

Smoking, drinking and drug use amongst young people in England

Survey Consultation Findings

November 2015

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Background

Smoking Drinking and Drug Use among Young People in England (SDD) is a series of annual surveys designed to monitor smoking, drinking and drug use among secondary school pupils aged 11 to 15 in England. The survey uses an anonymised self-completion questionnaire and has been running since 1982. Although each survey has a set of core questions on smoking, drinking and drug use, it also has an alternating focus, with in-depth questions on smoking and drinking in some years and in-depth questions on drug use in others.

The HSCIC have been reviewing the format and content of the SDD survey and ran a consultation between 22 June and 3 August 2015 to help inform this review. The consultation collected information around user information needs as well as views on the survey outputs (e.g. the report, tables and dataset).

The consultation was conducted in accordance with the Code of Practice for Official Statistics and further details are available via the following link:

<http://www.hscic.gov.uk/SDD-User-consultation>

One of the main reasons for reviewing the format and content of the questionnaire was to inform the best questionnaire design in a financial climate where it may not be possible to run an annual survey. It has become increasingly difficult to secure public funds for an annual SDD survey and this has meant that no survey is planned for 2015. Going forward, the HSCIC have funding for surveys in 2016 and 2018 but there is currently no guaranteed funding for surveys in the intervening years (2017 and 2019) which, up until 2015, have been funded by external organisations. Under the current arrangements, the survey years where funding is guaranteed will have a focus on smoking and drinking. Surveys in the intervening years, which are currently unfunded, would collect more in-depth information on drug use.

The consultation questionnaire asked respondents about what information from the survey they found most useful and least useful as well as whether they thought there were any gaps in the survey coverage. It also presented respondents with three options for the content of the surveys in 2016 and 2018 (i.e. those where there is secure funding) and asked them to rank these options to indicate which would best suit their needs. The three options are outlined below:

Option 1

A survey every other year with a core content covering smoking, drinking and drugs use and additional in-depth content with a focus on smoking and drinking but not drug use.

Option 2

A survey every other year with the same focus on smoking, drinking and drug use but with fewer in-depth questions.

Option 3

A survey every other year with an alternating focus. The core content would remain the same each year but the more in depth-questions on smoking and drinking and on drug use would only be covered once every four years.

Respondents were asked to read the consultation document before answering the questionnaire. Most respondents replied via the questionnaire and a small number sent in their views in the form of a written reply.

The HSCIC thanks everyone who replied to the consultation. We appreciate the time you took to tell us about your views and future information needs.

Consultation Findings

In total, there were 171 responses to the consultation. Seven organisations provided a consolidated response to the consultation representing the views of their organisation. As not all respondents answered every question, the tables in this report show the number of responses to that particular question. Percentages are calculated from those who responded to the question.

Many respondents supported their responses with comments, some of which have been included in this report to give readers a better understanding of the views expressed and the reasons for these.

Who replied to the consultation

A high proportion of respondents (44%) worked within a Local Authority but there was also a good response from representatives of the charity / voluntary sector and academic institutions as well as from the wider public sector (including Public Health England, the Home Office, NHS England and other NHS organisations). Ten responses were also received from the private sector and two from the media. The Department of Health commented separately to HSCIC about the consultation but did not respond directly to it.

Respondents by organisation

Responses 171 /171 – due to rounding the figures in this table may not equate to 100%

Organisation type	No.	%
Public sector (Local Authority)	75	44%
Charity or voluntary sector	29	17%
Academic institution	19	11%
Public sector (Other NHS organisation)	12	7%
Private sector	10	6%
Public sector (NHS England)	6	4%
Public sector (Other)	4	2%
Public sector (Public Health England)	2	1%
Media	2	1%
Other	12	7%

What information is used and for what purposes

Although not all respondents used all the information collected through the SDD, most (64%, 99 out of 155) used information on two or more of the subject matter areas and just under half (46%, 72 out of 155) used information on all three (i.e. smoking, drinking and drug use). Information on smoking was used by 81% of respondents, 74% used information on drinking and 55% used information on drug use. The consultation also showed that there is demand for information on smoking, drinking and drug use across almost all types of organisations. The only exceptions were the two media organisations which did not report an interest in information on drug use.

