

**Young People and Illicit Drug Use: a health promotion model
to differentiate abstinence or recreational drug use from
misuse.**

A thesis submitted for the degree of Doctor of Philosophy.

by

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Abstract.

The thesis is a study of illicit drug use and attitudes to drugs education amongst young people from different socio-economic backgrounds. The thesis reviews the existing literature and finds that there may be a link between poverty and drug use that hasn't been fully explored and that there has been a lack of attention to young people's perspectives and views on drug use. The findings are reported of an empirical research project that consisted of quantitative and qualitative research with 206 young people in five different settings: at university, in a youth club, in schools, in a pupil referral unit, and service for young offenders. The data from these different sources are analysed and a conceptual model has been developed, setting out some factors that are indicative of problematic or non-problematic drug use. The model was circulated amongst a small group of professionals in relevant fields for comment.

The thesis concludes that young people in university settings reported using illicit drugs recreationally and apparently without problems, while the 'vulnerable' young people reported using more drugs, at an earlier age, and more frequently, and for reasons to do with boredom, depression and anxiety. The author suggests that 'vulnerable' young people are disadvantaged by their circumstances at home, including social deprivation and parental separation, and their lack of engagement with education. It is argued that health promotion models need to recognise the importance of contextual and broader structural factors influencing drug use among young people, and that health promotion efforts need to play a role in tackling inequalities and reducing deprivation, as well as making health promotion messages relevant to their target audience.

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Introduction

There is no shortage of statistical information drawing attention to the numbers of young people involved with illicit drug use (Ramsey et al 2001). Current evidence suggests that illicit drug use peaks among the 16-24 year olds, but experimentation starts significantly from the age of 13-14 (*Tackling Drugs To Build a Better Britain. First Annual Report*. TSO 1999). Many sources have expressed concern that the age of first drug use is getting younger; drug experimentation is spreading and the use of heroin and cocaine use may be increasing (ISDD 2000, TSO 1999, Galt 1997). The Home Office observe that while age may be one of the strongest factors associated with drug use, other factors such as gender, ethnic origin and geographical location also need to be considered (Home Office 2003).

The identification of social factors that influence drug use is considered essential to help policy makers understand which individuals are more likely to be considered at high risk for misusing drugs (Home Office 2003). Glantz and Pickens (1992) observe that the factors that constitute risk for use do not in themselves necessarily predict the transition from use to abuse. Lloyd (1998) states that there is a growing interest in the identification of risk factors associated with the onset of problem drug use and calls for more research to identify the prevalence and nature of drug use in groups considered to be at high risk. Despite considerable drug education activity Coggans and Watson (1995) assert that the use of illicit drugs appears to be increasingly accepted by young people.

The literature referred to above provides the rationale for the research that is the foundation of this thesis. The thesis presents the findings of an empirical study of illicit drug use and attitudes to drugs education amongst young people from different socio-economic backgrounds. Quantitative and qualitative research was carried out with two hundred and six young people in five different settings: at university, in a youth club, in schools, in a pupil referral unit, and service for young offenders. The data from these different sources are analysed and a conceptual model is developed, setting out factors that are indicative of problematic or non-problematic drug use. From analysis of the data it is identified that there are wide variations among the different socio-economic groups involved in the research and their reported illicit

drug use. In addition to this, the views of the young people participating in the research provide data that identify their varied needs regarding drug education and information.

The qualitative data from the young people provided rich data that illustrate the complex issues surrounding drug use. These issues go beyond deprivation and vulnerability, the social context of drug use is clearly of great importance as is the individuals' perception of drug use; if they consider it to be a problem or not. While the research sample is small and the findings must therefore be treated with caution, the work provides some rich qualitative data that contribute new evidence to the body of knowledge in this area. Recommendations are made based on the findings of the research.

✓

Structure of the thesis

The first chapter presents a review of the literature from which the research aims are developed. The review was carried out in three separate stages and sought to answer the following questions:

1. What are the current statistics and trends regarding young people and illicit drug use/misuse?
2. Is there a link between deprivation, poverty and illicit drug use?
3. How effective have health promotion/education strategies and approaches been in meeting the needs of young people in relation to illicit drug use?

Having completed the review of the literature the aims and objectives of the research are presented in chapter two. Details are given regarding the research that was carried out in three distinct stages and employed mixed methodology to collect data. Stage one involved the use of questionnaires. Stage two was split into two phases, phase one consisted of focus groups that were held among young people selected to reflect different socio-economic backgrounds. The focus groups were used to gain in depth data on some of the themes highlighted during the first stage of the research (questionnaires). Phase two involved face-to-face interviews with the professionals who were working with the young people involved in the research. The purpose of the interviews with the professionals was to gain their expert experience and views on the issues raised by the young people. Using three different methods to obtain the data provides triangulation that supports the findings of the research. The third stage of the research was the development of a conceptual model that identifies factors or experiences that indicate a propensity to abstinence or non-problematic (recreational) drug use. The model is developed using the data from the questionnaires, focus groups and interviews with the professionals.

Chapter three presents a detailed account of the methodology. The methods used to collect and analyse data are presented. Ethical issues are discussed and there is a critique of the research process. The chapter finishes with a personal reflection on the research process.

Chapter four presents the findings of the research: questionnaires to the university and youth club sample. The findings are reported in two parts. Part one reports the

findings of the university sample, and part two the youth club sample. There is a discussion of the results for both groups. Chapter five presents the findings of the focus groups and the interviews with professionals. Firstly the findings of the focus groups are presented, followed by a discussion. The discussion is supported (where appropriate) by extracts from the interviews held with the professionals working with the young people involved in the study. Comparisons and anomalies are drawn from the findings of the two stages of the research at this stage.

Chapter six presents a discussion of the overall findings of both stages of the research. It is within this section that areas of new knowledge gained from the research are drawn out and used to develop a conceptual model identifying experiences or factors which can be predictive of a propensity to abstinence or non-problematic drug use. Following the development of the conceptual model, a critique was sought from practitioners and experts in the field of health promotion and public health. Although it was beyond the scope of this thesis fully to ‘test’ the model, it was considered essential to gain some form of validation of the model. Chapter seven presents the results of this consultation exercise. A final discussion is presented in chapter eight. Conclusions are drawn and recommendations are identified.

Following the list of references used within the thesis, additional information is presented in the appendices:

1. Copies of the questionnaires used during stage one of the research.
2. Ethical correspondence from the participating university.
3. Papers that have been accepted for publication during the research have been included for the readers’ interest.

Glossary and explanation of terms

Young People

Services and authors differ in their use of the terms “child”, “adolescent” and “young person” and what age range defines each term (Coombes, Allen, Yerrell 2001). This research is focusing on the needs of young people and illicit substance use. The term ‘young people’ will mean different age ranges to different people. Foxcroft (1997) cites the work of previous systematic reviews and defines young people as ‘children, adolescents and young adults aged up to 25 years of age’. Similarly, young people are categorised as ‘those under 25 years of age’ in the White Paper *Tackling Drugs to Build a Better Britain* (TSO1998). This definition has been used throughout the thesis. However, where reporting studies that use the term ‘adolescent’, the term is not altered. Similarly, as much previous research uses the description ‘adolescent’, the term was used within the literature search.

All of the young people involved in the second stage of the research (focus groups) are under 25 years of age, with the majority falling between 12 and 18 years.

A small number of the university sample involved with the first stage of the research (self report questionnaire) were older than this range, however their views and experiences of illicit drugs were very similar to those expressed by their younger peers, and as such are seen as valuable. For this reason they have not been excluded. Indeed it could be argued they have added to the richness of the data.

Illicit drug use

The term ‘illicit drug use’ refers to the use of drugs that are prohibited by law. Illicit drugs are classified as ‘class A, B or C’ and it is an offence to purchase or consume drugs from these classes (unless they have been prescribed by an authorised doctor). Other drugs, alcohol and tobacco, are also prohibited by law for young people under the ages of eighteen and sixteen respectively, to purchase. For the purposes of this study however, it was decided that it was necessary to focus the research more narrowly and therefore alcohol and tobacco were not included. Although potentially glue and other substances could have been included as illicit drugs, no participants referred to these substances during any stage of the research. The term ‘substance use’ is also referred to within the thesis; this is used as a generic term for any illicit drug consumption.

Drug use, recreational use, misuse and abuse

The dominant understanding of drug use among young people is that it represents problem behaviour and as a result is frequently described as drug *abuse* in the literature. As Coggans and Watson (1995) observe, it is neither clear how this ‘problem’ is defined, nor for whom it is a problem. Bailey and Rachal (1993) define problem drug use as ‘a pattern of consumption that results in negative consequences’. It is suggested that for many young people illicit drugs are used as a normal part of their social life, are used in a controlled way and provide a positive experience (Parker et al 1995). The majority of young people do not experience problematic drug use (Baumrind 1991) and most do not see their drug use as causing any life problems (Fraser et al 1991). More recently in the United Kingdom Government policy document ‘Tackling Drugs to Build a Better Britain’ and strategy update (TSO 2002, 1998), it is acknowledged that many of the young people who use illicit drugs do so for recreational and experimentation purposes, with only a small number developing very serious problems.

There are however young people for whom drugs do become a problem, their consumption becomes such that drug *misuse* or *abuse* more adequately describes their pattern of use. The term *misuse* refers to the illegal or illicit drug taking or alcohol consumption that leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. Drug misuse is therefore drug taking which causes harm to the individual, their significant others or the wider community (The National Treatment Agency 2001). The term drug *abuse* implies addiction or chaotic drug use. However once again a definition of when drug *use* becomes *abuse* would be hard to find. For this thesis, the terms drug use and drug misuse have been chosen as more appropriate. However, if sources have been referred to in the literature who have used the term *drug abuse*, the original wording has been left.

‘Vulnerable’ young people

The description of ‘vulnerable young people’, appears in a number of the reports referred to in this project. Clarification on what is understood by the term may be helpful. The Health Advisory Service (HAS 1999) provides guidance on ‘Vulnerable Groups’ and includes:

- Young people ‘looked after’ by local authorities;
- Young people who are homeless or local authority care leavers;
- Young people involved in the criminal justice system;
- Young people with drug or alcohol misusing parents;
- Young people disaffected from or excluded from school;
- Young people living in difficult family circumstances, including those subject to abuse;
- Young people involved with prostitution;
- Young people with physical disabilities or learning difficulties; and
- Young people living in an environment with a high availability of drugs.

Having presented an introduction to the thesis, a guide to the structure of the work and a glossary and explanation of terms, the first chapter presents a review of the literature.

Chapter One. Review of the literature

1.0 Introduction

This research explores the use of illicit drugs among young people and the role of health promotion in meeting their needs. As a basis for the development of the work, a review of the literature was carried out to: (1) establish the level of illicit drug use among young people in the United Kingdom today, (2) seek to establish if there is a link between deprivation, poverty and the use of illicit drugs among young people, (3) assess how effective health promotion and education strategies have been in meeting the needs of young people in relation to illicit drug use. Three different search strategies were employed to facilitate the literature review; this was to make the process more manageable and to allow the search to focus on specific areas. The search strategies for the three stages of the review are presented individually. The search process followed a methodical approach.

1.1 Methodical approach

A methodical approach has been utilised to facilitate the search for, and appraisal of the literature within this review. It differs from a systematic approach, which locates, appraises and synthesises evidence from studies to provide answers to research questions (The NHS Centre for Reviews and Dissemination 1996). This means that a review will bring together and assess available research evidence. While this approach has tended to focus on clinical trials and scientific studies, the same rigorous approach can also be adopted when managing a broader range of published material. Thus, while it cannot be claimed that the following chapter presents a formal systematic review of the literature, the aim for this thesis was to retrieve as much credible and reliable literature on the subject area as possible. This included for example, seeking literature from many sources and including database searches, hand searching and contacting experts in the field. It also included, where appropriate, additional 'grey' literature in order to provide a comprehensive and thorough exploration of the topic area. Key components of a systematic approach to the literature review have been identified by Gomm and Davies (2000):

1. Define the question the review is addressing
2. Search as exhaustively as possible for all studies that address the question

3. Assess the quality of those studies using predefined criteria
4. Provide an overview of the results of the studies to be included
5. Interpretation of the results

The methodical approach used for the literature search and review for this thesis, adhered to these guidelines as much as possible. A systematic review of the literature was not possible due to the broad research questions posed for the review and the weight of potentially relevant theory and research evidence. Following the search and retrieval of appropriate papers the literature for each of the three research questions was appraised.

1.2 Literature appraisal

The standard and usefulness of reviews are to a large extent dependent on the quality of the material included in them (Hammer and Collinson 1999), therefore a method of appraisal is essential. The following process was used with all the literature, at each stage of the review process. Each paper was read and appraised using the framework suggested by Hammer and Collinson (1999), asking questions such as; sample size, authorship, potential of bias. A plain card was attached to each paper and comments noted about the contents of the publication. In particular, strengths and weaknesses of the paper were noted and references to areas of direct interest. With such large amounts of literature this helped when constructing the review. Following this process some literature was rejected if it did not meet the requirements for the study in terms of content or where there were reliability/validity concerns.

The inclusion of research originating in the United States of America.

Stages two and three of the literature review, and later in the thesis, include reference to research carried out in the United States of America (USA). It should be noted that positivist social sciences, which seek to identify cause and effect, dominate the study of children, young people and their families in the USA. In addition to this, work originating from the USA tends to be 'behaviour' focused, and young people whose behaviour is seen to be problematic in any way are frequently referred to as 'deviant'. The decision to include research carried out in the USA was based on the fact that many of the drug education packages and programmes that have been developed in the United Kingdom are based on the work originating from the USA. In addition to

this it was noted that in formal systematic reviews of the literature in this area, research originating from the USA is included and appraised alongside research from the United Kingdom (Foxcroft et al 1997). Having explained the overarching literature searching and reviewing process, the three identified research areas are reported individually.

1.3 Stage one of the literature review: what are the current statistics and trends regarding young people and substance use/misuse?

1.3.1 Search strategy

Data base searches were carried out using the search terms:

Young people/youth/adolescent/illicit/illegal/drug use/drug/substance misuse/trends/statistics

Databases used for this search included: Medline/Core Biomedical Collection/CINHAL/BIDS ISI.

A search was also carried out using the author's search terms by Drugscope (prior to 2000 known as the Institute of the Study of Drugs and Dependency).

Government statistics were sought using a range of websites and links, for example: www.open.gov.uk Department of Health/Home Office/Drug Prevention Advisory service. The Office of National Statistics, the Home Office British Crime Survey and the Department of Health Statistical Bulletin. The statistical information required for this research required that only current, and recognised sources could be used to obtain accurate and reliable information (grey literature was not included).

1.3.2. Inclusion and exclusion criteria

Inclusion criteria

Exclusion criteria

The literature referred to young/adolescent people and illicit drug use	Secondary/anecdotal literature
Primary research results	Published prior to 1995
National statistical information	
Published since 1995 (to gain current and recent trends)	

Table 1. Inclusion criteria: stage 1 of literature review. Current statistics young people and illicit drug use.

1.3.3 What are the current statistics and trends regarding young people and substance use/misuse?

Estimates of the prevalence of substance misuse can never be more than conjecture. Because many drug users do not register (or need to) with a doctor or agency to seek help or obtain their supplies, true figures are impossible to obtain. As Aldridge et al (1999) point out, because the use of most street drugs is also an illegal act, young people are often reticent about disclosing details of their involvement with drugs. A number of surveys regarding the prevalence of drug use among young people have been carried out in the United Kingdom over the past few years reporting current levels of drug and alcohol misuse among young people. The data are from self-report questionnaires among representative samples of young people across the United Kingdom. Data from these surveys are used by the Department of Health Statistics Department (DOHSD) and as such are seen as the most reliable source of evidence. The reliability of using data from such surveys has also been questioned (Aldridge et al 1999) and the DOHSD acknowledges that a systematic assessment of the methodology and quality of these surveys has not been made (DOHSD 2000). The data used are however the best evidence currently available to indicate past and current trends in drug and alcohol misuse among young people in England and do allow comparisons to be made over time. As such they will be used for the purposes of this research.

Among people aged 16-29, 25% (2.3 million) reported using drugs in the previous year in the 2000 British Crime Survey (BCS) and among 16-24 year olds 533,000 used Class A drugs in the last year and 275,000 in the last month. The proportion of the population in England and Wales who have ever used illicit drugs increased from 28% in 1994 to 34% in 2000 but the proportion of monthly users remained stable at 6%. Among people aged 16-29 in England and Wales, the prevalence of reported drug use in the last year was 23% in 1994 and 25% in both 1998 and 2000 (Ramsey et al., 2001).

The Department of Health Statistical Bulletin (DOHSD) (2001) presents information on drug misuse and young people aged under 25 years using two key sources of information (The Office of National Statistics (ONS) and the Home Office British Crime Survey (BCS)). The following statistics are cited in the report: among 11 to 15

year olds in England in 2001, 12% had used drugs in the last month and 20% had used drugs in the last year. In total, 4% had used Class A drugs in the previous year.

Among 16 to 24 year olds in England and Wales in 2000, 29% had used drugs in the last year and 18% in the last month. In total, 9% had used Class A drugs in the last year. A large longitudinal study carried out by McMiller and Plant in 1996 examined levels of drug use among school-aged children (fifteen/sixteen years of age). The data showed a significant upward trend amongst young people experimenting with drugs and alcohol. Of the sample group (7722 pupils), 40.6% indicated that they had at some time used cannabis, with 10% having used the drug on more than forty occasions. Glues and solvents had been used by 20.4% of the sample, lysergide (LSD) by 14.4% and amphetamines by 13.3%. The authors acknowledge the limitations of the study related to sampling procedures that may prevent generalisations being made.

Current evidence suggests that illegal drug use peaks among the 16-24 year olds, but experimentation starts significantly from 13-14 (*Tackling Drugs To Build a better Britain. First Annual Report*. TSO 1999). Many sources have expressed concern that the age of first drug use is getting younger, drug experimentation is spreading and the use of heroin and cocaine use may be increasing (ISDD 2000, TSO 1999, Galt 1997, Coggans and Watson 1995). Balding (2000) however, suggests that the percentage of young people having tried an illegal drug rose steadily from 1987, peaked in 1995-6, but has stabilised or even reduced since then. The 2000 report by Balding found that 39% of 14-15 year olds knew where to obtain an illegal drug, 44% had been offered an illegal drug and 21% had tried an illegal drug. This survey is the fourth in a series that commenced in 1987. Information has been collected from 500,000 primary and secondary school children as a part of the Health Related Behaviour Questionnaire. The surveys that give rise to the data do not use orthodox strategies such as stratified random sampling, but are large, numerous samples from many parts of the United Kingdom. As such they do not form a deliberately selected sample and so the validity and generalisability must be questioned. However, the results presented by Balding are among the most commonly cited sources when analysing trends in use among young people.

1.3.4 Conclusion to stage one of the literature review

Stage one of the literature review has provided some statistical data on young people and drug use/misuse. Clearly there is a rising trend in the numbers of young people using illicit drugs and of the types of drugs they are consuming. This highlights the need for effective prevention strategies and approaches to meet the health needs of this population. Stage two of the review will address the area of poverty/deprivation and its link with drug use.

1.4 Stage two of the literature review. Poverty/deprivation and its link with drug use

1.4.1 Search strategy:

Social deprivation tends to be measured in terms of a number of components such as poverty, inadequate housing, educational disadvantage and lack of employment opportunities (Lloyd 1999); thus these were included among the search terms.

Data base searches were carried out using the search terms:

Young people/adolescent/illicit/illegal/drug use/poverty/deprivation/self esteem/education/housing/family/depression/anxiety/employment/socio economic

Database searches were carried out as reported in stage one of the review (p15).

1.4.2 Inclusion and exclusion criteria.

Inclusion criteria

Exclusion criteria

The literature referred to young/adolescent people and illicit drug use	Anecdotal literature
Written in English	Published prior to 1970
Published since 1970	Research carried out among populations where the findings were not generalisable to the UK population
Primary research	
Secondary research published in refereed journals	

Table 2. Inclusion criteria: stage 2 of literature review. Poverty/deprivation and its link with drug use.

Electronic searches provide a wealth of literature. Often, one or more of the factors used for this study are mentioned. However, the data were commonly one part of a larger research project and not the primary area of research. The author analysed and extracted this information to build a more robust body of evidence between the variables discussed above, and drug use. In addition to the literature searching techniques, the following strategies were employed:

- Visits to the library at Drugscope were made as some of their material is for reference purposes only.
- References used by authors in the publications that were ordered that were of direct interest and relevance were also followed up and reviewed.

- Direct contact with authors/experts in the field was made and leads followed.

The breadth of the subject area complicated undertaking a literature review in this field. The review presents the main themes of the literature in this area rather than being an exhaustive compilation.

1.4.3 Poverty and deprivation and its link with drug use

There has been little research directly linking drug use with poverty, however there is evidence to suggest that potential for harm resulting from drug use is likely to be affected by economic and other social factors (Burgess 1996). The ISDD (1994) however, observe that some researchers have begun to be more discerning regarding a link between poverty and drug abuse. In 1999 the Labour government introduced a White Paper called 'Saving Lives: Our Healthier Nation' (DOH 1999). This formed a central theme of the government's health strategy and one of the main goals was to reduce inequality. Within the document there is reference to drug misuse, linking it with poor health directly and indirectly. Indirectly, the link is made with social exclusion through homelessness, poverty and unemployment. A few earlier studies have directly linked poverty and the use of drugs. In 1993 the Home Office produced a document that indicated that some aspects of drug problems are tied closely to levels of social and economic deprivation (Leitner et al 1993). The Advisory Council on the Misuse of Drugs (ACMD) published a report on drug use and the environment. Following this report, recognition is growing that deprivation and social exclusion have to be addressed in order to influence drug use (Howard 2000). Due to the limited amount of evidence showing a direct link between poverty, deprivation and drug use, secondary research was used in this stage of the review to explore possible associations between selected variables indicating social deprivation and the initiation of substance use. Identified indicators of poverty were used to facilitate this: unemployment, poor housing and education, lone parent families, anxiety, low self-esteem and depression. Each of these variables has been shown to have a relationship with physical and psychological ill health and each is linked to poverty and deprivation (Wilkinson 1993). Secondary data analysis has a rich intellectual tradition in the social sciences (Nachmias and Nachmias 1992). It may be the only source available to study certain research problems.

There are methodological advantages to using secondary analysis. It provides scope for replication and allows longitudinal research design, it may improve measurement of certain variables and it often allows for a larger sample size. Social scientists have increasingly been using data that have previously been collected by others for research purposes that differ from the original reasons for collecting the data. The researcher can search through a wide range of materials covering different areas and in more depth than would normally be possible.

The main findings of this review have been presented in tabular form (overleaf). The discussion that follows highlights the main themes that were retrieved from the literature in each of the areas, rather than providing a detailed exploration.

The following table indicates articles that correlate drug use with the variables used in this study. The articles are listed in date order.

<u>Un employment</u>	<u>Self-esteem, depression anxiety</u>	<u>Lone parent families</u>	<u>Education</u>	<u>Housing</u>
Dorn 1981	Kandel 1982	Johnson 1973	Kandel 1982	Rutter 1976
Hyder 1982	Saucier Ambert 1983	Tec 1974	Brook 1983	Farleigh 1986
Burr 1984	Lazarus Folkman 1984	Craig Brown 1975	Stein et al 1987	Nixon 1992
Mott 1985	Franklin 1985	Talone Dermot 1975	Robertson 1987	Leitner et al 1993
Peck Plant 1986	Eiser et al 1988	Saucier Ambert 1983	Peele 1987	Hammersley Pearl 1997
Research International 1986	Young et al 1989	Burr 1984	Eiser et al 1988	ACMD 1998
Pritchard 1986	Simpson et al 1993	Pritchard et al 1986	Clements 1993	ISDD 1999
Chadwick 1989	Emery 1993	Burr 1987	Guy et al 1994	Aldridge et al 1999
Pritchard 1990	Swadi 1993	Robertson 1987	Measham et al 1994	
Leitner et al 1993	Guy et al 1994	Bowden 1990	Chapman 1995	
McKenna 1993	Tschann et al 1994	Swadi 1993	Stevens et al 1996	
Home Office 1998	Lewinson et al 1994	Stevens et al 1996	Home Office 2001	
ISDD 1999		Royal College Psychiatrists 2000		
Aldridge 1999		Home Office 2001		
Home Office 2001				

Table 3: Papers included in stage two of literature review. The link between poverty, deprivation and drug use.

The main themes identified under each of the headings presented on the table are now discussed (not all the papers identified in the table are included).

Unemployment

Illicit drug use and unemployment are both issues that are a cause of political concern in Britain, and many people argue that the two are related. The relationship between unemployment and drug use is important, if very complex. The British Crime Survey of 1981 showed that cannabis use among unemployed respondents was significantly higher than among other respondents (Mott 1985). The 1996 British Crime Survey identified that among those in the 16-29 year age group who were unemployed, as many as 45% reported drug use in the previous year, more than double the rate (22%) for those with full time jobs (cited in Home Office 1998).

Brenner (1980), and Box and Hale (1982) comment on the pervading features and impact of unemployment and known socio-economic disadvantages, being the creation of social casualties and manifesting in substance use. It has also been discussed that drug use may fulfil some of the social and psychological needs that are usually met by employment (Catton and Shain 1976, Peck and Plant 1986). Mott (1985) observes that conclusions have been drawn as to why unemployed people turn to drug use: a sense of group membership, of purpose and accomplishment, and a sense of prestige are needs which this way of life seems to meet for the drug user.

Plant (1987) described the results of a three year follow up study of one thousand fifteen and sixteen year old school leavers from five secondary schools in the Lothian area, some of whom became unemployed. Data was collected using self-completed questionnaires. The authors acknowledge that there was a level of inconsistency amongst responses and a suggestion that the study was biased by both under and over-reporting of substance use. There is also an ethical dilemma raised by the researchers regarding the methodology. The authors decided that parental consent was unlikely due to 'lack of motivation' to sign and return a consent form, and so an 'opt out' information sheet was sent home via the pupils. Only young people whose parents declining permission, and signing a form to that effect, would be excluded from the study. Two schools refused to accept this method of consent and dropped out of the study. However the authors reported some interesting findings. The results of the

study suggest that unemployment was associated with high levels of illicit drug use and “possibly the most forbidding result of this study was the high level of illicit drug use that was evident amongst the young unemployed” (Plant 1987:121). They also found that though the unemployed youngsters were more likely to report drug use, they had been no more likely to use illegal drugs whilst they were at school.

