Norfolk Flourish Survey 2024 – Drugs and Alcohol

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Norfolk Overview – 2024 data

Alcohol

Just under **1 in 2** report drinking alcohol at least once

Just over **1 in 4** report drinking alcohol at least once a month

Older pupils are more likely to report drinking alcohol

11-15 year olds...

In the Norfolk sample may be more likely to report drinking alcohol at some point than the English average

Among pupils who report drinking alcohol at least once...

Almost **6 in 10** only drink alcohol to celebrate special occasions

Over **6 in 10** state that their parents always know about it

Proportions average across **Year 6 to Year 13** pupils (those aged 10 to 18) unless stated otherwise

Among Year 12/13 pupils...

Just over **3 in 20** report getting drunk in the 7 days before the survey

Around **1 in 3** report sometimes, usually or always having an alcoholic drink when feeling worried or stressed

Pupils who report more frequent alcohol drinking are less likely to report that their parents always know about their drinking

Year 8 and Year 10 pupils...

Are less likely to report drinking in the 7 days prior to the survey than in 2015

Almost **1 in 4** report being concerned at some point about a family member's alcohol use

Reporting concerns about a family member's alcohol use is associated with reporting violence between adults at home

Regular alcohol drinking and taking drugs at least once are associated with:

- Each other
- Having smoked tobacco
- Having vaped tobacco
- Having had sex

Drugs

Around **9 in 10** report never taking drugs

Under **1 in 20** report taking drugs in the month prior to the survey

Older pupils are more likely to report taking drugs

Cannabis is the most widely used drug

12-15 year olds...

In the Norfolk sample appear less likely to report having taken drugs at some point than the English average

Among pupils who report taking drugs at least once...

Just over **1 in 10** report being concerned about their drug use at some point

Under **1 in 5** report looking after or carrying drugs for someone else

Proportions average across **Year 8 to Year 13** pupils (those aged 12 to 18) unless stated otherwise

Under **1 in 10** report being concerned about a family member's drug use at some point

Among Year 12/13 pupils...

Over **1 in 5** report taking drugs at least once

1 in 5 report taking cannabis at least once

Just over **1 in 10** report taking a drug other than cannabis at least once

Just over **1 in 5** report being concerned about a friend's drug use at some point

Infographic text description

Alcohol

Proportions average across Year 6 to Year 13 pupils (those aged 10 to 18) unless stated otherwise

- Just under 1 in 2 report drinking alcohol at least once
- Just over 1 in 4 report drinking alcohol at least once a month
- Older pupils are more likely to report drinking alcohol
- Among pupils who report drinking alcohol at least once…
    - Almost 6 in 10 only drink alcohol to celebrate special occasions
    - Over 6 in 10 state that their parents always know about it
- 11-15 year olds…
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- Among Year 12/13 pupils…
    - Just over 3 in 20 report getting drunk in the 7 days before the survey
    - Around 1 in 3 report sometimes, usually or always having an alcoholic drink when feeling worried or stressed
- Pupils who report more frequent alcohol drinking are less likely to report that their parents always know about their drinking
- Almost 1 in 4 report being concerned at some point about a family member's alcohol use
- Year 8 and Year 10 pupils…
    - Are less likely to report drinking in the 7 days prior to the survey than in 2015
- Reporting concerns about a family member's alcohol use is associated with reporting violence between adults at home

Regular alcohol drinking and taking drugs at least once are associated with:

- Each other
- Having smoked tobacco
- Having vaped tobacco
- Having had sex

Drugs

Proportions average across Year 8 to Year 13 pupils (those aged 12 to 18) unless stated otherwise

- Around 9 in 10 report never taking drugs
- Under 1 in 20 report taking drugs in the month prior to the survey

- Older pupils are more likely to report taking drugs
- Cannabis is the most widely used drug
- 12-15 year olds…
    - In the Norfolk sample appear less likely to report having taken drugs at some point than the English average
- Among pupils who report taking drugs at least once…
    - Just over 1 in 10 report being concerned about their drug use at some point
    - Under 1 in 5 report looking after or carrying drugs for someone else
- Under 1 in 10 report being concerned about a family member's drug use at some point
- Among Year 12/13 pupils…
    - Over 1 in 5 report taking drugs at least once
    - 1 in 5 report taking cannabis at least once
    - Just over 1 in 10 report taking a drug other than cannabis at least once
    - Just over 1 in 5 report being concerned about a friend's drug use at some point

The Survey

The results from the Flourish Survey begin to be reported on page 10; below, we first provide context to help interpret the results by discussing key details about the sample and analysis. This includes the sample's representativeness, variations in analysis by year group and how confidence intervals allow us to assess which differences in the results are likely to be real. Additionally, Appendix 1 provides further detail on the representativeness of the sample and Appendix 2 explains how year groups map to the age of pupils.

The sample

The analysis is based on a survey which in 2024 sampled 9,347 school pupils in Norfolk from 28 primary schools and 17 secondary schools/further education colleges.[1] The sample represents 12.3% of pupils in state-funded schools in eligible year groups (Year 4 to Year 13, equivalent to pupils aged 8 to 18). Three of the schools in the sample were independent schools. The survey was conducted by the School Health Education Unit (SHEU) which has run similar surveys in other parts of the country for many years. Where the similarity of question wording allows it, we have combined the 2024 data with that from previous Norfolk surveys conducted in 2015 and 2017.

While SHEU has found that results from its surveys are generally broadly consistent with those from other data sources, it is important to note that the dataset is not a truly random sample. Instead, schools self-select to take part in the survey. As such, while the analysis below results from a large Norfolk sample and offers unique insights into the lives of Norfolk pupils, the results may differ from a survey that had a truly random sample of Norfolk pupils.

A separate topic report provides a detailed comparison of the Flourish Survey sample with the known characteristics of pupils in state-funded schools in Norfolk. A number of key points result from this comparison. First, we do not break out the data by individual district as the data is unevenly distributed across districts, in particular, only primary schools took part in the Borough of Great Yarmouth. Second, the geographic distribution of the data and information on the prevalence of pupils receiving free school meals suggests that pupils from deprived backgrounds may be under-represented in the Flourish Survey sample. Third, between 2015, 2017 and 2024 the age distribution of the

[1] Two private schools served both primary and secondary pupils so 43 schools took part in total.

sample varied noticeably, hence, when making comparisons between these three years we control for age by performing the comparison for individual year groups.

Questions and year groups

The questionnaire for secondary pupils was more detailed than the questionnaire for primary pupils, particularly around alcohol, drugs, smoking/vaping and sexual health. As a result, most of the reported results in this report combine data from Year 8 to Year 13 (pupils aged 12 to 18).[2] Where more basic questions about drinking alcohol were asked to Year 6 and Year 7 pupils, this data is also included in the analysis. When considering associations between variables, if both variables show a clear relationship with age, we restrict the analysis solely to Year 10 (pupils aged 14-15) to ensure that age is not influencing correlations reported. The year groups on which analysis is based are clearly indicated in the figure captions and text in each section.

All the percentages and figures in this report are based on the data available for the relevant survey questions. Not all pupils responded to all questions. As such, the number of responses on which percentages and figures are calculated varies within and across topics.

As is standard, the survey was anonymous to ensure that pupils felt able to be honest in their responses. While this means it is not possible to contact pupils revealing issues of concern, the survey did contain multiple phone numbers and web addresses of organisations that pupils could contact to obtain topic specific support.

Comparisons with wider SHEU data

Alongside the data from the Norfolk sample, some data is available for equivalent surveys conducted by SHEU in other parts of the country. For specific important questions, and where an equivalent question is available in the wider SHEU data, comparisons are made with the Norfolk sample. As the SHEU comparator data is only from areas where SHEU has been contracted to run the survey, it does not necessarily provide a fully representative national average. Similarly, the demographic and socio-economic characteristics of the areas in the SHEU comparator data may differ from

[2] Most Year 7 pupils were asked to respond to the questionnaire for primary pupils rather than the questionnaire for secondary pupils due to the more sensitive nature of some of the questions in the questionnaire for secondary pupils. As such, the secondary year groups for which the data aims to be representative are Year 8 to Year 13.

Norfolk. Also, the most recent SHEU comparator data is from 2022 and is only available for Year 8 and Year 10.[3]

Assessing differences

Any differences we highlight in the text below are statistically significant at the 5% level. In the charts, the black lines extending from the end of bars are (95%) confidence intervals. The smaller the confidence interval the greater the certainty we have about the true length of the bar/percentage. If the confidence intervals of two categories/groups do not overlap, we know that the difference between the categories is statistically significant, i.e. it is likely to be real. If the confidence intervals of two different categories/groups overlap, further analysis would be required to determine if any difference is statistically significant (likely to be real).

[3] We do not make a comparison with SHEU data from other parts of the country for Year 12/13, as SHEU's comparator Year 12 data involves far fewer observations than for Year 8 or Year 10.

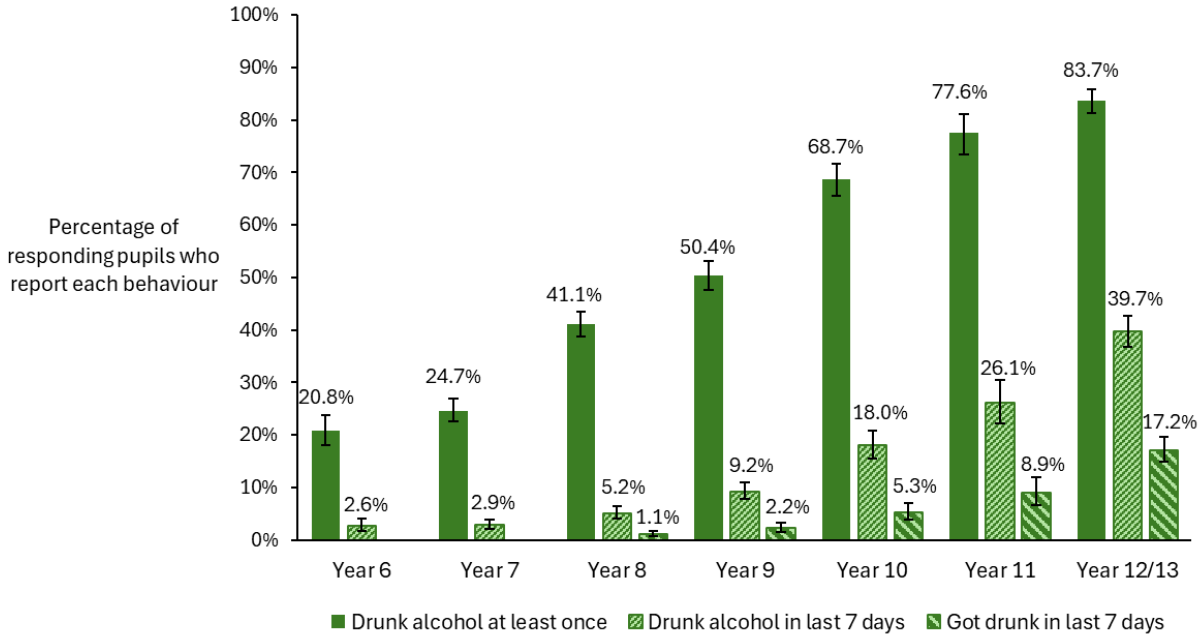
Pupils' alcohol use

While this topic report covers both alcohol use and the use of drugs, this should not be viewed as indicating the equivalence of consuming different substances. Different substances will have different health risks. The Flourish Survey did not record the quantity of alcohol pupils consume and so to identify a group with a greater risk of problematic drinking we focus on pupils who report regular drinking.

Prevalence

Across Year 6 to Year 13 (pupils aged 10 to 18), 48.4% of sampled pupils report that they have drunk alcohol (more than a sip) at least once. Figure 1 shows that the proportion reporting that they have consumed alcohol at least once increases sharply with age.

Figure 1: Percentage of sampled pupils reporting that they have: (i) drunk alcohol at least once, (ii) drunk alcohol in the last 7 days and/or (iii) got drunk in the last 7 days - 2024 (Year 6 to Year 12/13 data separately)[4]



[4] The oldest age category is Year 12/13 as in the questionnaire the oldest year group was labelled 'Year 12+' and there are 276 18-year olds in the 2024 sample. The question about getting drunk was only asked in the questionnaire for secondary pupils and so no data is available for Year 6 or Year 7 pupils.

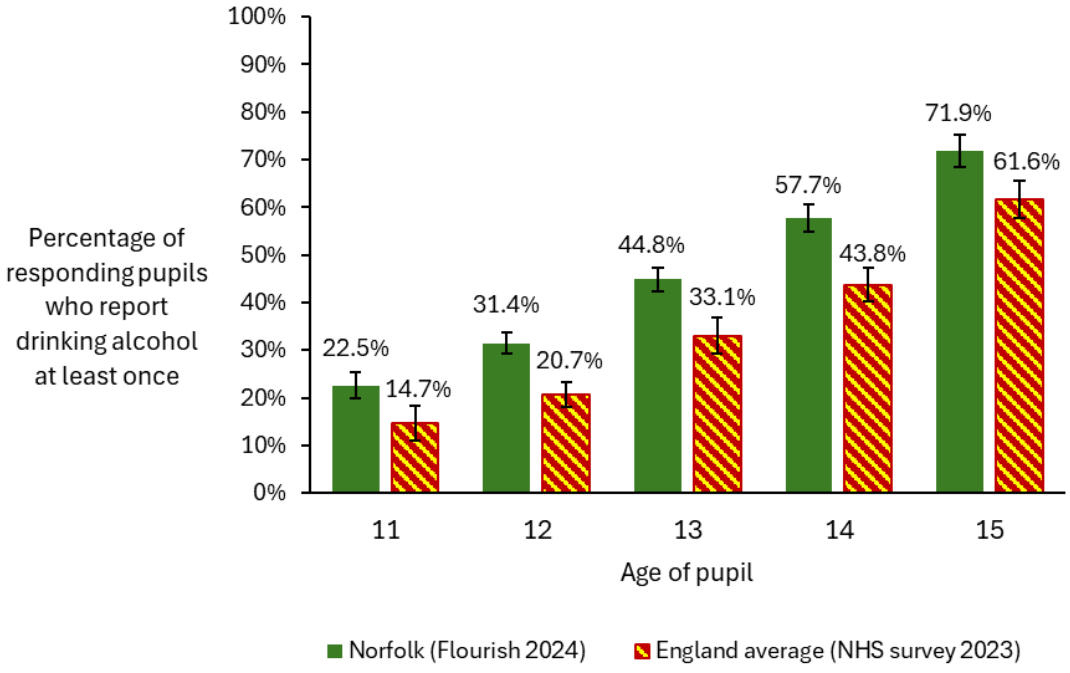
In Year 6, 20.8% of sampled pupils report drinking alcohol at least once rising to 83.7% by Year 12/13. Looking across Year 6 to Year 13, of those pupils who report drinking at least once, the majority, 59.7%, report only drinking on special occasions. In terms of more regular drinking, 26.9% of sampled Year 6 to Year 13 pupils report drinking at least once a month, 9.9% report drinking at least once a week and 1.9% report drinking on most days.[5]

As context for these results one can compare them with data from the Smoking, Drinking and Drug Use among Young People in England survey[6] (from now on simply referred to as 'NHS survey data'). The NHS survey data figures that we report refer to England as a whole. This survey reports that in 2023 37% of pupils aged 11-15 reported that they had drunk alcohol at least once. As with the Norfolk data, the NHS survey data shows that the probability of drinking alcohol increases in older age groups with 15% of 11-year olds reporting drinking alcohol at least once rising to 62% of 15-year olds.

