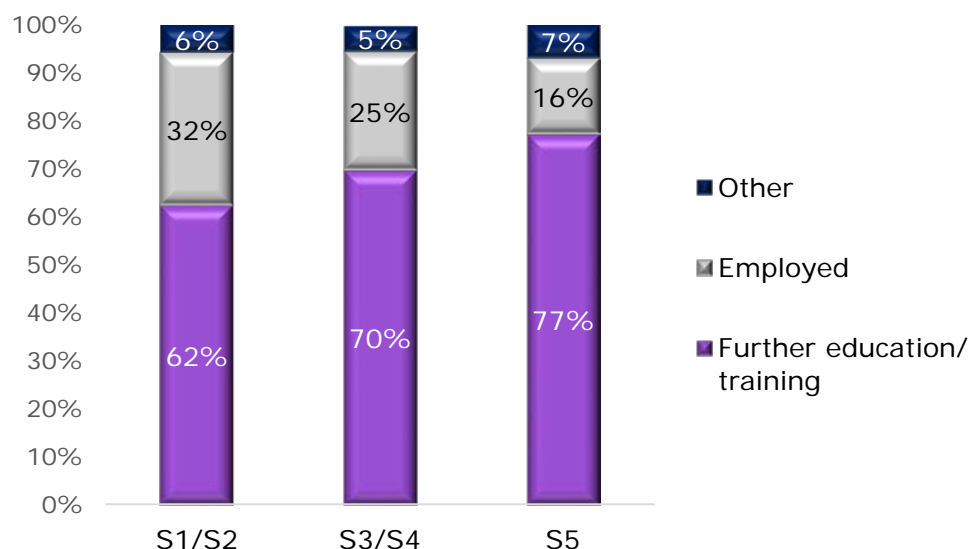
Figure 12.2: Expectations of What Will Be Doing After School by Gender