Type of information used

Responses 155 / 171

What information is used	Number	Percent
Information on smoking	125	81%
Information on drinking	115	74%
Information on drug use	86	55%

Information from the SDD survey was used for a variety of purposes. The most common, which was identified by over 83% of respondents, was 'to examine trends and behaviours'. The following comments were made by some respondents who used the SDD for this purpose:

"...The smoking, drinking and drug use (SDD) survey is the prime source of data on young people's drinking and drug use and is essential for an understanding of trends and developments in this crucial area. No other survey has the wealth, depth or scope of data that the SDD provides..."

"...Although levels are declining, 8% of 15 year olds are still regular smokers, and 22% of 11-15 year olds had tried smoking at least once in 2013. We are not yet at the point where we no longer need to track behaviour of this group. People who start smoking younger are more likely to become highly addicted smokers, therefore it is very useful to track this age group..."

"This is a very useful dataset - especially given the long-term nature of the project and the ability to track trends overtime..... Substance misuse among young people is a key public health issue, especially given the way drug use is changing at the moment, with a shift away from traditional hard drugs such as heroin to an unknown world of NPS (new psychoactive substances). The more information we have to help us provide effective advice, information and services to young people the better..."

“For me SDD has been an invaluable tool for understanding the needs of young people in relation to substance misuse for over a decade now ... Being able to know not only the general trends in use, but more importantly how those correlate with other behaviours and family circumstances has been very useful...”

Purpose(s) for which SDD information is used

Responses 156 /171

Purpose Used	Number	Percent
To examine trends and behaviours	129	83%
Comparing local indicators with national figures	93	60%
Informing policy making	81	52%
Planning services	62	40%
Policy monitoring and evaluation	61	39%
To measure the Public Health Outcomes Framework desired outcomes	58	37%
Research and analysis – other	54	35%
Personal interest	36	23%
Research and analysis – academic	30	19%
Other (please specify)	34	22%

Other widely used purposes of SDD were comparing local indicators with national figures (60%), research and analysis (54%) and informing policy making (52%). 57 of the 93 respondents using SDD to compare local indicators with national figures were from a Local Authority. One Local Authority made the following comment:

“...We have conducted local surveys on drug and alcohol use and the national survey is invaluable as a baseline to compare ourselves to.”

Over a third of respondents use SDD for planning services (40%), policy and monitoring (39%) and to measure the Public Health Outcomes Framework (37%):

“...Because of this comprehensive and continuous dataset, we have been able to track the impact of tobacco control policies over time in the way few other jurisdictions have been able to, for this important age group. Because the survey monitors smoking, drinking and drug use, it allows for analysis over time of the relationship between these behaviours. Going forward it

remains essential to have a continuous data set to help us evaluate the impact of current and future policy interventions for smoking drinking and drugs...”

“...The results of the survey assist in the tailoring of work around young people ...much of the tobacco control work around young people relies on this dataset Providing an evidence base for young people and smoking habits... allow(s) localities to offer bespoke campaigns and support to this age group.”

“...Looking ahead there are many likely changes afoot, including smoking in cars with children legislation, standardised packs, age of sale of electronic cigarettes and more. This survey should continue to provide a benchmark and a tracking system to analyse these key changes and the resulting behaviour amongst young people. Policy making and behaviour change work relies heavily on showcasing reliable and valuable data....”

“Continuity of data is vital in relation to mapping trends and evaluat(ing) the impact of new legislation that has been introduced to primarily prevent the uptake of smoking amongst children and young people and reduce prevalence - including point of sale display legislation, standardised packaging, smoking in private vehicles where children are present and proxy purchasing.”

There was a wide variety of purposes identified within the other category with three main ones being education and training, informing the public and media about the evidence base on alcohol, tobacco and substance misuse and providing evidence to support commissioning services and targeting initiatives:

“It is vital that we are able to continually monitor and measure the behaviour of young people in terms of smoking and drinking in particular in order to ensure that service offered to prevent access and to support cessation are appropriate and targeted.”

Two respondents representing the private sector made the following comment about their support for the survey and how they use the data:

“Trade associations... as well as major retailers of alcohol and tobacco will support the continuation of the survey as it’s useful for the retail industry to understand not only the level of consumption by young people, but also how young people are accessing alcohol and tobacco. This insight allows the industry to assess how they can further their efforts to reduce access to young people.”

- “The SDD survey is incredibly useful It is incredibly important in understanding the habits and patterns of young drinkers which is vital in helping shape the industry’s response to underage drinking. The reduction of this information is therefore likely to hinder our ability to continue to the work in tackling underage drinking”

How useful are the different question areas?