[5] For clarity, those who drink alcohol at least once a week or on most days are included in the percentages reporting the drinking of alcohol at least once a month.
[6] See Smoking, Drinking and Drug Use among Young People in England, 2023 - NHS England Digital

To allow a direct comparison between the Norfolk sample and the 2023 NHS survey data Figure 2 breaks out the Norfolk data by age of pupil instead of by school year group.[7] At each age between 11 and 15, Figure 2 shows that a higher proportion of pupils in the Norfolk sample report consuming alcohol at least once compared to the NHS survey data for England.

Figure 2: Percentage of sampled pupils reporting that they have drunk alcohol at least once - 2024 and NHS survey 2023 (11-year olds to 15-year olds separately)



Overall, the NHS survey data is a more robust indicator of national averages for England than the SHEU comparator data because of the more rigorous sampling procedures followed by the former to ensure that it is truly nationally representative. Most fundamentally, the SHEU comparator data is only based on those areas where SHEU has a contract to collect data and is also a year older than the NHS data with it relating to 2022 rather than 2023.

Nevertheless, when interpreting Figure 2, it is worth considering the possibility that the Flourish Survey sample might over-estimate the true proportion of Norfolk pupils who have consumed alcohol at least once. There two elements to this possible issue. First, the NHS survey reports that pupils from low affluence families and the most deprived backgrounds are less likely to report ever having drunk alcohol compared to pupils from

[7] School year groups cover pupils of two adjacent ages, e.g. Year 10 covers pupils aged 14 and 15.

high affluence families and those from the least deprived backgrounds.[8] Second, there is some evidence that the 2024 Flourish Survey sample may under-represent those from deprived backgrounds. The topic report describing the Flourish Survey sample shows that the proportion of sampled pupils self-identifying as receiving free school meals is noticeably below the proportion of pupils known to be eligible for free school meals in the school census data. Also, no secondary schools in the Borough of Great Yarmouth took part in the 2024 Flourish Survey.

Another possible factor that might influence the pattern shown in Figure 2 would be if parts of England outside of Norfolk have a higher proportion of families that do not drink alcohol.

An alternative way to assess the prevalence of alcohol use among pupils is to ask whether they have drunk alcohol in the seven days prior to the survey. Overall, 12.5% of sampled Year 6 to Year 13 pupils report drinking alcohol in the seven days prior to the survey. Also, 5.8% of sampled Year 8 to Year 13 pupils report getting drunk in the seven days prior to the survey.

For comparison, the 2023 NHS survey data shows that overall 7% of 11-15 year olds in England reported drinking alcohol in the seven days before the survey. In terms of a direct comparison by individual age, only for 14-year olds is the rate of drinking alcohol in the seven days prior to the survey higher in the Norfolk Flourish Survey sample than the English average by a margin which is statistically significant.

Regarding getting drunk, the closest available comparator statistic in the NHS survey is that 7% of 11-15-year olds across England report getting drunk in the four weeks prior to the survey. Note that this figure does not provide a direct comparison to the Flourish Survey drunkenness statistic above as it covers a longer time period, but involves pupils who are younger than in Flourish Survey statistic.

Figure 1 also shows that the proportion of pupils reporting that they drank alcohol in the week before the survey or got drunk in the week before the survey also increases with age. In Year 12/13, 39.7% of sampled pupils report drinking alcohol in the week prior to the survey and 17.2% report getting drunk in the week prior to the survey. Given that a high proportion of pupils report that they only drink on special occasions, it is unsurprising that the percentages reporting recent alcohol consumption in each year

[8] See Part 7: Young people and alcohol: the context - NHS England Digital

group are much lower than the percentages reporting having drunk alcohol at least once.[9]

In terms of variation by age, the NHS survey data show that 2% of 11-year olds report drinking alcohol in the week before the survey rising to 16% of 15-year olds.

[9] Also, some pupils may have tried alcohol once and only consumed it once after deciding they did not like it.

Regular drinking

Given that a majority of Year 6 to Year 13 pupils report drinking only on special occasions, it seems reasonable to focus on frequent drinkers as those that are more likely to have problematic drinking behaviours and/or at higher risk of health issues. Even if a pupil reports drinking alcohol or getting drunk in the week before the survey, this does not show that they repeatedly do this. However, pupils who report drinking alcohol in the month before the survey account for the vast majority of those reporting getting drunk in the week prior to the survey: of Year 8 to Year 13 pupils reporting getting drunk in the seven days prior to the survey 84.5% report that they drink alcohol at least once a month.

The proportion of sampled pupils that reports drinking alcohol at least once a month rises from 3.0% in Year 6 to 15.6% in Year 10 before rising to 42.5% in Year 12/13. Similarly, the proportion who report drinking alcohol at least once a week rises from 1.3% in Year 8 to 4.6% in Year 10 and 17.5% in Year 12/13.

The percentage of pupils in the Norfolk sample reporting regular drinking appears to be broadly in line with NHS survey data. The NHS survey data indicates that in 2023 5% of 11-15-year olds report drinking alcohol at least once a week and 16% report drinking alcohol at least once a month. In terms of breaking out figures by age, the NHS survey data shows that 3% of 11-year olds report drinking at least one a month rising to 33% of 15-year olds, while 1% of 11-year olds report drinking at least once a week rising to 11% of 15-year olds.

Changes over time

The clear association between reported alcohol use and age in Figure 1, together with the sample being non-random, means that it is important to control for age when comparing the 2024 data with that from other years, or with SHEU's data from other parts of the country. In the SHEU comparator data the available frequency of alcohol drinking indicator is whether a pupil reports having an alcoholic drink in the seven days prior to the survey and, hence, this is the indicator we report in Figure 3. Below the reported rates of recent alcohol drinking are shown individually for Year 6, Year 8, Year 10 and Year 12/13. We report only selected year groups for brevity; Year 8 and Year 10 enable comparison with the SHEU data from 2022, while Year 6 was chosen as the youngest year group for which data is available and Year 12/13 was chosen as the oldest year group available.

Figure 3: Percentage of sampled pupils reporting drinking alcohol in the 7 days prior to the survey - 2015, 2017, 2024 and SHEU 2022 (Year 6, Year 8, Year 10 and Year 12/13 data separately)

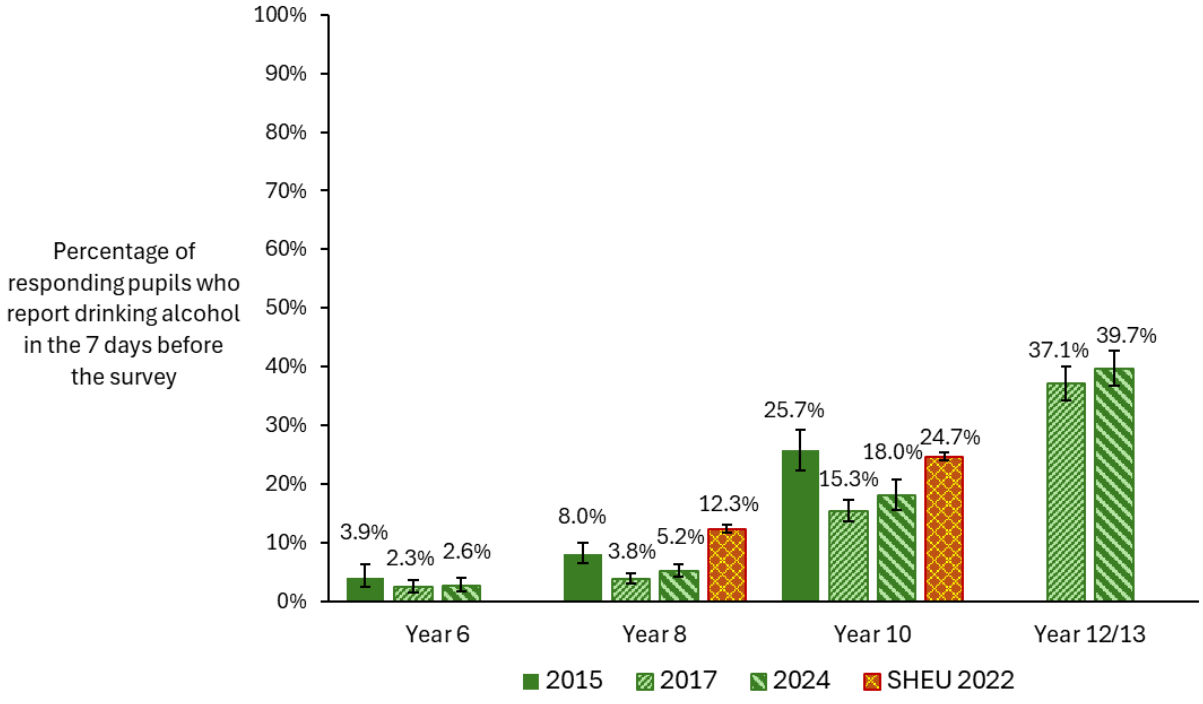


Figure 3 shows that in all year groups the proportion reporting drinking alcohol in the seven days before the survey is stable between 2017 and 2024. However, in Year 8 and Year 10 there is a notable decrease in the proportion of sampled pupils reporting that they drank alcohol in the week before the survey between 2015 and 2024. In 2015

25.7% of Year 10 pupils reported drinking alcohol in the week before the survey compared to only 18.0% in 2024.

The trend of the percentage of pupils reporting drinking in the week prior to survey declining over time aligns with the NHS survey data. The NHS survey reports that the percentage of 11-15 year olds reporting drinking alcohol in the week prior to the survey fell from 10% in 2016 to 7% in 2023.

The percentages of Year 8 and Year 10 pupils in the Norfolk sample in 2024 reporting drinking alcohol in the week before the survey are also noticeably lower than the equivalent proportions in the 2022 SHEU data from other parts of the country. 5.2% of Year 8 pupils in the 2024 Norfolk sample report consuming alcohol in the week before the survey compared to 12.3% in the 2022 SHEU comparator data.

Turning to the percentage of pupils reporting drinking at least once a month, it is possible to compare Norfolk data between 2017 and 2024 for pupils that received the questionnaire for secondary pupils. In Year 10 and Year 12/13 any differences between 2017 and 2024 are not statistically significant. However, there is an increase in the percentage of Year 8 pupils reporting that they drink alcohol at least once a month from 3.3% in 2017 to 5.5% in 2024.

Parental knowledge

Overall, 65.4% of sampled Year 6 to Year 13 pupils who have drunk alcohol at least once report that their parents or carers always knew when they drank alcohol, while only 2.5% report that their parents never know that they have been drinking. Of course, that parents know when a pupil drinks alcohol neither implies that they approve of the consumption or that the consumption is automatically within ‘healthy’ bounds.

The more frequently that a pupil reports drinking alcohol the less likely it becomes that their parents know of each occasion when they drink alcohol. For example, 70.3% of sampled Year 6 to Year 13 pupils that report drinking alcohol on a less than monthly basis state that their parents always know about their drinking, whereas only 42.5% of pupils who report drinking at least once a week state that their parents have a similar level of knowledge.

Variations in alcohol use

Variations across groups – interpretation

In the following subsection, the aim is to understand how the reported rate of drinking alcohol at least once a month varies across a range of groups. The characteristics used for the breakdown are the same in all the Flourish Survey topic reports. In all instances, the identifiers are based on pupils self-reporting their status and so are likely to identify a slightly different group of children than if official designations were used. The characteristics used to split pupils are: identifying as having a Special Educational Need or Disability (SEND)[10], receipt of free school meals[11], different ethnicities[12], identifying

[10] 2,058 individuals in the 2024 sample identify as having SEND (since only 12% of pupils are sampled the number for Norfolk as a whole would be much higher). This number excludes those answering 'I don't want to say' and represents 22.3% of the sample (when considering Year 4 to Year 13 and excluding non-responses). The number of respondents identifying as having SEND is considerably higher in 2024 than in 2015 or 2017. This is probably linked to a change in question design whereby in 2024 respondents are identified as having SEND if they indicate that they experience at least one of six impairments/difficulties (those identifying as having a long-term illness are not included in the SEND indicator). For most questions in the survey, the number responding will be different as some pupils will choose not to respond.

[11] 1,171 pupils in the 2024 sample report that they currently receive free school meals (since only 12% of pupils are sampled the number for Norfolk as a whole would be much higher). This number excludes those answering 'Don't know' or 'Don't want to say' and represents 15.4% of the sample (when considering Year 6 to Year 13 and excluding non-responses). In 2024 the free school meals indicator is only available for Year 6 and above. For most questions in the survey, the number responding will be different as some pupils will choose not to respond.

[12] 986 individuals in the 2024 sample identify as not having a solely white ethnicity (since only 12% of pupils are sampled the number for Norfolk as a whole would be much higher). This number excludes those answering 'Don't want to say' and represents 10.6% of the sample (when considering Year 4 to Year 13 and excluding non-responses). For most questions in the survey, the number responding will be different as some pupils will choose not to respond.

as a young carer[13], reporting low mental wellbeing[14], and gender identity[15]. It is worth remembering that some pupils will fall into multiple groups, e.g. both identify as a young carer and report receipt of free school meals.

When interpreting all figures in this report, it is important to remember that the analysis only shows correlations, i.e. how things differ across groups, it does not demonstrate that the difference is caused by being in a different group. For example, Figure 4 shows those reporting low mental wellbeing report a higher rate of drinking alcohol at least once a month. However, we do not know whether: (i) low mental wellbeing leads to pupils frequently drinking, (ii) frequently drinking leads pupils to have lower mental wellbeing, or (iii) some other factor is driving the patterns in both mental wellbeing and drinking alcohol at least once a month.