Stage

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

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

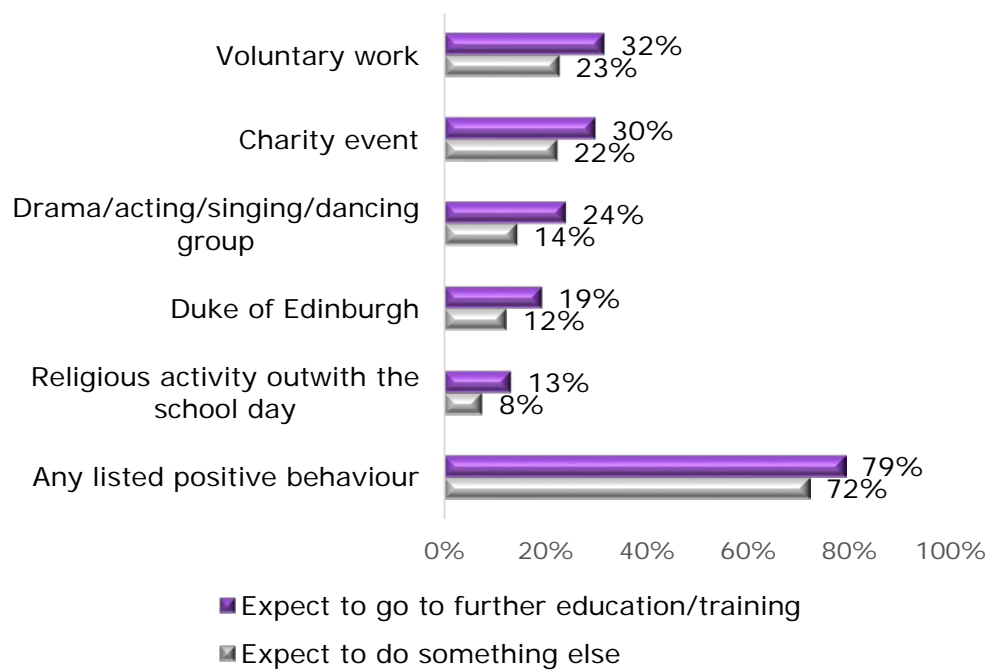


12.2 Post-School Expectations - Exploring Further

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

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

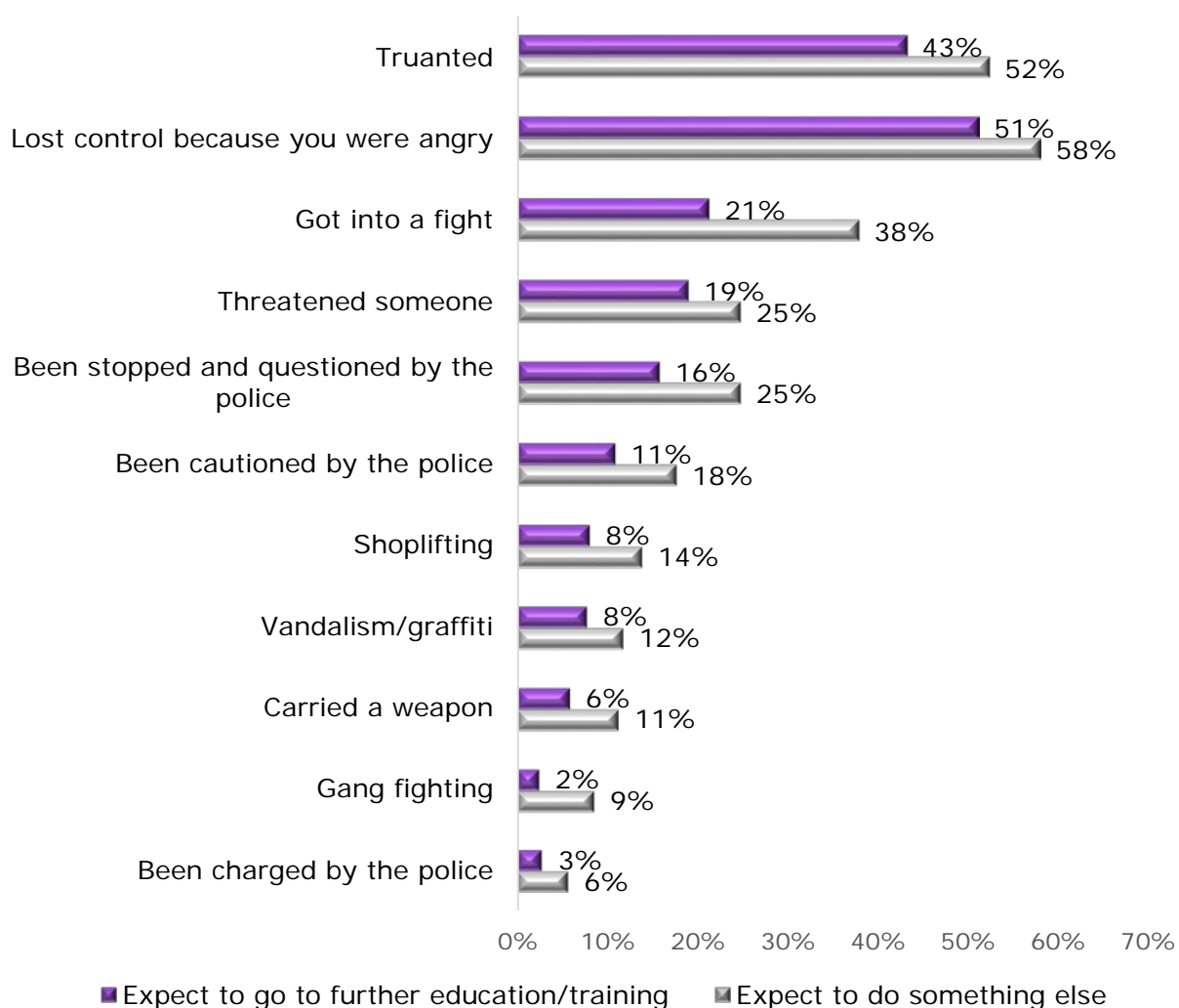
Figure 12.4: Participation in Positive Behaviours by Post-School Expectations (all behaviours showing a significant difference)



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

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

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



CHAPTER SUMMARY

Key statistics

- 68% expected to go to further education/training

Trends

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

Key differences by gender

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

Key differences by stage

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

Appendix: Data Weighting

The weighting factor used was:

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

Where:

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

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

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

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

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

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



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

Summary findings for Inverclyde Council



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1 Introduction

The 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) is the latest in a national series of surveys of smoking, drinking and drug use among secondary school children. The first survey in this series was conducted in 1982. This local summary presents key findings from the 2018 survey for pupils attending schools in Inverclyde Council. The key findings are presented in a tabular format to aid comparative analyses and benchmarking. The 2018 results are compared to the results of the previous survey where there were local level results (change from 2013) and to the 2018 national average (difference from Scotland 2018).

All of these documents, along with the survey questionnaire and the Technical Report, are available on the SALSUS webpages.

1.1 Methods and Sample

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

In Inverclyde Council there were 1,513 13 and 15 year old pupils (year groups S2 and S4, see notes on page 5) eligible to take part in the survey, with 391 pupils (26% of all eligible pupils) participating via the selected sample. As in previous years, the primary sampling unit was the class and, in each selected class, all pupils were invited to take part. All secondary schools (both state and independent) in every local authority were eligible to have classes sampled. However, as in previous years, schools dedicated to children with additional support needs were excluded from the sample. The response rates achieved (based on those sampled) for this local area are shown below:

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

The characteristics of the pupils who took part in the survey were compared with the school census data to ensure that the survey results were representative of the population as a whole. Non-response weightings were applied to take any differences into consideration to ensure that data was not biased in favour of the groups that did participate.