Respondents were asked how useful the different questions on smoking, drinking and drug use were. Although the tables below clearly identify some question areas as 'most' or 'least' useful, there is also a lack of consensus for some question areas with reasonably large proportions of respondents finding a particular question area most useful whilst others find it least useful.

Smoking: Respondents' perceptions of how useful different questions were

Responses – Most useful 114 / 171 & Least useful 109/171

Question Area	Most useful		Least useful	
	No.	%	No.	%
Awareness and use of electronic cigarettes	71	62%	4	4%
Dependence on smoking (e.g. whether they would like to give up, perceptions of how difficult it might be, have they tried to)	39	34%	3	3%
Where young people get cigarettes from	37	32%	7	6%
Whether information provided by schools on smoking, drinking and drugs is considered sufficient	24	21%	24	22%
Whether people they live with smoke and whether they do this inside the home.	21	18%	11	10%
Perceptions of why young people their age smoke	21	18%	16	15%
Attitudes to smoking, (e.g. is it OK to try smoking to see what it's like)	18	16%	15	14%
Perceptions of how many people their own age smoke	16	14%	7	6%
Family attitudes/perceived attitudes to young person smoking/starting to smoke	15	13%	10	9%
Smoking amongst family and friends	11	10%	6	6%
Length of time as regular smoker	10	9%	14	13%
Exposure to others' smoke	9	8%	15	14%
Whether information on smoking is provided in school	9	8%	17	16%
Awareness and use waterpipe tobacco	8	7%	56	51%
Access to information on smoking from different sources	7	6%	23	21%
Buying cigarettes from a shop (how easy/difficult this is, visibility, attempts to buy, quantity bought, frequency bought, refusals, asking others to buy cigarettes)	6	5%	7	6%
Others buying cigarettes from a shop for young person (incl. who and how often)	3	3%	20	18%
Type of cigarettes smoked	3	3%	42	39%

The survey identified 'awareness and use of electronic cigarettes' as the question area that is considered the '**most useful**' by the highest proportion of respondents. 62% identified this question area as most useful. Other question areas identified as most useful by fairly high

proportions of respondents were 'dependence on smoking' (34%) and 'where young people get cigarettes from' (32%).

Awareness and use of waterpipe tobacco was considered '**least useful**' by over half of respondents (51%). 'Types of cigarettes smoked' was identified as a least useful question area by 39% of respondents.

The views of users on some other question areas were more ambiguous. For example, although 22% of respondents identified 'whether information provided by schools on smoking, drinking and drugs is considered sufficient' as least useful, this question area was also considered as most useful by 21% of respondents.

Drinking: Respondents' perceptions of how useful different questions were

Responses 104 / 171 Most useful and 101/171 Least useful

Question Area	Most useful		Least useful	
	No.	%	No.	%
Frequency of being drunk in last 4 weeks	61	59%	4	4%
Attitudes to drinking alcohol (e.g. is it OK to get drunk once a week)	36	35%	2	2%
Experience of adverse consequences of drinking (e.g. vomiting, fights, losing money etc.)	28	27%	9	9%
Buying alcohol (where buy, ability to buy, other people buying it)	26	25%	12	12%
Perceptions of how many people their own age drink	22	21%	13	13%
Whether information provided by schools on drinking is considered sufficient	18	17%	21	21%
Where young people drink alcohol and with whom	17	16%	8	8%
Perceptions of why young people their age drink	15	14%	14	14%
Family attitudes to child starting drinking alcohol	14	13%	6	6%
Use of/quantity of energy drinks consumed	11	11%	40	39%
Parental/guardian attitudes to drinking	9	9%	8	8%
Whether people they live with drink and whether they do this inside the home	9	9%	15	15%
Other access to alcohol (given alcohol by family/friends/others, stealing/taking alcohol)	8	8%	9	9%
Access to information on drinking alcohol from different sources	8	8%	13	13%
Whether information on drinking is provided in school	7	7%	21	21%
Whether young people had tried to get drunk	7	7%	21	21%
Consuming alcohol with energy drinks	7	7%	26	26%
Pubs, bars, pubs and drinking behaviour (e.g. frequency of visits, who with, whether bought and drank alcohol)	3	3%	25	25%

The question area considered '**most useful**' by the highest proportion of respondents was 'frequency of being drunk in the last 4 weeks' (59%). Questions on 'attitudes to drinking alcohol' were considered to be most useful by over a third of respondents (35%) and

questions around 'experience of adverse consequences of drinking' were considered most useful by 27%.