Pritchard et al (1986) carried out some research with comprehensive school children and the incidence of drug and solvent abuse. The sample comprised of eight hundred and seven children, aged 13 to 16 years of age, who completed a self-report questionnaire that reported levels of solvent and drug misuse. Nineteen per cent were reported as being involved with some type of misuse, four percent with solvent abuse only, four percent with serious (hard) drug use, and fifteen percent reported drug use mainly involving cannabis only. Distinguishing social characteristics were found amongst the misusers. The most noticeable feature was the higher frequency of unemployed fathers, 28% percent, more than double the national average for February 1985. The findings of the research were replicated in a further study carried out by Pritchard in 1989. This sample involved nine hundred and thirty four fourth and fifth year comprehensive school pupils, using the same research method as the earlier study. Significantly, the misusers had more fathers unemployed, 17% (26) than the rest at 11% (Pritchard and Cox 1990).

Although the findings of the Pritchard and Cox’s study are clear, the ‘mechanism’ of the influence is less so. This suggests the need for further research to gain young people’s own interpretations of such findings. The authors of the report acknowledge some methodological weaknesses, primarily, that they were unable to guarantee confidentiality, which has been found to be essential to obtain accurate responses. Also some participants were absent on the day the questionnaires were completed, although staff commented that absence was less than average. However, the authors maintain that the results appeared ‘reasonably reliable’.

Aldridge et al (1999) write how the demand for temazepam, nicknamed ‘jellies’ (due to the fact that the capsules contain a jelly like substance which, when warmed, provides an injectable substance) has grown rapidly in Glasgow as an antidote to boredom and unemployment. Although the paper by Aldridge was not specific to

young people, other work in this area presents research carried out directly with a younger population. Nick Dorn (1981) presented the findings of some research that examined a specific problem faced by youngsters who, when expecting to enter the work force to gain financial and social independence and status, are prevented from doing so when the state's economic policies exacerbate unemployment. The link was established between these young people facing unemployment and the development of personal dependency problems.

The ISDD (1999) reported that a high prevalence of drug use is found among the unemployed, with problematic drug users being more likely to be long term unemployed. The literature indicates that for many of these individuals, drug use provides a solution when no other is forthcoming. Drug use can be seen to provide both a sense of belonging and a chance to meet those with similar problems. It also offers temporary respite to what may seem a meaningless existence with little or no hope of solution. Entry to work facilitates the integration into adulthood and the community. It gives purpose and allows one to contribute to and be a part of society. If this is denied, boredom and lack of direction can spill over into problems of drug use and addiction (Hansard 1996). Data from the (2001) census reveal that currently many children live in 'workless' households with over two million (17.6%) in households where there are no adults in work. It is generally agreed that although the effect of unemployment is not clearly understood, the association with other causes of drug use cannot be dismissed. When reviewing the literature examining the evidence that there is a link between unemployment and drug use, there is a substantial body of evidence to suggest that this is one facet of a more complex link. The author will now examine the relationship between self-esteem, depression, anxiety and drug use.

Self-esteem, depression, anxiety

For young people growing up in families where unemployment is predominant and who face or experience, some of the problems discussed above, anxiety, low self-esteem and depressive symptoms may not surprisingly follow. Self esteem is defined as having confidence and satisfaction in oneself and self respect (Penguin English dictionary 2000). Emler (2001p4) writes that "in common usage, self-esteem is a favourable opinion of oneself". The link between low self-esteem and drug use has been the cause of much debate. The two main issues which have been the stimulus for

this debate are: (1) the tenuous link between low self esteem and drug use and (2) the definition and variety of instruments by which self-esteem is measured. Schroeder et al (1993) argue that although a causal link between self-esteem and drug use makes intuitive sense, critical evaluation of the research questions the relationship. Schroeder et al consider the methodological and statistical concerns that surround the issue and argues that the scientific evidence relating self-esteem and drug use is insufficient to justify making the enhancement of self-esteem the cornerstone of drug prevention efforts. Similarly, Emler (2001) advises caution in this area. While Emler asserts that self-esteem can be reliably measured, much of the published research is inadequate to decide whether low self-esteem is a causal influence on behaviour. Emler goes on to point out that while (*relatively*) low self-esteem cannot be directly linked as a risk factor for drug and alcohol use, it is a risk factor for depression, although it is only one among several related risk factors. Emler also asserts that relatively low self-esteem is associated with young adult males, with low earnings and employment problems. Emler repeatedly uses the prefix *relatively* when discussing low self-esteem in his work. Arguably, the findings may be different for those with *severe* low self-esteem.

While the concerns of Schroeder et al, Emler, and others in the field justifiably mean that evidence should be treated with caution, the inclusion of self-esteem and the relationship with drug use has been included as a part of this work. The evidence gathered for this section draws on the work of a variety of researchers in the field of drug use. Collectively they contribute a strong counter argument to the view espoused by Schroeder et al and Emler. Also, it is not the intention of this research to propose that any one single causal factor should be considered more important than others in seeking to establish the reasons for substance use/misuse, but rather that each could form one part of the complex pattern of drug use. As Lisnov et al (1998) observe, the risk factors contributing to young people's substance use are complex. Similarly, drug education interventions should consider self-esteem as one part of any prevention strategy.

The research cited in this section illustrates some of the concerns that Schroeder et al articulated. A variety of instruments were used to measure self-esteem in the various reports. Most commonly the researchers use some form of scale measurement that

covers a variety of areas likely to have some resonance for self-evaluation among young people. Questions such as, 'how well do I handle important decisions in my life?' are used to assess intellectual competence, decision-making and potential for self-development. These questions are usually answered by the respondent ticking a box that has answers ranging from 'very easy' to 'not easy at all'.

An interesting longitudinal (12 year) study on personality and drug abuse was carried out by Guy et al (1994) in the United States of America. Participants in the study (N=640) completed a four hundred-item questionnaire that assessed multiple indicators for potential use of tobacco, alcohol, cannabis and hard drugs. Factor analytic studies of the questionnaire led to the development of eight scales that are hypothesised as indicators of socialisation. Examples of the scales are: feels valued and accepted, feels capable (optimistic about self), confident academically (feels smarter than average), confident regarding academic success. Low scores on these tests have been found to predict use of tobacco, alcohol, and other illegal drugs during high school. The authors acknowledge that the validity of self report measures of drug use are questionable, however they go on to identify that such measures have shown good convergent and discriminant validity.

Eiser et al (1988) presented the findings of research exploring the reasons for drug use among young people. The research sample consisted of more than one thousand children, between the ages of fourteen and fifteen years. Some details of this piece of research are not clearly explained, for example, from a total of 1,352 children included in the study, the authors report that this figure was reduced as 'some' individuals failed to answer certain questions. Thus the reader has no idea how many respondents were dropped from the sample. However, some interesting conclusions were drawn. The authors observe that some young people may start to take illicit drugs due a variety of reasons including poor self esteem or because they lack assertiveness, experience family disruption and/or have poor academic performance. This highlights the varied and overlapping variables that are reported as part of this thesis. The authors go on to comment that programmes that do not take into account a range of precipitating factors are unlikely to be successful.

Saucier and Ambert (1983) conducted a study looking at the marital status of parents and adolescent risk behaviour. The sample was of good size (4,539 participants) and a clear description is given of the sampling frame used, which was appropriate for the study. Among the results an interesting finding was highlighted: adolescents from lone parent families had lower self-esteem, and tried to raise it by engaging in risk taking behaviours. Young people who lived in intact families engaged less in health risk behaviour than other young people. However, it is unlikely that the status of marriage per se would be the prime reason for these findings. Arguably, the findings are more concerned with a young person's need for a stable home environment and the security this provides.

Young et al (1989), explored the relationship between self-esteem and the expected use of legal and illegal drugs. Completed data were collected from 2,032 students, a participation rate of 95%. School teachers actually gave out the questionnaires and the excellent response rate would seem to be related to the fact that progress was monitored and supported by university staff. The relationship between self-esteem and the use of legal illegal drugs was examined. Self-esteem was measured using the Hare Self-Esteem Scale, a 30-item area specific scale (the Hare Self-Esteem Scale was also used in the study reported earlier by Emery 1993 and is a validated tool measuring self-esteem). An example of one such item is: 'I am not as popular as other people my age'. Drug use behaviour was measured by items such as: 'How often have you used in the last month?' Results were statistically significant, indicating that low self-esteem in varied settings increased the chances of drug use. Home and educational low self-esteem were positive indicators, while low peer self-esteem showed no difference on measures. The authors observe that when a young person's self-esteem is low, it becomes a background of pain in their life, with substance abuse becoming a frequently observed maladaptive coping mechanism.

When reviewing the literature examining the evidence that there is a link between low self-esteem, anxiety, depression and drug use the author has found a substantial amount of evidence to support the theory. The author will now examine the literature that suggests a link with lone parent families and drug use.

Changing structure of family life

Today more than one in three marriages break down, one in two second marriages are ending and we are observing a new generation of young people who may be experiencing feelings of rejection and loss. It is among those same young people that we see low self-esteem and poor academic achievement (Bianco 1991). Census (2001) data reveal that there are currently 2,672,000 dependent children living in lone parent families.

The stresses faced by individuals and families experiencing long term unemployment and living in poor housing frequently leads on to children being raised in homes with parental instability. Family relationships are reported to be critical to a child's psychological development and are also significant to their future drug using behaviour (Royal College of Psychiatrists 2000). Negative experiences such as divorce increase susceptibility to problem drug use. However, caution must be observed to avoid stigmatising lone parent families, as a report by the Advisory Council on Drug Misuse (ACDM 1998) observes: family process can be seen as more important than family structure in relation to young people and certain behaviours. Warmth, affection, consistency and parental supervision are crucially important. Similarly, the ACDM (1998) observe that when looking at the influence of the family it is probably family processes (e.g. conflict or lack of affection) rather than family structure, which provide the most reliable indicator of drug use by young people.

The literature reveals that a potential link with young people from lone parent families and drug use has been the subject of research for many decades. Tec (1974), Craig and Brown (1975), and Tolone and Dermot (1975), found that a higher proportion of regular marijuana users tend to come from lone parent homes than do non users. Researching the same age group, Johnson (1973), found that drug use among young people tended to be more prevalent in lone parent families. Burr (1984), conducted a study looking at youth movements, namely Punks and Skinheads, whom he felt adopted the styles of a sub-culture as a form of social protest; for example their extreme dress, and barbiturate drug use. Data were obtained on the marital status of the parents of ninety-three per cent of the study group; significantly, fifty-three percent had divorced or separated parents (ONS data reveal the average divorce rate in 1981 was 23%: ONS 2003), or that the father had died. There was an association

between barbiturate use and young people experiencing problems in home life as well. Information was collected on twelve of the thirteen youths interviewed who were current or past heavy barbiturate drug users. All but two came from homes where parents had separated. Further research carried out by Burr (1987), focused on heroin addicts between the ages of fifteen and twenty-five who had used heroin for five years or less. The most common ages were eighteen to twenty-one years. Length of use ranged from over a year to five and a half years. The majority of the addict study group came from homes affected by adverse family circumstances, in particular from lone parent families.

Robertson (1987) found that individuals from homes with parental instability were more at risk of abusing drugs. This finding has been repeated by Harith Swadi (1993) in a study of forty-six young people referred to a community mental health facility. With respect to drug abusing young people, sixty per cent had experienced parental divorce. Divorce rates peaked in England in 1990, since when there has been a modest downward trend. However divorce is only one indicator of family breakdown and used alone, as a sole indicator, could be misleading. The most recent Census report (2001) includes the term 'lone parents' in the findings that it presents.

Bowden (1990) asserts that individuals from homes with parental instability are more at risk of drug use, and that there is a relationship between family functioning and drug initiation. Stevens et al (1996) concur with this view when reporting the findings of a longitudinal study examining the effectiveness of drug prevention programmes. The study examined the effects on Marijuana use of 1) a drug prevention programme, or 2) this curriculum with added parental or community activities in comparison with, 3) a control community. The sample was among young people aged between nine to fourteen years ($N=1200$). The study was carried out in New Hampshire, however, the results are of interest and may be applicable to the British community. Methodological limitations of the study were acknowledged, including the concern that some students transferred out of the school system and were not traced. Those students tended to drink more and to have lower academic achievement (identified during the early stages of the research) to the sample that remained. This is a common situation when carrying out research with more vulnerable young people. However, overall the research was efficiently carried out

maintaining a rigorous approach to data collection and analysis. Although the authors report that no programme had a significant effect, what was indicated were predictors of initiation of drug use. Among those predictors of initiation were 'feeling unloved by one's family'.

When reviewing the literature the author found a considerable amount of evidence to support the link between lone parent families and drug use. The association between education and drug use will now be explored.

Education

Mo Mowlem (previously a Labour Member of Parliament) presented a key note conference speech on substance misuse and social exclusion in July 2000 (Phoenix House Conference). In this speech she identified that homelessness, education and drug use are connected. Mowlem stated that it is recognised that homeless people are more likely to be poorly educated and to become addicted to alcohol and drugs within a short amount of time of becoming homeless. Although this is based on opinion, this highlights the fact that current research has gained public awareness.

Robertson (1987) explains how individuals with a fragmented educational background may be more at risk of drug misuse than others. Poor education may be part of a cycle, with other factors contributing to its effect. It cannot be seen as a singular factor, but as part of a larger social problem. Rutter (1976), presented a paper arguing that poor housing may well have an effect on educational progress as a result of increased difficulties of studying at home, as well as through strains and tensions of living in disadvantaged conditions. This highlights the fact that many of the variables discussed as part of this review are inter-linked, with one overlapping and having an impact on another.

Much research on risk behaviour in adolescence has been based on problem behaviour theory. This view considers that when young people hold certain beliefs and attitudes, it may be predictive of drug and alcohol problems (the work of Jessor and Jessor 1977 and Guy et al 1994 is explored in more depth later in the study). Research testing elements of this theory has shown that low educational expectation is an important predictor of substance use (Stein et al 1987, Brook et al 1983).

When reviewing the literature examining the evidence that there is a link between fragmented or poor education and drug use, the author found a limited amount of evidence to support the argument. The lack of substantial evidence suggests a need for further research. The relationship between poor housing and drug use will now be examined.

Poor Housing and Homelessness

The effect of poor housing and homelessness and the potential these factors have for harming the educational process, which in turn can lead to drug use, have been discussed in the previous section of this chapter (Phoenix House Conference 2000, Rutter 1976). Leitner et al (1993) in a Home Office document, reported that data clearly indicate that those areas in which drug usage clusters tend to be those areas which are predominantly composed of housing types suggestive of urban deprivation.

Brighton has been identified as the centre of a thriving drug sub-culture (Nixon 1992). Links have been made between the drug culture and the fact that Brighton is number thirty-five out of the three hundred and sixty-five districts on the government's table of urban deprivation. The area has all the problems one normally associates with the inner city, among them: poor housing, neglected estates, and multiple occupancy (Farleigh 1986). Drug users may also be drawn to such deprived areas, as accommodation tends to be cheaper, thus the problem escalates.

Among Glasgow's deprived housing estates, where the unemployed spend their days amid squalid and bleak surroundings, Aldridge et al (1999) suggest that drugs can provide a temporary antidote and relief. We are enjoying a prosperous start to the twenty-first century in Britain, however Walker (1997) comments that there are 'islands', often identifiable housing estates, where unemployment and low academic performance are concentrated and where the cycle of deprivation continues. There is a deteriorating situation in social housing (Hansard 1997 a). The failure to provide housing to those on low income contributes to the vicious cycle of homelessness, and unemployment, which in turn can result in drug abuse (Hansard 1997 b). The Advisory Council on Drug Misuse (1998) in a report produced by the Home Office on drug misuse and the environment, states that where concentrations of poor housing

exacerbate and perpetuate social deprivation, a crucial drug prevention strategy would be for such housing problems to be targeted for improvement.

Hammersley and Pearl (1997) argue that the association between homelessness and drug use is almost intuitive, although there has been little direct study in this area. In their study of 100 homeless young people, only eleven had never used any controlled drug. The authors interviewed residents of an organisation that specialises in housing the young, single homeless. Residents were asked to self-report on the extent of their use of a comprehensive list of substances. They were also asked to complete the Severity of Dependence Scale for every drug they used. The sample ranged from 16 to 30 years and there were 56 male and 44 female respondents. Over three quarters had used cannabis, hallucinogens or amphetamines. Just under half felt that they had been addicted to, and a third felt they had been severely dependent on, a substance other than tobacco. The authors' stress that the sample was one of homeless young people, not homeless drug users, but among those who did use drugs, substance use did not vary significantly by age or sex. The authors acknowledge that it is not possible to infer the extent to which homelessness worsened substance use or vice versa. Hammersley and Pearl (1997) conclude that although the results of their study were sobering, there remained a great deal that could be offered to help this marginalised group.

The ISDD (1999) reported that nine out of ten young people living on the street are using drugs of one sort or another. The question remains, is drug use the result of homelessness, or are drug users homeless as a result of their habit? When reviewing the literature examining the evidence that there is a link between poor housing and drug use, the author did not find a great amount of research in the area. However the literature that has been discussed is persuasive. The author feels that the lack of identifiable evidence could be a result of limited research having taken place in this particular area, rather than being a failure to discover further published studies. Further research to support the argument that there is an association between poor housing and drug use would be valuable. There is also a need to explore in greater depth the mechanisms, or reasons for such an association.

1.5.4 Summary of stage two of review

The literature review supports the link between illicit drug use and deprivation/poverty. However, the evidence used to support the assumption is generally not gained from primary research data and as such the findings remain questionable. As discussed at the start of this chapter, there has been little primary research carried out to date to explore this complex issue. Thus the review highlights gaps in our knowledge and understanding in relation to this area and indicates the need for further research.

The next stage in the search strategy seeks to address the question:

How effective have health promotion/education strategies and approaches been?

1.5 Stage three literature review: How effective have health promotion/education strategies and approaches been to reduce illicit drug use?

1.5.1 Search Strategy.

Data base searches were carried out using the search terms:

Young people/adolescent/illicit/illegal/drug use/health education/ health promotion/prevention/evaluation

The search followed the same procedure employed for stages one and two of the review (p16 &20) with the addition of the Cochrane Database of Systematic Reviews).

1.5.2 Inclusion and exclusion criteria

Inclusion criteria

Exclusion criteria

The literature referred to young/adolescent people and illicit drug use	Anecdotal literature
Written in English	Published prior to 1970
Published since 1970	Research carried out among populations where the findings were not potentially generalisable to the UK population
Primary research	
Secondary research published in refereed journals.	

Table 4. Inclusion criteria: stage 3 of literature review. How effective have health promotion/education strategies and approaches been to reduce illicit drug use?

1.5.3 Review

Past drug education programmes have mainly focused on trying to dissuade young people from taking drugs. This fits into the category of primary prevention and a number of approaches have been tried with the common goal of preventing drug use, or delaying the onset (Cohen 1996). The lack of success with such interventions to date is observed by Coggans and Watson (1995) who comment that although considerable drug education activity has been employed, the use of illicit drugs would seem to be increasingly accepted by young people and would seem to be an acknowledged part of youth culture.

However, what is not clear is if such interventions are actually not working or rather if there has been a lack of sound evaluation of such work. The emphasis on prevention continues and there is significant investment in primary prevention programmes (Gilvarry 1999, Hanson 1996). This is in spite of the fact that there has been a dearth

of evaluation on the effectiveness of these approaches and those that have been carried out show poor outcomes (Gilvarry 1999). Following a systematic review of the literature relating to the effectiveness of prevention programmes targeting young people and substance use, Foxcroft et al (1997) reported that there was no evidence to be found on the effectiveness of any one prevention programme, due to the lack of methodological rigour in programme evaluation. The authors of the Health Promotion Effectiveness Review (1997) also observe that a consistent problem with much of the work done in this field is that inadequate evaluation makes it difficult to assess the effectiveness of many interventions and therefore only cautious recommendations can be made.

Primary prevention approaches include:

Information based approaches

This is broadly based on the assumption that if people are given the facts, common sense will prevail and they will not take drugs. Doubt has been raised regarding the efficacy of such assumptions. Dorn and Murji (1992) state that information based approaches are not only ineffective but also counter-productive when the desired end result is to stop drug use. The approach is focused on the Knowledge Attitude Behaviour (KAB) model of health education. This suggests that if knowledge about the health consequences of behaviours is gained, then first attitudes to that behaviour and later the behaviour itself would change (Kemmer 1991). The assumption of purely factual approaches is that an increase in knowledge will cause a change or strengthening in attitudes towards the object or behaviour in question, and will manifest itself in a reformation of behaviour.

Health promoters have more recently questioned the effectiveness of this model (Marlatt 1996, Blackman 1996). Educationalists are realising the complexities of drug related issues: that the provision of facts, even when accompanied by work on attitudes, beliefs, and values, is unlikely to bring about the desired change in behaviour. Hanson (1996) observes that the lack of effectiveness of preventative approaches is not surprising as much of it is unrealistic and inconsistent with the world of those that use drugs. Hanson goes on to argue that information approaches are limited as substance use is influenced by many factors that are unaffected by education: family demographic characteristics, family history, and relationships, for

example. Also, many interventions are based on addiction studies that make the assumption that a successful outcome is no drug intake, where a more realistic end outcome could be to delay onset, or to reduce the potential harm from drug consumption.

Information that intends to shock or scare

This is when young people are shown pictures of addicts dead or 'better off dead' by definition, on television, newspapers, posters and so on. It has been postulated that these interventions lack credibility with their target group, as the messages they send are contradictory to the knowledge and experience that group (Coggans 1998, Coggans and Watson 1995, ACMD 1984, De Haes and Schuurman 1975). Similarly, Pritchard et al (1986) observe that the danger of media attention of this sort may be that it is counter productive, as it may alert vulnerable and possibly troubled youngsters to the challenge, risk and specious status of drug use. The recent involvement of police in school campaigns is a reinforcement of the shock/horror approach. However some studies have shown that this approach can have the opposite to the intended effect. De Haas and Shuurman (1975) and Marlatt (1996) postulate that this approach can glamorise and add to the excitement of drug use and actually increase the misuse of drugs. Furthermore, Cohen (1996) draws the conclusion that most forms of anti-drug education may be worse than having no education at all. However this is not based on any solid evidence as once again there has been a lack of sound evaluation of much of the work carried out in this field (Health Promotion Effectiveness Review 1997). Without sound evidence, such comments must be regarded as speculation and a weak basis for prohibiting such approaches.

Diversion tactics

This type of intervention is based on the assumption that people will be less likely to take drugs if they are able to participate in activities that provide alternative forms of enjoyment. Dorn and Murji (1992) identify two approaches to prevention through the provision of alternative forms of enjoyment. The first is to offer young people access to experiences that meet the same needs as drugs. The second provides opportunities for young people to become involved in service to others rather than simply to seek sensation. However, unless such projects are developed and properly evaluated, the success of such an intervention cannot be judged. This view is

supported by Blackman (1994) who criticises the approach and observes that there is no apparent theory which adequately explains how diversionary activities are understood to change behaviour. Once again, the need for well developed and evaluated projects is clearly identified.

The Drug Prevention Initiative (DPI) project 'Using Diversion To Communicate Drugs Prevention Messages To Young People', was established to use diversion to communicate drug prevention messages to young people. The work involved the development of six projects which ranged from musical ventures to creating a newspaper, and summer holiday clubs which provided entertainment and activities to young people during the summer break (Davis and Dawson 1996). The evaluation report asked if the projects diverted vulnerable young people away from drug use and also if they were a suitable channel to transmit drug prevention messages to the participants. As has previously been identified with so many other approaches, evaluation proved difficult and outcomes problematic to measure confidently. As Eiser et al (1988) observe, evaluation of drug education programmes is constrained particularly by the problems of obtaining hard data on effectiveness at a behavioural level. The project evaluation concluded that the projects' claims to influence drug-related behaviour in the longer term were modest and also, even if they did have an impact, would be extremely difficult to demonstrate. However, there were other outcomes that were more positively evaluated, such as the young people improving their self-confidence and developing good relationships with adults. Arguably, there may be implicit benefits to be gained by such project work, which may in the long term have an impact on drug behaviour. It is acknowledged however, that the funding and organisation of such long-term follow up projects can be very difficult.

Raising personal self-esteem and skills development

This approach is based on the assumption that young people take drugs to compensate for a lack of self-esteem and do not have the necessary social life skills to resist such temptations. As lack of self-esteem has been identified as one of the variables of deprivation, and the relationship of low self-esteem to drug use has also been identified, this approach would seem appropriate (Emery 1993). However, measures to combat such disadvantage are less readily forthcoming. This is a complex, multi faceted issue and involves a broader socio political perspective. A consideration has

to be how one would raise the self-esteem of a young person facing a future of poor educational achievement, lack of employment, living on an estate in an area of deprivation surrounded by a peer group facing the same bleak prospects. It could be argued that failure to address the social influences involved is rather like putting the cart before the horse. Dorn and Murji (1992) and Hawkins et al (1985) claim that although this approach may prevent a move to taking harder drugs it does not appear to be effective in preventing experimentation. Possibly however, the prevention of a young person moving on to harder drug use could be considered a health gain and this is evidence of effectiveness at one level.

Resistance approaches

Resistance approaches focus on social skills and generally have the aim of developing refusal skills, broadly recognised as 'just say no' techniques. This approach is extremely popular in the US and has gained momentum in the UK (Ashton 1995), however evaluations have drawn conflicting conclusions as to how effective this method is. An example of the approach is the DARE Project (Drug Abuse Resistance Education), widely recognised as the most prevalent US strategy, despite there being no empirical basis for the intervention (Hanson 1996, Rosenbaum et al 1994). Ennett et al (1994) carried out a meta-analysis of project DARE outcomes and evaluations. The authors conclude that project DARE's limited influence on adolescent drug use behaviour contrasts with the programme's popularity and prevalence. The popularity of the approach does not seem to rest with the population at which it is targeted. Research studies reveal that the majority of students find the programme negative or neutral in impact and that it made no significant difference regarding personal drug use (Marlatt 1996).

Parker and Measham (1994) observe that the 'just say no' message is rejected by a significant number of young people. Their research involved a self-report questionnaire among seven hundred and fifty two fifteen to sixteen year olds. Over fifty per cent rejected the 'just say no' approach. Furthermore, Schilling and McAlister (1990) point out that although verbal instructions can tell a person what to do, young people may need more help to develop the skills required to resist illicit drug use.