Further details on the survey sampling methodology, sample characteristics and survey response rates can be found in the 2018 SALSUS Technical Report.

1.2 Summary format and notes to aid interpretation

The 2018 results are compared to the results of the previous survey (change from 2013) and to the 2018 national average (difference from Scotland 2018). Where appropriate, differences which are statistically significant at the 5% level are highlighted. For example:

Note: Example data for illustration purposes only.

		Base	Change from 2013	Difference from Scotland 2018
10%	of 13 year olds were regular smokers (usually smoking one or more cigarettes per week)	70	-1%	+5%
18%	of 15 year olds were regular smokers (usually smoking one or more cigarettes per week)	40	-8%	+1%

Key

	=	< 50 pupils		=	statistically significant ('more favourable' than comparator)
n/s	=	not shown due to low base size (< 10 pupils)		=	statistically significant ('less favourable' than comparator)
n/a	=	not available (e.g. due to question changes between surveys)			

In the above example:

- Ten percent of 13 year olds in this local area were regular smokers. This represents a decrease of one percentage point since the previous survey in 2013, however this change is not statistically significant so the value is not highlighted (white background).
- The percentage of 13 year old regular smokers in this local area is five percentage points higher than the equivalent percentage for Scotland as a whole. The red box highlighting this difference indicates that the result for this local area is less favourable than for Scotland as a whole and that this difference is statistically significant.
- Eighteen percent of 15 year olds in this local area were regular smokers. This represents a decrease of eight percentage points since the previous survey in 2013. The green box highlighting this change indicates that this is an improved position compared to the previous survey and that the change is statistically significant.
- The percentage of 15 year old regular smokers in this local area is one percentage point higher than the equivalent percentage for Scotland as a whole. However, this change is not statistically significant so the value is not highlighted (white background).

Notes on tables:

- Some percentages, particularly when results are broken down by age group and gender, may be based on a small number of pupils; these results should be treated with caution.
 - Any 2018 results based on < 50 pupils are shaded in grey (see table above).
 - Any results based on < 10 pupils are not shown (indicated with the text "n/s" (not shown)).
- 0% in the tables denotes that less than 0.5% of pupils gave that answer, whereas a - symbol denotes that no pupils gave that answer.
- Where data is unavailable (e.g. due to question changes between surveys) this is indicated with the text "n/a" (not available).
- The "Base" represents the number of valid responses used as the denominator to calculate the percentages.
- For the purposes of reporting, S2 pupils are referred to as “13 year olds” and S4 pupils are referred to as “15 year olds”. While most pupils in S2 are 13 years old, and most pupils in S4 are 15 years old, some pupils are slightly older or younger.

2 Smoking

2.1 Smoking prevalence and attitudes to trying smoking

Pupils were asked a number of questions about smoking, and from these were categorised as 'regular', 'occasional' or 'non' smokers. They were also asked if they felt it was 'ok' for someone their age to 'try smoking to see what it's like'.

		Base	Change from 2013	Difference from Scotland 2018
88%	of 13 year olds reported they had never smoked	209	+4%	0%
68%	of 15 year olds reported they had never smoked	175	+1%	-1%
12%	of 13 year olds reported they had ever smoked	209	-4%	0%
32%	of 15 year olds reported they had ever smoked	175	-1%	+1%
2%	of 13 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)	209	+1%	0%
7%	of 15 year olds were occasional smokers (sometimes smoke cigarettes but less than one per week)	175	+4%	+1%
3%	of 13 year olds were regular smokers (usually smoking one or more cigarettes per week)	209	+1%	+1%
3%	of 15 year olds were regular smokers (usually smoking one or more cigarettes per week)	175	-7%	-4%

Key



= < 50 pupils

n/s = not shown due to low base size (< 10 pupils)

n/a = not available (e.g. due to question changes between surveys)



= statistically significant ('more favourable' than comparator)

= statistically significant ('less favourable' than comparator)

2.1 Smoking prevalence and attitudes to trying smoking continued

		Base	Change from 2013	Difference from Scotland 2018
12%	of 13 year olds felt it was 'ok' for someone their age to 'try smoking to see what it's like'	200	-11%	-7%
37%	of 15 year olds felt it was 'ok' for someone their age to 'try smoking to see what it's like'	155	-1%	-8%