'Use of/quantity of energy drinks consumed' was considered the '**least useful**' question area by 39% of respondents and 26% thought 'consuming alcohol with energy drinks' was least useful. Questions around 'pubs, bars, pubs and drinking behaviour' were identified as least useful by a quarter of those responding (25%).

Drug use: Respondents' perceptions of how useful different questions were

Responses 91 / 171 most useful and 82/171 least useful

Question Area	Most useful		Least useful	
	No.	%	No.	%
Attitudes to taking drugs (e.g. is it OK to try cocaine to see what it's like)	32	35%	2	2%
Ease of access to drugs/whether have bought drugs in a shop/internet	31	34%	10	12%
Details of most recent occasion of drug use (type of drug(s), how recent, where and from who the drugs were obtained, also whether drinking at time, who with)	27	30%	4	5%
Details of first occasion on which drugs were taken (i.e. type of drug(s) and who they got them from)	26	29%	8	10%
Outcomes from school lessons on drugs (e.g. helped young person think about risks, avoid drugs, find out more about drugs, what to do if offered)	25	27%	13	16%
Perceptions of how many people their own age take drugs	22	24%	8	10%
Reason(s) for taking drugs	22	24%	9	11%
Whether information provided by schools on drugs is considered sufficient	18	20%	21	26%
Dependence on drugs (desire to stop and perceived need for help/treatment)	16	18%	9	11%
Method of taking drug (relevant to Methamphetamine, Speed or other Amphetamines only)	16	18%	32	39%
Whether information on taking drugs is provided in school	7	8%	21	26%
Family attitudes/perceived attitudes to young person taking drugs	6	7%	16	20%
Access to information on taking drugs from different sources	5	5%	20	24%
Refusing drugs (if have refused and why)	5	5%	20	24%
Effects of drugs (how they make the young person feel)	3	3%	29	35%

'Attitudes to taking drugs' was considered the '**most useful**' question area by 35% of respondents and 34% considered 'ease of access to drugs/whether have bought drugs in a shop/internet' as most useful.

'Method of taking drugs' (39%) and 'Effects of drugs' (35%) were considered the **'least useful'** question areas by the highest proportions of respondents.

New information requirements

In total, 48 respondents identified information that the survey did not currently cover which they thought should be reported. These information needs are outlined below.

E-cigarettes Although the survey does collect some information on the E-cigarettes¹, this was the most commonly identified need with 21 respondents mentioning it. Most respondents' comments were quite general about the need for this information, rather than requesting specific questions:

"...good quality information on (E-cigarette) use and trends in order to plan policy development and interventions and evaluate progress".

"We think the survey should collect evidence on electronic cigarettes given this represents an area of tobacco control which is developing fast and for which additional evidence on use is required".

Ten respondents, who were all members of the Smokefree Action Coalition made the following comment or a comment very similar to this:

"There is a growing concern about electronic cigarette use..." and the "...need to review ...the questions currently included ... to check they are adequate".

Two respondents highlighted concern about the use of E-cigarettes as a gateway to tobacco smoking and the need/potential need for the SDD survey to include additional questions around this.

Eleven of those highlighting the need for information on E-cigarette use were from local authorities.

New psychoactive substances was the second most common information need identified by 13 respondents. New psychoactive substances, also known as NPS or so called 'legal highs', are drugs that mimic, or claim to mimic, the effects of illegal drugs such as ecstasy, cannabis or cocaine, and come in a variety of forms (herbal mixtures, powders, crystals or tablets).

Many of the comments received clearly expressed a concern about these drugs and their use amongst young people. For example:

"There is growing concern about ... new psychoactive substances, and their use amongst young people. It is important that there is a review of the questions currently included on these issues to check they are relevant and can monitor any changes over time."

¹ The questionnaire asks young people whether they have heard of E-cigarettes and about use if E-cigarettes.

Two respondents were interested in information around access/availability/purchasing of NPS:

“Specific questions relating to use of new psychoactive substances and how these are accessed - we need to respond to this growing issue so understanding trends would help with this.”

