

# Smoking Drinking and Drug Use Among Young People in England (SDD) Consultation

User feedback questionnaire

# **Personal Details**

Please complete the following details:						
1.	Name:	Habib Kadiri				
2.	Type of respondent or org	ganisation: <i>pleas</i>	se click the approp	riate box		
	Academic					
	Charity or voluntary org	anisation	$\boxtimes$			
	Media					
	Member of the public					
	Private sector					
	Public sector - Departm	ent of Health				
	Public sector - Public H	ealth England				
	Public sector - NHS En	gland				
	Public sector - Other Ni	HS organisation				
	Public sector - Local Au	thority				
	Public sector - other					
	Other					
	If other please specify a	and explain in the	e organisation name	e section below:		
3.	Organisation Name:	The Institute of	Alcohol Studies	Institute of Alcohol Studies		
4.	May we contact you pleas answer any questions you		-	vould like clarification or to		
	Yes ⊠ (please ch	neck you have er	ntered your email a	ddress and / or phone no.)		

Smoking, Drinking and Drug Use Among Young People in England: Consultation – User feedback questionnaire

5.	Email address:	hkadiri@ias.org.uk	
6.	Telephone number:		
Υοι	ır use of SDD informat	ion	
7.	What information from the	e SDD survey do you use? Tick all boxes that appl	у
	Information on smoking		
	Information on drinking		
	Information on drug use		
8.	For what purpose(s) do y	ou currently use the SDD outputs? Tick all that app	oly
	Informing policy makin	g	$\boxtimes$
	Policy monitoring and	evaluation	$\boxtimes$
	To measure the Public	Health Outcomes Framework desired outcomes	$\boxtimes$
	Comparing local indica	tors with national figures	$\boxtimes$
	Planning services		
	To examine trends and	I behaviours	$\boxtimes$
	Personal interest		
	Research and analysis	– academic	
	Research and analysis	- other	$\boxtimes$
	Other(s) (please speci	·y)	

Click here to enter text.

## **Survey Format**

The HSCIC is reviewing the format and content of the SDD survey and has identified three options for future surveys. The reasons for the review and the options, together with some advantages and disadvantages, are outlined in the SDD Consultation document that accompanies this questionnaire. It is <u>very important</u> that you read this document and in particular the section 6 on Survey Options before completing the questions below. We would like users to identify their first and second choice.

9. Please consider each option outlined in section 6 (Survey Options) of the SDD Consultation document then indicate your preferred options below by identifying a first and second choice. Please tick one box to indicate your first choice and one box to indicate your second choice.

Option	First Choice	Second Choice
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 <u>not</u> on drugs.	$\boxtimes$	
Option 2		
A survey every other year with the same focus on smoking, drinking and drugs. Some of the more indepth questions on smoking, drinking and drug use that have been included in the survey in previous years would have to be cut.		
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 <u>four</u> years.		

Please use the space below if you would like to explain why you have made a particular choice(s).

The In	nstitute	of A	lcohol	Studies	is	an	indepen	dent	organi	sation	that	seeks	to	bridge
the ga	p betwe	een :	science	and pu	ıblic	ро	licies to	reduc	ce alco	hol-rel	ated	harm.		

IAS aims to educate, preserve and protect the good health of the public by:

- Promoting the scientific understanding of beverage alcohol and the individual, societal and health consequences of its consumption
- Promoting measures for the prevention of alcohol-related problems and to promote, for the public benefit, research into beverage alcohol and to publish the useful results.

For the IAS, Option 1 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.

Like Option 1, Option 2 will allow for continuity in data collection, albeit for headline figures only. Although Option 2 allows for the identification of trends over time to be tracked to measure potential policy impacts, excluding the more in-depth questions on drinking from the questionnaire redesign would make comprehensive comparisons with previous survey data problematic. In-depth questions are vital for producing sound evidence-based policy, so cutting these from the survey would be detrimental to that purpose.

Option 3 is the least preferable from an AHA perspective as it means that in-depth data on alcohol would be collected too infrequently to be able to successfully monitor the impact of any policy changes (twice in a decade).