Linked to this, all figures in this report only report 'univariate' associations. In other words, they report how one characteristic (e.g. identifying as a young carer) is associated with one outcome variable (e.g. reporting drinking alcohol at least once a month). They do not control for any other characteristics, such as age. It is possible that the patterns shown in the figures could result from differences in other characteristics between two groups e.g. if those identifying as a young carer and those not identifying as a young carer differed in age. However, controlling robustly for all characteristics is much more involved than the present analysis allows with it requiring multivariate regression analysis.

[13] 625 individuals in the 2024 sample identify as young carers (since only 12% of pupils are sampled the number for Norfolk as a whole would be much higher). This number excludes those answering 'Don't want to say' or 'Not sure' and represents 6.8% of the sample (when considering Year 4 to Year 13 and excluding non-responses). For most questions in the survey, the number responding will be different as some pupils will choose not to respond.

[14] 3,155 pupils in 2024 have been classified as having low mental wellbeing (since only 12% of pupils are sampled the number for Norfolk as a whole would be much higher). This represents 39.9% of the sample when considering Year 4 to Year 13 and non-responses to the constituent questions are excluded. For most questions in the survey, the number responding will be different as some pupils will choose not to respond. Low mental wellbeing is identified according to an aggregate score from a range of questions according to recognised academic methods. For primary pupils and most Year 7 pupils the questions result in the Stirling Children's Wellbeing Scale (Stirling Scale), while for older pupils the questions result in the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). For both scales, 'low' mental wellbeing is identified as being a score at least one standard deviation below the mean score on the respective scales as reported in academic studies. Both scales ask pupils to rate their experience of life in the couple of weeks before the survey.

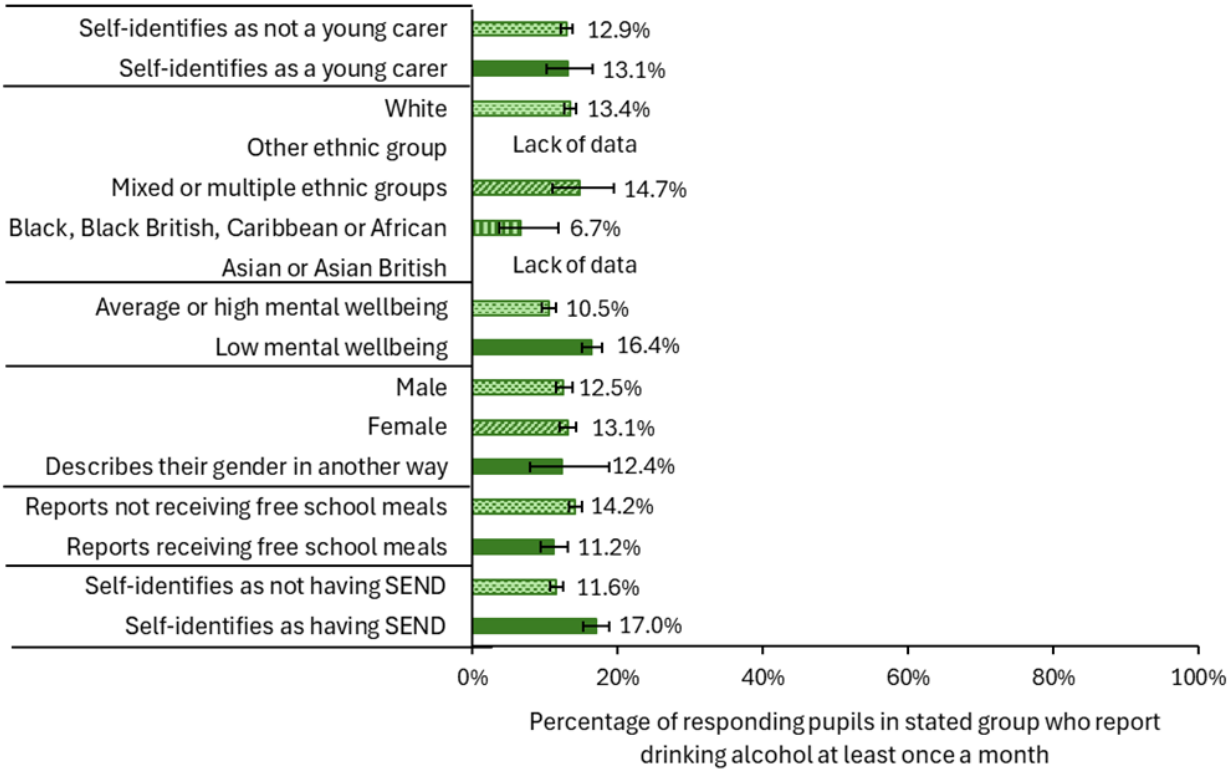
[15] 168 individuals in the 2024 sample describe their gender in another way beyond simply male or female (since only 12% of pupils are sampled the number for Norfolk as a whole would be much higher). This number excludes those answering 'I prefer not to say' and represents 1.9% of the sample (when considering Year 4 to Year 13 and excluding non-responses). Primary pupils as well as secondary pupils could identify as a gender other than male or female. The relevant question was framed as asking about gender identity and there was no separate question asking about sex at birth. For most questions in the survey, the number responding will be different as some pupils will choose not to respond.

In Figure 4 the results should be read as follows. Each bar reports the percentage within the stated group that reports drinking alcohol at least once a month. For example, in Figure 4 17.0% of pupils identifying as having SEND report that they drink alcohol at least once a month. Each characteristic described on the previous page is used to split the overall sample of Year 6 to Year 13 into mutually exclusive groups. In the case of those identifying as having SEND, there are two mutually exclusive groups: ‘Self-identifies as having SEND’ and ‘Self-identifies as not having SEND’. The horizontal lines on the vertical axis separate the different cuts of the data, and the statements about statistical significance refer to comparisons between the groups between two of the horizontal lines, e.g. Self-identifies as having SEND vs Self-identifies as not having SEND.

Variation across groups – results

Among the groups considered in Figure 4, pupils reporting low mental wellbeing and/or identifying as having SEND are more likely to report that they drink alcohol at least once a month than pupils not in these groups. For example, 17.0% of sampled Year 6 to Year 13 pupils who identify as having SEND report drinking alcohol at least once a month compared to 11.6% of pupils who identify as not having SEND. Pupils who identify as Black, Black British, Caribbean or African have a lower probability of reporting drinking alcohol at least once a month than White pupils (6.7% vs 13.4%). Similarly, pupils who report receipt of free school meals are less likely to report that they drink monthly than pupils who report that they do not receive free school meals.

Figure 4: Percentage of sampled pupils reporting that they drink alcohol at least once a month by selected groups - 2024 (Year 6 to Year 13 data combined)[16]



In terms of pupils reporting getting drunk in the seven days prior to the survey, again pupils reporting low mental wellbeing or identifying as having SEND are more likely to

[16] 'Lack of data' indicates that less than 10 pupils in the relevant group report drinking alcohol at least once a month. We do not report percentages where there are fewer than 10 observations for anonymity and robustness reasons.

report this behaviour than those who do not fall into these groups. 7.9% of sampled Year 8 to Year 12 pupils who report low mental wellbeing report getting drunk in the seven days prior to the survey compared to 3.9% of those reporting average or high mental wellbeing.

Concerns about alcohol use

The Flourish Survey asked Year 6 to Year 13 pupils whether they have ever been concerned by the alcohol consumption of: (i) a family member, (ii) a friend, or (iii) another person. Year 8 to Year 13 pupils were also asked about whether they had equivalent concerns about drug use and, also, whether they were ever concerned by their own alcohol and/or drug consumption.

Own alcohol consumption

4.8% of sampled Year 8 to Year 13 pupils that have drunk alcohol report being concerned with their own alcohol consumption at some point. The proportion of pupils reporting this issue increases with the reported frequency at which pupils consume alcohol. 14.4% of sampled Year 8 to Year 13 pupils who drink alcohol at least once a week report being concerned about their own alcohol use at some point compared to 2.2% of sampled pupils who have drunk alcohol but do so on a less than weekly basis. The proportion of pupils who have drunk alcohol that have been concerned about their alcohol consumption at some point also increases with age from 3.7% in Year 8 to 7.0% in Year 12/13.

Pupils reporting concerning about their own alcohol use is also associated with reporting concern about the alcohol use of a family member. Among sampled Year 8 to Year 13 pupils who report being concerned about a family member's alcohol use at some point 8.5% report being concerned about their own alcohol use at some point, whereas only 3.4% of pupils who do not report a concern about a family member's alcohol use report a concern about their own alcohol use.

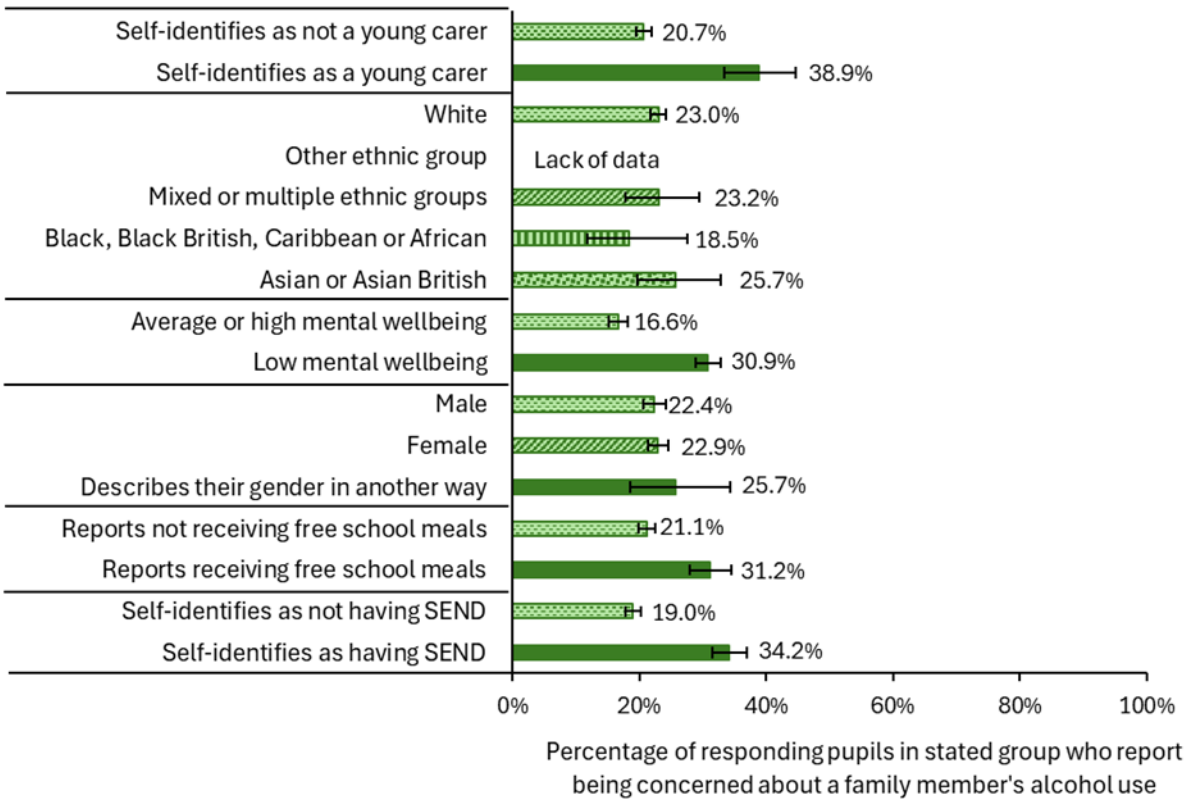
One possible mechanism for the use of alcohol by family members to influence pupils' use is that 49.2% of pupils report that they would use their family as the first source of help or information about alcohol. The next most common source of help and information, which 17.3% of pupils report, is that they have no one or nowhere to obtain information about alcohol use.

Family members' alcohol use

Across sampled Year 8 to Year 13 pupils, 23.1% report that they have been concerned about the alcohol use of a family member at some point; a proportion that remains broadly stable across year groups.

Figure 5 shows that Year 8 to Year 13 pupils who identify as a young carer, identify as having SEND, report low mental wellbeing or report receipt of free school meals are more likely to report being concerned at some point about a family member's alcohol consumption than pupils not in these groups. The size of the differences is often large. For example, 38.9% of those who identify as a young carer report that they have been concerned about a family member's alcohol use at some point compared to only 20.7% of pupils who do not identify as young carers.

Figure 5: Percentage of sampled pupils reporting that they have been concerned about the alcohol use of a family member at some point by selected group - 2024 (Year 8 to Year 13 data combined)



Reports of concern about a family member's alcohol consumption are also associated with indicators of conflict at home. First, 24.6% of sampled Year 8 to Year 13 pupils who

report being concerned about a family member's alcohol consumption at some point report shouting or arguing at least once a week in the month prior to the survey compared to 8.6% of pupils who report not being concerned about a family member's alcohol use. Second, 9.8% of Year 8 to Year 13 pupils who report being concerned at some point about a family member's alcohol consumption report violence between adults at home at least once in the month before the survey compared to 2.7% of those who do not report ever being concerned about a family member's alcohol consumption. Third, sampled pupils who report having had a concern about a family member's alcohol use at some point are more likely to rate their safety at home as okay, poor or very poor compared to pupils who do not report these concerns (19.0% vs 9.8%).

Friends' alcohol use

14.1% of sampled Year 8 to Year 13 pupils report being concerned at some point about a friend's alcohol use and 7.0% report being concerned at some point about the alcohol use of another person beyond their family members or friends. Since pupils' friends are likely to be of a similar age to pupils themselves, it is unsurprising that the proportion of pupils reporting concern about the alcohol use of a friend increases with age.

Interestingly, most of this increase occurs between Year 9 and Year 10 pupils. 18.7% of sampled Year 10 pupils report having had a concern about the alcohol use of a friend at some point compared to 9.7% of Year 9 pupils. For comparison, 7.2% of Year 6 pupils and 22.0% of Year 12/13 pupils report being concerned about the alcohol use of a friend at some point.

As with concerns about family members' alcohol use, sampled Year 8 to Year 13 pupils who identify as a young carer, report low mental wellbeing or identify as having SEND are more likely to report having had concerns about a friend's alcohol use at some point than pupils without these characteristics. For example, 19.7% of those who identify as having SEND report being concerned about the alcohol use of a friend at some point compared to only 12.4% of those who identify as not having SEND.