“...enhanced information on NPS use, availability and purchasing behaviour would also be useful. We would use this information in potential reviews of the Psychoactive Substances Bill, currently progressing through Parliament”.

One respondent wanted information around:

“... perception of safety given the fact they are currently 'legal'”

Another respondent from a local authority said that information on NPS use was required to give:

“...a better idea of the scale of the issue and perceptions to it, (enabling them to) ... plan interventions (responses) according to this information”

Alcohol marketing, advertising, pricing and availability Four respondents (who were all members of Alcohol Health Alliance UK) highlighted the need for more information on alcohol marketing and advertising and made very similar comments as follows:

“More data is needed on the levels of exposure amongst schoolchildren to alcohol marketing, which can be measured in a number of ways such as marketing recall and brand awareness. There are significant links between exposure to alcohol advertising and young people’s consumption. Alcohol advertising increases the likelihood that young people will start to use alcohol and will drink more if they are already using alcohol. Evidence also shows that frequent exposure lowers the age of drinking onset....”.

The same four respondents also commented on the need for information on alcohol pricing and availability:

“We need more information on what affects the choices young people make when it comes to alcohol (i.e. are young people more sensitive to price or is availability an additional consideration?) We welcome the opportunity to explore how affordable young people perceive alcohol to be and whether this impacts on their choices and decisions to drink.”

“...we recommend that particular focus is placed on ...availability.....Does availability (both in terms of density of outlets, online shopping and access to adults who can buy alcohol) play a role in young peoples’ choices?.”

Other information areas considered to be a priority by four respondents from the Alcohol Health Alliance UK were:

Adverse effects of drinking and specifically:

“...the harms that young people have experienced through other people drinking.”

Health impacts of alcohol consumption

“Are young people aware of the long-term health impacts of alcohol consumption? For example, are they aware of the link between alcohol and cancer?”

Other information needs highlighted through the consultation are outlined below. None of these information needs were highlighted by more than two respondents and most were individual responses:

- **Smoking Behaviour** e.g. shop bought or duty free; whether smoking is recreational or regular; how much young people spend on smoking and how they fund it; how did they start smoking; do they enjoy it or smoke because they are addicted; do their parents smoke; linked to cannabis/drug taking.
- **Marketing of cigarettes** Exposure to marketing campaigns and their impact on changing attitudes towards tobacco use
- **Brands** of cigarettes smoked to ascertain levels of illicit use and also, following plain packaging, whether the tobacco industry is using other means to 'market' to young people.
- **Alcohol consumption** Reasons for the fall in alcohol consumption amongst young people. Amount of alcohol consumed at home and by close family members parents.
- **Drunkenness** information about the last time a young person experienced being drunk. The age at which children had first been drunk (as evidence suggests there is a relationship with first experience and the frequency of drinking later in life).
- **Negative experiences related to drinking** - such as visits to A&E and contact with the police.
- **Injecting drug use** and access to needles/syringes.
- **Cannabis and tobacco co-consumption** (smoking of cannabis joints, e.g. cannabis mixed with tobacco).
- **Offending** and contact with criminal justice system as a result of drinking / drug use.
- **Risk taking** Information on risk behaviours when under influence of alcohol and drugs. Information on multiple risk behaviour of those who are drinking and taking drugs (e.g. sexual activity).
- **Multiple risky behaviours and cancer** Questions to develop understanding of the relationship between risky behaviours and other risk factors for cancer (e.g. the perceived impact of alcohol consumption on calorie intake and weight gain) as a mean of better understanding how preventable risk factors impact on cancer.

- **Links between alcohol and smoking and drug use** and occasions when both may be used to provide information about pathways for regular use.
- **Cost** the monetary cost of their smoking/drinking/drugs and how young people fund it.
- **Parental/familiar behaviour** the impact of parental alcohol misuse or substance use by parents or other family members on young people.
- **Access** Mapping how young people access these products in order to inform policy.
- **Emotional and other problems** whether young people are experiencing emotional problems, problems at home/school etc.
- **Support to young people** Would young people prefer to access support via the school or independently (for all 3 topics).
- **Safety and support** Whether children ever feel unsafe as a result of their parents' or family member's drinking or drug use, and if they do, whether they feel like they have somewhere to go and support they can access.
- **Non-users** Information that describes why young people may be choosing not to use. Information on the protective factors that promote resilience.
- **Types of education / prevention programmes delivered in schools** for inclusion in the staff questionnaire. This information could be fed into policy work supporting schools to provide effective resources and evidence-based practice.
- **Local information** rather than just national statistics.
- **Changes in environment/policy** Continued response to changes in the environment or policy, for example, the prevalence of nitrous oxide use.
- **Questionnaire structure** Suggestion that some of the questions on PSHE/schools work on smoking, drinking and drug taking could be grouped together rather than asked individually. There is a risk that the current format could promote a silo approach rather than a whole schools approach (in line with the evidence) to addressing these issues.