# **Survey Content**

Under Option 2 in question 9 above, the more in-depth content of the questionnaire would have to be reduced. We are therefore consulting users on what topic areas they think are most useful and which they think are least useful should the survey review process identify Option 2 as the preferred option.

NB: The lists in questions 10 –12 are not exhaustive as some basic questions will be retained.

10. The table below lists a number of different question areas around **smoking**. Please indicate the <u>three</u> you think are most useful and the <u>three</u> you think are least useful by ticking the appropriate boxes.

Question Area	Most Useful	Least Useful
Awareness and use of electronic cigarettes		
Awareness and use waterpipe tobacco		
Attitudes to smoking, (e.g. is it OK to try smoking to see what it's like)		

Perceptions of how many people their own age smoke	
Whether information on smoking is provided in school	
Access to information on smoking from different sources	
Whether information provided by schools on smoking, drinking and drugs is considered sufficient	
Family attitudes/perceived attitudes to young person smoking/starting to smoke	
Dependence on smoking (e.g. whether they would like to give up, perceptions of how difficult it might be, have they tried to)	
Length of time as regular smoker	
Type of cigarettes smoked	
Where young people get cigarettes from	
Buying cigarettes from a shop (how easy/difficult this is, visibility, attempts to buy, quantity bought, frequency bought, refusals, asking others to buy cigarettes)	
Others buying cigarettes from a shop for young person (incl who and how often)	
Smoking amongst family and friends	
Exposure to others' smoke	
Perceptions of why young people their age smoke	
Whether people they live with smoke and whether they do this inside the home.	

11. The table below lists a number of different question areas around **drinking**. Please indicate the <u>three</u> you think are most useful and the <u>three</u> you think are least useful by ticking the appropriate boxes.

Question Area	Most Useful	Least Useful
Frequency of being drunk in last 4 weeks	$\boxtimes$	
Use of/quantity of energy drinks consumed		$\boxtimes$
Consuming alcohol with energy drinks		
Attitudes to drinking alcohol (e.g. is it OK to get drunk		

once a week)		
,		
Perceptions of how many people their own age drink		$\boxtimes$
Whether information on drinking is provided in school		
Access to information on drinking alcohol from different sources		
Whether information provided by schools on drinking is considered sufficient		$\boxtimes$
Family attitudes to child starting drinking alcohol		
Buying alcohol (where buy, ability to buy, other people buying it)	$\boxtimes$	
Other access to alcohol (given alcohol by family/friends/others, stealing/taking alcohol)		
Parental/guardian attitudes to drinking		
Where young people drink alcohol and with whom		
Whether young people had tried to get drunk		
Experience of adverse consequences of drinking (e.g. vomiting, fights, losing money etc.)	$\boxtimes$	
Pubs, bars, pubs and drinking behaviour (e.g. frequency of visits, who with, whether bought and drank alcohol)		
Perceptions of why young people their age drink		
Whether people they live with drink and whether they do this inside the home		

12. The table below lists a number of different question areas around taking **drugs**. Please indicate the <u>three</u> you think are most useful and the <u>three</u> you think are least useful by ticking the appropriate boxes.

Question Area	Most Useful	Least Useful
Method of taking drug (relevant to Methamphetamine, Speed or other Amphetamines only)		
Attitudes to taking drugs (e.g. is it OK to try cocaine to see what it's like)		
Perceptions of how many people their own age take drugs		
Whether information on taking drugs is provided in school		

Access to information on taking drugs from different sources		
Whether information provided by schools on drugs is considered sufficient		
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)		
Details of first occasion on which drugs were taken (i.e. type of drug(s) and who they got them from)		
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)		
Ease of access to drugs/whether have bought drugs in a shop/internet		
Reason(s) for taking drugs		
Effects of drugs (how they make the young person feel)		
Dependence on drugs (desire to stop and perceived need for help/treatment)		
Family attitudes/perceived attitudes to young person taking drugs		
Refusing drugs (if have refused and why)		
there any information on smoking drinking or drug urrently cover which you think should be included?	use that the surve	ey does not

14. Please describe the information you think the survey should collect and what you/others would use this information for.