Hanson (1996) argues that research studies show that the approach is in some cases counter productive, with students who attended the programme demonstrating an increase in drug use. A counter argument could however be put forward that the young person's drug use may be safer as a result of such programmes however. A UK equivalent of the DARE programme has been developed which mirrors this approach and is called 'RIDE' (Resistance In Drug Education). This example of a drug resistance campaign that is representative of many national strategies was introduced to a school in Esher and in other pilot sites. The aim of the programme is to provide an educational framework by which young people can be taught life skills in a structured way. Skills that enable young people to make informed decisions concerning the use and misuse of legal and illegal drugs. Also by gaining confidence in themselves they will be better equipped to make difficult choices, and be aware of the implications their actions have on themselves and other people. The objectives are:

- 1 Provide young people with the skills for recognising and resisting social pressure to experiment with all forms of drug use (knowledge, attitudes, behaviour model)
- 2 Enhance skills in assessing risks and decision-making (life skills approach)
- 3 Show how drugs affect the body, and how to deal with emergencies (shock/scare approach)
- 4 Teach positive and healthier alternatives to drugs (diversion tactics)
- 5 Build on self-esteem and assertiveness
- 6 Develop an understanding of the rights and responsibilities of individuals in society ('just say no', with a little moral guidance)

However, Coggans (1998) observes that it may be the case that those most likely to be influenced by life skills programmes are the least likely to become dysfunctional drug users in the first place.

Botvin et al (1995) identify that schools present a unique opportunity to address the public health issues relevant to adolescents. The training of professionals in drug prevention has been identified as key to the successful implementation of drug prevention programmes and interventions (Dawson 1997). Much of the evaluative work in this area has been concerned with teachers and the delivery of schools based programmes, however some of the findings can be of relevance when considering the

training of a broader range of professionals. Within 'Tackling Drugs to Build a Better Britain' (TSO 1998), local Education Authorities are required to produce clear policy statements on drugs education with performance indicators and targets aligned to the strategy. Teachers and other professionals are seen as having a key role in prevention programmes. However, there is growing concern that many professionals involved in drug and alcohol programmes feel inadequately prepared for their role. This is an issue identified by Dawson (1997), who comments that there is an abundance of teachers who lack confidence with the issues involved in drug and alcohol programmes.

Stead et al (2000) reporting on a multi-component drugs prevention programme for adolescents, also observe that the widely differing needs of teachers posed a number of challenges. Among them, it was identified that delivery of sessions by teachers varied depending on their experience and confidence in teaching drug education as a part of PSHE. Teachers with more experience and confidence conducted follow up lessons using role play and required less support than their less experienced colleagues (further details of this report are presented later in this review – see NE Choices). The prevention programme reported by Stead et al (2000) is in essence, a resistance programme similar to DARE (reported earlier). The authors acknowledge the ambivalent evaluations this approach has had.

DARE and other life education programmes claim success in the prevention of drug use. However, evaluative studies have drawn contradictory conclusions (Hawthorne 1995). Marlatt (1996) reports on a meta analysis carried out in the US at the university of Albany, New York, which evaluated American drug education programmes. Programmes such as DARE were defined as 'non-interactive' approaches where students are lectured to by 'experts'. These programmes were compared to 'interactive' programmes in which students and teachers discuss drug use in an open dialogue, identifying both the pros and cons of drug use. The results of the meta-analysis showed that only the interactive programmes were found to have any positive effect outcomes. It has been argued that there is little to support high profile national anti-drug campaigns, and that the motivation for these attempts is political rather than scientific (Marsh 1986). The lack of sound evaluation of such initiatives means that such statements cannot be either proven or refuted and as such,

are subjective and opinion based. White and Pitts (1998) concur with this view and stress the need for rigorous evaluation of interventions undertaken in schools.

Peer-led approaches.

Peer-led approaches are based on the important role attributed to peer interaction where values and attitudes are explored. Peer-led approaches generally involve the 'training' of selected or self-nominated groups of young people, with basic communication and counselling skills. These young people then work with a wider group of their peers to help identify and respond to the needs of their peer group.

The Advisory Council On The Misuse Of Drugs (ACMD) highlighted the potential for peer-based initiatives to expand contact with drug users. The report emphasises the opportunities for involving current and previous drug users in passing on harm reduction messages (HMSO 1993). Peer education has become increasingly popular in Britain as a method of drug education and prevention. Many authors have challenged the effectiveness of peer approaches. The lack of any formal evaluation and the extent to which such programmes actually influence the drug use of young people remains unknown (Ward et al 1997). The authors of the paper go on to suggest that there is no clear evidence that peer education is a superior method of drug education and prevention in comparison to other approaches (Ward et al 1997).

A Home Office report entitled 'NE Choices' is significant here because of its findings. Commissioned by the Drug Prevention Advisory Service, the research implemented and evaluated a multi-component drug prevention programme for adolescents (Stead et al 2000). The programme combined drama, youth work, classroom activities, media and information, work with parents and community activities. Ten schools in the Newcastle area were included in the research and provided data on outcome indicators. Six of the schools received the intervention; the other four were used as control schools. The evaluation used an integrated research design: quantitative data on outcomes and impact was combined with qualitative data on programme delivery, perceptions and responses of the target groups and intervention partners. The behavioural outcomes sought by NE Choices for young people were:

- To reduce the prevalence of drug use
- To delay the onset of drug use
- To reduce the frequency of drug use among those who use drugs
- To reduce mixing of drugs and alcohol by those who use drugs

This was a longitudinal study that examined the intentions and behaviour of young people at baseline and each year for three years.

The findings showed that although the young people involved in the research found the intervention credible and engaging, and high quality information products for teachers, parents and pupils were developed, there was:

“...no evidence that NE Choices has made an impact on drug using prevalence or harm reduction”.

This highlights the issue of the difference between what a young person finds credible and engaging and the *effectiveness* of an intervention. One example of this is the images of Leah Betts (photographs were given to the media of young woman on a life support system following a reaction to the use of an illicit drug) and similar, more recent media attention to other young people who have died as a result of substance use. Young people frequently evaluate these approaches positively. The images set out to shock, and they do. But the question remains, does it go on to alter their behaviour with regard to drug use? Current evidence would suggest it does not.

The approaches outlined above give some indication of the range of education and prevention strategies that have been developed, the success of many of these approaches has been questioned (Marlatt 1996, Dorn and Murji 1992, Coggans et al 1991, Sheppherd et al 1985, Bagnall and Plant 1987, Kinder et al 1980). Cohen (1996) states that although these approaches may indeed increase drug knowledge and develop decision-making skills in young people, it does not mean they will not use either legal or illegal drugs. This is true, but possibly the value of such work is that it offers young people the opportunity to make informed choices, and a successful outcome may be safer use or delayed use, rather than no use at all. The assumption cannot be made that because an individual chooses to respond in a different way than the ‘educator’ would like, that such initiatives are invalid. The provision of such

information may also be relevant in provoking change at another time in an individual's life.

Approaches such as DARE and RIDE outlined above, have been criticised for neglecting the social and environmental variables that impact on an individual's ability to make decisions and limit the 'choices' available (Burgess 1996). It has been suggested that the limited impact of these approaches can be attributed to the fact that they are based on flawed assumptions about why young people use drugs in the first place (Plant and Plant 1992, Cohen 1993). Most significantly, many educationalists fail to recognise that drug use is functional, often has immediate benefits and is mostly experienced as pleasurable, with only a small minority experiencing significant problems (Moore and Sanders 1991, Cohen 1996).

Harm reduction

The first *Annual Report and National Plan - Tackling Drugs to Build a Better Britain* (TSO 1999), recognised the importance of harm reduction approaches. A key objective was identified as 'explaining properly to our children what the risks of drug taking are...most schools are now developing policies but still more needs to be done in conjunction with parents, youth workers, children and teachers to make a real impact'. Harm reduction involves education about, rather than against drugs, based on the assumption that drug education will not stop drug use, but that the provision of accurate information and the development of appropriate skills will facilitate young people to be more discerning on issues of drug use (Cohen 1996). Peele (1987) argues that the best strategy is to convey the dangers of substance abuse realistically, by rationally pointing out the dangers of excess. It has been asserted that drug services have to be flexible, non-discriminatory, responsive, and sensitive to individual needs if they are to be accepted. Communication theory implies that audiences do not pay heed to messages that are unrelated to their specific need (Health Education Authority 2000). Harm reduction should not be seen as a soft option, but a pragmatic, realistic response.

1.5.4 The focus of health promotion interventions

The focus of much research has centred on recreational drug users. Gilman (1993) observes that the picture of fun seeking drug users has replaced the traditional image

of the heroin addict for whom the next step is death. Gilman goes on to describe two types of drug users, type 'A' and type 'B'. Group 'B' is about fun and recreation; group 'A' is about dependency, despondency and the dole. This broad identification of type 'A' and type 'B' drug users is also described by Leshner (1999), who acknowledges the complexity of motivation and drug use but also describes two main categories. The individuals forming one of these categories are identified as

“sensation seeking, often adolescents, who use drugs simply for the pleasant feelings or the euphoria that drugs can produce”. (Leshner 1999 p1314).

The individuals who form the other category are described as people who use drugs as a way to deal with life's problems and with feelings of unhappiness. Leshner comments, “In essence, instead of using drugs to simply feel good, they are using them in an attempt to counteract negative mood states” (Leshner 1999 p1314).

While the work of Gilman (1993) is not based on firm evidence and as such is speculative, Leshner's work is developed from research in the area of personality types and their vulnerability to risk behaviour.

Swan (1996) observes that for a number of years, researchers have been testing the concept of classifying, or sub typing, alcoholics as Type A or Type B, and that they are now finding it useful in studying those who misuse drugs. Swan goes on to state that by classifying individuals with substance misuse problems as Type A or Type B, researchers can interpret the factors linked to their abuse problems and plan appropriate treatment strategies. A weakness of this form of sub typing is that existing research is almost entirely based on personality factors and does not recognise the broader issues that may affect an individual's propensity to using, or abusing drugs. Living in poor housing or the prospect of unemployment for example, may directly affect an individual's personality and in turn, the propensity to use or abuse drugs.

As identified in this section of the review, much health promotion discourse in the area of substance misuse has focused on the individual and, as Bunton (2000) points out, fails to consider the broader socio-economic context of drug use. Lloyd (1998) cites a number of commentators who have pointed out that we know very little about drug use in the high risk or vulnerable groups, and identifies that there is an urgent

need for more studies focusing on the prevalence and nature of drug use in these groups.

1.5.5 Summary of stage three of the review

In stage three of the review the various approaches to drug education have been critically discussed. The poor evaluation and limited effectiveness of education and prevention approaches have been discussed, however such observations are also subject to scrutiny, as the lack of formal evaluation of much work in this area has already been identified. Whilst some positive work has been carried out in the area of recreational drug use (Strang and Farrell 1992, ISSD 1989), initiatives designed to meet the needs of the type 'A' user are noticeable only by their absence. Bunton (2000) observes that health promotion will need to allow for the social context of young people's drug use if interventions are to be successful. By failing to recognise the link between unemployment, deprivation, poverty and drug use, we risk neglecting some of the most vulnerable members of our society. It is the intention within this thesis that empirical research be used to support or refute the suggestion of a type A and type B drug user. Furthermore, if such disparate groups exist, are current health promotion interventions appropriate to meet the very different needs of these groups?

1.6 Overall conclusion to the three stages of the literature review

The literature review provided data on young people and drug use/misuse. A rising trend was identified in the numbers of young people using illicit drugs and of the types of drugs they consume. In spite of drug education and prevention campaigns, young people are reported to be using more drugs, more frequently and at a younger age. Experimentation with illicit substances can be identified as a 'risk behaviour'. Risk taking has been described as multi faceted phenomenon that is not easy to explain (Plant and Plant 1992) and is recognised as a normal stage of adolescence. However the pattern and extent of risk " varies amongst different sub groups of the population and between different social, cultural, ethnic and national groups" (Plant and Plant 1992:115). This issue is inextricably linked with the 'cause or effect' debate as discussed earlier in the review. One view is that drug use is a consequence of poverty and deprivation rather than a cause and is related to issues of inequality and lack of opportunities; behaviours cannot simply be attributed to personality, but may be formed as a result of the poor life-chances that sections of the population face.

Using a number of variables (unemployment, self esteem, lone parent families, education and housing) a review of past and current literature linking deprivation, poverty and illicit drug use, was carried out. The literature review supported a tentative link between drug misuse and deprivation/poverty. However, it was identified that there has been little primary research carried out to date in this area and there is a need for further research to explore such links.

Current drug education and prevention approaches and strategies were examined and the success of such measures debated. The need for effective prevention strategies and approaches to meet the health needs of young people involved in, or potentially at risk of substance misuse was identified. Although the review indicated that many current and past initiatives to prevent drug use have failed to make an impact on the young people they target, poor research design and evaluation in the field make such conclusions speculative. Linking these two areas, Lloyd (1998) asserts that there is a need to carry out adequate evaluation of interventions aimed at young people, especially targeting hard to reach groups and particularly vulnerable young people.

Roker and Coleman (1997), Parker et al (1995), Parker and Measham (1994), Coggans and Watson (1995), identify that there is a paucity of literature that seeks the views of the young people themselves regarding their needs in this area. Aldridge et al (1999) highlight the need for a qualitative approach to research in this area to gain a better understanding of patterns of drug use among different groups of young people. Further research which explores motivational reasons and patterns of illicit drug use among different groups of young people is required to fill some of the gaps in the current knowledge base, as is research which actively seeks the views of young people in relation to their drug use.

The review of the literature identified some gaps in our current knowledge and understanding of young people and illicit drug use. The model presented overleaf identifies the key areas that have been highlighted in the review.

1.6.1 Model highlighting key areas identified in the review and which requires further research.

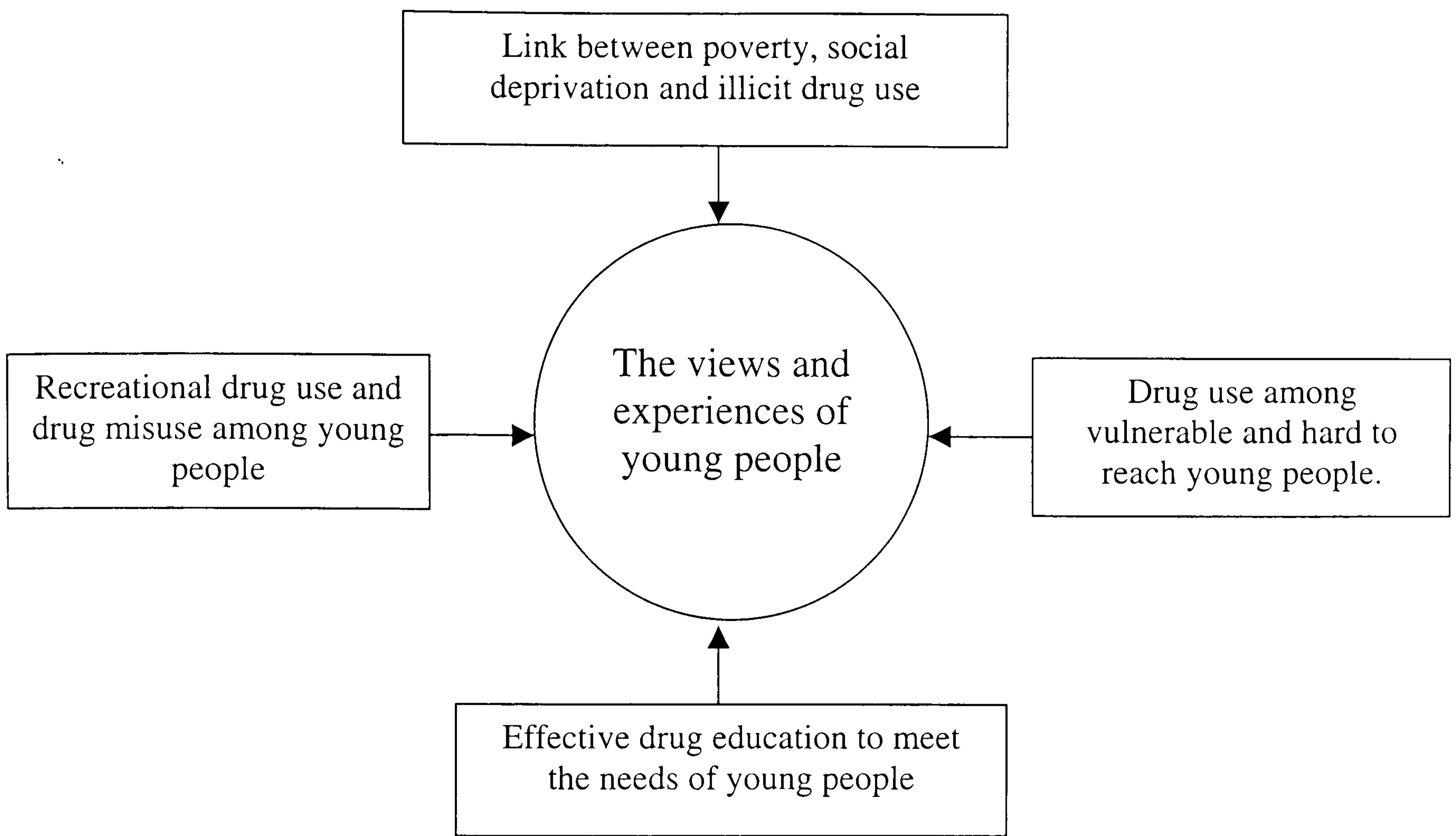


Fig 1 Model showing areas for further research identified in the literature review.

Empirical research was used to explore the areas identified in the review as requiring further research. Seeking the views of young people and attempting to establish what was important for them was a key focus of the research.

Chapter Two. Aims of Research

2.0 Introduction to the overall aims of the research

The literature review has identified that there is evidence to suggest a link between deprivation, poverty and drug use and that the number of young people using illicit drugs continues to rise. This in turn suggests that there is a need to establish more effective ways of meeting the health needs of young people regarding illicit drug use.

The reasons for drug use are complex and multi-faceted. For the purposes of this research, two broad distinctions were drawn in relation to drug use and used as a working hypothesis during the early stages of the thesis:

- Drug use as a panacea, to seek oblivion from deprivation and a hostile world which offers little hope.
- Drug use for recreational purposes, generally associated with hedonism and having a good time.

The author postulates that illicit drugs are used by different groups for different reasons and that the use of illicit drugs appears to be increasingly accepted by users. Therefore, appropriate health promotion interventions need to be developed to meet the specific needs of those groups. Also, if preventative education is not effective, as the literature suggests, alternative and pragmatic strategies need to be considered.

The previous chapter highlights that there is a deficit of good quality research focusing on the efficacy of health promotion interventions and the views of young people have been neglected. Parker summarises the views of these authors when he observes:

‘Whilst official policy now implores that drugs policy should be jointly managed and delivered by different professional and community organisations, young people are excluded, being defined as the object of change, not subjects with knowledge, views and ideas about the use of illicit drugs’

(Parker et al 1995:6)

The literature review also identified that there is a need for a broader understanding of drug related harm in relation to deprivation and about drug use in vulnerable groups, if prevention and education programmes are to be effective.

It has been asserted that there needs to be better understanding of what young people believe about drugs if credible and relevant interventions are to be developed (Health Promotion Effectiveness Review 1997). One means to achieve this is to involve young people as an integral part of the research strategy, rather than relying on the views and opinions of professionals responsible for policy and provision. User involvement in the research process has increased over the past twenty years (Gillam and Brooks 2001). User involvement means an active partnership between user and researcher, rather than the user being the 'subject' of research (Hanley et al 2000). Kemshall and Littlechild (2000) assert that while critics have dismissed research that encourages user participation as subject to researcher bias and accountable to lay knowledge rather than the peer review of academic experts, research validity can be achieved in research that seeks to involve users, and the qualitative methodologies it relies upon.

Thus, consideration of these issues led to the development of the following aims and objectives:

2.1 Aims of the thesis

- To increase knowledge on the complex, varied and dynamic pattern of illicit drug use as reported by young people
- To provide evidence of the nature and attitudes to illicit drug use, to facilitate greater understanding of the needs of different groups of young people, and to contribute in the future to more appropriately targeted, evidence based health promotion initiatives
- Identify factors which may indicate those young people most at risk of problematic drug use and, using these identified factors:
- To develop a conceptual model to differentiate abstinence or recreational drug use from misuse

2.2 Objectives

(Stage one)

- Establish the level of illicit drug use among a sample of students from a university and a group of young people attending a youth centre (the sites will be selected to represent different geographical/socio economic locations)
- Collect data from the samples regarding the use of illicit drugs:
 - a. The age of first drug use (if used)
 - b. The precipitating factors for first drug use (or reasons for not using illicit drugs).
 - c. The pattern and range of subsequent drug use (if using/have used)
- Obtain the views and experiences of the participants on the perceived effectiveness of past and current health promotion interventions associated with drug use/prevention
- Obtain the views and experiences of the participants to establish how future health promotion interventions could be developed that would be appropriate and effective for their needs

Stage one: the research used a self-report questionnaire to obtain qualitative and quantitative data.

Stage two (phase one): using the results of stage one to identify central themes and issues, seven focus groups were established with young people from a broad range of socio economic backgrounds to gather further in-depth data to meet the aims of the research. Participants were approached from the samples who participated in stage one of the research (university/youth club) and from additional groups of young people: two schools; two groups of young people involved with the youth offending service; and young people attending a pupil referral unit (a rationale for the selection of these groups is presented in the methodology chapter).

Stage two (phase two): using face to face interviews, the views and experiences of professionals working closely with the young people involved with the research were obtained. The youth social worker attached to the youth club, teachers from both participating schools and the pupil referral unit: and the professionals working in the

youth offending service. University participants did not have such close associations with any one professional during their programme of study and so it was not possible to use this strategy with the group. The experience and insight of these professionals were used to gain an additional perspective on meeting the needs of young people in relation to illicit drug use and also provide triangulation of data.

(Stage three)

- Using the data collected during the previous stages of the research, a conceptual model was developed to differentiate abstinence or recreational drug use from misuse

2.3 Conclusion to the aims and objectives of the thesis

The literature review identified a number of gaps in our knowledge relating to (1) the link between deprivation, poverty and drug use (2) the efficacy of drug education/prevention programmes (3) the needs of different groups of young people in relation to drug education, particularly in high risk and vulnerable groups. There has been a lack of research that involves young people in identifying their own needs in this area. Thus a critical element of this research is to include young people at every stage and to enable them to discuss their views. This can also be seen as an act of empowerment for the young people involved in the research, which is a fundamental principle of health promotion. Watt (1986) describes empowerment as a process whereby groups of people are encouraged to take part in shaping their own destinies, to decide amongst themselves what the most important health issues are, and to be supported in bringing about change.

This thesis seeks to address the knowledge deficits identified above. Therefore, data collected from the research adds a unique perspective on issues of illicit drug use and contribute to the body of scholarly knowledge in this area. Consultation with young people, recognised by the author as experts in identifying their own needs, is identified as the foundation upon which the thesis will be developed. Chapter three will present the methodology and methods used for the research.

Chapter Three. Methodology and methods

3.0 Introduction to methodology

It has been established in the literature review that there is concern that previous health education interventions have not been effective in preventing drug use. One reason for poor efficacy may be poor understanding of need. It can be argued that health promotion interventions cannot be 'tailored' without understanding users' perspectives and motivations for health risk behaviour. There is a necessity to involve young people in the decision making process if we are best to assess, and help meet, their needs. It has been postulated within the literature that different 'groups' (type A and type B) of young people may use illicit drugs for different purposes, although this remains a tenuous suggestion. The arguments used within the literature to date is, for the most part opinion based and lacks any empirical qualification. This is a fragile foundation upon which to base any health promotion or education intervention on.

This aim of this research is to address the issues identified above by the collection of primary data from a broad range of young people. In this chapter the methods adopted to achieve the aims and objectives of the thesis will be detailed.

The qualitative/quantitative debate

Quality and quantity are viewed by some as the fundamental dichotomy in Social Science Research. Quantitative research is founded on observations that can be converted into quantifiable units that can be compared to other units by the use of statistical analysis. Everitt (1992) observes however, that the epistemology and methodology of positivist research is not always compatible to the field of social study. The essential values of positivism: objectivity, neutrality and determinism, can also be at variance with the value base of the researcher. Qualitative research is quite different, examining people's words and actions in narrative or descriptive ways, facilitating a closer representation of the situation as experienced by the participants (Maykut and Morehouse 1994). Bryman (1988) has argued that differences in these approaches are primarily technical, although there are major differences in style between those producing qualitative and quantitative data.

A research problem raises the issue as to which skill is appropriate to do the job required within the limits established; a matter of judging the ability of a particular research tool to provide the data required, “to treat research methods as a technology” (Hughes 1980). The methodology adopted to achieve the aims and objectives of the thesis used both quantitative and qualitative methods of data collection, thus minimising any perceived, or potential weaknesses by the adoption of a single approach.

The research had three defined stages:

1. Self report questionnaire
2. Focus groups
3. Interviews with the professionals who facilitated the focus groups, and who worked with the young people involved in the research.

Qualitative research typically involves an integration of various data collection strategies with the researcher tending to gather together a complex array of data, derived from different sources. This tendency has been described by Polit et al (2001) as ‘bricolage’ with the researchers referred to as the ‘bricoleur’, meaning: someone performing a large number of diverse tasks using a range of research methods. The research was emergent in design, allowing flexibility in design decisions (Polit et al 2001).

3.1 Stage one: self report questionnaires

Questionnaires translate the research objectives into specific questions. The questionnaire design must, by necessity, be clear and easy to understand by the respondent (Polgar and Thomas 1995). There are two types of questions that can be asked: open ended and closed ended. In a closed ended question respondents are offered a set of answers and asked to choose the one that most closely relates their views. The benefit of closed ended questions is that the data is relatively easy to record and analyse. The drawbacks of this technique are that they may introduce bias, forcing the respondent to choose an answer that may not represent their true feelings. Open-ended questions are not followed by a specific choice and answers are recorded in full. While this method does not force the respondent to pick a particular response and thus avoids bias, the questions can be difficult to answer and even more difficult

for the researcher to analyse (Polgar and Thomas 1995, Cormack 1996). For the purpose of this research, open and closed ended questions were used in the questionnaire design, thus the data were both qualitative and quantitative. In order to analyse the results to the open ended questions, recurrent themes were identified and clustered for discussion. The closed ended questions were entered onto a database suitable for this type of design and analysis (SPSS).