Also, pupils who have had concerns about the alcohol use of friends at some point are more likely to report regular drinking, while pupils who regularly drink are also more likely to report concerns about the alcohol use of friends. Among sampled Year 10 pupils who report being concerned about a friend's alcohol use at some point 26.5% report drinking at least monthly compared to only 13.2% of Year 10 pupils who report never having concerns about the alcohol use of a friend. Similarly, among sampled Year 10 pupils who report drinking alcohol at least once a month 31.0% report being

concerned about the alcohol use of a friend compared to 15.9% among Year 10 pupils who report consuming alcohol less than once a month.[17]

[17] This analysis is restricted to Year 10 as both variables have a clear relationship with age. Further discussion of this issue is provided in the section ‘Potential issues for drug users and regular drinkers’.

Reasons for alcohol consumption

Overall, 67.3% of sampled Year 8 to Year 13 pupils who have drunk alcohol at least once state celebrating special occasions as a reason for their alcohol consumption. The second most common reason given for alcohol consumption, by 39.2% of Year 8 to Year 13 pupils who have drunk alcohol at least once, is to socialise and have fun. Figure 6 separates the reasons for consuming alcohol by frequency of consumption.

Figure 6: Percentage of sampled pupils that give the stated reason for consuming alcohol by frequency of alcohol consumption - 2024 (Year 8 to Year 13 combined, multiple responses allowed)

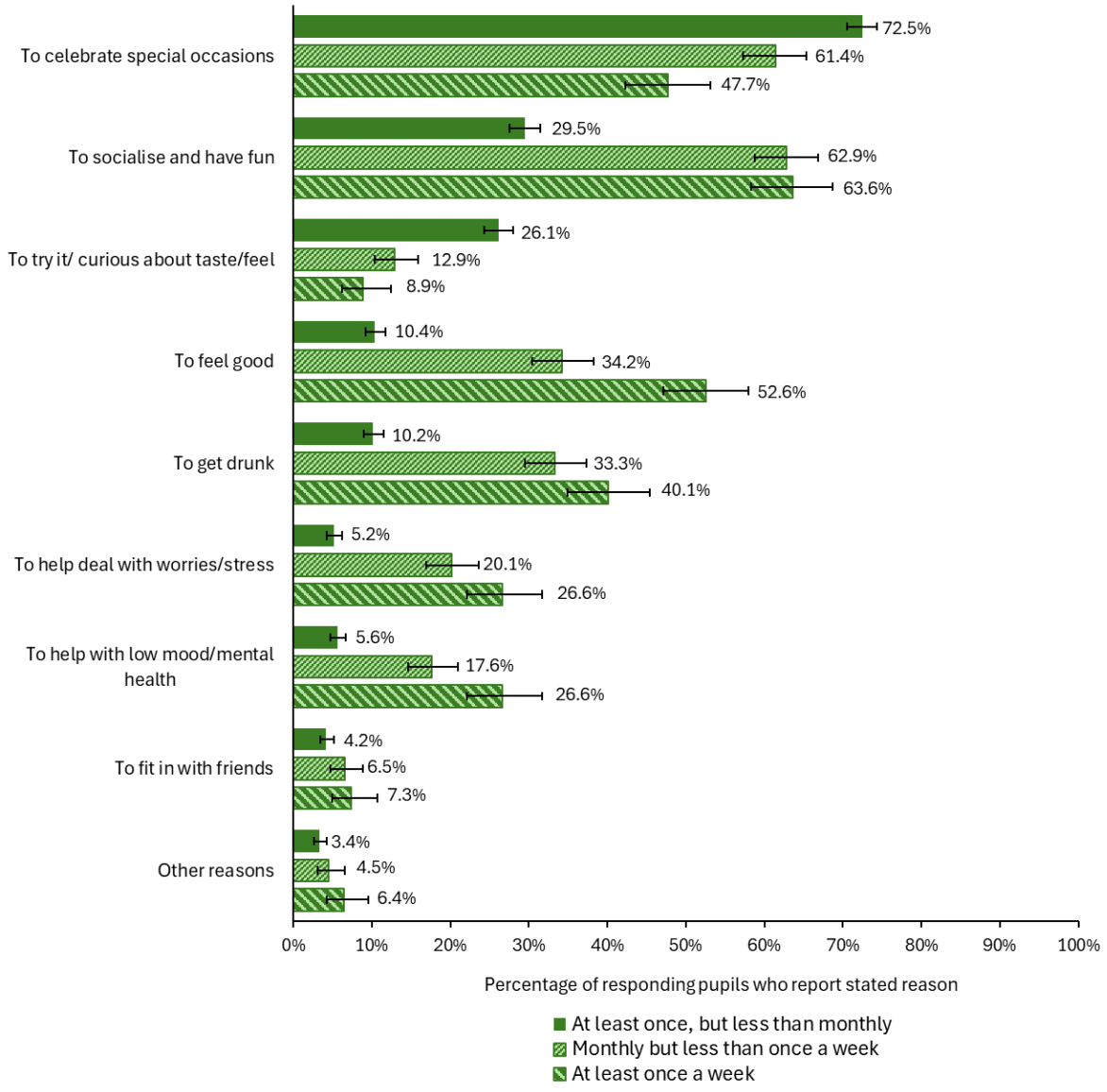


Figure 6 shows that sampled Year 8 to Year 13 pupils that have consumed alcohol but who do so less than monthly are more likely to give celebrating special occasions and curiosity as reasons for consuming alcohol than pupils who report more frequent alcohol consumption. In contrast, those who consume alcohol at least monthly are more likely to report to socialise and have fun; to feel good; to get drunk; to help deal with worries and stress; and to help with low mood and mental health as reasons for consuming alcohol than pupils who consume alcohol on a less than monthly basis.

A notable finding is that 40.1% of sampled Year 8 to Year 13 pupils that drink alcohol at least weekly and 33.3% of those who drink monthly but less than once a week state getting drunk as a reason for their alcohol consumption. In contrast, only 10.2% of those who report drinking at least once, but less than monthly, report getting drunk as a reason for their alcohol consumption.

Another feature of Figure 6 is that pupils who report more frequent alcohol consumption on average provide a greater number of reasons for their consumption than those who report drinking less frequently.

Alcohol use when worried or stressed

In Figure 6 26.6% of sampled Year 8 to Year 13 pupils who consume alcohol at least once a week state that they consume alcohol to help with worries and stress and/or low mood and mental health.[18] In contrast, only 5.6% of pupils who report drinking alcohol, but less than monthly, report to help with low mood and mental health as a reason for their alcohol consumption.

The Flourish Survey also asked an explicit question about whether pupils would have an alcoholic drink when worried or stressed. 12.4% of sampled Year 8 to Year 13 pupils report that they sometimes have an alcoholic drink when worried or stressed, while 2.6% of pupils report usually doing this and 1.6% reporting that they always have an alcoholic drink when worried or stressed.

Matching the increasing percentage of pupils reporting alcohol consumption as they grow older, the percentage of pupils reporting that they have an alcoholic drink when they are worried or stressed also increases with age. While 6.8% of sampled Year 8 pupils report sometimes, usually or always having an alcoholic drink when they feel worried or stressed, this percentage rises to 33.9% by Year 12/13.

[18] These percentages reflect pupils' own perception that alcohol consumption can help with these issues rather than alcohol's actual ability/inability to do so.

In terms of particular groups that are more likely to consume alcohol when worried or stressed, pupils reporting low mental wellbeing or who identify as having SEND are more likely to report this behaviour than pupils without these characteristics. For example, 23.2% of sampled Year 8 to Year 13 pupils who report low mental wellbeing report that they drink alcohol when feeling worried or stressed compared to 11.4% of pupils who report average or high mental wellbeing. However, pupils identifying as Asian or Asian British are less likely than pupils identifying as White to report using alcohol when worried or stressed (10.0% vs 16.7%)

Pupils' use of drugs

Questions about pupils' own use of drugs were asked only in the questionnaire for secondary pupils and so the analysis below generally involves Year 8 to Year 13 pupils. Given that the first question on drug use referenced their illegality[19], it is worth remembering that even though the Flourish Survey was anonymous some pupils might have chosen not to be open about their drug consumption.

Overall prevalence

Across Year 8 to Year 13 (pupils aged 12 to 18), 9.7% of pupils report that they have taken drugs at some point.[20] In other words, 9 out of 10 sampled Year 8 to Year 13 pupils report that they have never taken drugs. Another question in the Flourish Survey asks pupils about when they last consumed each of nine specific types of drugs as well as a catch all category of 'other drugs'. Combining the responses to this second question indicates that 7.0% of sampled Year 8 to Year 13 pupils report consuming drugs in the year prior to the survey and 3.9% report consuming drugs in the month prior to the survey.[21] Again combining responses, 7.2% of sampled Year 8 to Year 13 pupils report consuming cannabis at least once, while 5.2% report consuming a drug other than cannabis at least once. However, it is important to note that behind this overall picture there is marked increase in the rates of reported drug use as the age of pupils increases.

That only a small proportion of sampled Year 8 to Year 13 report taking drugs may explain why very few pupils report worrying about drugs. Only 4.3% of sampled Year 8 to Year 13 pupils report worrying quite a lot or a lot about drugs and 73.1% report never worrying about drugs. Among sampled Year 8 to Year 13 pupils who report taking drugs at least once 11.0% report worrying quite a lot or lot about drugs; while this is a higher percentage than for those who report never taking drugs it is still not particularly high.

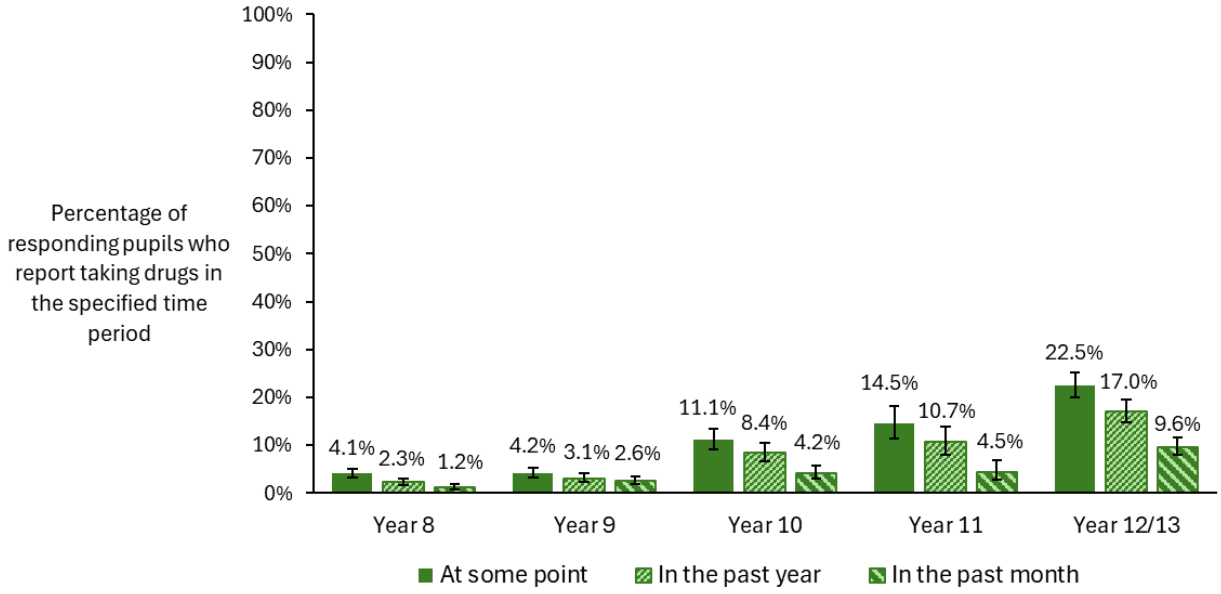
[19] It is also unclear how an individual abusing solvents might answer this question given that solvents can be legally purchased, but their human consumption is not legal. For consistency, in this report, we use the term 'drugs' to encompass illegal drugs. In the questionnaire, first two drugs questions referenced their illegality and that respondents should not consider medicines, tobacco or alcohol; subsequent questions just referred to drugs, although, the question on specific substances also emphasised not to include substances prescribed by a doctor.

[20] The question explicitly told pupils to ignore medicines, tobacco and alcohol when answering the question.

[21] For clarity, pupils who report consuming drugs in the month before the survey are included in the percentages of pupils reporting consumption of drugs in the year before the survey.

Figure 7 shows that the percentage of sampled pupils reporting having taken drugs at some point increases with age from 4.1% in Year 8 to 11.1% in Year 10 and 22.5% in Year 12/13. Reporting drug use in the past year and/or the past month also increase with age. By Year 12/13, 17.0% of sampled pupils report consuming drugs in the year prior to the survey and 9.6% report consuming drugs in the month prior to the survey.

Figure 7: Percentage of sampled pupils reporting consumption of drugs by time period - 2024 (Year 8 to Year 12/13 data separately)



The NHS survey data also finds that the proportion of individuals reporting that they have taken drugs at some point increases with age. The NHS survey reports that in 2023 5.9% of 11-year olds reported taking drugs at some point rising to 23.5% of 15-year old. Additionally, the NHS survey finds that 4% of 11-year olds and 19% of 15-year olds reported taking drugs in the last year, while 4% of 11-year olds and 11% of 15-year olds report taking drugs in the month before the survey.

Breaking out the Norfolk data by age rather than year group shows that at every age between 12 and 15 a lower proportion of pupils in the Norfolk sample report taking drugs at some point than in the NHS survey data for England as a whole.[22] For example, 3.3% of 12-year olds in the Norfolk sample report taking drugs at least once compared to 5.9% in the NHS survey data, while 12.4% of 15-year olds in the Norfolk sample report taking drugs at least once compared to 23.5% in the NHS survey data. A possible note of caution with this result is that some of the difference between the Norfolk sample and the NHS survey data might be due to the NHS survey questions not

[22] While the NHS survey includes data for 11-year olds, equivalent data for 11-year olds is not available for the Norfolk sample as the question on drugs was only asked in the questionnaire for secondary pupils.

placing an emphasis on the illegality of drugs and including a wider range of slang terms for many substances.

