The amount to be won is more important than the probability of winning.

Winners and losers

I hope I have shown in this article that various structural characteristics of scratch cards have, at the very least, the potential to induce excessive gambling regardless of the gambler's nature and intentions. However, some structural characteristics are capable of producing psychologically rewarding experiences even when losing money—particularly the psychological near misses—although there is no evidence to suggest that the gaming industry has used the psychological literature to exploit gamblers. However, the development of exploitative practices are not easy to define, identify, or prevent.

With their integration of conditioning effects, rapid event frequency, short payout intervals and psychological rewards, coupled with the fact that scratch cards require no skill, are deceptively inexpensive and highly accessible, and are sold in respectable outlets, it is not hard to see how this kind of gambling could become a habit.

There is plenty of evidence to suggest that gamblers' ignorance of probability or situational cues may encourage them to think that they have some influence over mainly chance-determined activities. However, it is difficult to use such information directly in the regulation of these activities. Another complicating factor is that educating the public about gambling may have the reverse desired effect, and actually increase awareness.

It may be that regulation is best done not through changing the structural characteristics but through such practices as prohibition of advertising, decreasing the number of outlets, and siting them away from schools, colleges, and other locations where the more vulnerable members of the population are to be found.

Clearance sale!

**YOUNG PEOPLE IN...**

Health Related Behaviour Questionnaire surveys carried out in the following years are still in print. As time passes, their value as historical records to be compared with current behaviour data increases.

- Young People in 1996: £20.00
- Young People in 1997: £10.00
- Young People in 1988: £5.00
- Young People in 1986: £5.00

**PARENTS AND HEALTH EDUCATION**

Primary parents were invited to comment at the end of a questionnaire about children's health education. 395 of these parents did.

Price £5.00

**HEALTH EDUCATION PRIORITIES FOR THE PRIMARY SCHOOL CURRICULUM**

The questionnaire results themselves reveal the above comments were appended. Results from pupils, parents, teachers and health-care professionals on their high and low priorities in health education.

Price £5.00

Both of the above books for just £8.60

**YOUNG PEOPLE IN THE NINETIES**

Trends in behaviour between 1994 and 1999 obtained from our survey method.

Books 1 (Doctor & Dam) and 2 (Health) are available.

Price for the two: £5.00


The Unit's questionnaire data suggests drug use by young people is increasing. This study examines recent and possible future trends.

Price £5.00

**TOOTHBRUSHING IN ADOLESCENCE**

A study of the toothbrushing habits and motivation of 15–16 year olds reveals unexpected links with other lifestyle factors.

Price £10.00

Fig. 1. To clarify differences between the lifestyles of children living in different neighbourhoods, you may be asked to record their home location in the data, using numbers on a map as shown here.
However, as street names change with time and also vary in different parts of the country, individual surveys provide additional local names to improve the understanding of these questions in the schools and hence the validity of the responses.

The 'drugs' questions in the survey include the following.

60. What do you know about these drugs? [List as in Table 1].
   0 = I have never heard of them
   1 = I have heard of them but I don't know anything about them
   2 = I think they are safe and used properly
   3 = I think they are nasty

61. Has anyone ever offered or encouraged you to try any of the drugs listed in Question 60?
   0 = No
   1 = Not sure
   2 = Yes

62. Have you ever taken any of the drugs listed in Question 60?
   0 = No
   1 = Not sure
   2 = Yes

63. Do you know anyone whom you think takes any of the drugs listed in Question 60?
   0 = No
   1 = Not sure
   2 = Yes

How close are our children to drug sources?

In Fig. 2, the 1994 figures show that over 70% of both Year 11 boys and girls personally know someone using drugs. For a response to be included in this statistic the boy or girl has indicated that they are certain or fairly sure that they know someone, and also think that they know the substance used.

Many can know the same users or user, hence 70% is accounted for bigger than the percentages that have ever tried a drug. The importance of this statistic is however of the highest order.

2. WHAT INFLUENCES DRUG USE?

In the following list we have arranged the 'drugs' in their order of accessibility to the Year 11 pupils recorded in the Young People in 1994 data. The reasoning is that the larger the percentage of each sex that are confident they know a user, the more likely they are to have been offered the opportunity of trying the drug.

50% Cannabis
25% Ecstasy, amphetamines, synthetic hallucinogens
20% Natural hallucinogens
15% Solvents
6% Cocaine, heroin, crack, barbiturates, tranquillisers.

It comes as no surprise to find 'cannabis' at the head of the list by a substantial margin, with about 50% of the young people knowing a user. Ecstasy, amphetamines, and synthetic hallucinogens are closely grouped in second place at around 25% contact with users. Natural hallucinogens are at around 20%, and solvents at 15%. The other listed drugs are found at around 6%.

Table 2. The Year 11 boys and girls in the 1994 data, showing the percentages that consider these drugs to be always unsafe, know a user of them, have been offered them, and have used them at least once.

Cannabis
Ecstasy
Amphetamines
Synthetic hallucinogens
Natural hallucinogens
Solvents
Cocaine
Crack
Barbiturates
Tranquilisers

Always unsafe
Know user
Been offered
Used

It may come as a surprise to discover that more of the boys perceive 'solvents' as being dangerous than any other of the listed drugs.