More specific to questionnaires involving young people and drug use, Stanton (1977) notes that the questionnaire should be clearly and simply worded and should not be too long (the respondent may be tempted to rush or lose interest). While hoping to gain certain demographic and statistical data that could be easily captured and represented, it was of equal importance to gain the views and experience of the respondents. The combination of methods works in harmony, thus establishing a stronger research design.

3.2 Data analysis stage one: questionnaires

Data were entered onto an SPSS database. Data were analysed using quantitative and qualitative techniques including content analysis and the calculation of descriptive statistics.

University sample

Categorical data from the questionnaire were summarised in cross tabulation of variables. Associations between variables were tested using the Pearson Chi-square test. The table presented overleaf identifies the variables that were cross-tabulated.

AGE	X	SEX
AGE	X	TAKEN ILLICIT DRUGS
SEX	X	TAKEN ILLICIT DRUGS
AGE	X	FIRST DRUG USED
AGE	X	WHERE FIRST USED
AGE	X	WHY FIRST USED
USER/NON USER	X	DRUG EDUCATION RECEIVED
USER/NON USER	X	TYPE OF INFORMATION RECEIVED
AGE	X	WHY REFUSED
FRIENDS WHO DO/DON'T USE	X	REASON FOR NON USE

Table 5: Variables for cross tabulation.

However, for the majority of tests of the association between variables, the assumption for the Pearson Chi-square test analysis of expected frequencies greater than five was violated (not valid). It was not possible to combine categories in a meaningful way to try to increase expected frequencies for most of the variables. Therefore, row and column percentages for variables were used to interpret effects. Where it was possible to test the association between variables (i.e. Users x Information type) this is reported.

Youth Club sample

Data collection issues and the smaller number of participants in the youth club sample necessitated alternative data analysis. Data were analysed using quantitative and qualitative techniques including content analysis and the calculation of descriptive statistics. Case studies are used to present some findings.

Analysis of open-ended questions

Open-ended questions, which produced responses of a more qualitative nature, were fully transcribed. The dialogue presented in this way was usually just a few words on a given topic. As such, the data were relatively easy to manage. Common words/terms or themes were identified and put into sub sections. This process was continued until no new themes were identified. This system of analysis is a form of content analysis that provides a systematic approach to the management of data (Maycut and Morehouse 1995). The process was checked by a colleague to ensure

that all potential themes were extrapolated and that data were appropriately grouped. The independent assessment of the transcript analysis process supports the reliability of the research findings (Mays and Pope 1995).

3.3 Stage two: focus groups

Rhodes (2000) advocates the use of qualitative methods when seeking data related to drug use. The qualitative method of focus groups has gained popularity over the past decade. However the use of focus groups is not a recent development, having a forty-year history (Crabtree and Miller 1999). The authors go on to discuss that when an avenue of discovery has not been explored or well understood, focus groups can be used as means of initial inquiry. Conversely, in other instances focus groups have served to supplement or enrich the study findings. Thus the use of focus groups can help fulfil diverse needs in the research process.

It is difficult to differentiate clearly between focus groups and other group interviews. However Frey and Fontana (1994) assert that the distinctive features are generally agreed, namely that the discussion is focused on a particular topic and that group dynamics assist in data generation. Focus groups also encourage group interaction that is productive in widening the range of responses and helping to retrieve forgotten details of experience (Barbour and Kitzinger 1999). The facilitator introduces topics, but participants can 'shift, close and interpret them' (Myers 1998). As such, they are ideal for exploring people's experiences, opinions, wishes and concerns (Barbour and Kitzinger 1999). Data and insights are produced that would be less accessible without such group interaction (Morgan 1997). Participant interaction facilitates synergism, snowballing, stimulation, security and spontaneity (Hess 1968, Merton et al 1956). Group members may feel more comfortable in contributing to the discussion when in the company of others. This can in turn stimulate a spontaneous discussion. This view is supported by Morgan (1988) who states that the use of focus groups facilitates a dynamic and interactive exchange among the participants, which produces stories and diverse experiences. In this situation the researcher ceases to be the centre of the research process (Polgar and Thomas 1995), the participants assume that position.

More specifically, the use of focus groups when working with young people and issues of drug use has been endorsed (Wibberley 1997). Rhodes (2000) observes that

the inductive and iterative process is ideally suited to identifying and describing the lived experience of drug use from the participants' perspective. Indeed, Rhodes goes on to assert that qualitative research is a pre-requisite for understanding and responding to drug use. Similarly, focus groups have been recognised as a useful tool when working with vulnerable young people (Ovenden and Loxley 1993). A key feature the authors identify is that language can be adapted to match the education level and colloquialisms of the group.

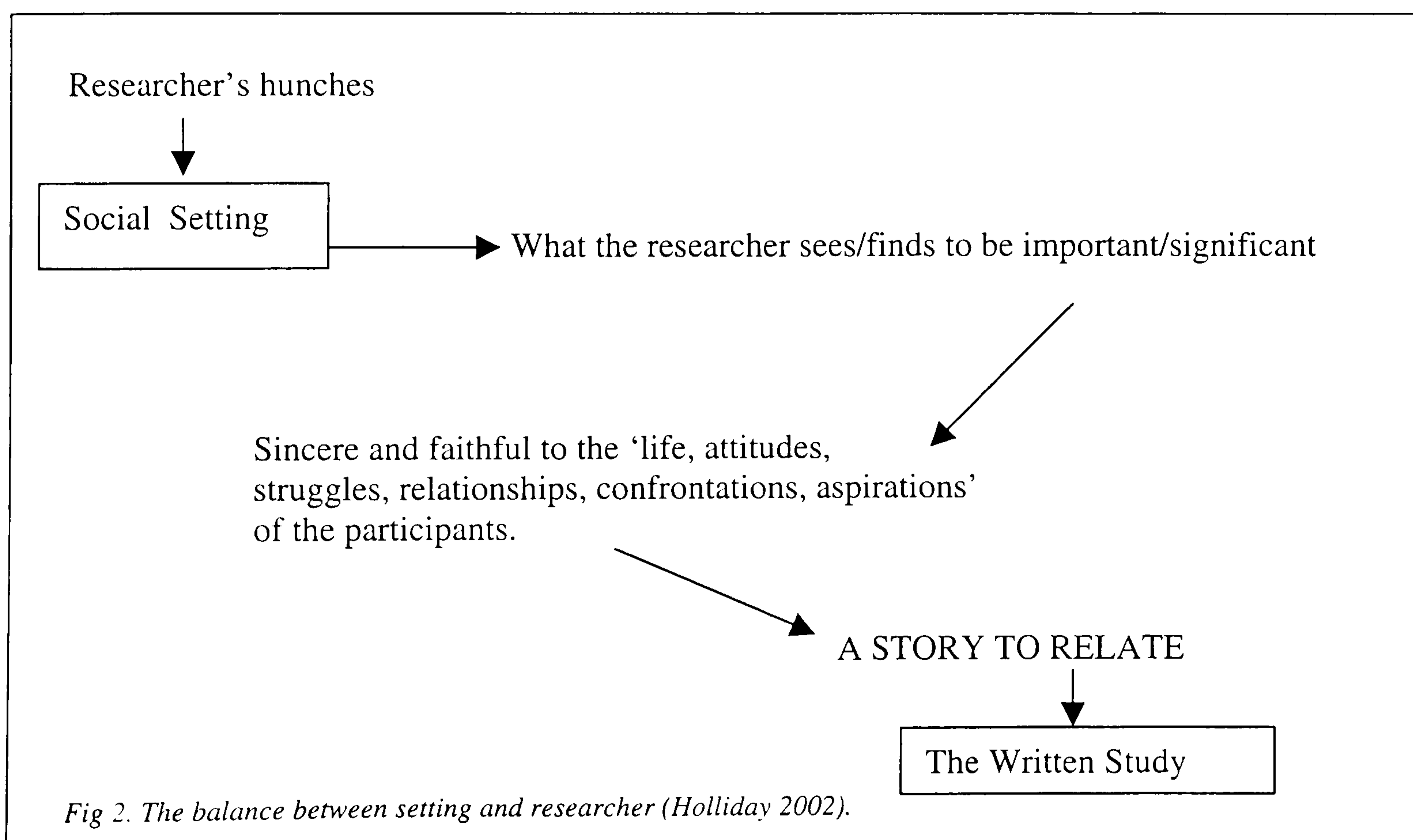
Bloor et al (2001) comment that focus groups are frequently identified as providing an ideal environment for researching sensitive topics as participants may feel less inhibited in the presence of friends. However, Bloor et al (2001) also asserts that this is a contentious issue as some authors feel that such forthright disclosure in the presence of others may not be in the best interests of others, or indeed the person disclosing. While it has been suggested that focus groups provide an ideal environment for researching sensitive topics, it has also been identified that participants may be almost too eager to put forward their views. This may not be in the individual discloser's best interest. The researcher must be vigilant to keep the best interest of the participants central to the study and not the collection of data (Barbour and Kitzinger 1999).

The researcher should be aware that some group members may dominate the discussion and prevent quieter members from participating (Myers 1998) and also, in some groups there may be an element of playfulness in banter between members. Morgan (1997) warns that un-cooperative participants can disrupt the functioning of a group. Importantly, as Barbour and Kitzinger (1999) note, while focus groups have great potential, as with any research method they are open to careless use and participants may be exploited.

3.4 Data analysis stage two: focus groups

The tape recordings of the focus groups were fully transcribed. Unlike the qualitative data collected during stage one of the research, which was brief in nature, the focus groups generated a large corpus of raw data. While software packages are available to aid analysis of qualitative data, a manual system was chosen by the researcher. Although computer software packages have been developed to help manage

qualitative data (NUD*IST/Ethnograph) the benefits of maintaining a manual approach to analysis have been expounded (Agar 1991, Weitzman and Miles 1995). This is mainly due to the recognition that process elements in the data can be lost during the coding and retrieval functions of software programmes. Maykut and Morehouse (1994) contribute to the discussion, observing that qualitative research requires meditative or reflective thinking rather than calculative thinking. Holliday (2002) describes how from the corpus of raw data, themes are developed to organise the data. The stages of this process are, firstly, looking at the overall nature of the corpus of data, getting a 'feel' for the content. Then the researcher seeks natural divisions in the corpus (hunches, areas of significance noted during data collection). The character of each division is then determined and headings applied that suit these divisions. The headings are then used to make further sense of the data and thus the organisation of text can begin. This process was achieved by a manual process of cutting and pasting sections of the transcripts under headings.



Though time consuming, this approach allowed total immersion in the data. Holliday (2002) warns how this process can however distort the social world from which the data was taken; measures to avoid this can be taken. The themes that have been

developed from the corpus of data are supported and enriched by the experiences of participants and researcher, captured during the data collection stage of the research. Linking these two stages to complete the 'whole story' is achieved by the use of discursive commentary, where the themes derived from the corpus of data are supported by the integration of researcher commentary.

A concern that arose during the analysis of data was that in rationalizing and organizing the data, the richness of the focus group 'lived experience' would be lost. Albrecht, Johnson and Walther (1993) support this concern and present the argument that all too often the communication that occurs in focus groups is lost in the data analysis. They argue that the interaction among group members, the interplay and modification of opinion that occurs, may produce data that is ecologically valid. When working with young people in focus group settings and exploring the experiences of the individuals, it is critical that subtleties and nuances are not lost. On this issue, Myers (1998) observes that the aim of researchers is to reduce transcribed data to manageable amounts by content analysis; but if focus groups are to stand up as a technique in social science arguments, researchers need to be able to show how something was said, in what situation, as well as what was said. Similarly, Kitzinger (1995) argues that the inclusion of extended illustrations of interaction can be useful to ground interpretation.

Although the discursive commentary described above does go some way to prevent this occurring, it was also decided to retain, where possible and applicable, the flow of the group conversation. This approach has been developed by researchers in the field of young people and substance use and provides a model for the presentation of data within this research. Denscombe (2001), when conducting focus groups with young people and substance use, describes how by ensuring that the themes that emerged from the data are developed as an iterative process of reviewing and returning to the words of the young people, the social reality of the experience is captured.

Furthermore, when writing up the data, the themes were presented as they occurred during the group interaction. The natural flow of the group interaction was not lost. This approach ensures that the actual meaning and context of the participants' contribution is not subject to the analyst's interpretation of events and potential bias.

As such this is the most appropriate approach for this study and is used when presenting the data.

3.5 Stage two: interviews with professionals

Face to face interviews were arranged with each of the professionals who were involved with the facilitation of the focus groups. This was to discuss the central themes that had emerged from the groups and to establish how they fitted with their experience. It was also helpful to gain the perspective of the professional who was working alongside the young people on a continuous basis. Corner (1991) suggests how using different approaches in a single study can provide a much richer and more in depth understanding of what is being investigated. Holliday (2002) describes how the incorporation of additional data such as this can be used to support, validate and test the research findings. Lacey and Luft (2001) discuss how triangulation means gathering and analysing data from more than one source to gain a fuller perspective on the situation under investigation. They assert that triangulation should be recognised as demonstrating rigour. The use of three different data collection approaches is identified by Denzin (1989) as methodological triangulation. Although originally conceptualised as a means of validation, triangulation has more recently been recognised as a method to enrich and complete knowledge (Bloor et al 2001, Denzin 1989).

3.6 Data analysis (interviews with professionals)

The interviews were tape recorded and fully transcribed. Data were coded to allow identification of the institution. The transcripts were then read, and key relevant data were highlighted. The highlighted sections of data were then manually cut from the transcript (the remaining sections of transcript were retained at this point). The sections of text were then re-read and grouped into themes. The grouped themes were left at this stage until analysis of the focus group data had been completed. Once the focus group data were analysed and the final themes extracted and written up, the data from the professionals were returned to. Careful reading and re-reading of the data from both phases of this stage of the research allowed associations to be made as to where the data from the professionals supported or enriched the data from the focus group work. This is an approach endorsed by Holliday (2002). When this task had been completed, the data from the professionals that remained following the first

analysis were returned to. Having become immersed in the data at this stage, further associations were found where data from the professional's interviews could be included in the final stage of writing up.

3.7 Reflective Diary

When the researcher has the raw data prepared for analysis, some of the contextual information that was evident at the time of collection can be forgotten. Subtle nuances that may have been shown by participants in gestures, but that are not recordable may be forgotten with the passage of time. The use of a reflective diary was useful to retain the reality of the social world encountered during data collection. Throughout the research process a reflective diary was maintained. The research diary is one of the most valuable research tools, which links investigative and innovative activities and documents the development of perceptions and insights through all the stages of the research process (Allen 2000, Altrichter et al 1993). Experienced researchers maintain the practice of writing notes to themselves as an integral part of the research process (Maykut and Morehouse 1994). Many of the nuances of the focus groups and otherwise unrecorded information were captured in this manner. The diary was filled in as soon as possible after a focus group to make sure that none of the incidents were lost. In addition to this, the diary was filled out at any time to record ideas, thoughts and questions.

3.8 Sampling strategy

The primary aim of the research was to seek the views and experiences of young people from a broad range of socio economic backgrounds, regarding illicit drug use. This was achieved by careful targeting of potential groups of young people at different geographical locations. Patton (1990) describes this method of sampling as 'stratified purposeful', and observes that it illustrates characteristics of particular subgroups of interest and allows comparisons to be drawn. Census data and referral to the Index of Local Deprivation facilitated this selection process. The groups of young people were specifically selected at different organisations/institutions to elicit the views and experiences representative of a broad range of the population from varied socio-economic backgrounds. These groups include:

1. Year one students from a university situated on the outskirts of a prosperous city
2. A group of young people attending an inner city youth club
3. Sixth form pupils from a school which is ranked high in the league tables and situated in an area of relative prosperity with low unemployment and largely privately owned housing stock
4. Sixth form pupils from a school that has been identified as 'failing' and situated in an area of high deprivation, high unemployment and poor housing stock
5. Young people at a Pupil Referral Unit (a facility which offers education to young people who have been excluded from school)
6. Young people referred to a Young Offenders Service (a facility which assesses young people in contact with the criminal justice system) in two different geographical locations

Vulnerable Groups

The targeting of groups of vulnerable young people as a part of this research was purposeful (groups were selected intentionally). The literature presented below provides a rationale for the choice of the groups included. The young people forming the focus groups five and six have been included as they are identified by the Health Advisory Service (1998) as particularly vulnerable and at increased risk of drug use/misuse. As referred to earlier in the thesis, Lloyd (1998) cites a number of commentators who have pointed out that we know very little about drug use in high risk or vulnerable groups. Lloyd identifies that there is an urgent need for more studies focusing on the prevalence and nature of drug use in these groups. The British Crime Survey (1996) comments that a major limitation of household or school based population surveys is that they have a tendency to under-represent or miss completely the level of drug use among marginalised groups.

Young Offenders

Newburn (1998) asserts that despite the political attention devoted to drug use and crime, there is relatively little known about the nature of drug use among young people who are in contact with the criminal justice system.

Pupil Referral Service

Powis et al (1998) observe that although excludees are identified as being at higher risk of illicit drug consumption, there is a lack of empirical evidence to support this contention among young people excluded from school in the United Kingdom.

3.9 Access to groups participating in the research

The Advisory Council on the Misuse of Drugs (1998) suggest that young people, and especially those described as vulnerable, are best accessed and worked with through the institutions and agencies responsible for them. This was the strategy used to engage the groups of young people included in this research. Initially letters were sent to a number of contacts nominated by Drug Action Teams (DAT co-ordinators were selected from a database provided by Drugscope and represented different geographical locations). Many of these letters were not replied to. Many took the time to reply but felt unable to help facilitate the work due to the sensitive nature of the topic. However eventually there was an expression of interest found among the replies. A process similar to that described by Mayock (2000) as 'snowballing' then followed, one success led to an introduction to another potential source of help and then to another. A detailed letter was then written explaining the nature of the research, with a covering letter from the research supervisor confirming the details I had given and my ability to carry out the research in an appropriate and sensitive manner. This approach conforms to the ethical guidelines set out by the British Sociological Association (2002).

The selection of the participants who would form the focus groups (stage two of the research) was left to the professional responsible for their welfare. Although a randomised selection would have been preferred, it was essential to rely on the knowledge that the professionals had of the vulnerable young people they worked with. Many of the participants had a variety of problems in their lives and it would have been unethical to select participants without any understanding of their individual circumstances. The professionals were however asked, where possible, to approach a number of potential participants who would present a balanced representation of the young people they were working with (it was not appropriate or desirable to identify only those known to have drug use/misuse issues).

3.10 Introduction to participating groups

Sample 1. University group

It was the original intention within the research design to approach two universities situated at different geographical locations. One was in a rural location on the outskirts of a prosperous city, the other was to have reflected a student population enrolled at a university in an inner city location. Unfortunately, the ethics process in the 'inner city' university was problematic and the ethical application was withdrawn by the author (a full explanation of the events leading to this decision will be found in the limitations section at the end of the thesis). The decision was made to focus on the first university where the ethical application had been processed and approved without any delay. The university is situated on the outskirts of a large city. The local population is predominately white. Unemployment is virtually negligible in the area and housing is generally privately owned. The sample was from year one students undertaking studies in the school of health care. The university was approached as it is situated in an affluent area and attracts a large number of students from across the country. The school of health care, situated within the university, was receptive to the research proposal and agreed to facilitate the study as ethical approval had been obtained. The school of health care was ideal as it attracts the largest sample of students within the university (the multi professional sample of year one used for this study being the largest). Thus there was ease of access to a large number of students, from different backgrounds and following different professional pathways, at one time. The disadvantage of this was that students attracted to health studies are predominantly female and thus the generalisation of results is affected. However, research has suggested that illicit drug use is now nearly as common among females as it is among males (DOH 2000, Henderson 1993, Fraser et al 1991), thus the findings may be applied to a wider population. The students were undertaking study at the same university at which the author is employed as a lecturer, however because of the stage of their study they had not previously worked with or been introduced to the author.

Sample 2 Youth club group

The youth club is situated in a highly built up area in the middle of a council housing estate in the South East of England. The area has high unemployment levels, the

housing is mainly council owned. Public transport in the neighbourhood focused on is limited. One bus route provides the only transport to the nearest shopping centre. Rail services are not located at a convenient distance for the community. The area appears neglected (abandoned cars, graffiti, etcetera). There are three large council housing estates that provide most of the accommodation for the young people attending the youth and community service in question. The local schools are generally all categorised as under-achieving. Exclusion numbers are high. A number of the vulnerable group of young people making use of the youth and community service facilities were attending the local pupil referral unit, or had been involved with the service at some point. Some were also involved with other statutory services, such as young offender units.

Sample 3 School A

School A is situated on the outskirts of a large town. Unemployment is low in the surrounding area. Housing is largely private and well maintained. The school is set amidst large green playing/sports fields. The school is an all girls' 'high school' and places are highly competitive. The school is placed well on league tables. The participants were all female (this was a girls school). They were selected by the teacher responsible for PSHE within the school and were between the ages of thirteen and sixteen.

Sample 4 School B

The young people were from a school selected because it provided contrasting circumstances to school A. The school is situated in an area of high deprivation. Housing is mostly council owned. There are high levels of unemployment and correspondingly high levels of crime. The school is on the outskirts of a large city and can be described as rural. The professional (teacher) from school B made the following observation that describes the local area in his own words.

“The two wards in ***** that feed this school are recognised as being the poorest ones in ***** , which gives a pretty good idea of where we stand. The local estate was built as low cost rented housing back in the 1970s and a lot of it is built badly. The school is built badly and we had to close down last year for six weeks because we had asbestos. We have a lot of youngsters who are pushed from home, they are real drifters.”

The school building is situated on the edge of an industrial estate and surrounded by blocks of flats. The school is placed poorly on league tables and has been described as 'failing'. The year tutor who helped take forward the research on my behalf commented that many of the pupils attending the school had been excluded from other schools.

Sample 5. Pupil referral service

The pupil referral service is situated in an area with similar characteristics to the as the youth club sample. Pupils are referred to the service because they have been excluded from school. They can be excluded for a number of reasons including persistent truanting or drug use. The pupils generally attend for half a day, up to three days a week. Sometimes pupils are reintegrated into mainstream schools, but generally by the time they have reached 14 years of age it is deemed too late to do so. Some pupils go on to college and help is available to try and support the pupils with finding employment.

Group 6. Young offender service 'A'

The young offender service is situated in an area of high deprivation. In the surrounding area, housing is mostly council owned. There are high levels of unemployment. There are correspondingly high levels of crime. The area is on the outskirts of a large city but can be described as rural. Referrals of young people to the officer responsible for substance use/misuse are made if there is evidence or suspicion of drug or alcohol use/misuse. It is a compulsory order not an issue of choice.

Interview 7. Young offender service 'B'

The young offender service is situated near the centre of a large rural town. There are quite good levels of employment and the housing are a mixture of private stock and well maintained council accommodation. Although six other young people had agreed to join the group, only one arrived. Two of the arranged group had to be in court and so could not join the group. One participant phoned in to say he was poorly. With the participant in agreement, it was decided to go ahead with the interview. Because this was a one to one interview the dynamics were different compared to the school groups, where lead statements were given for the group to develop. The

approach had to be much more directive. It was quite difficult to get a response from the young person initially, however some useful data were gained.

3.11 Ethical issues

University sample

An application to proceed with the research was submitted to the university ethics committee. The ethics committee requested clarification on a number of details regarding informed consent and the structure of the questionnaire, but gave permission to proceed with the study when those details had been discussed and agreed (see appendices). Permission was granted to (1) carry out a pilot study of the intended questionnaire and (2) to organise and carry out the full data collection (3) to organise and carry out focus groups for the second stage of the research.

Youth club and focus groups

There were a number of ethical and methodological issues that had to be considered during the research with the young people who formed the groups, particularly the more vulnerable young people. Grodin and Glantz (1994) discuss the conflicting goals faced by any researcher, but particularly those involved with work with young people, namely, protecting the individual from harm or exploitation, while increasing the body of knowledge. When adding to that equation the vulnerability of some of the young people targeted for this research, the need for the researcher to review critically all ethical considerations is even more necessary. As Hughes and Gutkin (1995) observe, the researcher is presented with ethical dilemmas in which the appropriate course of action is far from clear.

Key professionals in each of the groups had been approached as referred to earlier in the chapter. Having made this initial contact and gained each individual's approval to take the research forward, details of the research and a copy of the research protocol were supplied together with a letter of support from the research supervisor. Issues of confidentiality of the individuals and of their employing institutions were discussed. Absolute confidentiality on both those issues was assured. Each of the professionals then sought the necessary approval of their managers to continue with the research.

Consent

Ethical problems when working with young people under the age of sixteen have been discussed by Ovenden and Loxley (1993). Commonly the consent of parents is sought, however the illegal nature of the behaviour being explored for this study presents difficulties with this approach. Yet to exclude such vital data would detract from and limit the usefulness of the research. There are no easy answers. Legal advice sought by the authors of the study referred to above, suggested that it is acceptable to obtain consent from minors if the study is explained to them in a language that is appropriate and that they would understand, and that participants are aware of their right to refuse to contribute at any point.

Having permission to approach the young people by the persons responsible for them at the institution they were attending was not seen as sufficient on the researchers part. It was essential to obtain informed consent from participants. Written acknowledgement of informed consent is the current standard for any research with minors (Dent et al 1997). However for this research such an approach was deemed entirely inappropriate. Some of the more vulnerable young people participating in the research had been excluded from mainstream schooling for extended periods of time. It was not possible to assess the levels of literacy among the young people. Although the content of any letter of consent could be read out, it was deemed inappropriate to require the participants to sign to something under these circumstances. Potential language and literacy problems in this field of research and the dilemmas this can present have been discussed by Hughes and Gutkin (1995). In view of this, either the researcher or a youth worker was present during data collection to introduce the questionnaire and answer any questions that participants might have. Great care was taken to ensure that respondents knew about the nature of the research and of their right not to participate if they did not want to do so. Having been assured that the participants fully understood the research, completion of the questionnaire is taken as implying consent.

The focus groups were tape-recorded. When working with focus groups that are to be tape recorded, Ovenden and Loxley (1993) suggest that the researcher can include a brief introduction about the research at the start of the tape recording and to get

participants to vocalise their agreement. This was felt to be the most appropriate way of obtaining, and recording the consent of participants for this stage of the research.