Similarly, when comparing rates for pupils of individual ages, the percentage of sampled pupils in the Flourish Survey sample who report taking drugs in the year before the survey is lower than in the NHS survey data for pupils aged 12 to 15. Again, the difference can be large with, for example, 9.5% of 15-year old pupils in the Norfolk Flourish Survey sample reporting that they have taken drugs in the year before the survey compared to 18.8% in the NHS survey data. In terms of reporting taking drugs in the month before the survey, 13- and 15-year old pupils in the Norfolk Flourish Survey sample are less likely to do so than those in the NHS survey, although, for 14-year olds we cannot be sure that the difference is statistically significant.

Trends over time

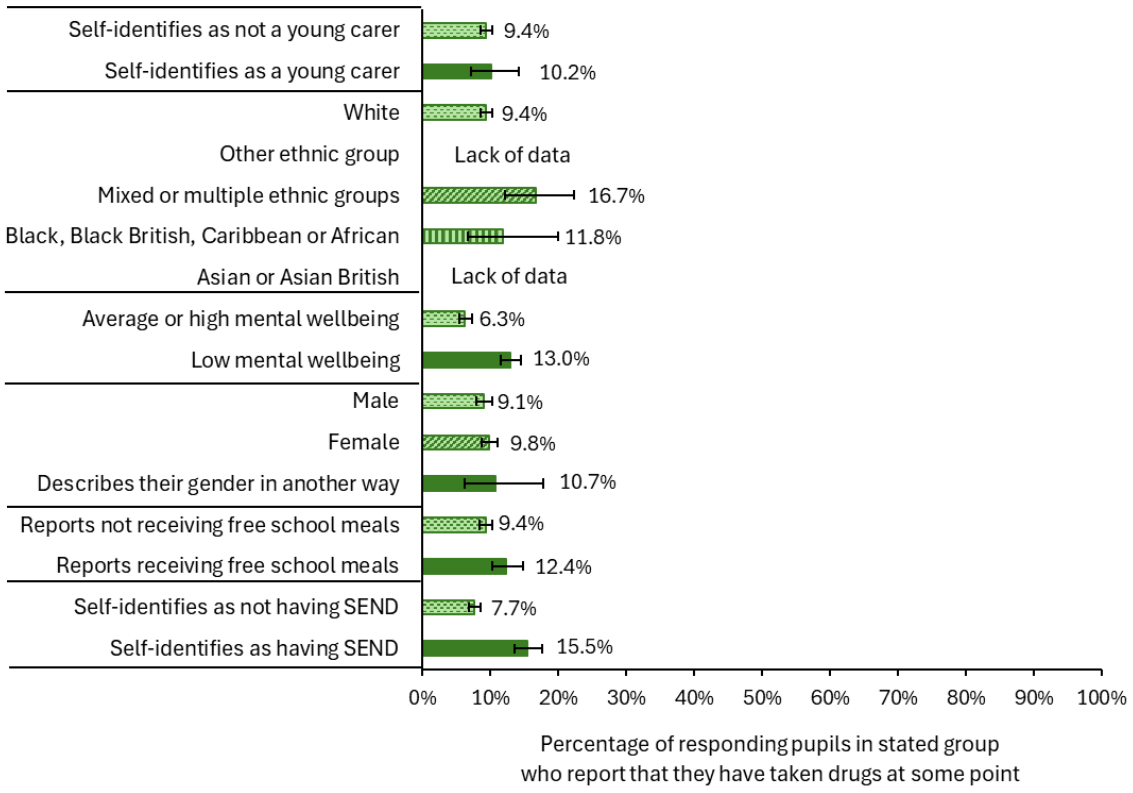
In terms of trends over time, SHEU comparator data is unavailable for the overall proportion that report taking drugs at some point. The Norfolk sample shows that the proportion of pupils in Year 8 and Year 10 who report that they have consumed a drug at some point increased between 2017 and 2024. In Year 8 the proportion reporting consumption of drugs at some point rose from 1.0% to 4.1%, while in Year 10 the equivalent percentage rose from 7.4% to 11.1%. However, the difference between 2017 and 2024 for Year 12/13 pupils is not statistically significant.

This upward trend in the percentage of pupils reporting taking drugs at some point in some year groups within the Norfolk sample appears to go against the trend reported in the NHS survey of declining drug use. The NHS survey reports that the percentage of 11-15 year olds reporting taking drugs at some point fell from 18% in 2021 to 13% in 2023.

Variations by group

Figure 8 shows how the percentage of sampled pupils reporting having taken drugs at least once varies across different groups. Combining data from Year 8 to Year 13, pupils reporting low mental wellbeing and who identify as having SEND are more likely to report taking drugs at least once than those not in these groups. In both instances, pupils in these groups are more than twice as likely to report having consumed drugs than those not in these groups. For example, 15.5% of sampled Year 8 to Year 13 pupils who identify as having SEND report taking drugs at least once compared to 7.7% who do not identify as having SEND. Additionally, pupils who identify as Mixed or multiple ethnic groups are more likely to report taking drugs at least once than pupils who identify as White (16.7% vs 9.4%), while pupils who report receiving free school meals are probably more likely to report taking drugs at least once than those who report not receiving free school meals

Figure 8: Percentage of sampled pupils reporting having taken drugs at some point by selected group - 2024 (Year 8 to Year 13 data combined)



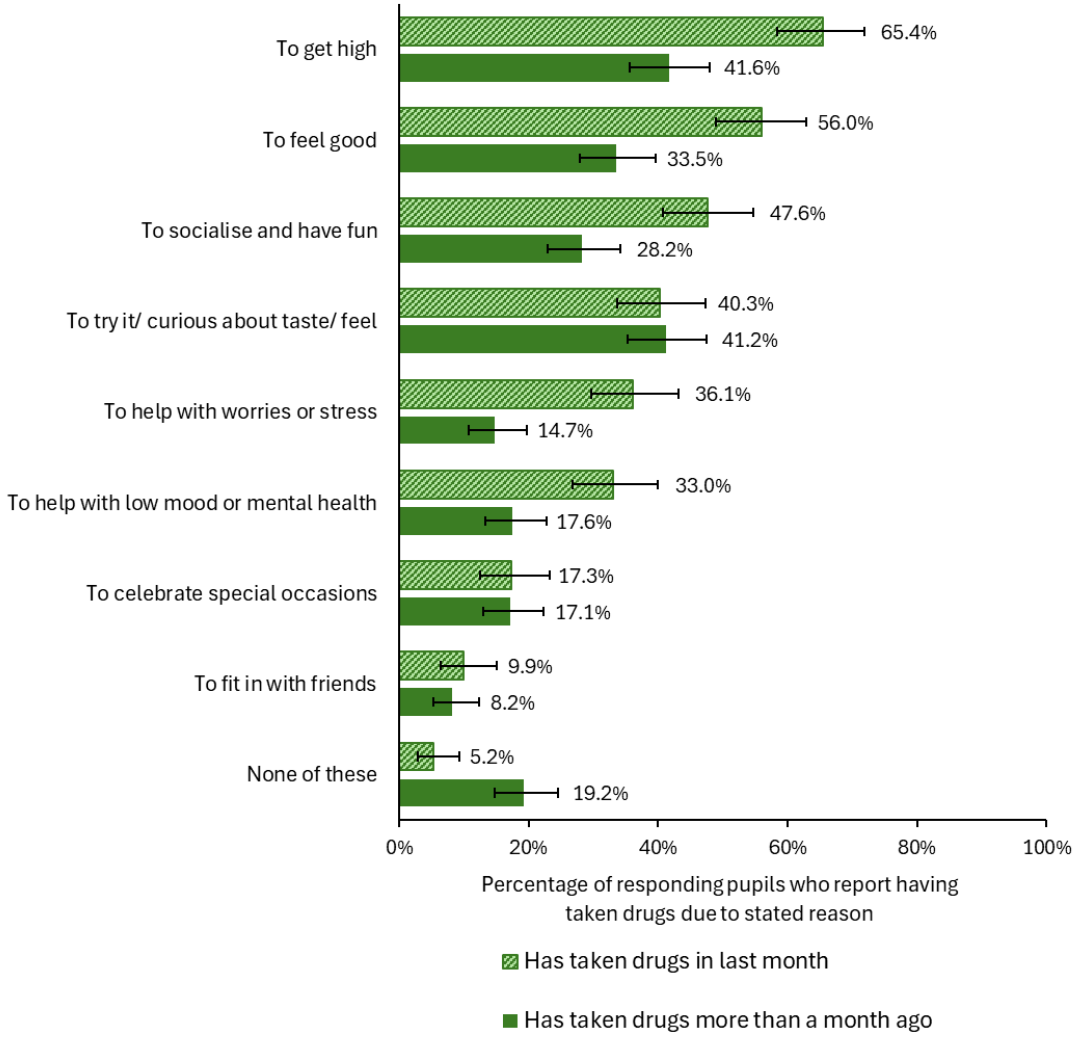
While the 2023 NHS survey, like the Norfolk sample, finds no difference in the proportion of male and female pupils reporting that they have taken drugs at least once,

unlike the Norfolk sample, the NHS survey finds that pupils who describe their gender in another way are substantially more likely to report having taken drugs at some point than male or female pupils. The NHS survey finds that 30% of those describing their gender in another way report taking drugs at least once compared to 12% for male and female pupils.

Reasons for taking drugs

Figure 9 shows the most common reason given for taking drugs by sampled Year 8 to Year 13 pupils is to get high with 65.4% of pupils who have taken drugs at least once in the month before the survey reporting this reason and 41.6% of those who took drugs more than a month before the survey stating this reason. For pupils who report last taking drugs more than a month ago, curiosity to try their taste and feel is given as the next most common reason for taking drugs (by 41.2% of pupils), whereas the second and third most common reasons for pupils who report taking drugs in the month before the survey are to feel good and to have fun.

Figure 9: Percentage of responding pupils giving particular reasons for taking drugs by whether they have taken drugs in the month prior to the survey - 2024 (Year 8 to Year 13 data combined)



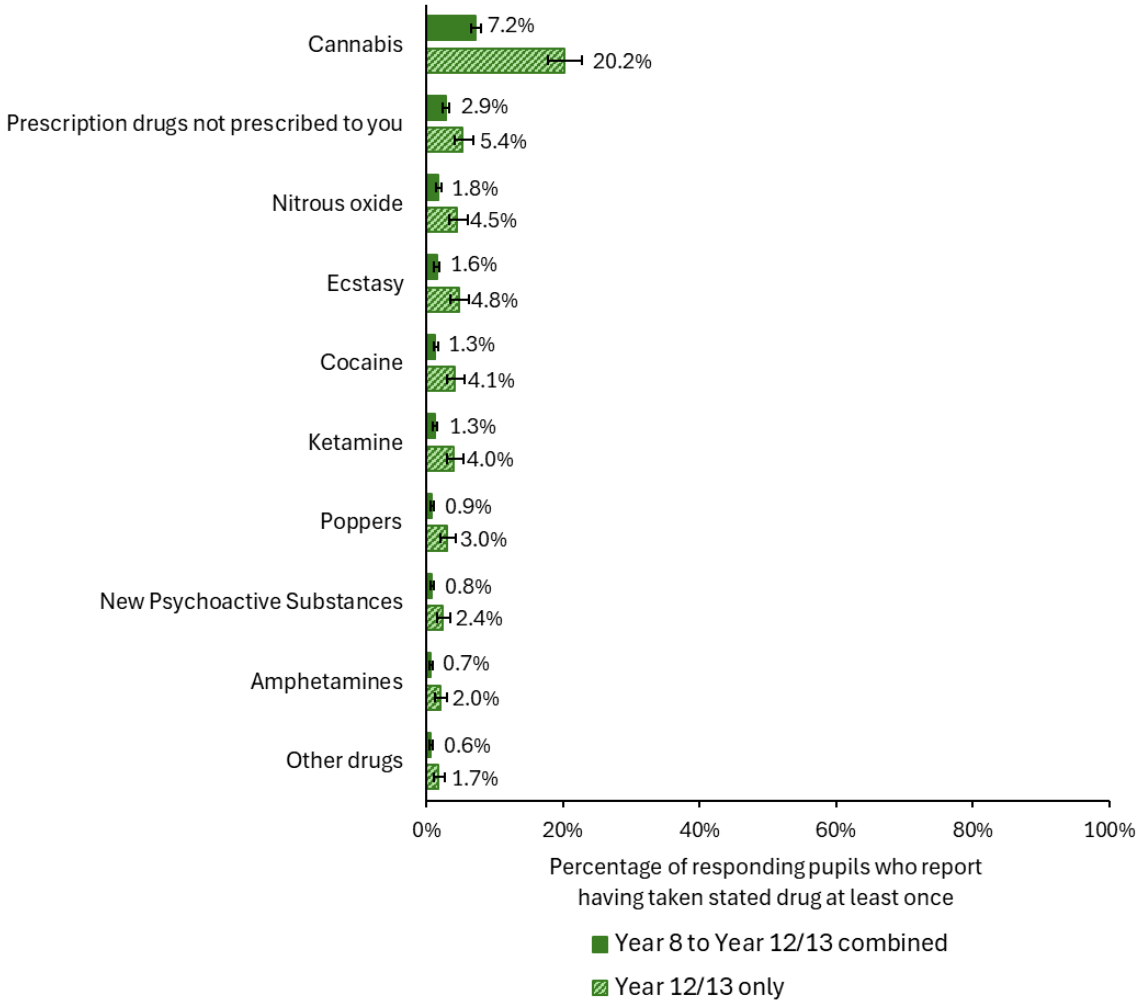
Those who report taking drugs in the month before the survey are also more likely to report doing so to help with worries or stress or to help with low mood or mental health than pupils who report last taking drugs more than a month before the survey. Also, it is noticeable that, unlike with alcohol consumption, relatively few pupils report celebrating special occasions as a reason for their use. Only 17.3% of sampled Year 8 to Year 13 pupils who report taking drugs in the month before the survey report the celebration of special occasions as a reason for them to take drugs compared to 61.4% of sampled Year 8 to Year 13 pupils who report drinking alcohol at least monthly but less than weekly who report celebrating special occasions as the reason for their drinking.

Specific drugs

The Flourish Survey asked pupils to indicate whether and, where relevant, how recently they had consumed each of nine substances: amphetamines, cannabis, ecstasy, cocaine, ketamine, nitrous oxide, poppers, prescription drugs that were not subscribed to the pupil and new psychoactive substances. To help pupils identify these substances the question included a range of slang names for each type of drug.

Figure 10 shows that, aside from cannabis, only a very small proportion of sampled Year 8 to Year 13 pupils report that they have ever consumed each drug.