2.2 Source of cigarettes

Pupils who were regular smokers were asked to indicate, from a list of possible sources, where they usually obtained their cigarettes/tobacco. Pupils could give more than one response. The main sources of cigarettes reported were:

		Base	Change from 2013	Difference from Scotland 2018
59%	get someone else to buy them	11	-29%	+12%
22%	get given cigarettes by friends/family/carer	11	-66%	-25%
18%	buy them from a shop	11	-65%	-13%
14%	buy from other people	11	-35%	-21%
3%	buy from a van (e.g. an ice cream van or burger van)	11	-22%	-5%
14%	take cigarettes without asking	11	-10%	+2%

2.3 Attempts to buy cigarettes

Pupils who were regular or occasional smokers were asked if they had bought or tried to buy cigarettes/tobacco from a shop, supermarket or van in the last 4 weeks.

		Base	Change from 2013	Difference from Scotland 2018
n/s	of 13 year olds said they had managed to buy cigarettes/tobacco	6	n/s	n/s
13%	of 15 year olds said they had managed to buy cigarettes/tobacco	16	-55%	-16%
n/s	of 13 year olds said they had tried to buy cigarettes/tobacco but were refused	6	n/s	n/s
-	of 15 year olds said they had tried to buy cigarettes/tobacco but were refused	16	-	-3%
n/s	of 13 year olds said they had not/never tried to buy cigarettes/tobacco	6	n/s	n/s
87%	of 15 year olds said they had not/never tried to buy cigarettes/tobacco	16	+55%	+19%

2.4 Smoking dependence

Pupils who were regular smokers were asked how long they had smoked for, whether they would like to give up, and whether they had ever tried to quit.

		Base	Change from 2013	Difference from Scotland 2018
n/s	had smoked for more than a year	7	n/s	n/s
n/s	reported that they would like to give it up	7	n/s	n/s
n/s	said they had tried to quit at some time	6	n/s	n/s
n/s	said that they would find it 'very' or 'fairly' difficult to quit	6	n/s	n/s
n/s	who had smoked for more than one year said it would be 'very difficult' to give up	4	n/s	n/s
n/s	who had smoked for one year or less said it would be 'very difficult' to give up	2	n/s	n/s

2.5 E-cigarette use

All pupils were asked about their use of e-cigarettes.

		Base	Change from 2013	Difference from Scotland 2018
16%	of 13 year olds reported either trying or using e-cigarettes	203	+10%	-2%
35%	of 15 year olds reported either trying or using e-cigarettes	176	+22%	+1%
1%	of 13 year olds reported using e-cigarettes once a week or more	203	+1%	0%
1%	of 15 year olds reported using e-cigarettes once a week or more	176	0%	-2%


3 Alcohol use



3.1 Prevalence of alcohol use and attitudes to trying alcohol

Pupils were asked questions about their alcohol consumption and whether they felt it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'.

		Base	Change from 2013	Difference from Scotland 2018
32%	of 13 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip')	202	0%	-4%
64%	of 15 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip')	171	-4%	-7%
11%	of 13 year olds said they had drunk alcohol in the week prior to the survey	207	+8%	+5%
12%	of 15 year olds said they had drunk alcohol in the week prior to the survey	172	-12%	-8%
37%	of 13 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	200	-4%	-14%
75%	of 15 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	154	-1%	-4%

Key

	=	< 50 pupils
n/s	=	not shown due to low base size (< 10 pupils)
n/a	=	not available (e.g. due to question changes between surveys)

	=	statistically significant ('more favourable' than comparator)
	=	statistically significant ('less favourable' than comparator)

3.2 Drinking to excess

Pupils who had ever had an alcoholic drink were asked whether they had ever been drunk and asked to indicate the number of times they had been drunk.

		Base	Change from 2013	Difference from Scotland 2018
29%	of 13 year olds reported that they had never been drunk	62	-19%	-18%
23%	of 15 year olds reported that they had never been drunk	108	-2%	-7%
71%	of 13 year olds said they had ever been drunk	62	+19%	+18%
77%	of 15 year olds said they had ever been drunk	108	+2%	+7%
14%	of 13 year olds said they had been drunk more than 10 times	62	+12%	+5%
39%	of 15 year olds said they had been drunk more than 10 times	108	+15%	+14%

3.3 Availability/source of alcohol

Pupils who had ever had an alcoholic drink were asked if they had bought or tried to buy alcohol from a shop, supermarket or off-licence in the last 4 weeks.