Survey format and content

The questionnaire asked respondents for their views on the future format and content of the SDD survey and presented a number of options for consideration. The options described were for a biennial survey, given that annual funding for the survey cannot be guaranteed. Although respondents were not asked for their views on whether the survey should be annual or two-yearly, many expressed a strong preference and need for the survey to be run annually in their comments. Some of the comments made are shown below:

“It is ... vital that we have ANNUAL information on smoking prevalence in this age group so that services can be modified and retargeted as necessary in a timely manner.”

“... If there are changes to the survey it will make it much more difficult, if not impossible to evaluate properly the impact of new legislation coming through now, and in the years to come... By far the best option is to continue the survey in its present form.”

“... the best option would be to continue this survey on an annual basis in its original format with respect to the smoking questions.... Going forward it remains essential to have a continuous data set to help us evaluate the impact of current and future policy interventions...”

“XXX considers that annual data on tobacco use is the preferred option in order to make policy decisions and plan interventions.”

“...We believe data provided through the ...SDD survey is a vital and necessary insight into the youth prevalence of, and attitudes to, smoking and drinking behaviours. We believe the best option is to run this survey on an annual basis in its original format...”

“... Going forward it remains essential to have a continuous data set to help us evaluate the impact of current and future policy interventions... It will remain a Government priority to reduce youth smoking in future and we need to restart the SDD on an annual basis as was previously the case, in order to be able to properly measure future trends in smoking prevalence amongst young people.... Currently we have an unbroken time series running back to the 1980s. If there are changes to the survey it will make it much more difficult, if not impossible to evaluate properly the impact of new legislation coming through now, and in the years to come.”

Preferred option

Respondents were asked to consider three options for the future format and content of the SDD survey and to identify their preferred option. The first choices of respondents are shown in the table below.

Proportion of respondents identifying each option as their first choice

Responses 146 / 171

Survey Option	1st choice	
	No.	%
Option 1 A survey every other year with a core content covering smoking, drinking and drugs use and additional in-depth content with a focus on smoking and drinking but not on drugs.	79	54%
Option 2 A survey every other year with the same focus on smoking, drinking and drugs. Some of the more in-depth questions on smoking, drinking and drug use that have been included in the survey in previous years would have to be cut.	38	26%
Option 3 A survey every other year with an alternating focus. The core content would remain the same each year but the more in depth-questions on smoking and drinking and on drug use would only be covered once every four years.	29	20%

The most popular option amongst respondents was Option 1 with 54% of respondents identifying this as their first choice. 26% of respondents chose Option 2 as their first choice and 20% chose Option 3. 129 respondents selected a second preferred choice with Option 2 being the most popular second choice by over half (51.2%) of the respondents.

Those who preferred option one gave a variety of reasons for this including the importance of retaining continuity of questions, maintaining time series and the ability to evaluate policy and new legislation. Some of the comments made in support of Option 1 are shown below:

“....For the XXX, option one is the preferred option because it enables users to make comparisons over time. Whilst we acknowledge that there are some disadvantages to this option in relation to collecting more in-depth data on drug use, retaining the current level of data collection on alcohol consumption with a continuous time series is most helpful....”.

“....If the survey is to be reduced to every other year, we would prefer option 1, as the survey has a proven track record in effectively measuring smoking prevalence and being useful in policy development and evaluation”.

“Option 1 is preferable to retain the current level of data collection on alcohol consumption with a continuous time series”. “XXX would like to see a (biennial) survey which includes additional in-depth content on smoking and drinking.... It is vital that we are able to continually monitor and measure the behaviour of young people in terms of smoking and drinking in particular in order to ensure that service offered to prevent access and to support cessation are appropriate and targeted.”

“...in order to provide consistent and comparable data on drinking it is important that the same questions are used with the same frequency so that comparisons can be made.”