Figure 10: Percentage of sampled pupils reporting having consumed different substances at least once - 2024 (Year 8 to Year 13 data combined and Year 12/13 separately)



Apart from cannabis, no other substance has more than 3% of sampled Year 8 to Year 13 reporting its consumption at least once. Indeed, the only class of drugs for which more than 2% of sampled Year 8 to Year 13 pupils report consuming at least once is 'prescription drugs not prescribed to you'.[23] Even when the percentages in Figure 10 are calculated solely on the basis of responses from Year 12/13, the most commonly consumed drug other than cannabis – 'prescription drugs not prescribed to you' - is still only reported as being consumed at least once by 5.4% of sampled Year 12/13 pupils.

For comparison, the NHS survey in 2023 finds that 6% of 11-15 year old pupils reported taking cannabis in the year before the survey, while 2.5% reported taking nitrous oxide, 1.2% reported taking cocaine and 1.1% reported taking ecstasy. Given that Figure 10 includes older pupils and asks about consumption at any point in time rather than only in the year before the survey, the data on individual drug consumption in Norfolk appears broadly in-line with the national data.

Given that drugs other than cannabis have such low use, it is desirable to create an aggregate indicator for the consumption of any drug other than cannabis. This aggregate indicator shows that by Year 12/13 11.4% of sampled pupils report consuming a drug other than cannabis at least once (looking across Year 8 to Year 13 the percentage is 5.2%). Focusing on Year 12/13, 8.8% of sampled pupils report consuming a drug other than cannabis in the year before the survey and 3.9% of sampled pupils report consuming a drug other than cannabis in the month before the survey.

In terms of time trends for drugs other than cannabis, it is difficult to perform analysis for individual drugs due to the overall small number of pupils taking each drug and the need to separate the analysis by year group. Looking solely at Year 12/13 pupils, any change in the proportion of pupils reporting consumption of nitrous oxide, ecstasy and/or cocaine at least once between 2017 and 2024 is not statistically significant. Data specifically referring to prescription drugs is only available for 2024.

More feasible is considering variations over time for the aggregate indicator of consumption of drugs other than cannabis. This aggregate indicator shows a statistically significant increase in the proportion of pupils reporting consuming drugs other than cannabis at least once between 2017 and 2024 for Year 8 and Year 10, but not for Year 12/13. For example, the proportion of Year 10 pupils reporting consumption of a drug other than cannabis at least once increases from 2.8% in 2017 to 5.8% in 2024.

[23] The question wording does not provide any information indicating that only recreational use is to be considered, although this is the presumption. Similarly, the questionnaire did not collect data on the types of prescription drugs being consumed without prescriptions.

However, it is possible that these increases for Year 8 and Year 10 may be linked to a question specifically asking about prescription drug use being included in the 2024 survey for the first time.[24]

Cannabis use

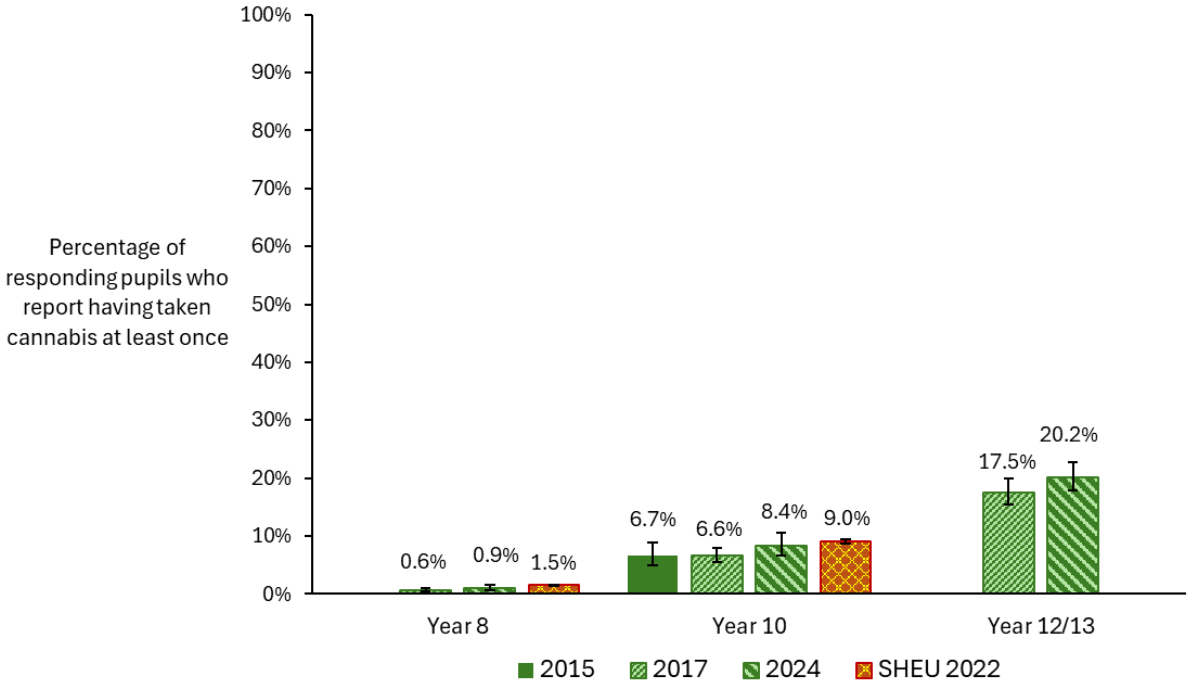
Looking at cannabis specifically, 5.8% of sampled Year 8 to Year 13 pupils report taking it in the year before the survey and 3.0% report taking cannabis in the month before the survey. Looking solely at Year 12/13, 8.3% of sampled pupils report taking cannabis in the month before the survey and 15.4% report taking cannabis in the year before the survey.

As the figures above suggest, there is a clear association between age and taking cannabis. The percentage of sampled pupils reporting having taken cannabis at least once increases from 0.9% in Year 8 to 8.4% in Year 10 and 20.2% in Year 12/13. Interestingly, in the 2024 sample, there is a substantial increase in the proportion of pupils reporting that they have consumed cannabis at least once between Year 11 and Year 12/13: in Year 11 only 11.8% of sampled pupils report that they have taken cannabis at least once.

[24] In theory, including a specific question about prescription drugs should not alter the results as the survey in all three years included a question about 'other drugs'. However, in practice, a specific question on prescription drugs may prompt additional responses.

It is also possible to compare the use of cannabis over time and with the 2022 SHEU data from other parts of the country. Figure 11 shows that in each of Year 8, Year 10 and Year 12/13, the percentage of sampled pupils reporting that they have tried cannabis at least once has remained stable between 2017 and 2024 once uncertainty is considered. The rates of taking cannabis at least once in the Norfolk sample in Year 8 and Year 10 are also in line with the rates reported by SHEU for other parts of the country in 2022.

Figure 11: Percentage of sampled pupils reporting that they have taken cannabis at least once - 2015, 2017, 2024 and SHEU 2022 (Year 8, Year 10 and Year 12/13 separately)



Cannabis use and other drugs

As previously discussed, the analysis in this report only identifies associations between variables rather than demonstrating that one factor or behaviour causes another. The following results need to be understood with this in mind, specifically, the current data from the Flourish Survey is insufficient to demonstrate cannabis use causes consumption of other drugs. For example, rather than cannabis causing the consumption of other substances it could be that some underlying characteristic of particular pupils or their circumstances makes them prone to take most types of drugs. To understand the potential for causal links between different substances one should review of the relevant academic literature.

Since the data above shows that drug use increases with age, it is important to control for this when looking at correlations between substances. As such, the analysis below focuses on Year 10 (pupils aged 14-15).[25]

Among sampled Year 10 pupils who report taking cannabis at some point 50.0% report taking another drug at some point, while among Year 10 pupils who report never taking cannabis only 2.0% report taking another drug at some point. Among Year 10 pupils who report taking a drug other than cannabis at least once 68.1% report also having taken cannabis at some point.

In terms of specific substances consumed by cannabis users, 29.7% of sampled Year 10 pupils who report taking cannabis at least once also report taking prescription drugs they have not been prescribed at least once, 18.8% report taking nitrous oxide at least once and 15.6% report taking ecstasy at least once.

Cannabis and smoking/vaping tobacco

Given that cannabis can be smoked, it seems sensible to consider the potential relationship between cannabis and smoking/vaping tobacco. Flourish Survey data shows a clear association between reporting smoking/vaping tobacco and cannabis use, although once again, we stress that this evidence does not demonstrate that smoking/vaping tobacco causes cannabis use. Some of the observed association may be linked to the fact that when cannabis is smoked it is often mixed with tobacco and also that it is possible to (illegally) vape cannabis.

First, those who report smoke and/or vape are more likely to report using cannabis at least once. 37.3% of sampled Year 10 pupils who report smoking tobacco at least once also report consuming cannabis at least once, whereas only 2.0% of those who report never smoking tobacco report consuming cannabis at least once. Similarly, 20.0% of sampled Year 10 pupils who report vaping at least once report consuming cannabis at least once while among Year 10 pupils who report never vaping too few pupils report consuming cannabis to report the percentage.

Looking in the other direction, among sampled Year 10 pupils who report taking cannabis at least once 81.4% report smoking tobacco at least once and 90.0% report vaping at least once.

[25] This year group is used as it contains more data than Year 11 and Year 12/13 combines two year groups.

Links to other drug users

The Flourish Survey not only asks about pupils' own drug use, it also asks about whether pupils know other people who take drugs and whether they have ever been asked to look after or carry drugs for someone else.

Knowing other people who take drugs

The question about whether a pupil knows someone who takes drugs, unlike the other drug related questions, was also shown to Year 6 and Year 7 pupils. As such, we report statistics covering Year 6 to Year 13.

Looking across Year 6 to Year 13, 20.9% of pupils report that they are fairly sure or certain that they know someone who takes drugs, while a further 13.5% report not being sure about whether they know such a person. As one would expect, given that the proportion of pupils reporting drug consumption themselves increases with age, the proportion of pupils reporting that they know someone else who takes drugs also increases with age. 7.3% of sampled Year 6 pupils report being fairly sure or certain that they know someone who takes drugs rising to 30.4% of Year 10 pupils and 40.5% of Year 12/13 pupils.[26]

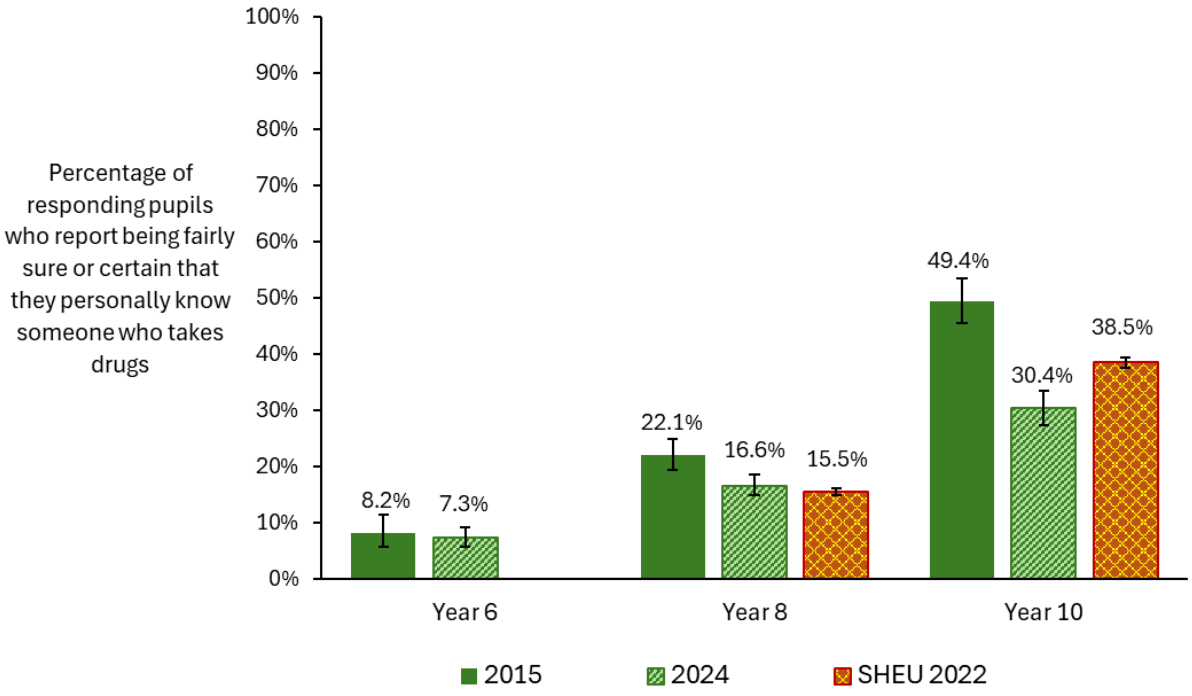
Restricting attention to Year 10, reporting knowledge of someone who takes drugs is associated with being more likely to report having taken drugs at least once. Among sampled Year 10 pupils who report that they are fairly sure or certain that they know someone personally that takes drugs 26.4% report that they have taken a drug at least once compared to 3.5% of pupils who report that they do not know such a person and 7.9% of pupils who report they are not sure if they know such a person.

The notion that taking drugs often occurs in a social environment is supported by data in the NHS survey. In the 2023 NHS survey 61% of 11-15 year old pupils who had taken drugs reported that they were with friends the last time they took drugs. In contrast, only 19% reported that on the last occasion they had taken drugs they were alone.

[26] That the proportion of sampled pupils who know someone that takes drugs is noticeably higher than the percentage of pupils who report having taken drugs themselves simply results from the former statistic being based on the potential drug use of many people rather than just a single person.

Figure 12 shows that the percentage of sampled Year 8 and Year 10 pupils reporting that they are fairly sure or certain that they know someone who takes drugs dropped noticeably between 2015 and 2024, while the percentage of Year 6 pupils reporting the same knowledge remained constant. The fall for Year 10 pupils is particularly large with 30.4% of sampled Year 10 pupils in 2024 reporting that they are fairly sure or certain that they know someone who takes drugs compared to 49.4% in 2015. The percentage for Year 10 in the Norfolk sample is also below the 38.5% of sampled Year 10 pupils in the 2022 SHEU comparator data who report being fairly sure or certain that they know someone who takes drugs. For Year 8 pupils, the proportion of pupils in the Norfolk sample reporting this knowledge is in line with the 2022 SHEU data from other parts of the country.