		Base	Change from 2013	Difference from Scotland 2018
16%	of 13 year olds reported that they had managed to buy alcohol	56	+13%	+11%
12%	of 15 year olds reported that they had managed to buy alcohol	105	+3%	+2%
3%	of 13 year olds said they had tried to buy alcohol but were refused	56	+3%	+1%
4%	of 15 year olds said they had tried to buy alcohol but were refused	105	+2%	+2%
81%	of 13 year olds said they had not/never tried to buy alcohol	56	-16%	-12%
84%	of 15 year olds said they had not/never tried to buy alcohol	105	-5%	-4%

4 Drug use

4.1 Prevalence of drug use and attitudes to trying drugs

Pupils were asked a series of questions about drugs, which were used to derive the figures below.

		Base	Change from 2013	Difference from Scotland 2018
94%	of 13 year olds had never tried any drugs	198	-3%	0%
79%	of 15 year olds had never tried any drugs	158	-1%	0%
6%	of 13 year olds reported having used drugs, even if only once	198	+3%	0%
21%	of 15 year olds reported having used drugs, even if only once	158	+1%	0%
1%	of 13 year olds reported using drugs in the last month	198	-1%	-3%
13%	of 15 year olds reported using drugs in the last month	158	-4%	+1%
5%	of 13 year olds reported that they had used drugs in the last year	198	+3%	0%
20%	of 15 year olds reported that they had used drugs in the last year	158	+1%	+1%

Key



= < 50 pupils

n/s = not shown due to low base size (< 10 pupils)

n/a = not available (e.g. due to question changes between surveys)



= statistically significant ('more favourable' than comparator)



= statistically significant ('less favourable' than comparator)

4.1 Prevalence of drug use and attitudes to trying drugs continued

		Base	Change from 2013	Difference from Scotland 2018
0%	of 13 year olds reported usually taking drugs at least once a week (including those taking drugs 'most days')	214	0%	0%
2%	of 15 year olds reported usually taking drugs at least once a week (including those taking drugs 'most days')	177	-7%	-1%
4%	of 13 year olds reported that they had used cannabis [the most commonly used drug] in the last year	198	+2%	0%
18%	of 15 year olds reported that they had used cannabis [the most commonly used drug] in the last year	158	+2%	+1%
7%	of 13 year olds felt it was 'ok' for someone their age to 'try taking cannabis to see what it's like'	199	+2%	-1%
28%	of 15 year olds felt it was 'ok' for someone their age to 'try taking cannabis to see what it's like'	155	+9%	-5%

4.2 Whether offered drugs

All pupils were asked if they had ever been offered any of the drugs on a list provided.

		Base	Change from 2013	Difference from Scotland 2018
29%	of 13 year olds reported they had been offered drugs	208	+13%	+6%
51%	of 15 year olds reported they had been offered drugs	161	+17%	+4%
21%	of 13 year olds reported they had been offered cannabis [the most commonly offered drug]	204	+13%	+6%
44%	of 15 year olds reported they had been offered cannabis [the most commonly offered drug]	157	+12%	+3%

4.3 Availability of drugs

All pupils were asked to rate how easy it would be to get illegal drugs if they wanted to.

		Base	Change from 2013	Difference from Scotland 2018
23%	of 13 year olds reported that it would be 'very' or 'fairly' easy to get illegal drugs if they wanted to	199	+7%	+1%
46%	of 15 year olds reported that it would be 'very' or 'fairly' easy to get illegal drugs if they wanted to	163	-1%	-4%

4.4 Source of drugs

Pupils who had used drugs were asked where they obtained their drugs on the last occasion they took them (and could give more than one source). They were also asked if they had used all the drugs themselves, had sold some or had given some away.

		Base	Change from 2013	Difference from Scotland 2018
32%	of 15 year olds obtained their drugs from a friend of the same age on the last occasion they took them	25	-31%	-13%
17%	of 15 year olds obtained their drugs from an older friend on the last occasion they took them	25	-2%	-6%
49%	of 15 year olds gave some drugs away on the last occasion they took them	25	-21%	-2%
-	of 15 year olds sold some of their drugs on the last occasion they took them	25	-8%	-8%

4.5 Obtaining help with drug use

Pupils who had used drugs were asked if they felt that they needed to get help because of their drug use or if they would like to stop taking drugs.

		Base	Change from 2013	Difference from Scotland 2018
13%	of 15 year olds felt they needed to get help because of their drug use	33	+10%	+6%
66%	of 15 year olds would like to stop taking drugs	27	+39%	+22%

5 Mental health and wellbeing

5.1 Strengths and Difficulties Questionnaire

All pupils were asked questions from the 'Strengths and Difficulties Questionnaire' (Robert Goodman, 1997). This measure has been included in SALSUS since 2006. The questionnaire lists 25 statements that are grouped into 5 scales - emotion, contact, hyperactivity/inattention, peer relationships and pro-social behaviour. Each scale comprises of 5 questions. Overall scores were calculated for each of the five scales by summing the scores for all items within each scale. Scores are grouped into bands 'normal', 'borderline' and 'abnormal'* for each scale.