This drug is also widely viewed as harmful. Only 5.3% have tried it, although 72.7% report knowing someone who uses it and 14.4% report having been offered it. This suggests that many young people have rejected the opportunity of trying it out.
3. CANNABIS: WAY OUT IN FRONT

In the following figures we have displayed the statistics connected with cannabis use for the Year 10 and Year 11 pupils in our 1994 data. The 'cannabis' category used here includes any boy or girl who reports trying it on at least one occasion, in either 'leaf' or 'resin' form. There is no measure of frequency of consumption. It is not possible to separate regular users from occasional users and from those who have tried the substance only once. However, it is reasonable to assume that any revealed characteristics of the amorphous 'drug-takers' group will be more sharply defined for the habitual users.

'Cannabis' and pocket money

Figure 4 shows a link between levels of pocket money and experience of cannabis. There is a very clear increase in the percentage of cannabis experimenters or users among those receiving more pocket money.

'Cannabis' and doing homework

Figure 5 shows the relationship between levels of homework done on the previous evening and experience of cannabis. A link is strongly suggested, particularly for those who spend no time at all doing homework. The home environment is without doubt crucial in the way young people learn to behave.

It seems extraordinary that we should look to survey research data to confirm this.

Homes and families that promote attention to school success influence so many other aspects of a young person’s lifestyle. Also, at a statistical level, the less time spent out of the home, the less time there is to be in contact with drug sources.

'Cannabis' and home drinking

Figure 6 shows the relationship between young people's experience of 'cannabis' and their parents' level of awareness if they drink alcohol at home.

Elsewhere in Young People in 1994 we report on the links with levels of consumption of alcohol by the boys and girls and parental awareness of home drinking. The less the parents knew about what is going on, the more likely is it that alcohol is consumed, although not necessarily at home.
This climate of attention to alcohol use within the home shows a similar effect for 'cannabis'.

'Cannabis' and going to parties or discos

Figure 7 shows the relationship between young people's experience of cannabis and the frequency with which they go to parties and discos.

It comes as no surprise to discover that there is a clear link between potential sources of supply of the drug, such as a disco or party, and at least its trial use.

'Cannabis' and self-esteem

Figure 8 shows the relationship between young people's experience of cannabis and their self-esteem as measured by a set of nine questions on confidence and social competence.

To discover a statistical link between higher self-esteem and increased likelihood of trying cannabis can be an undermining experience! However, taking risks is a sign of normal, healthy development in young people. They seek an outgoing, sociable, self-confident, co-operative and fun-loving image, and if they achieve this their self-esteem will be high.

Many young, successful teenagers manage this period of their lives successfully and survive the risks taken. These young men are typically vigorous and challenging but largely positive co-operative and law-abiding. They have an optimism about their future, and we hope to share that future with them.

4. VERSION 18: 'PICK AND MIX' YOUR OWN SELECTION

So many uses of the survey method have requested amendment to suit local needs. We are now offering the Health Related Behaviour survey on a 'pick and mix' basis for greater economy of money and time. The eight sections from which a choice may be made are presented below.

This means that co-ordinators can focus on particular issues of concern. For example, they may want to use the drugs section to investigate pupils' closeness to a user or source.

The 'minimal' questionnaire uses section 1 (personal background), which provides important basic data, and one other. Any combination of these sections is acceptable, and we can also accommodate an extra customised section designed by the customer to supplement the questionnaire information and support local needs. The cost reflects the options selected.

Even when schools take part in a centrally-organised and funded survey, the identity of each school (and, of course, each respondent) is protected. Group survey organisers and co-ordinators have access only to the merged database. Only the schools themselves have access to their own data; they may, of course, share it with the survey co-ordinator (e.g. District Health Authority) if they so wish.

In fact, many schools value the opportunity to share their results with the DHA. This can facilitate schools reaching out for support, as well as DHA staff 'reaching in' with prompts for action.

Please contact me at the Unit if you think that your information requirements could be met by using Version 18 of the Health Related Behaviour Questionnaire.

The nine 'pick and mix' sections. Section 1 is included in all combinations.

1 Personal background
   Age, sex, family structure
   Ethnicity
   Home background
   Self-esteem
   Feelings of control

2 Drugs
   Smoking
   Alcohol
   Drugs

3 Hygiene, Medication, Dental
   Frequency of use of medication
   Relationship with GP
   Dental hygiene

4 Relationships, Mental Health, HIV
   'Important others'
   Problems and sources of support
   HIV knowledge & precautionary intentions

5 Gambling & Personal safety
   Arcade games & fruit machines
   Feelings of safety
   Carrying 'protection'

6 Leisure & Money
   Leisure activities
   Income
   Money spent
   National Lottery
   Money saved

7 Diet
   Lunch & breakfast
   Frequency of consumption of listed foods

8 Exercise
   Frequency of involvement
   Feelings about fitness & exercise
   Cycling, training and safety

9 Optional customised section
   Contains questions suggested locally by schools or the survey organisers, in consultation with the Unit.
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<td>Drugs</td>
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<td>Relationships, Mental Health, HIV</td>
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- Age, sex, family structure
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- Drugs
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- Relationship with GP
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- Feelings of safety
- Carrying 'protection'
- Leisure activities
- Income
- Money spent
- National Lottery
- Money saved
- Lunch & breakfast
- Frequency of consumption of listed foods
- Frequency of involvement
- Feelings about fitness & exercise
- Cycling, training and safety

Young People in 1994 costs £30 including postage, from the Unit.