Figure 12: Percentage of sampled pupils reporting that they personally know someone who takes drugs - 2015, 2024 and SHEU 2022 (Year 6, Year 8 and Year 10 data separately)[27]



In terms of groups that are more likely to report knowing someone who takes drugs, sampled Year 6 to Year 13 pupils identifying as young carers, reporting low mental wellbeing or identifying as having SEND are more likely to report that they are fairly sure or certain that they personally know someone who takes drugs than pupils not in these

[27] Data for 2017 is not reported as the relevant question was not asked in the questionnaire for secondary pupils. No data for Year 12/13 is reported as Year 12/13 data is not available for 2015 or the 2022 SHEU comparator sample.

groups. Also, 30.8% of pupils who describe their gender in another way report that they are fairly sure or certain that they personally know someone who takes drugs compared to 21.0% of pupils who identify as female and 20.5% of pupils who identify as male who report similar knowledge. Furthermore, those identifying as from Mixed or multiple ethnic groups are more likely to report being fairly sure or certain that they personally know someone who takes drugs than pupils who identify as White, while those identifying as Asian or Asian British are less likely to report knowing such a person.

Handling other peoples' drugs

Beyond the consumption of drugs, another concern is that pupils may become involved in the supply and distribution of illegal substances. Speaking to this concern the Flourish Survey asked whether pupils had ever looked after or carried drugs for someone else. 3.9% of sampled Year 8 to Year 13 pupils report being asked to look after or carry drugs at some point, with 2.4% reporting that they had actually looked after or carried drugs.[28] As with the use of drugs, the percentage of pupils reporting these issues increases with age; 1.3% of sampled Year 8 pupils report looking after or carrying drugs at some point rising to 4.1% in Year 12/13. In Year 12/13, 6.2% sampled pupils report that they have been asked to look after or carry drugs at some point.

In terms of whether there is an association between personal drug use and handling other peoples' drugs, 81.0% of Year 10 pupils who report looking after or carrying drugs at some point also report taking drugs at least once. Among Year 10 pupils who report taking drugs at least once 18.7% report looking after or carrying someone else's drugs, while among Year 10 pupils who report never taking drugs the number of observations of looking after or carrying drugs is so low that we do not report the percentage. While there does appear to be an association between using drugs and carrying other peoples' drugs, it is clear that the vast majority of those who report using drugs do not report handling the drugs of other people.

Given the small numbers of observations involved, when considering variations across groups we analyse whether pupils have been asked to look after or carry drugs, rather than actually carrying drugs. Even so, a lack of data stops meaningful analysis by ethnicity and gender. Nevertheless, it is possible to say that sampled Year 8 to Year 13

[28] This question was first asked in the 2024 survey and so no trend data is available. These percentages equate to 198 sampled Year 8 to Year 13 pupils reporting that they had been asked to look after or carry drugs and 122 who had actually looked after or carried drugs. Once again these figures relate solely to the sample, the number of pupils across Norfolk as a whole experiencing these issues would be considerably higher.

pupils identifying as a young carer, identifying as having SEND or who report low mental wellbeing are more likely to report being asked to look after or carry drugs than pupils who do not have these characteristics. For example, 6.7% of those identifying as a young carer report being asked to look after or carry someone else's drugs at some point compared to 3.3% of pupils who do not identify as young carers.

Perceptions of crime and safety

Since consuming drugs is an illegal activity, it is reasonable to consider whether pupils who report taking drugs have different perceptions of crime and their own personal safety. Once again, the Flourish Survey data does not allow us to prove that taking drugs causes peoples' attitudes to change, rather we are simply reporting an association.

Overall, 7.5% of Year 8 to Year 13 pupils report worrying quite a lot or a lot about crime, while 61.2% never worry about crime. Sampled Year 8 to Year 13 pupils who report taking drugs at least once are more likely to report worrying quite a lot or a lot about crime, but the difference is not huge: 11.0% vs 7.1%.

Pupils who report that they have taken drugs at least once are more likely to rate their safety after dark and the police's ability to keep them safe as poor or very poor. 32.6% of sampled Year 8 to Year 13 pupils who report taking drugs at least once rate their safety when going out after dark as poor or very compared to 21.2% of pupils who report never taking drugs. Similarly, 27.0% of sampled Year 8 to Year 13 pupils who report taking drugs at least once rate the ability of the police to keep them as safe as poor or very poor compared to 11.1% of pupils who report never taking drugs.

Concerns about drug use

Own drug use

In total 13.4% of sampled Year 8 to Year 13 pupils who report that they have taken a drug at some point report that at some point they have been concerned about their own drug use. Any difference in this rate between those who have taken drugs in the month before the survey and those who last took drugs more than a month before the survey is not statistically significant.

Limited data means it is not possible to see whether there is a relationship between the age of drug users and whether they are concerned about their drug use.

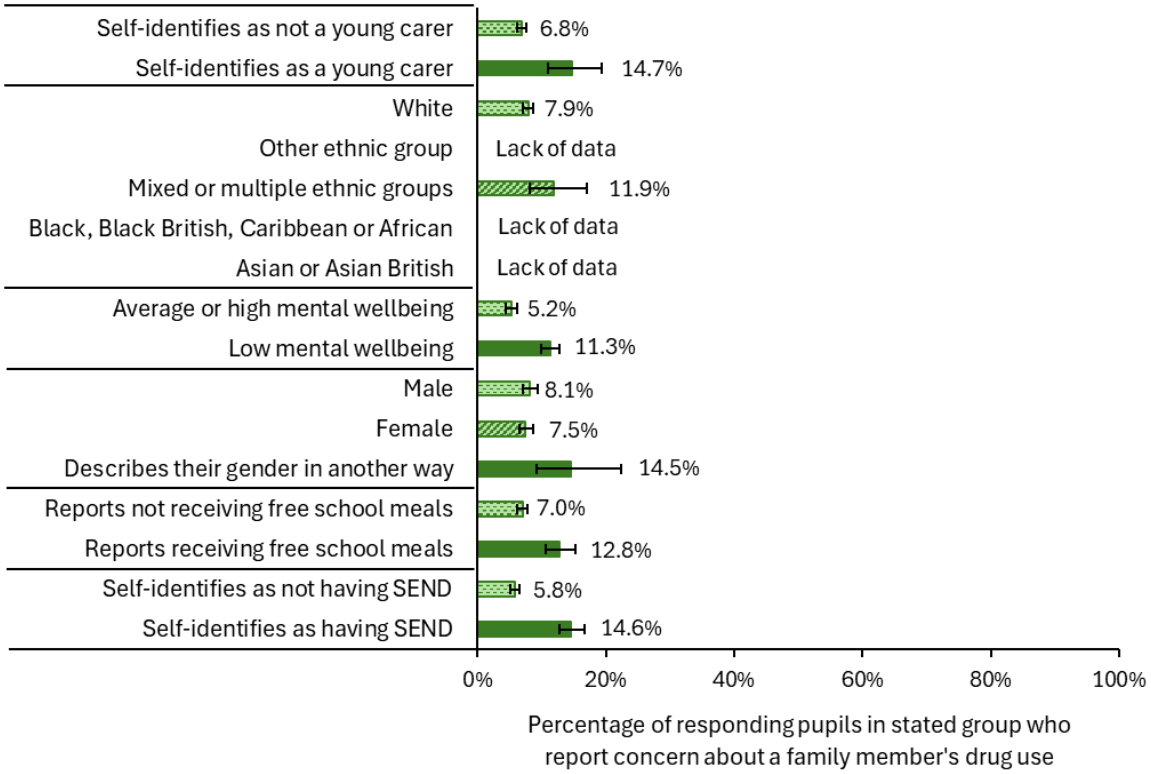
There is also an association between reporting concern about a family member's drug use and a pupil reporting that they have taken drugs at least once. Among sampled Year 8 to Year 13 pupils who report having been concerned about a family member's drug use at some point, 23.8% report that they have taken drugs at least once, whereas among pupils who do not report concern about a family member's drug use the equivalent figure is 8.4%

Family members' drug use

7.9% of sampled Year 8 to Year 13 pupils report that they have been concerned about the drug use of a family member at some point. This percentage is broadly stable across year groups once uncertainty is considered.

Figure 13 shows that sampled Year 8 to Year 13 pupils who identify as a young carer or as having SEND or who report low mental wellbeing or receipt of free school meals are more likely to report having had concern about a family members' drug use at some point than pupils without these characteristics. It is also likely that pupils who describe their gender in another way are more likely to report having had concerns about a family member's drug use at some point than pupils who identify as male or female.

Figure 13: Percentage of sampled pupils reporting that they have been concerned about a family members' drug use at some point by selected group - 2024 (Year 8 to Year 13 data combined)



Furthermore, the differences in the percentages reporting having concerns about a family members' drug use at some point are often large. Sampled Year 8 to Year 13 pupils who identify as young carers or having SEND or who report low mental wellbeing are more than twice as likely to report having had concerns about a family member's drug use at some point than those not in these groups. For example, 14.6% of sampled Year 8 to Year 13 pupils who identify as having SEND report having had concerns about a family member's drug use at some point compared to 5.8% of pupils who do not identify as having SEND.

As with concerns about family members' alcohol use, reporting a concern about a family member's drug use at some point is associated with an increased likelihood of a pupil:

(i) reporting shouting and arguing between adults at home at least once a week in the month before the survey, (ii) reporting violence between adults at home at least once in the month before the survey, and (iii) rating their safety at home as only okay, poor or very poor. For example, 15.3% of sampled Year 8 to Year 13 pupils who report being concerned about a family member's drug use at some point also report violence between adults at home in the month before the survey compared to 3.4% of pupils who do not report concern about a family member's drug use.

Friends' drug use

Looking across Year 8 to Year 13, 12.6% of sampled pupils report that they have been concerned about a friend's drug use at some point while 6.5% report being concerned about the drug use of someone other than friend or family member.

Since the proportion of pupils reporting that they have taken drugs at least once increases with age, it is unsurprising that the proportion reporting ever being concerned about a friend's drug use also increases with age. 6.8% of sampled Year 8 pupils report having been concerned about a friend's drug use at some point, rising to 15.7% in Year 10 and 21.4% in Year 12/13.

Pupils who identify as a young carer, identify as having SEND or who report low mental wellbeing are all more likely to report having been concerned about the drug use of a friend at some point than pupils without these characteristics. Also, pupils who describe their gender in another way are more likely to report a concern about a friend's drug use than pupils identifying as male or female, while the same can also be said of pupils who identify as Mixed or multiple ethnic groups when compared to pupils who identify as White. The proportion of pupils that describe their gender in another way and who report having had concerns about a friend's drug use at some point is particularly high: 25.5% of this group report that they have had these concerns compared to 12.6% of pupils who identify as female and 12.2% who identify as male.

Pupils that have concerns about a friend's drug use are also more likely than pupils without such concerns to report having taken drugs themselves. Looking solely at Year 10, 22.3% of sampled pupils who report having been concerned about a friend's drug use at some point also report taking drugs themselves at some point compared to 9.0% of pupils who do not report concerns about a friend's drug use.

Potential issues for drug users and regular drinkers

Identifying associations between variables

In this section it is once again important to remember that associations between alcohol or drug use and other indicators/behaviours are being reported; the current data does not allow us to say that alcohol or drug use cause these other issues/behaviours. The current data does not allow us to say whether one risky behaviour is a ‘gateway’ leading onto other risky behaviours; to address this issue would require data which takes repeated observations from the same individual pupils at different points in time. As such, to understand potential causal relationships, one should refer to the relevant academic literature.

For this analysis we restrict attention to data from Year 10 pupils (pupils aged 14-15). This is done because Figure 1 and Figure 7 show that regular alcohol consumption and having taken drugs increase markedly with age.[29] If this restriction was not imposed, most of those identified as not regularly drinking alcohol (never taking drugs) would be from younger age groups than those identified as regularly drinking alcohol (having taken drugs at least once). In turn, this may over-estimate the relationship between regularly drinking alcohol (taking drugs at least once) and other risk-taking behaviours since other risk-taking behaviours also show a relationship with age.

One consequence of focusing the analysis on a single year group is that, for variables showing a clear relationship with age, e.g. risk-taking behaviours, the percentages reported would be mechanically higher/lower if a different year group were chosen. However, in this instance, we are less interested in the headline rate of a particular behaviour, e.g. reporting having had sex at least once, than in the difference in the rate of the behaviour between those who report not regularly drinking alcohol (never taking drugs) and those who report regularly drinking alcohol (having taken drugs at least once).

Another mechanical result of restricting attention to Year 10 pupils is that there are fewer observations with which to perform the analysis. In 2024, the sample included 882

[29] This year group is used as it contains more observations than Year 11 and Year 12/13 cannot be used as it covers multiple year groups. We restrict the analysis in Figure 15 to Year 10 to be consistent with Figure 14 rather than because the health indicators show clear relationships with age.

pupils in Year 10, while Year 10 to Year 13 combined consisted of 2,393 pupils. However, the precise number of pupils on which percentages are based varies according to number of pupils answering the relevant individual questions.[30] When there are fewer observations the confidence intervals become wider and so differences between groups need to be larger for them to be identified as statistically significant. As a robustness check, we therefore also report whether the associations occur when the analysed data is extended to cover Year 10 to Year 13.[31]

Figure 14 and Figure 15 should be read in the following way. The figures are split according to the outcome being measured (on the far left of the vertical axis) and the characteristics of the pupils being considered (e.g. reporting drinking alcohol at least once a month vs reporting drinking alcohol less than once a month). Each bar represents the percentage of pupils with a particular characteristic that report the individual outcome listed on the far left of the vertical axis. As such, the bottom row of Figure 14 indicates that among sampled Year 10 pupils who report taking drugs at least once 49.4% also report drinking alcohol at least once a month. In contrast, the third from bottom row of Figure 14 indicates that among sampled Year 10 pupils who report drinking alcohol at least once a month 34.6% also report having taken drugs at least once.

The characteristics of pupils are used to split the overall sample of Year 10 pupils into mutually exclusive groups. The horizontal lines on the vertical axis separate the different cuts of the data, and the statements about statistical significance refer to comparisons between the groups between two of the horizontal lines, e.g. reporting drinking alcohol at least once a month vs reporting drinking alcohol less than once a month.

In Figure 14 ‘n’ is the number of pupils in the sample within the relevant group that report the outcome variable. For example, n = 56 indicates that within the sample there are 56 Year 10 pupils that report that they drink alcohol less than once a month but who report having sex at least once.