		Base	Change from 2013	Difference from Scotland 2018
33%	of 13 year olds had an overall borderline/abnormal score	179	+4%	-3%
45%	of 15 year olds had an overall borderline/abnormal score	139	+5%	+6%
21%	of 13 year olds had a borderline/abnormal score for emotional symptoms	181	-8%	-9%
50%	of 15 year olds had a borderline/abnormal score for emotional symptoms	139	+19%	+13%
29%	of 13 year olds had a borderline/abnormal score for conduct problems	183	+5%	+2%
25%	of 15 year olds had a borderline/abnormal score for conduct problems	142	+7%	0%
37%	of 13 year olds had a borderline/abnormal score for hyperactivity/inattention	181	+6%	+2%
44%	of 15 year olds had a borderline/abnormal score for hyperactivity/inattention	139	+6%	+7%

* The terminology used to describe SDQ scores is borrowed from the original questionnaire designed by Goodman. While the terms 'normal', 'borderline' and 'abnormal' may seem out-dated in the context of the language used to describe mental wellbeing today, they have been retained in this report to draw comparisons to previous years.

5.1 Strengths and Difficulties Questionnaire - continued

		Base	Change from 2013	Difference from Scotland 2018
19%	of 13 year olds had a borderline/abnormal score for peer relationship problems	180	-5%	-6%
33%	of 15 year olds had a borderline/abnormal score for peer relationship problems	139	+12%	+6%
25%	of 13 year olds had a borderline/abnormal score for pro-social behaviour	183	+7%	+2%
22%	of 15 year olds had a borderline/abnormal score for pro-social behaviour	142	-11%	-5%

5.2 Mental Wellbeing – Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

All pupils were given a mean wellbeing score according to the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), included in SALSUS since 2010. Pupils were asked to indicate how often they had thoughts and feelings relating to 14 positively worded statements concerning their mental wellbeing. Each statement has a five item scale ranging from '1 - None of the time' to '5 – All of the time'. The lowest possible score is therefore 14 and the highest is 70.

		Base	Change from 2013	Difference from Scotland 2018
48.16	was the average wellbeing score among 13 year olds	168	-1.32	+0.1
45.1	was the average wellbeing score among 15 year olds	157	+0.48	-0.63

APPENDIX 3

Brief summary of key points from H&WB and SALSUS Surveys.

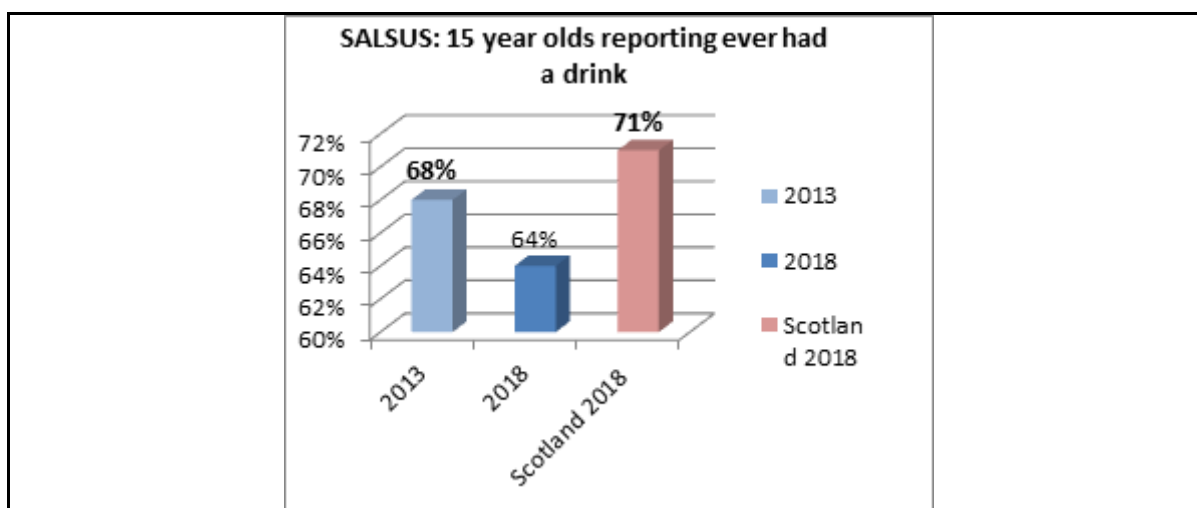
Alcohol (Key indicator)

Heath and Well Being survey (H&WB) reported:

- 56% of pupils reported that they had ever had a proper drink of alcohol
- This ranged from 33% for those in S1/S2, 65% for those in S3/S4 and 87% for those in S5

The SALSUS 2018 survey reported that:

- 32% of 13 year olds and
- 64% of 15 year olds had ever had a proper alcoholic drink. This was lower than the % recorded across Scotland for this age group which was 71%



Drinking to Excess

Both the H&WB survey and SALSUS asked question around the issue of drinking to excess.