Ethical issues with professionals

The professionals who were involved in the research had helped establish the focus groups. Meetings had taken place with the professionals prior to the focus groups, and this meant they were familiar with the aims of the research. Issues concerning confidentiality were once again a priority. This was not only to protect the identity of the young people and the professionals involved in the research, but also the institutions they were employed by. It was agreed that no details that could identify either a service, or the professional employed by that service, would be revealed. It was also agreed that the geographical location of the service would not be given as in some instances this could lead to identification. Participants were told they could ask to have the tape stopped at any point. The interviews were tape-recorded and a verbal agreement of the points above was obtained at the start of each recording.

3.12 Pilot studies and implementation of questionnaires

Pilot study (university sample)

A group of fifteen students (who would not form part of the main sample) were asked to complete the pilot questionnaire. Issues such as confidentiality and the nature of the research, were explained (as for the main sample - please see below). The questionnaires were completed without difficulty, no revisions being required. The students did identify that the envelopes provided for them to seal their completed forms were too small and larger ones would be easier. This suggestion was adopted for the main sample. To meet the requirements of the ethics committee, all students that were to be invited to participate in the study had to be contacted at least twenty-four hours prior to the questionnaire being given out to give them time to consider if they wanted to participate. Information had also to be given regarding:

- who the researcher was
- the nature of the research
- confidentiality issues
- the right not to participate at any stage

This was carried out by utilising electronic mail. A message was sent to all students on the programme (all students at the university have access to, and are required to check for e-mail correspondence). The message was sent out one week prior to the session when the questionnaires would be given out. This is in direct contrast to the advice of Stanton (1977) who speaks with some authority on the subject of surveys with young people and drug use. Stanton asserts that to avoid reduced compliance, respondents should not be given details of when and where the survey will take place. While this may be of some merit, ethically this is not acceptable. Respondents need to have the time to think about their decision.

All the students were participating in a multi-professional module, which allowed access not only to the whole sample on one occasion, but also different professional strands including: general nursing, mental health nursing, occupational therapy and physiotherapy students. An advantage of having health care students was that they were cognisant of the need to engage in research to improve health care provision, thus they showed an interest in the work.

Following an identified main hall lecture the students were asked if they had received the e-mail correspondence from the researcher. Having confirmed this, the same information was given out verbally. Students were informed that their participation was entirely voluntary. Confidentiality was covered and students were told that, if they chose to participate the completed forms would have no details that could identify them or the university. Each questionnaire was given out in an envelope with the researcher's details on the front. Students were advised they could fill in and return the questionnaire then, or when they felt happy to do so, returning the completed form via an internal mail system (*questionnaire and information sheet in appendix2*). Finally, a black sack was left at the exit of the lecture hall so students who completed the questionnaire straight away could place their sealed envelope in it personally. This was done to help reassure respondents of absolute anonymity and is a strategy suggested by Stanton (1977). Students were also informed about the second stage of the study that was to facilitate a series of focus groups to elicit further, in-depth data, on the same topic. Interested parties were asked to e-mail or telephone the researcher.

One week after the questionnaires were distributed, a second e-mail was sent thanking participants for their help and reassuring anyone who had not responded but had intended to, that it was not too late to do so. Twelve students indicated that they would like to participate in the focus group. These students were then contacted again by e-mail and an invitation was given to attend a focus group. The date was set for four weeks following the second e-mail being sent. This was to allow enough time for a provisional analysis of the results to be made allowing some central themes to be identified, but also not too long so as to risk losing the enthusiasm of the volunteers. At this stage participants were informed about the anticipated length of the focus group, location and time, and were also asked if they had any objection to a tape recorder being used. It was stressed that anonymity would be absolute and that no comments would be attributable to any one individual. The right to withdraw or stop the recording at any point was also clarified. There were no refusals or queries from the participants.

Pilot study (youth club sample)

Some of the young people attending the youth club worked with the author to pilot the questionnaire. It has been identified that when carrying out research with illicit drug users there is a need to involve participants and make the experience more personal to encourage motivation (Van Meter 1990). The youth worker who facilitated this part of the research had helped in the construction of the questionnaire. On her advice, the questions were kept to a minimum. This is supported by Stanton (1977) who observes that while questionnaires may not present a problem for respondents who are college students, it may be an issue for those with lower educational levels. The initial draft questionnaire (using the same template as used by the university group) was deemed too complicated. Amendments were made as suggested by the young people involved in the pilot work (problems identified later in the process confirmed the views of the young people). The final questionnaire can be found in the appendices, it is apparent that the questionnaire is fundamentally different in length and wording from that used with the university group.

It was decided that a simple double sided sheet, one for those who identified that they had used illicit drugs and one for those who had not, was the most simple to follow for respondents. In order to achieve this it meant a certain amount of trimming had to

happen. Although it would limit the data which would be retrieved, this seemed preferable to losing the interest of the group altogether. Also, stage two of the research would involve some of the respondents being invited to participate in focus groups during which some of the issues could be raised and explored further. A youth worker was present when the questionnaires were given out. This was to ensure that the young people understood about the research and the questionnaire and could discuss any questions that they wished to raise. The opportunity was taken to remind potential participants that they did not need to participate if they did not want to.

3.13 Focus group and interview topic guides

Focus groups

The findings from stage one of the research provided the framework for discussion among the groups. A topic guide was prepared to provide prompts for the researcher and a structure and to the focus groups.

Cue topics:

- Drug use among peer group (did they have friends who used illicit drugs?)
- Reasons for illicit drug use (why did they think young people used illicit drugs?)
- Issues about drug use among peer group (age of use/type...)
- Role of peers (influence/pressure)
- Views on drug education/promotion interventions strategies (helpful/not helpful)
- Improvements to interventions to meet drug education needs of young people (what would be helpful to young people)

Interviews with professionals

A topic guide was prepared to provide prompts for the researcher

Cue topics:

- Confirmation of each professional's role in their employing institution and outline of that institution
- The professional's experience of young people's use of illicit drugs within that institution
- Age, frequency and types of illicit drug use reported by the young people each professional works with (or referring to their experience)
- The professional's views about the context of drug use among the young people in their care
- The professional's views about the motivation for drug use among the young people in their care
- Drug education provision provided by the professional's institution/themselves/nationally

3.14 Critique of research process

Firstly there is a critique of the overall research process. Following this, a critique of stage one and two of the research are presented.

The sensitive nature of the research topic had implications when seeking permission to take the research forward. Originally, it had been intended to use two university samples reflecting different university populations. Although gaining ethical permission relatively quickly from the university used in the study, the second university that was approached proved more difficult. A full ethics proposal was forwarded (as with the first university). However after a full year of deliberation, and numerous letters and e-mail communication, there had been no formal response at all. After consultation with my supervisor the application was terminated. It would arguably have been useful to have had a comparison group to develop the research findings and this can be seen as a limitation of the study. However, there have been other research projects looking at drug use among university populations and the results from this study generally support those found previously. In the months spent liaising with the second university the study was developing. The focus of the research altered as data analysis started to indicate wide differences between the university group and the young people from more vulnerable backgrounds. Following a discussion with both internal and external supervisors, it was decided that further energy could be best spent by concentrating on the development of focus groups to represent the views of a wider population of young people.

Although all the young people involved in this study did so in an informed and voluntary capacity, the sensitive nature of the research area may have meant that some participants withheld information, or conversely may have elaborated on the details of their illicit drug use. However, interviews were also carried out with the professionals involved with the care of the young people concerned, to gain their perspective on some of the issues raised by the young people. Their accounts supported the information that was given by the young people involved. On reflection, it would have been good practice (and also courteous) during the early stages of the research, to have returned to the young people who had participated in the study in order to present the initial findings. This may have helped inform the analysis and to provide validation of the findings.

The qualitative approach used for this research has facilitated the collection of rich data that present the views and experiences of young people regarding illicit drug use. It has been identified in the literature that there is a paucity of such research and as such, a qualitative study was both timely and appropriate, contributing to the body of knowledge in the area. However, the results of the research are based on a small sample, thus all findings must be treated with caution. Similarly, a qualitative approach was not suitable to test fully some of the findings that have been presented in the research. Therefore, further research using quantitative methods would be useful to present more robust supporting evidence to build on the foundations of this study.

During analysis of the data from the youth club sample, it became evident that many of the young people held very strong views about the use of alcohol among their peer group and family. Although this finding was considered to be extremely important and is referred to briefly in the results section, the research was primarily about illicit drug use and so the issue has not been elaborated upon.

Critique of stage one of the research

University sample

Collection and analysis from the university sample proceeded as set out in the methods. Questionnaires were distributed and collection, data entry and analysis proceeded without difficulty.

The university sample was predominantly female, however this was anticipated as the sample were from the school of health care and undertaking programmes which are traditionally female dominant. Although this means the results may have been different if more male respondents had been included, very few studies have concentrated on a predominantly female population and so the results are interesting in their own right. There were similar patterns of drug use/non use among the male respondents, although the numbers were far too small to make generalisations. This is also true for the ethnicity of respondents, which was predominantly White. Current research suggests that potential differences in the consumption of illicit drug use between male and female users is small and that it is an issue for all social classes and

ethnic groups. Additional groups involved in the following stages of the research were selected to ensure a more balanced research sample.

The university students were enrolled on courses leading to a professional qualification. While anonymity and confidentiality were assured this may have had an effect on the responses given by some participants. It may also explain why some students chose not to complete the questionnaires.

Youth club sample

A youth worker, or researcher, was present during distribution of the questionnaires and remained throughout the process to answer any questions. The response rate was 100%, with no one expressing a wish not to participate. Indeed the opposite was true, the young people were enthusiastic in their response. However, the data collection was not without problems.

Confidentiality, as with the university sample, was a priority. Although the group had been assured that absolutely no details that could identify the individuals, the youth centre or the local community would be given, they need a lot of reassurance on this issue. This was given without hesitation, including details of how data were recorded and how the original questionnaires would be kept securely and finally shredded.

It had been identified that literacy might be a problem and a minority of the respondents felt extremely concerned about their poor reading/writing skills. Each participant had access to a youth worker to help as the need arose, and on a few occasions they actually recorded the answers as the respondent vocalised their answers (the youth workers were careful not to influence any responses and to use only the words of the young person). However as identified below, the respondents managed to get their message across very clearly using a variety of means to do so.

When the completed questionnaires were collected and read for the first time to gain a 'feel' for the responses, it was an enlightening moment for the researcher. Although some responses were brief and perfunctory, all had information to offer. Many respondents had so much to say on certain issues, that they wrote wherever there was

space to do so, sometimes ignoring a further question altogether and continuing to explore a theme. This response highlighted the young people's ability and enthusiasm to engage with the research process.

Some responses seemed to be cathartic, others contained glimpses of traumatic and chaotic lives in people so young. Many of the respondents had very strong views that they were able to articulate, despite quite apparent poor literacy skills. On the other hand, some were humorous, while many showed quite reasoned thinking despite obvious literacy problems. Some of the questionnaires were illustrated, with pictures of happy or sad faces, one showing a tear drop. In view of the presentation of the completed questionnaires, it was necessary to treat the data from this group in a different manner to capture the 'story' that some respondents gave. Quantitative data were presented without any difficulty, however to capture the essence of some of the full responses, small 'case examples' are presented. Spelling and the use of upper and lower case were left as the respondent wrote to maintain authenticity. Lerner (1995) and Lerner and Miller (1993) observe that research must be conducted with a comprehension of the differences that arise as a result of different people's development in distinct families, communities and socio-cultural environments. Problems with this method of data collection with young people have been identified (Donovan and Jessor 1983), however in this instance no data were unusable, rather they needed to be treated in a different way. While the author had worked with the youth worker and some young people attending the youth club in the development of the tool, it clearly remained a problem for some respondents. Arguably this was not the most effective way of obtaining data from this particular group of young people.

However, this experience could provide valuable information for future research among vulnerable groups. It also raises questions about the surveys discussed in the literature review and from which statistical data are produced. Potentially, there are many young people who do not fully understand the questions they are being asked in research projects and this may affect the responses that are given.

Having completed the distribution, collection and analysis of the university sample, it required a different approach to organise, collect and analyse the data from the youth club sample. I was not prepared for the level of literacy problems that were

encountered. However the participants had managed to convey their views very well. The data that were collected contained a wealth of rich information, which has undoubtedly enhanced this research. Arguably, the data provided more insight into what was really the issue for young people in relation to drug use than the 'correctly' completed questionnaires from the university sample. It was also a preparation for potential problems that could occur during the subsequent, more qualitative, stages of the research.

Critique of stage two of the research

Generally, this stage of the research developed well with a considerable amount of data being collected. However there were certain potential difficulties and limitations that could have had a negative impact on this stage of the research.

The use of tape recorder

Perhaps predictably, the use of a tape recorder (used during focus groups, stage two of the research) was met with some concern by some of the group. Duncan Stanton (1997) asserts that many researchers display a level of naiveté when one considers that people are being asked to discuss illegal activities. The sensitive nature of an illegal act presents a constraint on the disclosure of what is commonly a hidden activity (Mayock 2000). Even though the researcher and the facilitators had reinforced with the young people that their responses would be entirely confidential, it most certainly had an impact on the dynamics of some of the sessions.

Mayock (2000) asserts that although an introduction of a researcher to a group of young people by an adult is vital, it is not enough to foster co-operation. This proved to be the case with the latter two groups. The feeling of rapport that had been established with the university participants and the young people at the youth centre was not evident with all the groups. The combination of being a stranger, the use of a tape recorder and the sensitive nature of the topic being discussed, presented barriers. It is also possible that individual environments were counter productive. Attendance at the Pupil Referral Service and the Young Offenders Unit were mandatory; the young people had to attend. Even though their participation in the research was voluntary, the atmosphere was altered.

Group processes

At times there were also problems with group dynamics. Although the focus group has been recognised as a useful qualitative tool, one potential adverse effect is that any humorous or disparaging remark may encourage others to respond in a similar manner (Stanton 1977). This certainly seemed to be the case with the latter two groups. It was difficult to get the participants to stay focused on the topic. Potentially the social processes of the groups could have been predicted and strategies to manage challenging situations could have been prepared. Ultimately some excellent data were collected, but the process was not without difficulty and the underlying feeling was that it could have been a much better experience for both the interviewer and the participants with better planning. However Mayock (2000) observes that research in this field can result in various forms of resistance that quite simply cannot be planned for in advance.

On reflection, it would have been better to spend more time with all focus group participants prior to the recording session to get to know the participants and create a more relaxed environment. The need for trust, rapport and candour when working with young people in this context is identified by Frey and Fontana (1994) and Manheimer et al (1972). The researcher must be flexible in approach and seek pragmatic solutions when problems arise. It is also recognised that asking participants to discuss sensitive issues in front of their peers may have meant that some young people were not as open in their responses as they would have been in a more confidential environment.

Young Offending group and interview

As referred to earlier in the chapter, although a full group had been planned, only one member arrived on the day. I had been warned that this might happen by the professional working with the young people. He observed that many of the young people invited to participate lack a structure to their day and that there is little parental guidance in some circumstances, therefore to expect them to arrive promptly, or at all, unless they felt they had to was a problem. The one participant who arrived agreed to be interviewed. However the absence of his peers may have had an impact on how he responded. In view of this, it was rewarding to have so many young people attend the second group.

However, overall I felt the focus groups had been very successful. The young people seemed relaxed and able to put forward their views with ease. Some groups had been very buoyant and positively seemed to enjoy participating. My skills in managing situations that were not so convivial also improved.

Interviews with professionals

Similarly, the use of tape recorders may have had a subtle effect when interviewing the professionals. Although they had been assured of confidentiality, frequently it was only when the interview was 'completed', that the interviewee suddenly seemed to relax and to present a wealth of information.

3.15 Personal reflection on the research process

During the preliminary stages of the research, when the aims and objectives were being established and the methodology designed, I thought the implementation of the research plan would be a relatively smooth procedure. However there were delays. The first set back was the lengthy procedure required trying to obtain ethical approval from the second proposed university (which attempt had to be abandoned). Similarly, the many unanswered letters, phone calls not returned and so forth proved to be very frustrating. However, there were also many individuals who went out of their way to help facilitate the research.

Regarding the data collection, I realise on reflection that I started out as a relatively novice researcher. While generally things went as planned, there were also many minor set backs and many occasions when I felt I could have done something better. I learned a great deal from this process.

I enjoyed working with the young people who participated in the research. I was impressed with their willingness and enthusiasm to participate, their good humour (generally) and patience. I was saddened when listening to some young people; their lives were sometimes so troubled. However this also provided the impetus to make sure the research was completed and the findings published and disseminated. I have made the first tentative steps to achieving this goal. Perhaps most importantly I feel that I have kept the interests of the participants foremost in my mind at all times. I am

so much more aware of the ethical dilemmas that can occur, particularly when working with young people, in this sensitive area.

3.16 Conclusion

Within this chapter the methodology and methods used to gain data for the research have been presented and there has been a discussion of the ethical issues involved with the study. The participants involved with the research have been introduced and a brief description of their backgrounds has been given. A critique of the research has been presented and a personal reflection of the research process. The following chapters will present the results of the research.

Chapter Four. Results (stage one): questionnaire

4.1 Introduction to chapter

Aims of stage one of the research

The specific aims of the research that are pertinent to this stage of the study were, firstly, to increase knowledge of the complex, varied and dynamic pattern of illicit drug use as reported by young people. Secondly, to provide evidence of the nature of and attitudes to illicit drug use, to facilitate greater understanding of the needs of different groups of young people, and to contribute in the future to more appropriately targeted, evidence based health promotion initiatives.

For this stage of the research two groups, a university and youth club sample, were targeted with the intention of obtaining the views and experiences of a range of young people from different backgrounds and with different life experiences.

The results of the university sample will be presented first followed by the youth club sample.

4.2 Results stage one, part one: university sample

The chapter will be presented in four main stages:

1. Part one will report the findings of the questionnaire distributed to the university sample
2. Part two will present the findings of the questionnaire distributed to the youth club sample
3. Part three is a discussion of findings
4. Part four is a critique of stage one of the research

Part one is presented in the following order:

1. Demographic characteristics of the sample
2. Findings and comparison of data from those who reported using, and not using illicit drugs

4.3 Demographic features of sample: Age, sex, ethnicity.

There were one hundred and eighteen responses returned from a total of two hundred questionnaires given out, which is a response rate of 60%.

There were one hundred and eighteen university students in the sample. The age range of the sample was eighteen to fifty-five years with median age of twenty-two years and semi-interquartile range of six years. Ninety-eight (83%) of the sample (n=118) were female and one hundred and thirteen (95%) were White ethnic origin.

White	Asian	African-caribbean
113 (95%)	2 (2%)	2 (2%)

Table 6. Ethnicity of sample n=118.

(One of the sample did not respond to this question)

The make up of the sample in terms of age and sex is similar to students on health care courses in other universities. The high number (98%) of White students is a particular feature of the selected university (Academic Registry Survey 2003).

- The age range of the university sample *who had* taken drugs (n=51) was 18-45 years with median age of 21 years and semi-interquartile range of 5 years
- The age range of the university sample *who had not* taken drugs (n=67) was 18-55 years with median age of 21 years and semi-interquartile range of 8 years

The age of respondents who reported using and not using illicit drugs was very similar.

4.4 Incidence of drug using (whole sample)

Fifty-one (n=118) forty three per cent of the sample reported that they had taken illicit drugs and sixty-seven (n=118) fifty seven per cent that they had not. Approximately half (55%) of all reported first use of drugs by users occurred between the ages of sixteen and eighteen years.

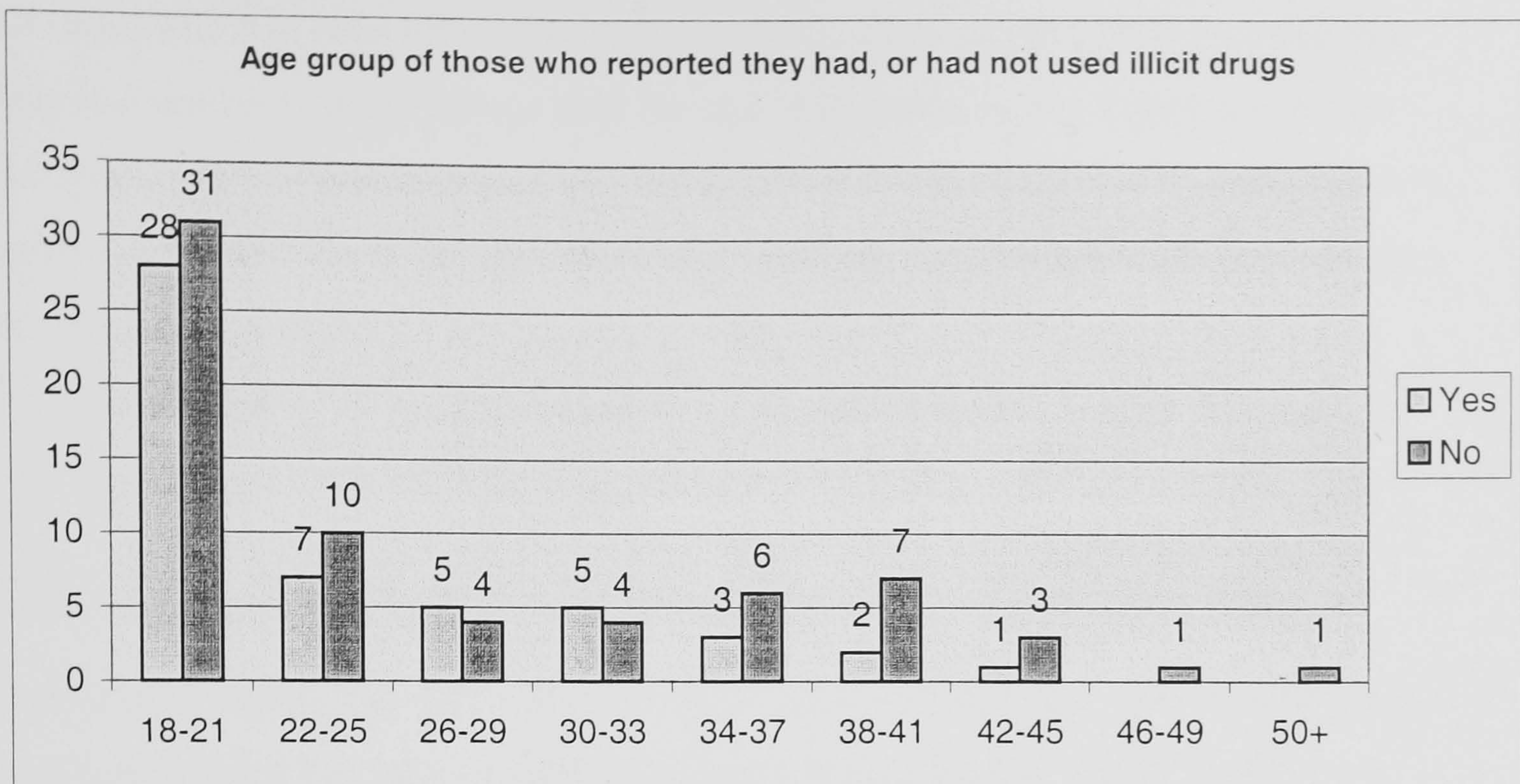


Fig 3. Bar chart showing ages of those who reported they had, or had not, used illicit drugs.

- The age range of respondents who reported they *had taken* illicit drugs was 18 to 42 years of age. The majority were aged between 18 and 21 years of age
- The age range of those who reported they *had not taken* illicit drugs was 18 to 50+ years of age. The majority were aged between 18 and 25 years of age

Of the group who reported *not using* illicit drugs (n=67),

- 37 (55%) replied that they had been offered (but refused) illicit drugs
- 31 (45%) replied that they had never been offered illicit drugs

4.5 Information from respondents regarding *use or non use* of illicit drugs

4.5.1 Age of first drug use

Respondents who reported *using* illicit drugs (n=51) indicated that they had first taken drugs between the ages of thirteen to twenty five years with median age of seventeen years. Approximately half (50%) of all first illicit drug use occurred between the ages of sixteen and eighteen years.

4.5.2 Age when first offered

Respondents who reported *not using* illicit drugs (n=67) were asked if they had ever been offered illicit drugs.

- 37 (55%) had been offered, but had refused illicit drugs
- 31 (45%) had not been offered illicit drugs

Of those who had been offered, but *refused* illicit drugs, seven (19%) reported that they had not been offered drugs until the age of eighteen years. Thirty-six of the thirty-seven responses indicated that the age of first being offered drugs was between twelve and twenty years of age. Ages were grouped to allow cross tabulation of data for analysis.

12 –14 years	15-17 years	18-20 years	21 and older
10 (27%)	15 (40%)	10 (27%)	2 (5%)

Table 7. Age grouping for cross tabulation: those who had been offered but refused illicit drugs.

Analysis identified that ninety five per cent (n=37) of those who answered that they had been offered but refused illicit drugs were twenty years of age or under.

4.6 First drug information

4.6.1 Respondents who reported using illicit drugs were asked to identify the first illicit drug they had used

Well over three quarters (84%) of the respondents who reported *using* illicit drugs (n=51) identified that cannabis was the first drug that they had taken.

Cannabis*: cannabis includes puff, pot, hash, marijuana,spliff.	Amphetamine: amphetamine includes speed, poppers	LSD: LSD includes acid	Quaalude.	No drug identified.
43 (84.%)	3 (6%)	2 (2%)	1(2%)	2 (2%)

Table 8. Type of first drug used.

**Different names used by respondents for the same drug e.g. cannabis/dope/hash were grouped under the most commonly recognized name*

For university respondents cannabis is the drug most likely to have been offered and first taken. This supports the findings of other research in this field that has shown that cannabis is frequently the most common first drug used.

4.6.2 Respondents who reported not using illicit drugs were asked to identify the first illicit drug they had been offered

Respondents who reported being offered, but *not using* illicit drugs (n= 37), identified that the following drugs had been offered to them:

- 24 (65%) identified Cannabis
- 6 (16%) identified Ecstasy
- 5 (13.5%) identified Speed

Cocaine and Heroin were each named once. Two respondents were not sure what drug they had been offered. Cannabis was significantly the most frequently named first drug offered. Ecstasy and Speed were the only other drugs mentioned more than once. 3 respondents identified that they had been offered more than one drug on that first occasion.