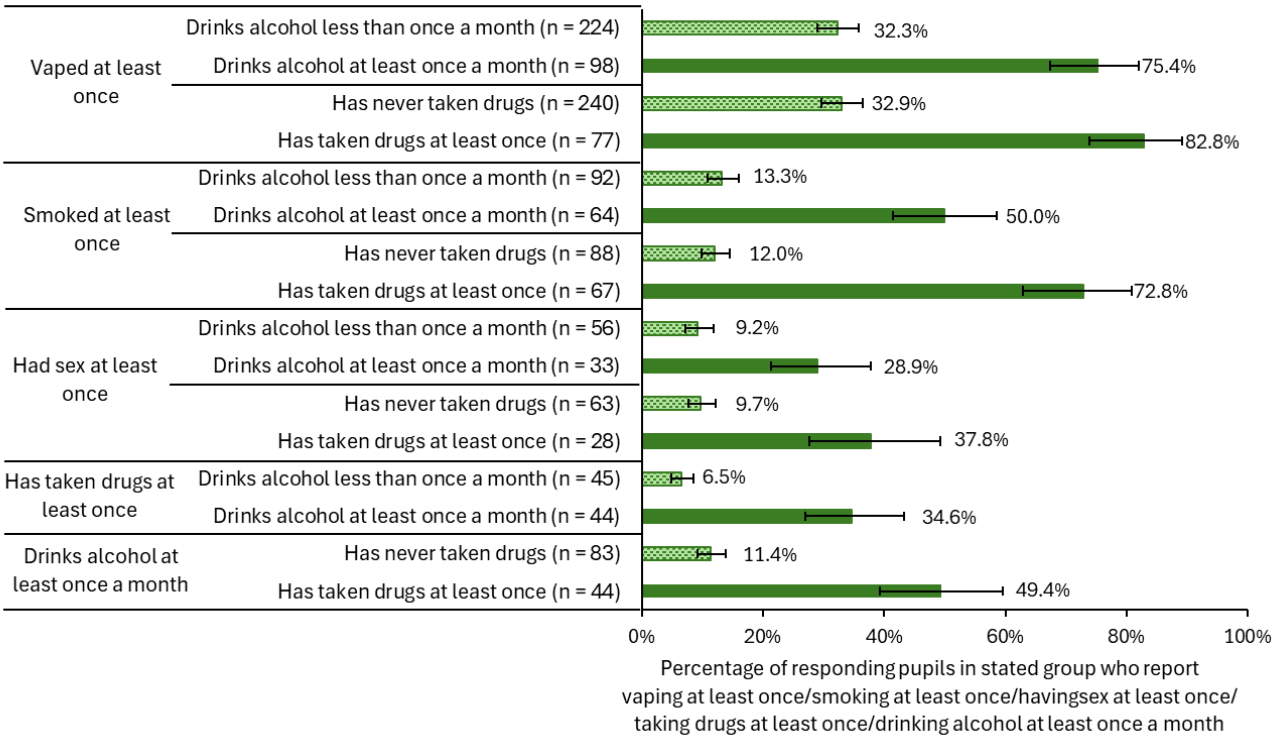
[30] The smallest total number of pupils on which analysis is based is 716 when mental wellbeing is compared against whether or not a pupil has ever taken drugs. The values of ‘n’ reported in Figure 14 are smaller again as we do not report all categories of the outcome variable, e.g. Figure 14 does not include data for pupils who report average or high mental wellbeing.

[31] Obviously, this robustness check suffers the earlier concern regarding over-estimating the relationship between two variables that each have a clear association with age.

Risk-taking behaviours

Figure 14 shows that sampled Year 10 pupils reporting drinking alcohol at least once a month and/or taking drugs at least once are associated with higher probabilities of reporting vaping at least once, smoking at least once and having had sex at least once compared to pupils who report drinking alcohol less than once a month and/or never taking drugs. Also, Year 10 pupils who report drinking alcohol at least once a month are more likely to report having taken drugs at least once than pupils who report drinking less than once a month. Similarly, Year 10 pupils who report taking drugs at least once are more likely to report drinking alcohol at least once per month than pupils who report never taking drugs.

Figure 14: Percentage of sampled pupils reporting different risk-taking behaviours by whether they: (i) drink alcohol at least once a month and/or (ii) have taken drugs at least once - 2024 (Year 10 data only)



Some of the differences in Figure 14 are very large. For example, the rate of reporting smoking at least once is around six times higher among sampled Year 10 pupils who report taking drugs at least once than among Year 10 pupils who report never taking drugs (72.8% vs 12.0%). Similarly, the rate of reporting taking drugs at least once is over five times higher among Year 10 pupils who report drinking alcohol at least once a

month than among Year 10 pupils who report drinking alcohol less than once a month (34.6% vs 6.5%).

All of the associations reported in Figure 14 between the different risk-taking behaviours also hold when the data used in the analysis is expanded to cover Year 10 and Year 13 pupils. However, the specific percentages reporting each combination of behaviours do change when more pupils are included in the analysis.

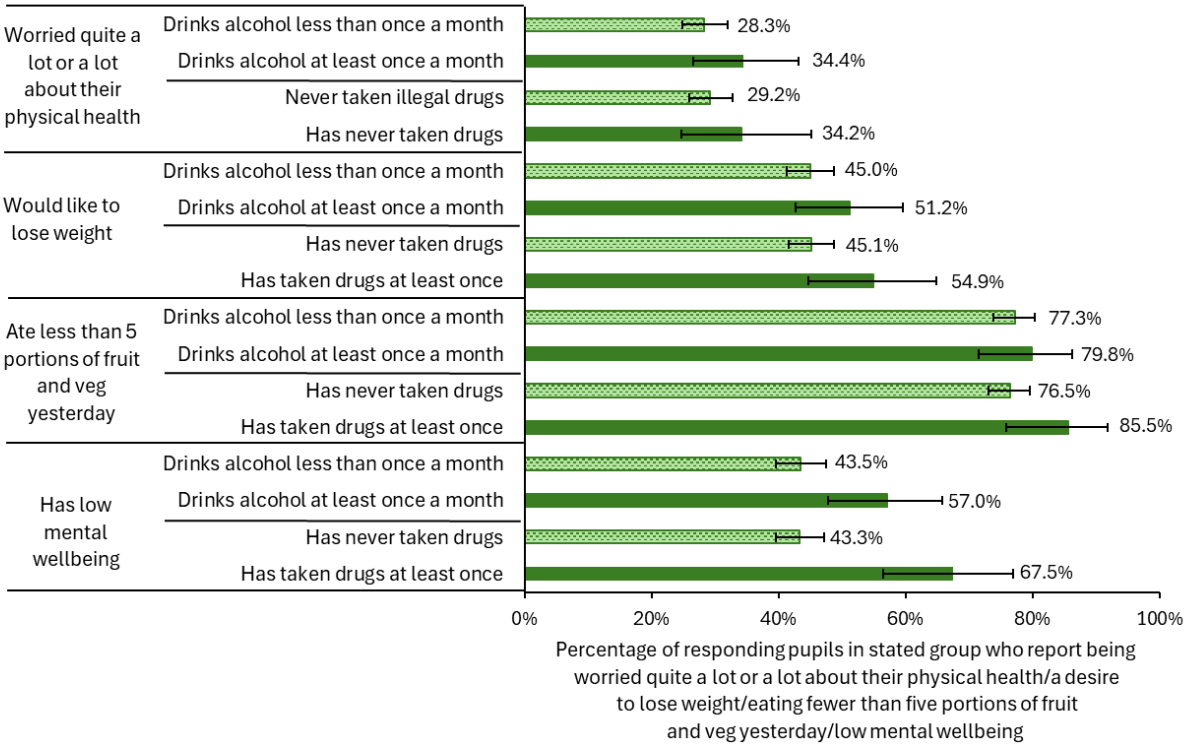
When considering the ‘n’ values, in Figure 14 one can see that while the proportion of pupils engaging in risky behaviours is always higher for sampled Year 10 pupils who report regularly drinking or having taken drugs, the value of n is always higher for sampled Year 10 pupils who report drinking less than once a month or have never taken drugs. This means that when looking solely at Year 10 pupils it is likely that a higher total number of pupils engaging in the other risky behaviours will be found by looking at those pupils reporting drinking less than once a month and/or who report never taking drugs than by looking at pupils who report drinking at least once a month and/or having taken drugs. This finding also holds for the statements about drugs when the data is expanded to cover Year 10 to Year 13, however, the results are mixed when considering regular drinkers vs non-regular drinkers.

The associations of drugs and alcohol with smoking, taking drugs with alcohol drinking, and alcohol drinking with taking drugs, are also found in the 2023 NHS Survey. In regression models involving multiple variables, the NHS Survey describes how: (i) reporting drug taking and drinking alcohol increase the probability of an individual reporting current smoking, (ii) reporting alcohol drinking increases the probability of an individual reporting taking drugs in the month before the survey, and (iii) reporting drug taking increases the probability of an individual reporting drinking in the week before the survey. All of these associations are statistically significant.

Health indicators

The most interesting finding in Figure 15 is that drinking alcohol at least once a month and/or having taken drugs at least once are not associated with a higher probability of reporting three of the four self-reported indicators of poorer health when data from Year 10 pupils is considered; the exception is low mental wellbeing.

Figure 15: Percentage of sampled pupils who report different indicators of potential poor health by whether or not they report drinking alcohol at least once a month and/or taking drugs at least once - 2024 (Year 10 data only)



Regarding mental wellbeing, the differences are relatively large, for example: 57.5% of sampled Year 10 pupils who report that they have taken drugs at least once also report low mental wellbeing compared to 43.3% of sampled Year 10 pupils who report never taking drugs. When the analysis is expanded to cover Year 10 to Year 13 pupils, reporting having taken drugs continues to be associated with a higher probability of reporting low mental wellbeing, however, any association between drinking alcohol at least once a month and reporting low mental wellbeing is no longer statistically significant. Also, when the data covers sampled Year 10 to Year 13 pupils statistically significant relationships are found between reporting taking drugs at least once and (i)

reporting a desire to lose weight, and (ii) reporting worrying quite a lot or a lot about a pupil’s physical health.

Appendix 1: Assessing the representativeness of the sample

A separate topic report provides a detailed comparison of the 2024 Flourish sample with data for the population of schools and pupils in Norfolk. While the sample data is broadly in line with the population data for some characteristics, such as ethnicity, for other characteristics there are differences to the population data. These differences are clearest in terms of the age distribution of responding pupils and the geographic distribution of schools taking part in the survey.

Regarding age, the data is concentrated in Year 7 to Year 10 (pupils aged 11 to 15) rather than being evenly distributed across year groups. To avoid differences in age distributions impacting comparisons between years, and with the wider SHEU comparator data for 2022, we generally make these comparisons according to individual year groups.

Regarding the geographic distribution of the 2024 data, only primary schools chose to take part in the Borough of Great Yarmouth and in Norwich none of the Year 7 to Year 11 data comes from state-funded schools. Furthermore, pupils from King's Lynn and West Norfolk are over-represented in the data for secondary schools and colleges, while pupils from Norwich are over-represented in the primary data and pupils from Breckland are under-represented in the primary data. This uneven geographic distribution of data means that we do not break out results by district.

Also, it appears that the sample probably under-represents pupils who are eligible for free school meals. This, combined with the geographic distribution of the data, means that the sample may under-represent children from deprived backgrounds. However, this does not mean the data should be ignored, rather thought should be given to whether a particular variable is more or less likely to be observed among pupils from deprived backgrounds. For example, where a behaviour is thought to be more common among pupils from a deprived background, the results in this report are likely to be a minimum for the true prevalence of the behaviour among the full population of Norfolk pupils.

In terms of the validity of comparisons between 2015, 2017 and 2024, as noted previously, we control for differences in the age distribution of pupils.[32] Nevertheless, there are other differences in the compositions of the samples between years. The slightly greater ethnic diversity of the sample and the large increase in the proportion of pupils reporting receipt of free school meals between 2017 and 2024 are broadly mirrored by changes in population data between 2016-17 and 2023-24. In other words, for these two characteristics, the population of pupils in Norfolk is changing rather than it being a clear issue with the sample's representativeness. Regarding the gender breakdown of the sample and the proportion of pupils identifying as having SEND, it is possible that there are changes in the sample composition between years that do not match the population data; although, in both instances, methodological issues cloud the picture.[33]

Overall, the analysis is representative of the subset of pupils who are educated within schools with management that might consider undertaking a pupil health survey worthwhile. The Norfolk population data indicates that the sample under-represents pupils taught in schools rated by Ofsted as Requires Improvement. We cannot rule out the possibility that differences in results between years, and with SHEU data from other parts of the country, occur due to differences in the characteristics of pupils being sampled. The results in this and the other topic reports are all unweighted.

[32] The size of the Flourish sample has also varied considerably between years being 3,155 in 2015 and 11,417 in 2017; however, these changes in sample size are reflected in the size of the confidence intervals reported in figures and they should not have a clear impact on the sample's representativeness.
[33] For gender, the sample appears to becoming less representative over time with the proportion of females in the sample increasing. However, drawing firm conclusions is complicated by the population data being about sex rather than gender identity; in other words, the population data only records pupils as male or female. For SEND status, the increase in the proportion of the sample self-identifying as having SEND exceeds the increase observed in the population data between 2016-17 and 2023-24 by some margin; the large increase in the Flourish data probably relates to the question wording in the Flourish questionnaire changing between 2017 and 2024.

Appendix 2: Mapping year groups to age

Generally, the topic reports based on the Flourish Survey break data out by school year group rather than age for two reasons: (i) key events in pupils' lives are determined by school year group, e.g. the switch from primary to secondary school and GCSE exams, and (ii) SHEU reports comparator data from other parts of the country for selected year groups.

For readers who are unfamiliar with school year groups Table 1 provides a mapping to the age of pupils. Year 6 marks the end of primary school, while Year 7 marks the start of secondary school. GCSE exams are taken in Year 11 with pupils moving to sixth form or further education providers for Year 12/13. As discussed in the first section of the report, the questions pupils see in the Flourish Survey vary to some extent by the year group they are in.

Table 1: Age of pupils in school year groups included in the Flourish Survey

School year group	Age of pupils
Year 4	8-9
Year 5	9-10
Year 6	10-11
Year 7	11-12
Year 8	12-13
Year 9	13-14
Year 10	14-15
Year 11	15-16
Year 12/13	16-18

The Flourish Survey questionnaire does not enable pupils in Year 12 and Year 13 to be separated. Also, in rare circumstances individual pupils of a particular age may be in a different year group if they have been moved up or down a year.