#### Advertising and marketing of alcohol

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, and children are highly aware of alcohol brands, with research showing 10 and 11 year olds are more familiar with leading alcohol brands than some leading biscuit or ice-cream brands. A survey of schoolchildren in four EU countries found that awareness of alcohol sponsorship of major sports tournaments was associated with increased levels of underage drinking Data from these surveys could supplement

Yes

No

X

existing evidence on marketing and consumption (i.e. do those young people with higher alcohol brand and sports sponsorship awareness drink more alcohol compared to those with lower alcohol brand recognition and awareness of sports sponsorship?)

#### **Alcohol pricing**

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? The evidence shows that neither of which are mutually exclusive). Alcohol is 54% more affordable than it was in 1980°, and channels for its availability have multiplied far beyond the local pub. Young people in particular are sensitive to price changes and super strength white ciders, the cheapest alcohol available, are known to be popular among young and problem drinkers<sup>vi</sup>. 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.

## **Reporting and Analysis**

As well as getting your views on the content of the survey, we are also keen to understand what you think of the outputs from the survey. The following section asks for your views on a variety of outputs.

15. Using the table below please rate how useful you find the written report on the survey, the excel tables and the SDD dataset from the UK Data Service.

	Written Report	Excel Tables	SDD dataset
Very useful	$\boxtimes$	$\boxtimes$	$\boxtimes$
Quite useful			
Somewhat useful			
Not very useful			
Not used			

16. Please provide any general comments or suggestions on how these outputs could be improved.

Smoking, Drinking and Drug Use Among Young People in England is comprehensive in its scope, and the data produced from the report is written in a way that is easy to understand and interpret.

The datasets could be further improved by including geographical breakdowns of respondents' answers where possible, in order to allow for comparisons between places, and to assess any potential impacts of interventions implemented at a local/regional level.

17. If the HSCIC was to choose more ways of dis be?	sseminating the results, what should they						
You can choose up to two options from the list below.							
Presentations at seminars							
Webinars							
Infographics							
Videos							
Interactive online analysis tools							
Interactive quizzes using the survey findings							
Lesson packs for use in schools							
Something else (please specify)							
Click here to enter text.							

#### Comments

18. If you have additional comments or feedback about SDD or to expand on the answers you have provided please use the space below.

The IAS considers all the areas highlighted in Question 11 to be important for informing policy development. However we recommend that particular focus is placed on the following areas:

- Pricing and availability

Does pricing affect the choice that young people are making when it comes to consumption? 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?

Adverse effects of drinking

We'd welcome a question on the harms that young people have experienced through other people drinking. Evidence shows that 78.7% of people in the North West of England reported at least 1 of 20 different types of harms from the alcohol consumption of others<sup>1</sup>.

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?

<sup>&</sup>lt;sup>1</sup> Alcohol's harms to others, Institute of Alcohol Studies, July 2015, http://www.ias.org.uk/uploads/pdf/IAS%20reports/rp18072015.pdf Accessed 13 July 2015.

Thank you for completing this survey.

If you have any queries, please email: enquiries@hscic.gov.uk

<sup>&</sup>lt;sup>1</sup> Anderson P, de Bruijn A., Angus K., Gordon R., and Hastings G. (2009b) Impact of alcohol advertising and media exposure on adolescent alcohol use: Systematic review of longitudinal studies, Alcohol and Alcoholism 44, pp229-43. ii ibid.

iii Alcohol Concern Cymru (2012) Making an impression: Recognition of alcohol brands by primary school children, Cardiff, Alcohol Concern.

iv De Bruijn et al (2012) Report on the impact of European alcohol marketing exposure on youth alcohol expectancies and youth drinking, AMPHORA report

Very Health and Social Care Information Centre, Statistics on alcohol, England 2015, available at:

http://www.hscic.gov.uk/catalogue/PUB17712 [last accessed 17/07/15]

vi Alcohol Health Alliance, AHA position on taxation, available at: http://ahauk.org/wp-content/uploads/2015/03/AHA-Policy-Position-Alcohol-Duty.pdf [last accessed 17/07/15]