4.7 Location of use

4.7.1 Respondents who reported using illicit drugs were asked if they could identify the location of their first drug use.

Forty-eight (96%) of the respondents who reported they *had used* illicit drugs (n=51) answered this question. Twenty-three (47%) of the using group replied at a 'friend's home'. This was predominantly the most cited place of first drug use. A further four responses indicated with friends in other locations: School/park/village/on river. Other locations that respondents cited as the place where the first drug was taken: party (three), club (three), university (three), festivals (three), home (two), pub (two).

When responses to the question of place of first drug use were analysed for under twenty five and over twenty five years it was apparent that those aged under twenty five years described a wider range of locations (n=7) than those aged over twenty five years (n=5). However the numbers are small. There was no difference detected in location of first drug use by gender.

4.7.2 Respondents who reported not using illicit drugs were asked if they could identify where they had first been offered that drug

Thirty seven (100%) of the respondents who reported they *had not* used illicit drugs (n=67) answered this question. Eleven (9%) reported at a friends home. A further eight (7%) responses indicated with friends in other locations: out with friends/party. Other locations that respondents cited being offered illicit drugs included: school (six), university/college (five), pub (three), club (two).

Cross tabulation was carried out with *age* and *where first offered*. The site of offer reflects age e.g. school - only if under age eighteen years of age. For both groups the most common response was with friends in their home/at a party (social events). Thus, being with friends is an important factor both when using illicit drugs, and being offered illicit drugs, among this sample.

4.8 Reasons given for use or non use of illicit drugs

4.8.1 Respondents who reported using illicit drugs were asked if they could identify what prompted them to take that first illicit drug

Twenty-seven (41%) of respondents who reported *using* illicit drugs (n=51) identified that curiosity was the main reason for using the first drug. The age group of sixteen to eighteen years showed the widest range of reasons for using illicit drugs. Responses given for reasons for first drug use were coded into categories. Forty-nine of the fifty one of those who reported *using* illicit drugs responded, giving sixty six responses between them.

Reasons for first drug use

Category label	Count	% of responses
Curiosity	27	41
Friends were using it	12	18
Peer pressure	8	12
To be sociable / join in	5	8
Wanted to	2	3
Could not see any harm	2	3
Cool / fun	2	3
It was offered	2	3
Had been drinking	1	1.5
To suppress appetite	1	1.5
Liked smell of it	1	1.5
To be different	1	1.5
To be able to dance	1	1.5
No answer	1	1.5
	66	100.0

Table 9: Reasons for first illicit drug use.

When data were split to those under twenty-one years and those over twenty-two years of age, respondents who were under twenty-two years gave a wider variety of answers. The age group sixteen to eighteen years showed the widest range of reasons for using illicit drugs (see table overleaf).

Age grouped data showing reasons for drug use.

Age groupings	13-15	16-18	19-21	22+	Row total
Curiosity	5	15	5	2	27 (55.1%)
Peer pressure	2	6	0	0	8 (16.3%)
Friends were taking (peer influence)	2	8	0	2	12 (24.5%)
To be sociable	2	3	0	0	5 (10.2%)
Had been drinking	0	0	1	0	1 (2.%)
Suppress appetite	0	0	1	0	1 (2%)
Wanted to	1	0	0	1	2 (4.1%)
Could not see any harm	1	1	0	0	2 (4.1%)
Cool/fun	0	1	1	0	2 (4.1%)
It was offered	0	2	0	0	2 (4.1%)
Liked the smell of it	0	1	0	0	1 (2%)
Column total	11 (22.4%)	26 (53.1%)	8 (16.3%)	4 (8.2%)	49 (100%)

Table 10 . Age grouped data showing reasons for illicit drug use.

Other responses to the question ‘can you identify why you first used illicit drugs?’ included comments such as:

- ‘Part of the culture in the city and fun!’
- ‘To suppress appetite and be able to continue dancing all night and day’
- ‘I was already smoking cigarettes so smoking cannabis was not regarded as much different’
- ‘Was offered, was free...’

4.8.2 Respondents who reported not using illicit drugs were asked if they could identify why they refused the offer of illicit drugs.

There were sixty-one responses from the group that *had not* used drugs (n=67). Respondents most frequent response to this question was that they were aware of the risks and the effects to health. They also reported just ‘not being interested’. Some students felt that they were morally against drug use and they also cited that it was an illegal activity. Interestingly, only four respondents explicitly mentioned education as the reason they refused illicit drugs and yet a large minority were aware of risks and health effects. Only one person mentioned their parents as a reason for not using drugs. Well over half the group who had not used illicit drugs (59%) had friends who used drugs (see table below). This is an interesting finding as it may indicate that peer pressure was not an issue for these students.

Category	Count	% of response
Not interested	13	21
Risks/Health effects	17	28
Seen the effects	3	5
Morally against	6	10
Illegal	5	8
Don't need to	3	5
No peer pressure	3	5
Want to stay in control	3	5
Fear	2	3
Information/education	4	7
Distrust person offering	1	2
Parents against	1	2
	61	100.0

Table 11: Reasons for not using illicit drugs.

4.9 Friends who use illicit drugs

4.9.1 Respondents who had not used illicit drugs were asked if they had any friends who used illicit drugs

There were sixty six (n=67) (97% of the respondents who *had not used* drugs) responses to this question.

- 39 (59%) replied that they did have friends who used illicit drugs
- 27 (41%) replied that they did not have friends who used illicit drugs

Cross tabulation revealed that there was no significant difference in reasons for non-use between those whose friends use drugs and those who did not.

4.10 Details of first and subsequent drug use.

4.10.1 Respondents who reported using illicit drugs were asked how often they used illicit drugs

Fifty-one (100%) of respondents who reported *using* illicit drugs answered this question.

Less than once monthly	Weekly	Monthly	No response
28 (76%)	5 (13%)	4 (11%)	14 (38%)

Table 12. frequency of illicit drug use.

A significant number (over three quarters) of the respondents reported using illicit drugs less than once a month.

4.10.2 Respondents who reported using illicit drugs were asked if they had gone on to use further illicit drugs

Fifty-one (100%) of respondents who reported *using* illicit drugs answered this question:

- 20 (39%) reported that they had gone on to use further illicit drugs
- 31 (61%) indicated that they had not taken other types of illicit drugs since first use

Well over half the sample had *not* gone on to take other illicit drugs. This provides some evidence supporting the theory that a single use of illicit drugs does not necessarily lead to further experimentation.

4.10.3 Respondents who reported using illicit drugs were asked if they could identify why they had gone on to use further illicit drugs.

Fifteen (29%) of those who indicated that they *had* gone on to take further illicit drugs (n=20) responded to this question:

- 6 (12%) cited fun/social/entertainment as reasons
- 3 (6%) cited curiosity and two respondents that 'it was free' as reasons for further use.

The following extracts represent some of the replies cited above and other single responses:

- 'For fun, entertainment'
- 'To have fun and enjoy myself'
- 'Youth culture'
- 'Rebelliousness'

Only two of the responses given to this question associated ‘negative’ connotations with the use of extended illicit drugs, for example, depression/stress. The majority of responses (thirteen of the fifteen responses) suggested that the respondents went on to use other illicit drugs for ‘recreational’ purposes: entertainment, fun, social circles, for example.

4.10.4 Respondents who reported using illicit drugs were asked if they could identify the illicit drugs they had gone on to use.

Of the twenty respondents who indicated they *had* gone on to use further illicit drugs, fifteen (75%) answered this question.

Speed	Cocaine	Ecstasy	Cannabis	Acid	Magic mushrooms
9	7	5	4	2	2
Base	Methadone	Poppers	Heroin	Ketamine	
1	1	1	1	1	

Table 13: Illicit drugs taken subsequently to first use.

The most frequently named ‘subsequent’ illicit drug used was Speed, identified by nine (45%) of participants. Eight (40%) of respondents reported using three or more different types of illicit drugs. One respondent named ten different drugs used subsequently to the initial illicit drug.

4.10.5 Occasions more likely to use illicit drugs

All respondents who reported using illicit drugs were asked if they could identify the occasions that they would be more likely to use illicit drugs.

Parties	If friends or others were	After alcohol/when drunk	Stressed	Clubs	Holiday/festival
5	5	4	4	3	2

Table 14. Occasions more likely to use illicit drugs

Over half, twenty-six of the respondents who said they *had* used illicit drugs (n=51) answered this question. Most of the respondents to this question associated forms of ‘social gatherings’ as being the time when they were most likely to use illicit drugs (parties, with friends, when drinking/drunken, clubs and holidays). Only four (15.3%) of the respondents cited ‘when stressed’ as a time when they were most likely to use illicit drugs.

4.11 Health Education/information about illicit drug use

The whole sample (*users and non users*) was asked about the drug education they had received.

4.11.1 Respondents who reported using illicit drugs were asked if they had received drug education/information.

There was a 100% response to this question (fifty one responses):

- 38 (75 %) of users replied that they had received education/information
- 13 (25 %) of users replied that they had not received information/education.

4.11.2 Respondents who reported not using illicit drugs were asked if they had received drug education/information.

There was a 100% response to this question (sixty seven responses).

- 54 (81%) of non- users replied that they had received education/information.
- 14 (19%) of non- users replied that they had not receive information/education.

Findings of importance were found. Although a higher proportion of *non* drug users report receiving information (81% of non users (n=67) and 75% of users (n=51)), it was not statistically significant (using chi sq analysis).

Seventy five percent of those who *had used* illicit drugs (n=51) had received some sort of drug education while twenty six per cent replied they had not. Of those who *had not* used illicit drugs (n=67) seventy-nine per cent had received some form of drug education while twenty one percent reported they had not. Once again, the results from both groups are very similar. These results are consistent with the theory that drug education is not clearly associated with individuals' decisions regarding drug use.

4.11.3 Users and non users were asked the form of drug education/information they had received

- 61% of those who reported *using* illicit drugs (n=51) answered this question.
- 100% of those who reported *not using* illicit drugs (n=67) answered this question.

Taken drugs	Leaflet/magazine	School/college/uni	TV campaign	Video/lifeskills/parents	Total
YES	31 (31%)	30 (30%)	16 (18%)	18 (16%)	95
NO	41 (41%)	41 (41%)	25 (23%)	20 (22%)	127
	72	71	41	38	222

Table 15: Type of information by those who had/had not used drugs.

Analysis of the data reporting the type of information received by those who had, and had not used illicit drugs identifies that the type of drug education/information does not affect the individual's decision to use drugs.

4.11.4 Users and non-users were asked what type of information/education they found effective

- 67% of those who reported *using* illicit drugs (n=51) answered this question
- 68% of those who reported *not using* illicit drugs (n=67) answered this question

Effective information	Non User	User
Effects	15 (33%)	8 (24%)
Scare tactics/shock	8 (17%)	7 (21%)
Previous drug user	6 (13%)	0
Information/education to allow informed choice	0	7 (21%)

Table 16. Effective drug information.

Again, the findings for both groups were very similar. The university respondents perceived that the most effective forms of information/education were those that show effects/side effects, and shock/fear/danger approaches. The only considerable differences were that the group who had *not used* drugs identified that previous user experience had been effective (thirteen per cent of the group). The group who had used illicit drugs had not mentioned previous user experience. Only those who reported *using* illicit drugs cited information to allow informed choice. Only one respondent, from the group who had not used drugs, acknowledged the role of parents. It is perhaps worth highlighting that while all the respondents who reported using illicit drugs identified effective health education/information, all (n=51) had used illicit drugs and twenty of that group had gone on to use other illicit drugs.

4.11.5 Users and non-users were asked what type of information/education they found ineffective

- 68% of those who reported *using* illicit drugs (n=51) answered this question
- 50% of those who reported *not using* illicit drugs (n=67) answered this question

For the group who reported *using illicit* drugs there were no apparent themes or clusters in the responses to the question. Whereas the group who reported not using illicit drugs were more able to identify what they considered to be ineffective approaches.

Examples of the responses given by those who reported *using* illicit drugs are presented below:

- Giving ‘false’ information regarding the dangers of drug use was felt to be ineffective
- Not providing a balanced view was thought to be ineffective
- People such as parents and teachers providing education/information were thought to be ineffective
- Being told ‘not to do it’ was thought to be ineffective
- Being judgemental and condescending was thought to be ineffective

Those who reported *not using* illicit drugs gave the following responses:

Patronising or preaching	Dictatorial	Leaflets
8 (24% of non users)	7 (21% of non users)	7 (21% of non users)

Table 17. Ineffective drug information/education

Nearly a quarter of non-using respondents (twenty four per cent n=67), mention patronising or preaching to be potentially ineffective.

4.11.6 Users and non users were asked what improvements to information/education they could suggest.

- 71% of those who reported *using* illicit drugs (n=51) answered this question
- 74% of those who reported *not using* illicit drugs (n=67) answered this question

Improvements	Non User	User
Better education in schools	12 (18%)	6 (17%)
More shock/danger	0	5 (14%)
Involvement of previous user	10 (15%)	0

Table 18. Improvements to drug education.

Five (seven per cent) of non-using respondents felt negative about being able to improve education/information interventions.

Both users and non-users indicated that schools were important and that drug education should be started at an earlier age and be more readily available. Similarly, among both users and non-users, a minority of the respondents felt that people would use drugs anyway, whatever was provided in the way of education. Some respondents indicated that it would be better to address that fact rather than expect people ‘not to do it’, and to advocate a harm reduction approach.

The respondents who had not used illicit drugs provided practical examples of how to improve drug education/information, including making lessons more fun, getting the help of famous people, getting younger people involved. Once again this group identified the role of previous users as being effective and which could be used to improve education/information. They did not specify in what way previous users could be involved in education/information approaches.

It is worth highlighting that the results of this research identify that once again, only those young people who reported *not using* illicit drugs felt that the involvement of previous drug users in drug education/prevention would be valuable. Those who *had used* illicit drugs did not identify this as an effective form of education/prevention.

4.12 Concerns about illicit drug use

4.12.1 Respondents who reported that they had used illicit drugs were asked if they had any concerns about their drug use

There were forty-seven (n=51) responses to this question.

There were three ‘tick box’ areas identified for respondents to indicate potential areas of concern and a space for additional comments.

Legal issues	Physical health	Mental health
26 (22%)	30 (25.4%)	29 (25%)

Table 19. Concerns about drug use.

(Fourteen per cent of respondents indicated they had no concerns.)

Responses to ‘other’ in this question included:

- ‘Money e.g. debt’
- ‘Finance’

- ‘Effect to others, society, family’
- ‘Addiction’
- ‘Not knowing what taken’
- ‘Effect on career’
- ‘Fear of being perceived as a criminal or waster’

4.12.2 Respondents who reported that they had used illicit drugs were asked what type of information they would like to address the concerns they identified.

Forty-seven (n=51) respondents who reported *using illicit drugs* answered this question.

Respondents were given 4 options: drug action, side effects, guide to safer drug use, and penalties associated with drug use. An additional space was left for other comments (some respondents ticked more than one box).

Effects/side effects	27 (57%)
Drug action	19 (40%)
Safer drug use	16 (34%)
Legal penalties	13 (28%)

Table 20. Information requested to address concerns.

Respondents identified that they would like information on the side effects of illicit drugs (this is consistent with the response given by those respondents who reported *using* illicit drugs, when asked to identify effective education/information approaches).

Responses to ‘other’ in this question included:

- ‘Long term effects - discourage peer pressure’
- ‘Need information to be fully aware’
- ‘Addiction – cannabis can lead to addiction of class A drugs’

4.12.3 Respondents who reported that they had used illicit drugs (n=51) were asked how they would like the information presented

Respondents were given four options: leaflet, poster, telephone help-line, independent drug information officer. An additional space was left for other comments (some respondents ticked more than one box).

Forty-seven (n=51) respondents who reported *using* illicit drugs answered this question.

Leaflet	26 (55%)
Poster	14 (30%)
Drug advisor	11 (23%)
Help-line	5 (13%)

Table 21. Form of information requested.

Where respondents identified more than one preferred mode of delivery, the most commonly named choices were poster and leaflets (nine =19%).

Responses to ‘other’ included:

- ‘Internet and NHS’
- ‘School education’
- ‘More videos and TV ads’
- ‘TV, clubs etc’

Having presented the results of the questionnaires completed by the university sample, the next stage of the thesis presents the findings of the questionnaires completed by the youth club cohort.

4.13 Results of stage one, part two: questionnaire youth club sample

4.13.1 Introduction to part two

This stage of the research involved the collection of data to achieve the aims of stage one of the research as set out at the start of this chapter. The youth club sample was selected to represent a contrast to the young people involved in the university study, both in geographical and socio-economic background. Therefore, when there were differences noted in key areas between the two samples responses, this is be identified. A discussion of the overall findings from both the university and youth club sample is presented following analysis of the youth club data.

Part two is presented in the following order:

1. Demographic characteristics of the sample
2. Findings and comparison of data from those who reported using, and not using illicit drugs in the youth club sample
3. 'Case studies'*
4. Discussion of findings from both groups: university and youth club sample.

*When reporting the university sample results, extracts from open-ended questions were given to illustrate the answers. These were frequently two or three word entries and easy to manage in this manner. However, some of youth club sample completed the questionnaires with much more detail than the university sample. They provided comments and illustrations that enriched the data and provided a 'story'. Some of this rich data would be lost if the data were not reproduced in a more complete form.

Therefore, rather than use the responses throughout the presentation of findings, some examples, or 'case studies' have been presented at the end of this section.

4.14 Demographic features of the whole sample

All the young people approached to complete the questionnaire agreed to participate. There were forty-seven respondents.

The age range of the sample was twelve to nineteen years with median age of sixteen and semi-interquartile range of two years. Twenty-four (51%) of the sample were male. Twenty-one (45%) of the sample were female (two (2%) of the sample did not indicate their sex).

Ethnicity of respondents

White	Black African	Asian	African-caribbean
26 (55%)	9 (19%)	8 (17%)	4 (9%)

Table 22. Ethnicity of respondents.

4.14.1 Incidence of drug using among the youth club sample (n=47)

- 26 (55%) respondents indicated that they *had used* illicit drugs
- 21 (45%) respondents indicated they had *not used* illicit drugs

4.15 Demographic data separated by those who had, and had not used illicit drugs

4.15.1 Age of those who reported using illicit drugs

The age range of respondents who reported *using* illicit drugs was 13-19 years, median 16 years of age. The youngest respondent who reported using illicit drugs was 13. Just over three quarters of the respondents who were using illicit drugs were between the ages of thirteen and seventeen.

4.15.2 Age of those who reported not using illicit drugs

The age range of respondents who reported *not using* illicit drugs was 12 to 19 years, with median 15 years. The variable of age showed no significant difference regarding use or non-use of illicit drugs. The median age of those who reported using illicit drugs was 16, compared to a median of 15 years among those who reported not using illicit drugs. This could suggest that potentially some of this group may go on to use illicit drugs over the next couple of years.

4.15.3 Sex of those respondents who reported using/not using illicit drugs

	Male	Female	
Users	14	10	(2 no data)
Non users	10	11	

Table 23. Sex of respondents using or not using illicit drugs.

The variable of sex showed no significant difference regarding use or non-use of illicit drugs.

4.15.4 Ethnicity of respondents who reported using/not using illicit drugs

	White	Black African	Asian	African-Caribbean
Users	15	5	4	2
Non users	11	4	4	2

Table 24. Ethnicity of respondents using or not using drugs.

The variable of ethnicity showed no significant difference regarding use or non-use of illicit drugs.

4.16 Information about illicit drug use among those who reported *using* illicit drugs

4.16.1 Frequency of illicit drugs use

All 26 respondents who reported *using* illicit drugs (n=47) answered this question.

The majority of young people who reported *using* illicit drugs, ten (38%), were using illicit drugs on a weekly basis, and five (19%) reported using drugs on a daily basis.

Weekly	Less than once a month	Daily	Monthly	More than once weekly
10	6	5	3	2

Table 25. Frequency of drug use.

4.16.2 Those who reported using illicit drugs (n=26) were asked if they could identify the reason why they would be most likely to use illicit drugs

All twenty six respondents who reported *using* illicit drugs answered this question.

Single responses have not been listed. The responses have been grouped into four headings.

Depressed/pissed off/stressed	Bored	School	Money
11	4	3	2

Table 26. Reason for drug use.

By far the most common reason cited for using illicit drugs was feeling depressed, pissed off or stressed, which accounted for forty two per cent of the responses. Money was cited by eight percent of the respondents. This could be interpreted to mean that a main factor for using illicit drugs was if they had the funds to purchase them.

4.16.3 Concerns about using illicit drugs

All twenty-six respondents who reported *using* illicit drugs answered this question. Thirteen (50%) of respondents simply wrote 'no' in response to this question. Five (19%) wrote either: yes, sometimes or a bit. Their responses were mainly related to how they felt having consumed illicit drugs.

4.17 Respondents who reported they had *not used* illicit drugs

4.17.1 Those who reported not using illicit drugs (n=21) were asked if they had been offered (but refused) illicit drugs

All twenty-one respondents who reported *not using* illicit drugs answered this question. Of those who reported not using illicit drugs, thirteen said they had been offered illegal drugs. Eight said they had not been offered an illegal drug.

4.17.2 Those who reported being offered but refusing illicit drugs (n=13), were asked if they could identify what drug they had been offered

All 13 of respondents who had been *offered, but refused* illicit drugs answered this question. Nine respondents identified that the first illicit drug they had been offered was cannabis. Two respondents wrote 'tablets/pills'. One respondent had been offered cocaine. One respondent said he did not know which illicit drug he had been offered.

4.17.3 Those who reported being offered, but refused illicit drugs (n=13) were asked at what age this occurred

All thirteen of respondents who had been *offered, but refused* illicit drugs answered this question. The majority of those young people who had been *offered (but refused)* illicit drugs reported being between the ages of twelve and fourteen years of age (when first offered).

4.17.4 *Those who had been offered (but refused) illicit drugs (n=13) were asked where they had been offered that drug*

Twelve respondents who had been *offered, but refused* illicit drugs answered this question. The majority of young people were first offered (but refused) illicit drugs were with friends (or in a friend's home) four indicated 'in the park' and two were offered drugs in the toilets (they did not identify the location of the toilets).

4.17.5 *Those who reported not using illicit drugs (n=21) were asked why they refused illicit drugs*

All twenty-one respondents who reported *not using* illicit drugs answered this question. Single responses have not been included below

Family	Religion	University	Baby	Not interested
6	3	3	3	2

Table 27. Reason for refusing illicit drugs.

The most common reason cited for not using illicit drugs was family (six).

This was partly due to parental pressure not to do so, but the example of a father dying of a heroin overdose was also given. Having a baby to care for was cited by three respondents (this was their own baby). 2 respondents identified that they were just not interested, or expressed fear in their responses.

4.17.6 *Those who reported not using illicit drugs (n=21) were asked if they had friends or family using illicit drugs.*

Nineteen of the potential twenty-one respondents who reported being *not using* illicit drugs answered this question. Thirteen (12%) of the non-drug using respondents identified that they did have friends or family who used illicit drugs, but this was not identified as a problem and was very much 'up to them'. This is an interesting finding when considering the literature on peer pressure presented earlier in the report. The responses given to this question would suggest that the influence of peers and family who use illicit drugs does not necessarily mean an individual will subsequently take illicit drugs themselves (a common assumption).

4.18 Health education/information

4.18.1 The whole sample (n=47) were asked if they could identify effective education information strategies

- 25 (n=26) respondents who reported *using* illicit drugs responded to this question.
- 17 (n=21) respondents who reported *not using* illicit drugs responded to this question.

Respondents frequently gave more than one response.

User	Youth worker	Ex drug user	Friends	Leaflets	Help-line
	14	8	6	3	3
Non user	9	6	5	4	2

Table 28. Effective drug information.

Three respondents who reported using illicit drugs commented that 'nothing' would be effective.

Both user and non-user groups indicate similar preferences.

4.18.2 Respondents were asked if they could identify ineffective education information strategies

	Police	School	Leaflets	Parents/ family
User	5	4	8	3
Non user	3	-	5	5

Table 29. Ineffective drug information.

The respondents who indicated that leaflets were ineffective were sometimes quite vocal about why, there were indications that this was related to poor literacy.

'Leaflet (can't read well no point)'

'Leaflets – 3 of my friends aren't good at reading anyway'

4.19 Occupation of respondents.

	School	College/6 th form	Pupil Referral Unit	Work	Baby to care for	'Nothing'
Users	4	4	4	3	-	2
Non users	7	2	1	4	2	

Table 30. Occupation of respondents.

The occupation among both user and non user respondents were similar (not all respondents completed this question). The main differences were that four young

people who reported *using* illicit drugs were attending the pupil referral unit whilst only one non-user had indicated this. Whilst two of the young people who report *not using* illicit drugs cited 'having a baby' as an occupation, no *users* indicated this.

4.20 Case examples

The following case examples have been reproduced more fully to capture the story that some of the respondents had to tell. Details that do not add to this narrative have been omitted (one word responses: yes/no for example). Where respondents have said they are at school, this frequently refers to the pupil referral unit. The use of upper and lower case and language has been reproduced as this was frequently used to show anger or other emotions. Not all the questionnaires were this detailed, therefore only a selection are reproduced.

It is interesting and important to note that throughout the responses presented by the youth club sample, participants have expressed their feelings regarding the concerns they have with alcohol. Participants expressed anger and identified that in their view alcohol is potentially more harmful than some illicit drugs. This is a theme that has emerged on the respondents' initiative among this group.

Case examples of those who reported using illicit drugs

Case 1. This respondent is male, white and 18 years old. He is just out of prison and currently unemployed. He uses drugs weekly. He wrote that at this time he is "doing nothing (this and that)". The respondent has drawn two faces on the questionnaire. One is a smiling face and the other is a perplexed face with a question mark and exclamation marks on the head.

Times more likely to use drugs

'Park – when dad goes off on one (hate listening to him shouting)'

Worries about drugs

'Probably smoke way too much. Brings me down sometime + makes me dozie but that's not so bad ...'

Unhelpful information

'Police/leaflet (cant read well no point)'

This example highlights that the young man is just out of prison and currently not employed. He refers to the relationship with his father as a cause for using drugs. He openly says he does not like leaflets because he cannot read well.

Case 2. This respondent is male, 18 ½ years old and White. He had written all over the questionnaire and this has been fully reproduced below. He was using drugs daily at one point from 7am onwards.

