

Scottish Health & Wellbeing Census 2021-22: Substance Use Questionnaire: S4 Pupils

INFORMATION and CONSENT FOR PUPILS

All pupils in Secondary 4 in your school have also been asked to take part in this new Substance Use Census which is taking place in a number of secondary schools in right across Scotland.

To take part in the Census, you must read the information provided next and then choose either the "Yes" or "No" box at the end to say if you agree to take part in the Census.

Next you will see some questions and answers that should help you to make a decision.

WHAT IS IT?

We are inviting everyone in S4 from your school to take part in this Substance Use Census. We want to hear about your use of tobacco, e-cigarettes, alcohol and drugs. You are just about to complete a short online questionnaire. We are hoping to hear from a lot of young people from across our local area.

WHAT WILL HAPPEN?

Your teacher will ask you to answer some questions on a computer, laptop or tablet on your own. You will then need to choose the answer that best fits. This will take about 5-10 minutes. The questions will ask you about your use of tobacco, e-cigarettes, alcohol and drugs, and how you obtain these products.

WHAT HAPPENS TO MY ANSWERS?

Your local authority will collect answers from every young person in S4 who takes part. You will not be asked to provide your name, your Scottish Candidate Number, or even your school. You will be asked to provide some basic information about yourself (such as your sex and your SIMD value (which provides an indication of the type of area you live in)). The local authority will not be able to identify you from your answer. Of course, it's up to you if you want to talk to other people about your answers.

Your local authority will then look at everybody's answers together. This is so your local authority can understand what young people of your age think and do.

WHO IS ASKING THE QUESTIONS?

Your local authority. They are asking you these questions so that they can plan for, and improve, the children's services needed in your local area, based on what you and other young people say in this survey.

IS THIS A TEST?

Don't worry, this is not a test. You do not need to prepare, as there are no right or wrong answers. We just want to hear what you do.

CONFIDENTIALITY AND DATA SECURITY

The answers you provide will be treated in accordance with the law and used for statistics and research purposes only. You are not asked to provide any information that could identify you. Also, when reports using the data are published, care is taken to ensure that no information which could potentially identify you is included.

The Census can legally happen as the local authority will be processing your personal data as part of its performance of a task in the public interest.

WILL ANYTHING HAPPEN BASED ON ANYTHING I SAY?

No, because your local authority will not be able to identify you

DO I HAVE TO TAKE PART?

It would be great to hear your views but you don't have to take part. If you don't want to, just tell your teacher. Also, if there are any questions you don't want to answer, that's fine, you will be able to skip questions, or choose the 'prefer not to say' option, and you won't be asked why.

SUPPORT AND ADVICE

If you need support or advice on any of the topics asked in the survey, then your school will provide you with a list of ways in which you can speak to someone who may be able to help you.

1. Are you happy to continue taking part in this Substance Use Census? *

Yes

No



Thank you for your response, and we fully understand and appreciate your decision not to take part in the Scottish Substance Use Census.

Please remember that your decision to not take part is perfectly fine. However, other young people are still taking part in the Census. Therefore, please can you keep any noise and distraction down to a minimum.

You may now find it useful to doing something whilst others are taking part in the Census, such as reading a book, doing some homework, etc.

Your response has now been recorded, and you may now close down the browser window.

The first few questions ask for some basic information about you.

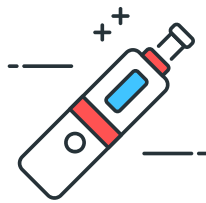
2. What is your sex?

- Female
- Male
- Prefer not to say

3. Please enter your SIMD value (this provides an indication of the type of area you live, and not about you specifically).

Your teacher should have given this to you. Please leave this blank if you do not wish to provide this.