SALSUS reported:

- 2018 data - Two third of pupils aged 13 who reported having drunk alcohol reported that they had ever been drunk, (representing a 19% increase from 2013 data) for 15 year olds the figure was 23%. (2% higher than the 2013 data)
- Inverclyde Levels of drinking to excess across both age groups reported in SALSUs in 2018 were higher than that for Scotland :
 - 18% higher for 13 year olds
 - 7% higher for 15 year olds

H&WBS

- 54% of those who said they had ever drunk alcohol said they rarely or never got drunk, with 20 percent of those who drunk reporting getting drunk weekly.
- There was an increase in those who got drunk weekly from 16% to 20% between the 2013 and 2019 surveys.

Purchasing Alcohol

SALSUS asked pupils who had had an alcoholic drink if they had bought or tried to buy alcohol from shops, supermarkets or off-licence premises.

- In 2018 - 16% of pupils aged 13 had managed to purchase alcohol an increase of 13% from 2013 and 11% higher than the response from Scotland as a whole.
- In 2018 12% of 15 year olds had managed to buy alcohol, this was slight increase from 2013 for Inverclyde and compared to Scotland as a whole.
- 3% of 13 year olds and 4 % of 14 year olds were refused alcohol when they tried to purchase this was higher 3% and 2% than in 2013 study and slightly higher than the rate reported for pupils across Scotland.

H&WB

- The H&WB study reported on how young people access alcohol 33% of pupils did not buy alcohol themselves, 31% had friends purchase alcohol for them and 29% family purchased alcohol for them. With 20% of young people who drank reporting having asked strangers to purchase alcohol for them.
- Over ½ of the pupils who drank reporting that they drank at a friend's house (54%), 46% drank at home with 40% of pupils reporting that they drank outside.

The H&WB study asks what is the main factors which influence young people to drink, the most common factor identified was :

“it is seen as normal where I live” (62%)

Data reflects

Trends

- **H&WB** survey the % of drinkers who got drunk at least once per week 16.3% in 2013 to 19.6% in 2019 reflects an upward trend .
- **SALSUS** data indicates:
 - no change in 13 year olds who had ever had a drink between the 2013 and 2018 data
 - a 4% fall in the number of 15 year olds having ever had a drink.
 - In 2018 Inverclyde there was a lower % of pupils having ever had a drink than the percentage for Scotland as a whole.
- Across both studies the data reflects a pattern of drinking and drinking to the extent of getting drunk increasing with age.

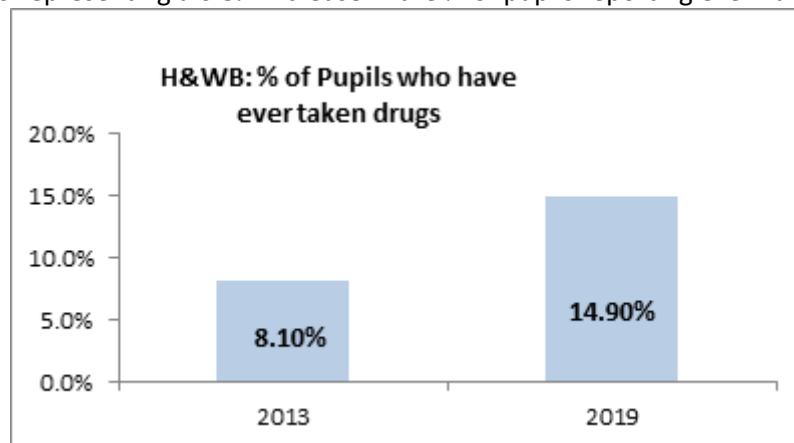
Drug Use

The majority of young people responding to both the H&WB surveys and SALSUS surveys did not and had never used drugs. As was the case with the use of alcohol those who had used drugs tended to be within the older age groups within the studies.