Times more likely to use drugs

‘EVERYDAY (WHEN I WAS YOUNGER)’

Worries about drugs

‘YES WHEN I WAS 15. I DID HAVE WORRIES BUT WERENT PREPARED TO DO ANYTHING ABOUT –WAS MAKING TOO MUCHMONEY AND SPENDING IT ALL ON TOO MUCH DRUGS’

‘WHAT HELPED ME? At the time I would only listen to a youth worker (or it was really that she just listened to me + did not tell me I was bad or mad. She helped me and let me talk. After that, the crowd I was in got more into drugs what happened WAS I GOT INTO LOADS OF CRIME AND WAS GOING A BIT MAD. I ENDED UP AT THE **** IT SORTS OUT DRINK +DRUG ADDICTS. I’VE GOT A JOB NOW AT POST OFFICE AND A LIFE BUT I HAVE TO AVOID CERTAIN AREAS COS I GET DRAWN BACK INTO THAT LIFE. I CAME BACK TO SEE THE YOUTH WORKER TODAY – TO SAY THANKS THAT’S WHY I’VE FILLED THIS FORM IN TODAY.

To be honest. Not a lot helped when I was really into drugs. It was up to me to face the shit. I did eventually and now I’m much better and clean’

This example was interesting. It was quite by chance that the young man was in the youth club on the day the questionnaires were being completed. He catalogues a background of drug use and crime that gradually escalated. However, following successful detoxification, he has now found employment and is making progress. He acknowledges that there is a risk of being drawn back into that lifestyle.

Case 3. This respondent is male, white and 19 years old. He is just out of prison. He uses drugs daily.

Times more likely to use drugs

‘DEPRESSED DESPERAT UNHAPPY TAKE THEM SO MUCH THAT ITS JUST A PART OF LIFE. TAKE THEM FOR USING THEM TOO’

Worries about drugs

‘NOT BOTHERED NOW – BUT IT ISNT ALWAYS GOOD WHEN I TAKE THEM’

Helpful information.

‘HELP-LINE must be free. Leaflets only if theres funny bits like Penut Pete stuff’

Unhelpful information

‘PARENTS GOING ON/SCHOOL HAVE NOT GOT A CLUE ABOUT DECENT HELP/ADVICE’

This example highlights another young man who is using illicit drugs and has been involved with the criminal justice system. He openly writes about being depressed and desperately unhappy when using illicit drugs. He likes the cartoon approach to leaflets, which may reflect poor literacy skills. He felt strongly that parents and school were ineffective in the provision of drug information.

Case 4. This respondent is female, white and 17 ½ years old. She is currently at college studying GNVQ in humanities. She uses drugs on a weekly basis.

Times more likely to use drugs

‘When I am depressed. My brother is in prison and it gets me low. And I’m not sure about what job to go into. When nothing else to do . Then it is something – it’s a laugh and it’s better than being depressed’

Worries about drugs

‘Yes, definitely. I’m using more than I should. I do talk to the youth workers about it but its hard cause my friends are all well into it’

Unhelpful information

‘Leaflets – 3 of my friends aren’t good at reading anyway Govament talking rubbish on the tele when the really big problem is drink and that. Much more scarey – people loose it’

This example highlights yet another young person who cites being depressed and boredom as a cause for drug consumption. There are also family problems which have an effect on the well being of this respondent. She also highlights poor literacy among her peer group.

Case 5. This respondent is female, white and 18 years old. She is currently at college studying computers. She uses drugs more than once weekly.

Times more likely to use drugs

‘FOR A LAUGH’

Worries about drugs

‘NO FOR PUFF (BUT SMOKING TOO MUCH COKE NOW)’

Helpful information.

‘EX DRUG USER – TALK MORE ABOUT ALCOHOL TOO – ALCOHOL AND KIDS- THAT’S WELL COMMON (AND ALSO ITS BAD FOR FIGHTS AND MAKES ARSEHOLES OUT OF PEOPLE’

This respondent expresses the view that she has no concerns about the use of 'puff' (cannabis), but that her use of cocaine is a worry.

Case 6. This respondent is male, white and 14 years old. He is at school. He uses drug less than once a month.

Times more likely to use drugs

'To relax + forget+ to chill'

Worries about drugs

'No'

Unhelpful information

'My MUM GOIN ON WHEN SHE ALWAYS PISSED'

This example identifies that this respondent has a parent who would appear to have alcohol problems.

Case 7. This respondent is male, Asian and 14 years old. He is at school. He uses drugs weekly.

Times more likely to use drugs

'WHEN BORED OR WE ALL GET TOGETHER AT SOMEONES HOUSE ALSO SOMETIME WHEN IM NOT FEELING TOO HAPPY -STRESSED OUT AND THAT'

Helpful information.

'YOUTH WORKERS DON'T TELL YOU OFF OR JUDGE BUT ALSO EX USER MIGHT BE INTERESTING. BUT MY BROTHER COULD GIVE ME THAT TALK ANYWAY!'

Unhelpful information

'*TELLING ME WHAT IS RIGHT AND WRONG! (LET ME THINK IT OUT FOR MYSELF) ALSO PEOPLE WHO SAY 'ALL DRUGS ARE BAD' YOUTH WORKERS SAY LIKE EVERYTHING HAS RISKS-THAT'S MORE USEFUL TO ME'

This example shows that boredom, unhappiness and stress are key to drug consumption. The respondent provides a clear answer about what he finds helpful and not helpful information about drugs.

Case 8. This respondent is male, and describes himself as Welsh Irish, he is 15 years old and uses drugs daily. He is studying literacy and numeracy in the unit (Pupil Referral Unit).

Times more likely to use drugs

'Park or back of shops WHEN WANT TO PUT THINGS OUTA MIND'

Worries about drugs

'No but worry about my brother'

Unhelpful information

'POLICE TALK ALL ABOUT THE LAW'

This example highlights that this respondent uses drugs to keep his mind off things. He does not express worries about his drug use, but expresses concern for his brother. This may suggest that his brother is more heavily into drug use.

Case 9. This respondent is male, White and 17 years old. He is out of work. He uses drugs weekly.

Times more likely to use drugs

‘Pissed off or what a laugh (or have the cash)’

Worries about drugs

‘Never thought about it. No I guess. Some people I know are fucked but I don’t reckon I am’

This example was included as it highlights that some of the young people who were using drugs did not associate their drug use a problem, although they could identify it as such in others.

Case examples of those who reported not using illicit drugs

Case 1. This respondent is a 19 year old, White, male. He wrote ‘computers’ when asked if he was at school, college or work. He had been offered puff when he was 12 years old. He wrote on the questionnaire that he preferred drink. His family use drugs.

Where were you when offered drug

‘Home-relative’

Why not using

‘Must be joking – he’ s an arsehole’

This example identifies that although family members are drug users the respondent has chosen not to use illicit drugs himself. The response shows a sense of humour regarding the participant being offered drugs by a relative.

Case 2. This respondent is a 16 year old, White, female who has a baby. She was offered cannabis when she was 12 years old. The respondent has friends and family who use drugs.

Where offered

‘PARK’

Why not using

‘DAD DIED OF DRUGS O.D. heroin and I’ve got a baby now anyway’

This example shows a tragic insight to a traumatic event in this respondent’s life linked to drug use.

Case 3. This respondent is a 14 year old, White, female who is attending school. She has never been offered drugs. She has no family or friends who use drugs.

Why not using

‘Drugs can be a terrible thing – really dangerous and mess up our life. I want to go to university’

This example has been included as it shows that this respondent acknowledges the harm that illicit drugs can cause. It also shows that this young person has aspirations to achieve and go to higher education.

Case 4. This respondent is a 17 year old, White Irish, female, she is currently out of work and not studying. She has never been offered drugs. Her friends do not use drugs but she has family members who do.

Why not using drugs

‘Want to get on with my life and A levels. Seen what it can do especially to my uncle and that’

As with the example above, this respondent expresses a desire to get on in life. She has also had personal experience of the harm drugs can create to a family member.

Case 5. This respondent is a 14 year old, male, Black Caribbean who is attending the pupil referral unit. He has been offered coke. His family and friends use drugs.

Where offered

‘Back of toilets in park’

Why not using

‘Relative is addict and fucked up (+ don’t want to be like that)’

Helpful information

‘Nothing really’

This example provides more evidence that personal experience of the harm that has been caused by drug use has prevented the respondent from using illicit drugs.

Case 6. This respondent is a 17 year old, Black British, male. He is attending college. He was offered a spliff when he was 12 ½. There is a picture of a smiling face at the top of the questionnaire.

Where offered drugs

‘Friends house’

Why not using

‘Because of my running – sports’

He has friends who use drugs and he has added the comment:

‘But that’s up to them’

Unhelpful information

‘Police. People telling you off like the government’

This example highlights that for this respondent, having a sporting hobby has prevented him using illicit drugs. Judgmental information was cited as being unhelpful as were the police.

4.20.1 Discussion of case studies

The case studies provide more than simply information about the respondent's drug use (or non use). They suggest that the life chances of many of these young people have been impeded by the circumstances they find themselves in. They provide a valuable insight into the lives of the respondents. Many of these young people have been excluded from school. Some of the young people themselves acknowledge their poor literacy skills. Some have been to prison or have been involved with the criminal justice system. There are examples given of family disharmony and drug and alcohol use among family members. Not all the respondents report using illicit drugs, however those that do, talk of using drugs because they are depressed, bored and unhappy.

There are striking differences between the two samples. Those in the university sample who reported using illicit drugs were doing so at an older age, and less frequently. They cited motivational reasons such as, fun and having a good time. Their drug use could be described as 'recreational'.

The findings of the research thus far, suggest that there could be certain negative life circumstances, which increase the likelihood of a move towards more frequent and possibly problematic drug use. Arguably, the more of these circumstances that have a negative impact on a young person, the more risk there is of them moving toward drug misuse. Clearly there are reasons why some of these young people from the youth club sample, who describe similar backgrounds, have chosen not to use drugs. These issues will be explored more fully during the final discussion at the end of the chapter.

4.21 Findings of importance and new evidence

Important findings which have emerged following analysis of the data from both samples are summarised below, before the general discussion.

Analysis of the data revealed:

1. Cross tabulation of data showed that those aged under eighteen were more likely to be motivated to use illicit drugs by curiosity. The data suggests that those aged nineteen to twenty one years of age were more likely than other age groups to be motivated by peer pressure/friends/being sociable.
2. Over half the sample who had used illicit drugs had not progressed to further drug use. Thus contrary to some evidence, these samples suggest that initial experimentation does not necessarily lead to further drug use.
3. When the results of those who *had* and *had not* used illicit drugs, and who had received drug education were cross tabulated, the findings were consistent with the theory that drug education makes little difference to the likelihood of using drugs.
4. When asked about effective forms of drug education/information, only those who had *not used* drugs mentioned or valued the role of an ex drug user.
5. The youth club sample who reported using illicit drugs were doing so at a much younger age than the university sample.
6. Regarding the frequency of drug use, there was a considerable difference between the youth club sample of illicit drug users and the university sample of illicit drug users. The majority of the youth club sample used illicit drugs on a weekly basis (38%) while a further 19.2% used drugs on daily basis. This is in complete contrast to the university sample for whom the majority (76%) used illicit drugs less than once a month.
7. When asked about reasons for drug use there was once again a marked and very important difference between the university and youth club sample. The answers given by the youth club sample reflect motivational reasons such as depression, boredom and stress, whilst the university respondents cited reasons such as fun, entertainment, and being social.
8. Both the university and the youth club sample were asked if they had any concerns about their use of illicit drugs. While nearly all the university sample

identified a range of concerns, among the youth club sample half the respondents simply wrote 'no'. The university questionnaire differed from the youth club format in that it gave three options for the respondent to tick (as well as a space for their response), arguably, this may have acted as a cue and provoked a greater response

9. When respondents from both samples were asked if they had been offered (but refused) illicit drugs, once again there was a considerable difference in the results from the youth club sample compared to the university sample. While nearly three-quarters of the youth club sample had been offered illicit drugs, just a little over a half of the university sample had been offered illicit drugs.
10. The reasons for not using illicit drugs among the youth club sample had some similarities to the responses given by the university sample. 'Not interested' and 'fear of the effects' of illicit drug use were commonly used reasons cited by both samples.
11. When asked about effective drug education/information both users and non-users among the youth club felt that an ex drug user might be effective. This result is in contrast to the findings from the university sample where only those who reported not using illicit drugs felt that an ex drug user may be effective.
12. When asked about ineffective forms of drug education/information, there were marked differences in the responses given by the youth club sample compared to the university sample. The youth club respondents identified the police as ineffective in the provision of education/information and also mentioned parents and family as ineffective. These responses were not mentioned by any of the university sample. As the youth club sample was slightly younger as a group, they may have been more recently exposed to school education that involved the police.
13. The youth club sample was very vocal about their concerns about alcohol use. It would appear that many of this group has been exposed to family members who have alcohol problems. It is possible that this has had the effect of 'normalising' drug use, as non-alcohol drugs may seem to be safer and cause less harm.

4.22 Discussion of findings from both groups (University and Youth Club)

4.22.1 Numbers of users/non users

Of the forty-seven respondents in the youth club sample, twenty-six (55%) indicated that they had used illicit drugs while twenty-one (45%) indicated that they had not done so. This is compared to the university sample of fifty-one (43%) who had used illicit drugs and sixty-seven (57%) who had not done so. Thus there was a higher reported use of illicit drugs among the youth club sample. The youth club sample was however of a smaller size and therefore the percentages need to be treated with caution.

4.22.2 Age of first use of illicit drugs

The median age of those using illicit drugs in the youth club sample was sixteen years of age. While among the university sample who reported using illicit drugs, the median age of first use was nineteen years. Thus age of first use was at a younger age among the youth club sample. Current evidence suggests that illegal drug use peaks among the sixteen to twenty four year olds, but experimentation starts significantly from thirteen to fourteen years of age (*Tackling Drugs To Build a better Britain. First Annual Report*. TSO 1999). The literature review found that the age of first drug use is getting younger, drug experimentation is spreading and the use of heroin and cocaine use may be increasing. Importantly, the youth club sample was exposed to illicit substances at an earlier age than the university group. Swadi (1989) asserts that early involvement in drugs use is more likely to be dangerous than late involvement. This finding has implications for the targeting of drug education, particularly among more vulnerable groups.

4.22.3 Ethnicity/gender

Clearly the youth club sample was more ethnically diverse and this is reflected in the characteristics of the sample group. There was no significant difference in relation to ethnicity between the group of users and non-users from the youth club group however. The influence of ethnicity on illicit drug use has been identified as under researched. However, information from the 1996 British Crime Survey (cited Home Office 1998) shows that drug misuse is not confined to any one group.

While among the university sample there was a bias towards female participants making it is hard to compare differences in drug use by sex, the youth club respondents provided a clearer picture. The results showed that 14 male and 11 female respondents (from a total of twenty four male and twenty one female respondents) had used illicit drugs. Parker and Measham (1994) observe that changes have occurred regarding young women and drug use and that they were equally likely to have been offered and tried illicit drugs as were young men. Hinchliff (2000) identifies that increasingly, young women are using drugs in the same ways that men use drugs. The results of these studies support the findings of this research, however the sample is small.

4.22.4 Where first used

Both groups identified a variety of venues that they had first been offered or used drugs including for example, at a friend, at a party, at school. 'School' had been cited by respondents from the university and youth club sample. This would increasingly seem to be an area of concern. Similarly Wright and Pearl (1995) in a longitudinal study among three Wolverhampton secondary schools representing three different socio-economic groups, asked respondents 'where were they first offered drugs'. The authors asserted that it was a matter of concern that among those who had been offered drugs 'school' had become significantly more common. The results reported here support the findings of Wright et al.

4.22.5 Frequency of drug use

Seventy six per cent of the university sample reported using drugs less than once a month and only fourteen percent of that group responded that they used drugs on a weekly basis. Among the youth club sample, thirty eight per cent reported that they used drugs on a weekly basis and nineteen per cent reported using drugs on a daily basis. This is an important finding in that the more youth club sample were using drugs much more frequently. Powis et al (1998) assert that drug use among vulnerable groups is frequently much higher and involves a greater variety of drug and the research reported here seems to confirm this.

4.22.6 Reasons for drug use

The most common reason for first drug use among the university population was curiosity, and fun and enjoyment were the most common reasons for subsequent drug use. Only two respondents of the university sample used the word 'stressed' as a reason for illicit drug use. The most common reasons given by the youth club sample were on the other hand, depressed/pissed off/stressed, accounting for forty two per cent of responses.

Thus there appears to be an important difference between the two groups in the motivation for illicit drug use. While for the university sample the picture in the main was one of 'recreational' drug use and to enhance a good time, a large proportion (42%) of the youth club sample indicated that they were using drugs because they were generally unhappy, bored or depressed; that is, as a panacea against the problems they identified.

While previous research has identified that young people take drugs for a variety of reasons (Galt 1997) including boredom, to feel good, to relieve stress, such a clear distinction between the two groups regarding motivation for drug use was an extremely important finding to emerge from this research. Over the past decade the most commonly cited reason by young people for using drugs has been "for kicks, for fun, to feel good", this shows that young people were aware that drugs can have pleasurable effects (Wright and Pearl 1995), a point frequently ignored by educationalists. Later research carried out by the same authors (Wright and Pearl 2000) found that "to escape problems" as a reason for using drugs increased significantly. The population used by Wright and Pearl for this longitudinal study was three Wolverhampton secondary schools representing three different socio-economic groups. Unfortunately, although the increase was noted among respondents of drug use 'to escape problems', the socio-economic background of those who cited that as a reason was not specified making it difficult to draw any comparisons. The findings reported here provide new insight to help fill this gap in knowledge and this is enhanced by having the subjective views of the young people themselves.

4.22.7 Reasons for not using drugs

The university sample who had not used illicit drugs cited fear and loss of control and lack of interest as their main reasons for not using drugs. 28.5% of the youth club group cited 'family' as a reason for not using drugs. This could be because the majority of the university sample were living away from home and were generally older, thus further away from family influence. However, the next most cited reasons given by the youth club sample for not using drugs were 'just not interested' and 'fear'. There were clear similarities among the reasons for abstinence between the two groups.

University sample:	Youth club sample:
Fear/loss of control/danger	Scared
Not interested	Don't want to/not interested
Morally wrong/religion	Religion
Seen/aware of risks	Seen results of abuse to others
Health risks	
No peer pressure	Friends not into it
Education	Wanting to go to university
Illegal	

Table 31. Comparison of sample reasons for not using illicit drugs.

Other reasons included by the youth club sample for not using illicit drugs included: other interests/sports, family and having a baby

These results are supported by the findings of research in this field. Fountain et al (1999) published the results of research carried out among one hundred young people to assess the impact of a variety of factors on young people's drug using behaviour. The focus of the research was on those who had not used illicit drugs. Among the most commonly cited reasons in the research (by Fountain et al) were:

- Fear of effects
- Seen the effect on others
- Because their friends did not use it
- Not interested

The role of religion and education on non-participation in illicit drug use were identified by both groups in the research reported here, but were not identified by respondents in the research by Fountain et al (1999). However, religion and education are among the factors identified by Jessor and Jessor (1977) as factors that influence adolescent drug consumption, with high religiosity and educational achievement being positive factors for preventing drug use. Similarly, Mullen (1993) and Allen (1991) suggest that for some young people religiosity can make a positive impact to reject using illicit drugs and also that many people have found support for a life without drugs through their faith.

The university sample introduced the concept of morality and legality in their responses, which the youth club sample did not. Jessor and Jessor (1977) explore this area in a longitudinal study looking at adolescent problem behaviour. They found that young people who expressed and valued such beliefs were less likely to become involved with problem behaviour including drug misuse.

4.22.8 Concerns about drug use (health and other)

Forty-seven of the potential fifty one respondents from the university sample who had used illicit drugs stated that they had concerns about mental, physical or legal aspects related to their drug use. This result is unusual in that most research has indicated that young people do not see their drug use as causing any life problems and do not consider themselves at any risk of physical or mental harm (Hinchliff 2000, Fraser et al 1991, Ward 1998). It is also of interest as the results of the university sample were in direct contrast to the responses given by the youth club participants.

Of the youth club sample fifty per cent of respondents simply said 'no' when asked if they had any worries about their drug use. Hinchliff (2000) found that neither loss of self-control nor health concerns prevented initial and subsequent use of drugs. Ward (1998) observes in a study among vulnerable young people that substance use was not considered by the young people themselves to be problematic. Nineteen per cent of respondents indicated that they did have some concerns, mainly related to how it made them feel (ill the next day etc). Galt (1997) in a study involving two hundred and seventy four young participants, found that many of the respondents felt that the

risks associated with drug use were acceptable, particularly the 'softer' drugs, such as cannabis.

Although the drug users among the youth club sample were using drugs much more frequently than the university group, the results suggest that they were less concerned about potential harmful outcomes that may result. Also, when there was concern expressed, it was about the here and now (how it made them feel). Whereas for the university group broader issues were identified, the effect it would have on a career, the effect on others, society, family, fear of being perceived as a 'waster' (someone who is not motivated to do anything and so wasting time). These findings provide new knowledge to help increase our understanding of the varied needs of different groups of drug users and can help in the development of targeted drug information and education.

4.22.9 Family/friends who are users

Fifty nine per cent of the university sample who did not use drugs indicated that they had friends who were using drugs, while sixty two per cent of the youth club sample group acknowledged that they had friends that used illicit drugs, although they themselves did not. Galt (1997) asserts that many young people have friends or family members who use illicit drugs. The findings of this research support those by Galt and this raises further questions. There are similarities between the two groups in this research in that there were people in both groups (university and youth club) who were exposed to drug use among their peer group and yet were not influenced by this issue. This does raise questions about the role and nature of peers and pressure in relation to drug use. The results of this research offer new insights to broaden our understanding of the role of peers in decision making about risk behaviour. The accounts also highlight that peer influence is not the simple one-way process that is sometimes assumed.

4.22.10 Effective approaches

The university sample as a whole strongly favoured the 'shock horror' approach. They wanted to know the effects of drugs and felt that the message should be 'shocking' and 'really hit home'. They wanted information about drugs and their effects that would explain the dangers but also give all the information (positive and

negative). Leaflets were the most popular means identified as providing that information, followed (in order of greater response) by posters, independent drug advisor and telephone help-line. Previous drug users were only cited by those university respondents who reported *not using* illicit drugs.

Among the youth club sample a considerable number of respondents identified that a youth worker was the favoured provider of health education/information. The youth worker was seen to be a confidante, non judgmental and trustworthy. This was followed in popularity by the use of an ex drug user. Unlike the university sample, both user and non-users felt this to be an effective approach. Friends, leaflets and help-line received similar results. However an interesting finding was that the youth club sample added their own comments to the sheet for this question and 11.5% wrote 'nothing' (would help).

4.22.11 Ineffective approaches

The university sample expressed the view that ineffective approaches included those that were patronising, preaching, or judgemental in style. They also felt that approaches that did not give a balanced view were unhelpful; the message needed to be objective. Lectures and dictatorial approaches were also criticised. Aveyard (1999) in a study involving university students and exploring information strategies observes that students requested information that was factual, realistic and evidence based. It was further noted that there should be no 'preaching, patronizing or condemnation'. Thus the findings support those of this research.

Among the youth club sample leaflets and posters were identified as the most ineffective approach in delivering drug education messages. The youth club respondents identified the problem themselves: many of them could not read well, so what was the point? There were considerable literacy problems among this group (discussed again at the end of this chapter), which means this is perhaps not a surprising response. School interventions were seen as "boring". It was identified in the responses that frequently the singular term, school *lesson*, were used, suggesting a stand-alone lecture or session, not part of an on-going programme.

Roker and Coleman (1997), in a sample of two thousand one hundred young people aged between eleven and sixteen years which explored their views on drug education,

found similar results. The participants were selected from secondary schools in Surrey. No details are given of how the schools/participants were selected. The research involved two stages, a questionnaire survey and individual interviews with a sub sample. The authors acknowledge that the majority of the sample were in the Registrar General classes two, three and four, and thus were slightly skewed towards groups of a higher social and economic class. Among the results, it was found that the most common drug education the sample had received was in a lesson. Not only were the young people critical of the content, delivery and format of the lessons, but the sessions were found to be infrequent, with the majority having their last lesson over a year previously.

A number of the university respondents called for drug education to start earlier in the school curriculum. Swadi (1989) would support this argument citing evidence that drug education in late adolescence can be fruitless. This is even more pertinent following the results presented here that have identified that many of the youth club sample were using drugs at a very young age.

A concern was that fifty per cent of the drug using respondents simply said 'no' when asked if they had any worries about their use of illicit drugs. Ward (1998) observes in a study of vulnerable young people, that illicit drug use was not considered by the young people themselves to be problematic. Among the sample, those that did acknowledge any concerns regarding their drug use identified that this mainly related to how it made them feel and to the amount that they used.

For both the users and non-using respondents, a youth worker was cited as the favoured provider of health education/information in the area of illicit drug use. This was almost certainly due to the personal characteristics of workers that were attached to the youth club. There appeared to be a relaxed and open relationship between the youth workers and club attendees. There were no formal drug education sessions, rather open discussion of issues that were raised by members. The youth workers adopted a harm minimization approach with the young people when discussing issues of illicit drug use. This approach by youth workers is supported by the findings of Ward and Rhodes (2001), who warn of 'learning fatigue' caused by too much negative emphasis within formal drug education. The authors also observe the

benefits of facilities where young people can drop in and develop relationships where drugs and drug use can be comfortably discussed. Following the choice of youth worker, an ex drug user was the most commonly cited choice. Ex drug users were recognised as presenting credible information on issues of drug use. These findings are supported by those of Roker and Coleman (1997). Perhaps worryingly, some young people in the present author's research simply wrote that 'nothing' would help.

Leaflets were generally poorly evaluated, although there was a more positive response from the non-using respondents. As noted there were literacy problems among the youth club group and so this is perhaps not a surprising result. Furthermore, Aveyard (1999) observes that there are problems with the use of leaflets containing information relating to illicit drug use, commenting that young people simply will not pick them up. One reason for this was thought to be relating to stigma, with young people reporting that if they were seen reading leaflets, people might judge them negatively.