“The preference for Option 1 is only because of my organisation's research focus - I would expect a charity with a remit to cover drug issues to choose differently. Option 3 seems to risk losing track of trends. The 'fewer but more regular' Option 2 feels like the lesser of the two evils as it will at least ensure some in-depth coverage of all issues with the minimum time gap.”

“The smoking data in SDD are vital to tracking trends in smoking in young people, their purchasing habits, sources of cigarettes, and vitally at present, use of electronic cigarettes.”

Option 2

There were three main reasons given by respondents for choosing Option 2. These were to retain the focus on drugs (which would be dropped under Option 1), to retain trend data and to enable the monitoring of policy initiatives and their impact:

“A four-yearly cycle is too long to reflect the impact of policy initiatives, particularly if new questions are needed to provide baseline information...”

“Our priority is frequent information about both drugs and alcohol. Option two is therefore our preferred option. Under option 3, data on both of our priority topics would be available only every four years, which would have limited use when monitoring policy implementation or examining trends. Option 1 is our least preferred option as we would lose valuable information on one of our priority topics (drugs).”

“Feedback from young people across XXX suggests that alcohol and drugs are more prevalent than smoking, so it is key that drugs are not omitted from the questionnaire.”

“The most important aspect is to keep core content for smoking, drinking and drug use, as the SDD provides us with high quality, irreplaceable trend data for attitudes and behaviour among children for smoking, alcohol and use of illicit drugs. It is difficult to choose between options ...(but) it is probably more important to cover all three topics...”

“The most serious issue is currently increasing use and availability of NPS so a focus on (this) trend would be helpful.”

“Drug use is a significant public health concern for use, particularly with new psychoactive substances...”

“Option 2 is XXX's preference...Options 1 and 3 are less appealing ... because of the lack of detailed drugs data at all under option 1, and because of the detailed data on smoking, drinking and drug only being available every 4 years under option 3.”

“...Our work and mission revolves around both alcohol and other drugs. In our experience the effects of drugs and alcohol on families can be equally profound, and it is important to capture data and trends on both these categories...”

Option 3

The following comments were made in support of Option 3:

“This option would provide data continuously and there would be minimal effort put into redesigning the questionnaires each time. Although ...(we) acknowledge that the impact of policy change would be slightly difficult to monitor, it is unlikely that there would be an excess flow of policies in such short time spans. There would also be some data that could be used to explore policy changes from the ongoing surveys.”

“Comprehensiveness is much more important than regularity.”

“We can collect local detailed data if we really want.”

“Please do not change the method used to measure smoking, drinking and drug use. Comparability across time is incredibly important for any analysis of time trends and identification of priority areas.”

Survey Outputs

Respondents were asked how useful they found the survey outputs (i.e. the report, Excel tables and the dataset). Of those who responded to this question (127), almost all had used the report and Excel tables but 21% (27) had not used the data set. The table below shows how useful those who had used the different outputs found them.

Usefulness of the survey outputs

	Very useful		Quite useful		Not very useful	
	No.	%	No.	%	No.	%
Written report	96	77%	27	22%	1	1%
Excel tables	89	74%	32	26%	0	0%
SDD dataset	68	68%	30	30%	2	2%

More than three out of four respondents (77%) find the written report very useful and 22% find it quite useful. Only one respondent to the consultation finds the report not very useful.

All respondents find the Excel tables very useful (74%) or quite useful (26%).

More than two thirds (68%) of respondents find the SDD dataset very useful, 30% find it quite useful and only two respondents find it not very useful.

Potential improvements to the survey outputs

Twenty-six respondents provided comments or suggestions on how to improve survey outputs. Of those, more than half expressed a requirement for earlier release of the SDD dataset. The following comments were made by three respondents:

“The SDD dataset needs to be released as soon as possible after completion of the survey in order for researchers to be able to use the data for policy evaluation in a timely manner.”

“The SDD dataset needs to be released as soon as possible after the survey has been completed and compiled to provide information for commissioners.”

“The SDD dataset must be made widely available to all working in this field and key stakeholders in a timely manner which will enable any PR or campaign work to make effective use of the evidence.”

The other main suggestion made by five respondents was for the dataset to include regional breakdowns:

“Data sets could be improved by including breakdowns of regions to allow for comparisons and to assess any potential impacts of interventions implemented at a local/regional level”.

“XXX is a regional office and we often use the intermittently published regional data from the survey. It would be a great benefit if more of the available data tables were broken down where possible to a regional level for comparative purposes between regions and national averages”.