The next few questions are about smoking and drinking alcohol



Please click on the 'next page' button below to continue

4. Now read the following statements carefully and select the option which best describes you

- I have never smoked
- I have only ever tried smoking once
- I used to smoke sometimes but I never smoke a cigarette now
- I sometimes smoke cigarettes now but I don't smoke as many as one a week
- I usually smoke between one and six cigarettes a week
- I usually smoke more than six cigarettes a week
- Prefer not to say

5. How do you usually get your cigarettes/tobacco?

Please tick more than one box if you OFTEN get cigarettes/tobacco from different people or places. Please leave blank if you prefer not to say.

- I buy them from a supermarket
- I buy them from a newsagent, tobacconist or a sweet shop
- I buy them from a garage shop
- I buy them from a van, such as an ice cream van or burger van
- I buy them from some other type of shop
- I buy them from a street market
- I buy them on the internet
- I buy cigarettes/tobacco from friends or relatives
- I buy cigarettes/tobacco from someone else
- I ask someone else under the age of 18 to buy me cigarettes/tobacco
- I ask an adult I know to buy me cigarettes/tobacco
- I ask an adult I don't know to buy me cigarettes/tobacco
- Friends give me cigarettes/tobacco
- My brother or sister gives me cigarettes/tobacco
- My mother, father or carer gives me cigarettes/tobacco
- I take cigarettes/tobacco without asking
- I get cigarettes/tobacco in some other way

6. In the last 4 weeks, have you bought or tried to buy cigarettes/tobacco from any kind of shop, supermarket or van?

- Yes – I bought cigarettes/tobacco from a shop, supermarket or van
- Yes – I tried to buy cigarettes/tobacco from a shop, supermarket or van but was refused
- No – I did not buy or try to buy cigarettes/tobacco from a shop, supermarket or van
- No – I have never tried to buy cigarettes/tobacco from a shop, supermarket or van

7. How many cigarettes (if any) did you smoke on average each day in the last 7 days?

- None
- 1-2
- 3-4

- 5-6
- 7-8
- 9-10
- More than 10

An e-cigarette (electronic cigarette) or a vape is a device that puffs nicotine vapour instead of burning tobacco like a cigarette does. E-cigarettes can have different flavours and come in many shapes and sizes - like pens, boxes and flash-drives. Most are rechargeable. Sometimes they can look like cigarettes and can only be used once.

8. Now read the following statements carefully and tick the box next to the ONE which best describes you.

- I have never used an e-cigarette / vape
- I used to use e-cigarettes / vapes but don't use them anymore
- I have tried an e-cigarette / vape once
- I have tried e-cigarettes / vapes a few times
- I use e-cigarettes / vapes sometimes, but no more than once a month
- I use e-cigarettes / vapes once a week or more
- Prefer not to say

9. How do you usually get your e-cigarettes/vapes/refills?

Please tick more than one box if you OFTEN get e-cigarettes/vapes/refills from different people or places. Please leave blank if you prefer not to say.

- I buy them from a supermarket
- I buy them from a newsagent, tobacconist, vape shop or a sweet shop
- I buy them from a garage shop
- I buy them from a van, such as an ice cream van or burger van
- I buy them from some other type of shop
- I buy them from a street market
- I buy them on the internet
- I buy e-cigarettes/refills from friends or relatives
- I buy e-cigarettes/refills from someone else
- I ask someone else under the age of 18 to buy me e-cigarettes/refills
- I ask an adult I know to buy me e-cigarettes/refills

- I ask an adult I don't know to buy me e-cigarettes/refills
- Friends give me e-cigarettes/refills
- My brother or sister gives me e-cigarettes/refills
- My mother, father or carer gives me e-cigarettes/refills
- I take e-cigarettes/refills without asking
- I get e-cigarettes/refills in some other way

**10. Have you ever had a proper alcoholic drink - a whole drink, not just a sip?
PLEASE DON'T COUNT DRINKS LABELLED AS LOW ALCOHOL**

- Yes
- No
- Prefer not to say

11. At present, how often do you drink anything alcoholic, such as beer, wine or spirits? Try to include even those times when you only drink a small amount.

Please choose one circle for each line or leave blank if you prefer not to say.