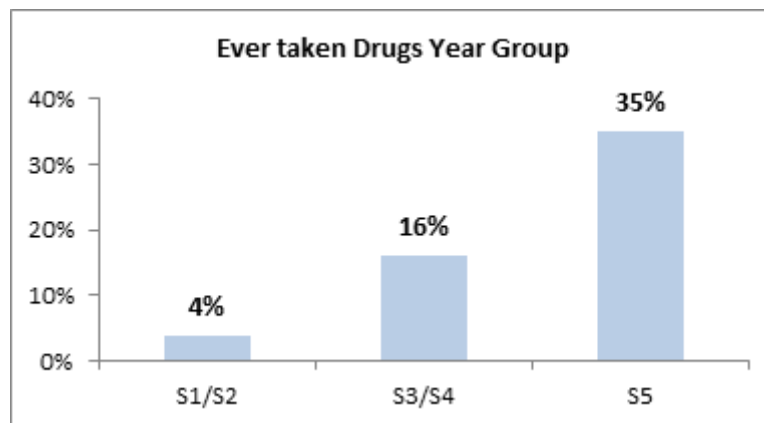
- Within the H&WB study 85% of pupils reported having never having taken drugs.
- The SALSUS study reported that 94% of 13 year olds and 80% of 15 year olds had never taken drugs. This was slightly lower (3% and 1%) than in 2013 and was the same as the data for Scotland as a whole.

Trend

H&WB study showed the following trend in % of pupils who had ever taken drugs between the 2013 and 2019 studies-representing a 6.8% increase in the % of pupils reporting ever having taken drugs.



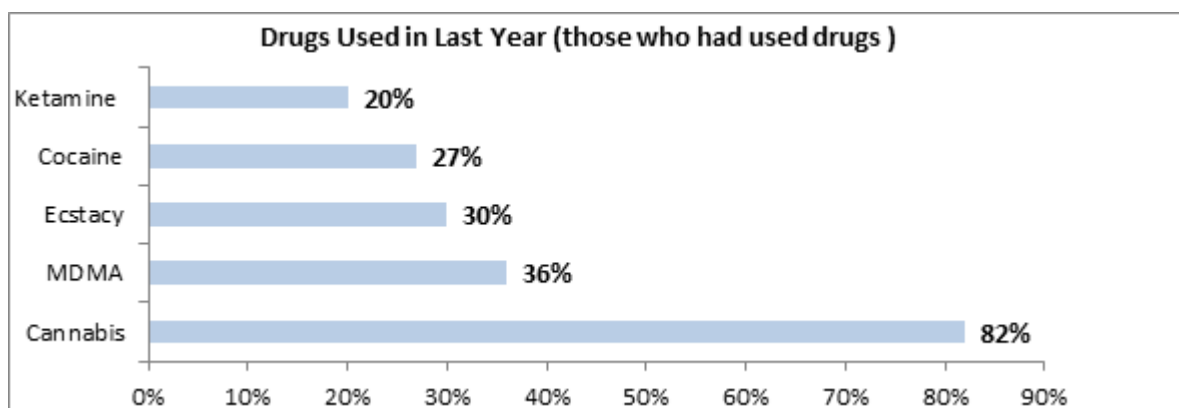
Data reflects a strong correlation with age and ever having used drugs:



Drugs Used

Both studies asked questions related to drug type used. With SALSUS study restricting to use of Cannabis.

- H&WB study reported 58% of those who had taken drugs had taken with alcohol
- Of those who had taken drugs: drugs used in the last year included:



Cannabis

Both H&WB study and SALSUS report an emphasis on the use of Cannabis among those who use drugs:

- H&WB study report 12% of **all pupils** having taken Cannabis in the past year
- SALSUS reports 4% of 13 year olds and 18% of 15 year olds having taken Cannabis over the past year. This was 2% higher for 13 year olds in 2013 and 2% higher for 15 year olds compared to 2013. Data for Cannabis use in 2018 was similar to that for Scotland as a whole.

Source of Drugs

Both surveys approached this question differently:

- H&WB reports most common sources of drugs as :
 - Friends 54%
 - Dealers 44%
- SALSUS reports (15 year olds only) ;
 - 32% obtained drugs from a friend of the same age (last time used drugs). This is considerably lower (31%) than the data for 2013 and lower than the data for Scotland in 2018.
 - 17% obtained drugs from an older friend (last time used drugs).
 - 49% (15 year olds) gave some drugs away on the last occasion they took drugs. (21% reduction from data in 2013 and similar to that in Scotland wide data.

Selling Drugs: There was a fall in the percentage of pupils who reported having sold some of their drugs the last time they used drugs - the Inverclyde percentage was lower than that for Scotland .

H&WB study asked about ease of access to drugs: All pupils were asked:

- 37% of pupils did **not** know how to get drugs.

Of those who did know how to access drugs the responses included:

- Easy to get drugs 58%
- 42% said it would be difficult or impossible

Need for Help with Drug use

SALSUS reported: (15 year olds)

- 13% of 15 year olds who used drugs needed help related to this use - reflecting 10% change from 2013 and 6% higher than that for Scotland as a whole.
- 66% of 15 year olds would like to stop taking drugs. – 39% change from 2013 and 22% higher than the rate for Scotland.