Other potential improvements suggested by respondents included:

“A brief summary of the main findings for each element”.

“Easy access summary to use with partners”.

“More colourful presentation - variety of tables, graphics, infographics - useful stuff about making statistics easier to read and clearer to understand”.

“Improved speed in which they are released”.

“It would be helpful if the excel tables included a cover sheet, with a table of contents that linked through to each of the data tables. It would also be useful if a ‘data dictionary’ was available. This would allow users to see which tables have been discontinued, which additional tables were in previous survey years, and which will be available in the next year”.

Respondents were asked about other potential ways that the survey results could be disseminated. Infographics and interactive online analysis tools were the most popular methods with 37% of respondents ranking each as their most preferred option.

Potential methods of disseminating SDD results: Proportion of respondents identifying each option as their first choice

Responses 125 / 206

Method of dissemination	Most preferred option	
	Number	Percentages
Infographics	37	30%
Interactive online analysis tools	37	30%
Presentations at seminars	16	13%
Lesson packs for use in schools	14	11%
Videos	9	7%
Webinars	7	6%
Interactive quizzes using the survey findings	3	2%

Some respondents made other suggestions for disseminating the results of the survey. These included:

- the media and social media
- open data formats (XML)
- web links
- positives disseminated as Public Health messages
- a simple PowerPoint which could be edited if necessary to add local information
- published peer-reviewed papers written by users of the survey
- a day to engage with users through the UK Data Service

Other Comments and Feedback

At the end of the questionnaire respondents were given the opportunity to make further comments. Most of the comments received provided additional information to supplement responses to earlier questions and so have been covered in other sections of this report.

There were a number of comments which related to the survey and questionnaire design:

“Currently there is a very small sample size for the survey in general (2014 was the lowest level of participation by schools to date) and with older groups (aged 15/16) more specifically. It is this age that are likely to be experimenting with smoking, drinking and drug use so we are concerned about how representative of national trends the survey has been. It would be useful if the survey could be extended to non-mainstream schools settings, as these are also the young people that are likely to be using substances.”

“If it is possible to increase the sample size to provide more locality based data that would be useful”.

“Careful thought needs to be given to how frequently some questions are asked. The questions about obtaining cigarettes are good recent examples of how the survey has been able to respond to changes in policy and regulation, and it would be a pity to lose this responsiveness.”

“If the SDD survey moves to running every other year, it is important to ensure that youth smoking uptake over the last 12 months, and 12-24 months, is collected in as comprehensive a format as possible. However, this means the survey will still offer a less comprehensive means of understanding youth smoking uptake than the current approach.”

Two others were comments about the importance of the information collected through the survey:

“For me SDD has been an invaluable tool for understanding the needs of young people in relation to substance misuse for over a decade now ... Being able to know not only the general trends in use, but more importantly how those correlate with other behaviours and family circumstances has been very useful in my work. We need to know how many children are starting to develop relationships with the range of substances set out in SDD as use at the ages covered by this survey often foretell the issues that adult services will need to be conscious of into the future.”

“The UK drug scene is in the greatest period of flux ever; never before have we seen so many new drugs appearing and behaviours changing with such speed. For example, the Crime Survey for England and Wales has found that nitrous oxide is now the second most popular drug for 16-24 year olds, having been rarely used only a few years ago. It is essential to have the in-depth reporting on drug use that the SDD currently provides.”

Next steps

The HSCIC thanks everyone who replied to the consultation. We are committed to ensuring that the SDD survey continues to meet the needs of users and your feedback is essential in helping us to do this.

The HSCIC:

- Is considering your feedback about future information needs together with your suggestions and comments and using them to inform the future development of the survey within the constraints of cost and feasibility.
- Is considering innovative methods of disseminating the SDD results.
- Will feedback to sponsor organisations that there is strong support for the survey to continue on an annual basis.
- Will be piloting a new survey methodology that will generate a much larger sample size than previous surveys, enabling the inclusion of the more in-depth drug focussed and smoking and drinking focussed questions within the same survey year.

The implementation of some of the needs/wants identified through this survey may be constrained by the scope of the survey, length of the questionnaire and level of funding available from sponsor organisations.

Further comments can be submitted at any time to the HSCIC using the feedback form that accompanies the publication or alternatively via email to: enquiries@hscic.gov.uk