	Every day	Every week	Every month	Rarely	Never
Beer or lager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine or champagne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcopops (e.g. Smirnoff Ice, Bacardi Breezer, WKD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits (e.g. whisky, vodka, rum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fortified (strong) wine (e.g. sherry, martini, port, Buckfast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other drink that contains alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How often would you say you get drunk?

- I have never been drunk
- Less than once a month
- Once or twice a month
- Once a week
- Twice a week or more
- Don't know
- Prefer not to say

13. Where do you USUALLY get your alcohol from?

- I buy it in a pub or bar
- I buy it in a club or disco
- I buy it from an off-licence
- I buy it from a shop
- I buy it from a supermarket
- I buy it from a website / online / internet
- I get it from a friend
- I get it from a relative
- From home (either with or without permission)
- Some other way
- Prefer not to say

14. When you drink alcohol, where are you USUALLY?

Please tick ALL that apply or leave blank if you prefer not to say.

- In a pub or bar
- In a club or disco
- At a party with friends
- At my home
- At someone else's home
- Out on the street, in a park or other outdoor area
- Somewhere else

15. Do your parents/carers allow you to drink alcohol at home?

- Yes, always
- Yes, sometimes
- No, never
- Prefer not to say

16. The last time someone bought you alcohol, who was it?

- No one has ever bought me alcohol
- My brother or sister
- A friend of my own age
- A friend older than me
- A friend younger than me
- My boyfriend/girlfriend
- My mother, father or carer
- My father's partner or mother's partner
- Someone I knew of, but didn't know personally
- A stranger
- Someone else
- Prefer not to say

We would now like to ask you some questions about drugs. By "drugs" we mean illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you.

We don't mean medicines that your doctor prescribed you or that you can buy in the pharmacy/chemist.

17. Have you ever taken illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you?

- Yes
- No
- Prefer not to say

18. How often do you use drugs?

- I have only taken drugs once
- I used to take drugs sometimes but I don't take them anymore
- I take drugs a few times a year
- I take drugs once or twice a month
- I take drugs at least once a week or more
- Prefer not to say

19. Have you taken any drugs in the last year?

- Yes
- No
- Prefer not to say

20. Which (if any) of these drugs have you taken in the last year?

Please tick ALL that apply or leave blank if none apply or you prefer not to say.

- Cannabis (Weed, Skunk, Green, Hash, Blow, Joints, Marijuana)
- Gas, Glue or Other Solvents
- Amphetamines (Speed, Whizz, Sulph, Paste)
- Ecstasy (E, Eccies, XTC, Pills)
- Cyroban (Cy, Cyber, CBan)
- Benzos (Valium, Vallies, Blues, Whites, Yellows, Xanax)
- Heroin (Smack, Kit, H, Brown, Skag)
- Magic Mushrooms (Shrooms)
- Methadone (Physeptone, Meth)
- MDMA crystals/crystals (Mandy, Molly, Madman)
- Cocaine (Coke, Charlie, C, Proper, Council)
- Anabolic Steroids (Roids)
- Unknown White Powders (Gear)
- Ketamine (Ket, K)
- Synthetic Cannabinoids (SPICE, RedExodus, Mamba)
- LSD (Acid, Blotters)
- 2C (2CB, 2CI, 2CE)
- Diet Pills
- Tanning Pills
- Other drugs including prescription drugs not prescribed to you



Thank you for taking part in the Substance Use Census. You are helping your local authority and the Scottish Government to understand more about the use of tobacco, e-cigarettes, alcohol and drugs by

young people in Scotland.

If any of the questions you have seen has raised any issues which you would like to talk about, then please speak to someone you can trust. This could be your parent(s), carer(s), teacher(s), youth worker(s), etc.

Further information will have been provided by your school teacher.

Please remember that the only people who will see your answers will be a small number of analysts in your local authority and in the Scottish Government. Other analysts may also ask to see your answers in order to conduct their own research, but this will only happen if the local authority or the Scottish Government agree to this.

Your parents, teachers and friends will not see your answers, and the local authority will not be able to identify you from anything you have said.

Once again, thank you for taking part.