Parents were also criticised for 'always going on' and sometimes for giving advice when the parent themselves was engaged in substance misuse. Among the non-using participants, parents were cited as a reason for not using illicit drugs. In some cases this was because the young person did not wish to let their parents down. A finding of some interest was the number of young people who related that they would not use illicit drugs having witnessed the effects of drugs on other family members. Having family members who use illicit drugs is commonly thought to present an increased risk to young people engaging in drug use themselves (HAS 1999). However, the research reported here suggests that family involvement in substance misuse may actually serve to dissuade the young person from engaging in illicit drug use in some instances. However this situation may change at a later stage in their life.

Many of the youth club respondents had openly talked about their poor levels of literacy. Some were attending or had been referred to the pupil referral service, others had been in trouble with the police or had been imprisoned. Goulden and Sondhi (2001) identify that young people excluded from school and in contact with the criminal justice system are more likely to be engaged in drug misuse.

Educational achievement and aspiration appeared to be lacking. However, among those not using illicit drugs, the desire to go to university or further education was cited as a reason for not using illicit substances. The testimony from the young man who had been to drug detoxification and rehabilitation, and who had subsequently found work and a positive role in life, is perhaps an example of the success of measures to increase the aspirations of these young people (see second case study). The role of the youth worker had apparently been pivotal to the success of this young man's story. She listened to him and did not tell him 'he was mad or bad'. Ward and Rhodes (2001) comment that where traditional drug agencies expect to begin with an instant admission of a drug problem, youth workers generally agree they needed to deal first with other life problems that have a direct influence on drug using behaviour.

Perri 6 et al (1997) observe that for many young people changes in patterns of drug use are frequently related to a desire for a change in lifestyle, getting a job, preparing for exams or having children. Those findings are supported by the evidence presented by the non-drug using respondents involved in this study. Perri 6 et al (1997) also comment that problem users are generally more isolated than non-problematic drug users and frequently have a less confident and more fatalistic outlook than their non-problematic drug using peers. However it is difficult to ascertain cause and effect in these areas.

4.23 Summary

Stage one of the research has involved the use of a self-report questionnaire to explore motivational factors and patterns of drug use between two groups of young people. Data were also generated regarding what health education and prevention approaches these young people perceived to be effective and not effective.

Following analysis of the data from both groups, the hypothesis of a type 'A' and type 'B' drug user (discussed page 46/7), though simplistic, would appear to have some foundation. However, this would appear to be less to do with personality and more to do with life circumstances or chances. Many of the university sample cited 'fun' as a reason for using illicit drugs. For some of this group using illicit drugs was

considered a 'normal' part of their social life; to have a 'bit of fun', whilst not interfering with their work/study. By contrast, the youth club sample, which was from an area of social and economic deprivation, were to a great extent using drugs to combat boredom and depression. There is a paucity of similar empirical evidence on this subject. Furthermore, according to their self-reports, this sample's drug use was markedly more frequent than that of the university sample. However, despite these pressures, many of those young people from disadvantaged backgrounds had made the decision not to use illicit drugs.

The youth club group who used illicit drugs also voiced less concern about potential health risks involved with drug use when compared to the university group.

Respondents identified the pivotal role of a youth worker in helping to meet the health needs of the youth club sample in relation to drug use. A personal involvement seemed key to the success of this approach.

Lerner (1998) cites the work of several respected authors who collectively postulate that the life chances of many young people are squandered by school failure, underachievement and dropout, crime and challenges to health - and the subsequent feelings of despair and hopelessness that pervades the life of these young people whose parents have lived in poverty and who see themselves as having little chance to do better, to be offered opportunity, achievement and societal respect. The link between these factors and substance misuse is noted. Pritchard and Cox (1990) assert that young people from disadvantaged backgrounds who engage in drug misuse demonstrate a degree of personal and social dissatisfaction with their situation.

When considering the data collected from the youth club sample, and in particular the case studies, a glimpse is provided of many of the characteristics outlined by Lerner (1998). Many respondents were from 'difficult' backgrounds; they reported family disharmony. Many were attending the pupil referral unit having been excluded from school. Some reported having already been detained by the criminal justice system.

Clearly the distinction of type 'A' and 'B' drug users requires much deeper analysis. This research will now report data which may go some way to providing some of the

missing pieces of the complex puzzle which surrounds drug use and misuse. In the discussion following the case studies, it was proposed that the data suggested that there could be certain negative life circumstances, which increase the likelihood of a move towards more frequent and possibly problematic drug use/misuse.

One way of conceptualising this would be to think of a 'continuum of vulnerability' to drug use or misuse. The continuum being used to plot the path from the person at one end who may be abstinent, or uses drugs purely for recreational purposes in a controlled manner, to the person at the other end of the continuum who uses drugs more frequently and in a chaotic pattern, as a means of escape from an oppressive environment. The position an individual is placed on this continuum may be heavily influenced by their life circumstances.

However the conceptualisation of a continuum of vulnerability to drug use leaves some 'fuzzy' areas unanswered. The divide between abstinence and non-problematic drug use at one end of a continuum, and problematic drug use at the other, cannot be defined solely by young people who meet the characteristics identified by Lerner (1998). Clearly there are young people who come from homes of high (or adequate) income, who have access to good schooling and the potential to lead fulfilling lives, who for some reason become involved in problematic drug use. Also, not all young people who come from areas of social and economic deprivation will engage in drug use or misuse, as this research identifies. As Blackman (1996) argues, many theories proposed to answer this problem remain inadequate and unproven. While it would be unrealistic to expect that this research will provide all the answers to such a complex problem, this thesis will seek to put forward a stronger argument than a type A or type B user and, using the research evidence, present some theoretical evidence for a continuum of vulnerability from abstinence, or non problematic drug use, to drug misuse.

Continuum of vulnerability

Not/less vulnerable to problematic drug use --- -----most vulnerable to drug misuse.

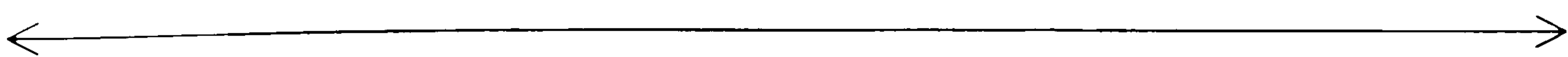


Fig 4: A continuum of vulnerability to drug misuse

Implications for health promotion

While there were some similarities between the two groups when exploring the perceived efficacy of different education approaches and interventions, there were also some important differences between the two groups. The results suggest that the two groups have different needs in relation to their drug use and therefore different health promotion approaches and strategies may need to be considered to meet the needs of different groups.

Following the collection and analysis of data from stage one of the research, it is evident that the use of illicit drugs is a common activity for many of the respondents from both samples. It is also evident that the reasons young people choose to use illicit drugs varies depending on individual circumstances. For many of the young people in the university sample, drug use was seen as a recreational activity, adding a little fun into life. On the other hand, the use of illicit drugs among the young people attending the youth club was more likely to be the result of feelings of despair and low self esteem, a temporary escape. The context of these young people's drug use contributed greatly to the despair that was expressed by respondents. Many lacked aspiration, came from troubled family backgrounds and had personal experience of alcohol misuse among their parents.

Stage two of the research involved the facilitation of focus groups selected to represent young people at different stages of the continuum, to explore the extent that these might be determined by socio-economic backgrounds and to explore different attitudes, experiences and values among the different groups. The focus groups were also used to obtain further, more detailed information regarding the issues that became apparent during stage one of the research.

In order to obtain information that would provide firmer evidence on which to base future drug information/education strategies, it was crucial to gain a better understanding regarding the varied needs of different groups of young people who are the recipients of such strategies.

Chapter Five. Results (stage two): focus groups and interviews with professionals

5.0 Presentation of chapter

The data for this chapter are presented as follows:

Firstly, this chapter presents the analysis of focus group data. Supporting information taken from field notes at the time of the groups is given where appropriate and some commentary is given on the findings. Secondly, there is a discussion of the findings. Data from stage one and two of the research are explored and compared during the discussion stage of this chapter. Similarly, the data from the interviews with professionals are introduced at the discussion stage of this chapter. The transcripts/extracts from the interviews with the professionals served as a third source of data collection, supporting the findings of the research carried out thus far. This enabled a triangulation of methods that enrich and strengthen the findings of the thesis. Thirdly, there is a critique of this stage of the research.

The focus group data is presented in grouped, thematic dialogue. The various groups are identified as:

- UNI – University
- SCA – School group A
- SCB – School group B
- YC – Youth Club
- YOA – Young Offender group A
- YO – Young Offender B
- PRS – Pupil Referral Service

Composition of focus groups and interviews with professionals

Sample location	Male	Female	Age range	Professional interviewed
UNI	1	7	19-23	
SCA	0	7	13-16	✓
SCB	3	2	14-15	✓
YC	6	2	12-15	✓
PRU	5	1	14-16	✓
YOA	6	0	14-17	✓
YO*	1	0	17	✓

Table 32: Table of focus groups.

**This was the focus group which only one participant arrived. As such, it should be considered an interview*

Total: 41 young people aged between 12-23 years of age = 19 female and 22 male participants

Topic guide

The topic guide (presented in the methodology chapter) was used as a prompt to try and cover the same key areas between groups. It reflected the themes from stage one on the research. However the term 'guide' was accurate, as I did not want the natural responses and flow of discussion among the groups to be lost. This is an issue explored by Maykut and Moorhouse (1994), who observe that the skilled researcher will discover what is important to participants, within the broad boundaries of the topic guide. Also, group dynamics within the different groups made the following of a rigid format challenging.

The following themes emerged following analysis of the focus group data:

1. Extent of drug use;
2. Age of first drug use;
3. Reasons for drug use;
4. Substances being used;
5. Context of drug use;
6. Availability of drugs/dealers;
7. Peer pressure;
8. Issues of health education approaches/strategies;
9. School issues and drug education;
10. Influence of parents;
11. Experiences and worries about drug use;
12. Helpful interventions to meet the needs of young people in relation to drug use.

5.1 Stage two: phase 1. Results of focus groups

The quotes that have been presented reflect the views of different group members (i.e. it is not necessarily the same group member speaking).

5.1.1 Theme 1. Extent of drug use

A starting point for the university focus group was a reference to the results of the questionnaire, where I indicated that just under half of the respondents (university) said they had used illicit drugs. This caused an immediate division among the group. There were those that thought this was an underestimate, with one participant saying “they lie” and those that thought this was an overestimate.

“I would have thought more than half” (UNI)

“I’m the opposite, I would have thought less than. I don’t see it. It’s not something you see people doing in the library. In the circles I move in I’ve not been aware...” (UNI)

However the debate seemed to be about *what* illicit drug was being referred to, rather than being a real disagreement regarding numbers of users, as became apparent as the discussion progressed:

“Illicit drugs, if you mean heroin, cocaine, no, but cannabis, I would say way more than half would smoke cannabis, totally. Cocaine, heroin, whatever, I’d say was way less than that.” (UNI)

A general agreement was reached regarding the matter, about half of the university students were thought to be using cannabis, while for harder drugs the estimate was thought to be far less than 50%. The interesting point was the distinction being made between cannabis and other illicit drugs. Cannabis, it seems was not even thought of as an illegal substance to many of the group and was talked of with the same ease as tobacco and alcohol.

The school A focus group talked about how common illicit drug use was among their peer group. They generally agreed that it was widespread among their friends.

“Everyone knows somebody or you know a sister’s friend, a friend of a friend, or just a friend that’s experimented with drugs or alcohol.” (SCA)

As with the university group, cannabis seemed to be the primary illicit drug in question. Reference was also drawn to the fact that for those who did use drugs, a

common link was mixing with older friends. It was suggested this was because of their drug use rather than being a cause of their drug use.

“Quite a few people smoke cannabis, one group in year nine that have different friends out of school. Quite a lot of them have friends that are older because of what they do. I think they do it in school sometimes, but not as much as they used to because they’ve been getting found out.” (SCA)

The last comment drew nodding from many of the group who knew, or knew of, someone who had used illegal substances in school. School B similarly reported the same sort of response regarding the level of drug use among their peer group. There was agreement among the group (nodding/saying yes) when one of the members said that there was widespread use of cannabis and other drugs among the school population.

“Because many people I know do a lot of cannabis as well as taking like class A drugs as well. I think they start off with cannabis and obviously they say cannabis is addictive and they think oh I can handle this much, I can handle you know...” (SCB)

The participant also alludes to the fact that, for some, cannabis would seem to be the starting point for a more varied drug career.

5.1.2 Theme 2. Age of first drug use

Although not all the focus groups developed the issue of availability/extent of illicit drug use, all groups other than the university group developed the issue of first drug use. In some cases this referred to personal use, in others it was referred to as ‘other’s’ use. It does highlight that knowledge of illicit drug use is familiar to all groups that participated.

School A participants discussed illicit drug use among the school population, citing year nine as a crucial period for drug experimentation. School A participants did refer to cannabis use and had knowledge of different classes of illicit drugs, however it was apparent that, for the majority of the group, illicit drugs referred to tobacco and alcohol use among them and their peer group. This was not the case for the following groups who discussed age and the type of drug commonly used. The youth club group introduced this topic with one of the most vocal and exuberant members suggesting an age without much thought, only to be shouted down by the rest of the participants with much mirth. He offered sixteen or seventeen as a common age to

start using illicit drugs. However the group reached a consensus that a common age of first drug use was about twelve years of age. Some members cited examples of young people using illicit drugs at nine years of age.

“From twelve I’d say, from twelve and up.” (YC)

When checking with the youth worker after the focus group, she confirmed that the lower ages were most accurate in her experience working in this location.

The young offender participants presented similar suggestions of age of first drug use. There appeared to be absolutely no hesitation or bluffing among this group. Ages of thirteen, twelve and also seven and eight were given as ages when recipients reported first using illicit drugs. Although early on in the research I would have questioned such a young age, my experience, and the views and experience of the professionals working with these more vulnerable groups, suggest this is likely to be realistic. One of the group went on to recall an event the previous year:

“Last summer I used to go and sit in these woods to smoke and I went there once and there was some kids, about six of them all like five, six and seven.”

“I have met seven year olds that do puff and things.” (YO)

The group seemed to take this issue quite seriously. There was not the same joviality that was present for much of the remaining discussion. The participants in the pupil referral group gave the same range of ages of first drug use. For the majority of the participants the most common age of first drug use was reported as ranging from seven or eight to the early teens. While the participants in school A reported a later age of first drug use, the young people in the more vulnerable groups indicated a much earlier initiation into illicit substance use.

5.1.3 Theme 3. Reasons for illicit drug use

University	Good time/ Enjoyment/Fun	Relaxation
School A	Boredom	Stress (school related)
School B	Boredom	Depressed
Youth club	Look older/ Join in with peers	Stress/make happy
Pupil Referral Unit	Boredom	To have a laugh
Young Offender Service A	To get high	To make money
Young Offender Service B	Don't know	Join in with peers

Table: 33 Reasons for illicit drug use (focus group)

The table above outlines the main reasons identified by focus group participants as a reason for using illicit drugs. This was a theme discussed by all groups. It was one of the areas about which the participants really had a great deal they wanted to say. The university group identified curiosity, fun and enjoyment among their reasons for drug use.

“I think that you do it because you enjoy it, obviously at first you try it out of curiosity then you find that you do enjoy it and everyone else is doing it. It must be fun or why would you do it?” (UNI)

Participants mentioned ‘enjoyment’. The illicit drug use they refer to is about having fun, enhancing a night out. Another participant observed that ‘it is not going to be a good time without it’ which also suggests the drug is used to help the mood of the evening. Participants referred to the fact that ‘everyone else was doing it’, however this did not come across as any form of pressure (the issue of peer pressure is covered later in the analysis) but rather that this was a ‘normal’ part of their social life.

“A lot of people do it because whether it affects them or not just ’cos they think it’s going to make their next couple of hours more enjoyable. Whether it’s sitting at home in front of a video with your mates smoking cannabis or going out to a nightclub and having a pill, just because they’re going out and it’s not going to be a good time without it, just whether it affects them or not they think I’ve got to do it because everyone else does it.” (UNI)

The group discussed how the use of illicit drugs was something that occurred most often when with a group of friends and not when alone. The focus is on a social group occasion where drugs are used to enhance a good night out. The pattern altered when the subsequent groups discussed this issue; school A identified boredom as a primary factor for illicit drug use:

“If there were more of other things to do, to be a distraction, there might be less abuse – a sports centre, cinema...” (SCA)

This group raised the issue that there was a cost involved in pursuing these activities and this prevented young people from participating. School A participants also identified stress as a factor. They were the only group to identify stress, in relation to the pressures of school. Participants mentioned that teachers were ‘obsessed’ with league tables. They also cited not wanting to let their parents down.

“People are scared of their parent’s reactions. They work so hard for you and you don’t want to let them down.” (SCA)

School B also talked about boredom being a central factor for initiation into illicit drug use. The group were unanimous about this. They observed that there were no social facilities locally for young people and they got bored. In their opinion this led to illicit drug use:

“No there is nothing for people of like our age to go to.” (SCB)

There were other reasons put forward by the group apart from the boredom factor. The group talked about people getting depressed and getting ‘trashed’. The group observed that illicit drugs were used for different reasons:

“Some people think yes it’s a buzz, some people think there is nothing better to do, they all do it for different reasons don’t they?” (SCB)

The youth club group provided a different response; they felt that wanting to look ‘older’ was a significant factor. There was also a reference to wanting to be seen as ‘one of the crowd’:

“Most people around this area do it in front of their mates, they start smoking with their mates.”(YC)

The mood of the group had been very buoyant at this stage, but one young male participant who had been very quiet until this point, very quietly offered the following reason:

“If your mum dies...you get stressed out...take stuff to calm down.” (YC)

Another group member added to this more serious issue. There was a quiet pause at this point, it only lasted for a few seconds and the group once again returned to their more exuberant selves:

“Happy way to die, happy way to die, have fun before you die.” (YC)

The participants from the young offender service, as with schools A and B, offered boredom as a key issue for illicit drug use and also just for ‘having a laugh’. They started off by seemingly throwing in a few hasty comments, but then a more serious discussion took place:

“When I am not bored or anything I don’t need it, but I would have to go out and get myself some money to get some. There is nothing to do, sitting doing nothing. Listening to the same tunes over and over again.” (YOA)

“That’s the truth for you, there is nothing at all to do. There is nothing you can do to keep you occupied. So you just do it every day.” (YOA)

The general tone of the group conversation was very low at this point. They were quite serious about this point and this was reflected in their mannerisms. As a group they were quite difficult to keep focused and would frequently start talking amongst themselves on other issues. However they maintained this conversation:

“I’d just die if I don’t have nothing to smoke.” (YOA)

This group member described how he would prepare his first drug of the day, before he went to sleep. This was so it was at close hand first thing the next morning.

The interviewee from the young offender service felt that his drug use was more to do with being ‘one of the crowd’:

“I don’t know really. It’s just like hanging around with some mates, I just really came to it, that is how it happened.” (YO)

The young people who were from the pupil referral service were, as referred to in the introduction to the groups, very challenging. On the issue of why young people use illicit drugs one young man, who could be described as the ‘spokesperson’ for the group, immediately challenged me. He brought his face much closer to mine and asked, “ Why did you have f*****g sex for the first time?” This did prove to be a turning point in the group discussion however, as prior to this the participants answers had been flippant, or they had ignored my prompts. Though difficult to manage at the time – it was a useful confrontation. It should be noted that I did not ask participants about personal drug use, but rather about their knowledge of illicit drug use among their peer groups. The group talked about using illicit drugs to get high and because they simply liked the effect:

“Well, like you don’t have a spliff to get pissed off.” (PRS)

A more serious topic arose among the group. This was unique to this group and it related to crime and drug use.

“And you can make money out of it – selling it.” (PRS)

This was greeted with laughter among the group. At this point one participant, who had sat at the periphery of the group, offered a quiet glimpse into a troubled past which had precipitated his drug use:

“I found out through children’s homes.” (PRS)

I tried to probe a little deeper into the issue, “Children’s homes?”

“Children’s homes... going on and taking it. So I’d try it out. So I did.” (PRS)

The group immediately started to respond to this more serious reflection with considerable jeering. The moment was lost and I had to try and regain the group’s interest.

5.1.4 Theme 4. Substances being used

The table below lists all the illicit drugs that were mentioned by each of the focus groups.

University	Cannabis
School A	Cannabis
School B	Class A +B drugs named -?use
Youth club	Puff Tabs Pills Speed
Pupil Referral Unit	Hash Coke Pills Crack
Young Offender Service A	Speed Smack Heroin
Young Offender Service B	Cannabis

Table 34: Substances being used (focus groups)

The university group and School A did not discuss this issue directly. Reference was made to cannabis use and to ‘class A drugs’ but little detail was given. Throughout the discussion the participants from school A mentioned alcohol and smoking tobacco when talking about drug use, although occasionally cannabis did appear in the conversation. The impression that was that their understanding of illicit drug use differed quite a lot from the other groups. The overall conclusion that could be drawn is that for these two particular groups, other classes of drugs were not commonly in use among them or their peers. However this is conjecture on my part. It also might not be generalisable to the population they represented.

School B participants spoke quite openly on the issue, but did not elaborate on their answers. I think the fact they were talking in school may have constrained some of their responses, although I was careful not to ask directly what they may have used themselves. They identified by name a number of class A and B drugs. The youth club participants seemed quite at ease to discuss the drugs being consumed. They talked about ‘puff, tabs, pills and speed’. I asked for an explanation of the generic term ‘tablets or tabs’ as this was frequently cited in both stages of the research. The

group said it most commonly referred to ecstasy. This led to a shift in focus in their discussion. The group reacted strongly to the use of ecstasy:

“Ecstasy tablets...poison that is.” (YC)

Following the focus group, the meeting with the youth worker revealed there had been a recent media report about the death of a young person from ecstasy, which she had discussed with the group. She felt that this may have prompted the discussion, however she was not sure how effective their resistance would be over time. The literature has identified that when young people realise that in reality the number of deaths from ecstasy are very small, they are prepared to take a risk.

The young offender group (A) demonstrated a lot more knowledge about class A drugs and seemed familiar with the product in their responses:

“Loads of people have done heroin and that. It’s cheaper and it gives more of a buzz. Heroin is the cheapest drug you can get really, for what it is.” (YOA)

The group commented that you could buy heroin for about five pounds. They also went on to give details about how someone would smoke heroin on foil, which illustrated a level of knowledge about drug use and the related paraphernalia. The participant in group B (YO) did not contribute much to this issue. It must have been difficult providing answers on his own when he had expected to be part of a group. Whether this would prompt more or less honest responses is a matter of conjecture. He reported using only ‘draw’ (cannabis) and nothing else.

The young people attending the pupil referral service were reluctant at first to discuss if they used illicit drugs or not. They made casual jokes about their religious affiliation and how they did not believe in using illicit drugs, preferring coffee. This was met with much laughter. At this point it did seem that the group were not going to participate at all. In case there were still concerns about the confidentiality of the tape recording, reassurances were given by the teacher and myself once again.

Potentially, the fact that the teacher remained in the room may have created tension, however it had been agreed that I should not be left alone with the group. In view of the unpredictable nature of the group dynamics this was probably sensible. However, eventually one young man spoke up. His comments reflected that having the teacher present was a deterrent to their discussion of drug use:

“Yes, I take drugs. It’s not to tell teachers though is it? You know what I mean?” (PRS)

However, this disclosure acted as a prompt for other members who then gave quite frank accounts of their drug use:

“I took two pills, I smoked about an eighth of hash, I had a couple of lines of coke and my mates were sitting behind doing a bit of crack. See?”(PRS)

The group went on to elaborate more on this issue. They noted that they took different drugs for different occasions and would not take ‘every drug on offer’. One participant commented that though he would not buy ‘crack’ he might take it if he were offered it:

“Maybe I won’t buy crack – but if someone offers me some I might take it.” (PRS)

The group all agreed that they would not use ‘scag’ (heroin). The notion of heroin as being a dirty drug and not acceptable was a common theme from all the respondents. (I later asked the teacher if she thought this was accurate and she quite confidently said yes, she thought it was). After this other members listed drugs they commonly used. One participant summed it up quite succinctly saying “too much”. The participant’s knowledge of and reported pattern of drug use seemed to exceed that reported by the young offender participants. Certainly the young people involved with the young offender/pupil referral service displayed a level of knowledge quite different to that of the other groups involved in the research.

5.1.5 Theme 5. Context of drug use

The issue of the context of drug use was only really developed by the young offender group and the pupil referral group. The university group mentioned clubbing and nights out, but were not more specific. School A and B referred to places in their respective city centres where they knew drug taking went on. Their conversations were more about where others used drugs. The youth club group was more specific in its descriptions, but still related the topic to ‘other’s’ consumption. The group was describing a long redundant band-stand in the local park where a number of drug users would congregate to inject drugs:

“Yea, my mates went over to that park....they went underneath where people take drugs and they found like five needles under it...” (YC)

The group, when discussing this issue, said they found it scary to see people using needles to inject drugs. They were derogatory about injecting users (in common with some other groups) calling them ‘scag heads’ and so on.

The young offender and pupil referral groups however, without any direction being given, talked of their own drug use. They reported using drugs more at weekends, although also using them during the week. One participant reporting drug use early in the morning:

“It could be everyday – weekends just more.” (YOA)

“Oh I like it when I first wake up and later before I go to bed...and when you wake up it is there and it lasts for about three hours.” (YOA)

They were not unanimous on this however, as one member of the group stated that taking it in the morning was the worst thing you could do, as you then would not be able to do anything else. For the majority of the group this was seen as acceptable, but not for that young man. The group talked for quite a while among themselves about the preparation and use of drugs, it seemed to dictate the way their day evolved. They talked about illicit drugs coming into their heads ‘every five minutes’ and being the centre of conversation. They went on to describe how the group used the flat of one young man in the group (this young man was ‘in care’ and although he had a key (social) worker, was left largely to his own devices):

“Some people came round my flat the other night and they take it (cannabis) they don’t mind (laughter), but it stunk my flat out.” (YOA)

Another group member went on to describe some quite desperate events when he had used illicit drugs-desperate being my interpretation however, for the group it was laughed about and was just a normal pattern:

“I fell asleep in the back garden on four toots, every time I whited everywhere, and then I fell asleep in the garden...just lying on the grass like.” (YOA)

The same young man went on to describe how a friend had vomited in his (the speaker’s) bed and how they had thrown him out to go home. They also talked with some bravado about other venues they had used drugs:

“I did it in the toilet in court once...skinned up.” (YOA)

Illicit drug use seemed to play an extremely important role in all their lives and was used frequently, for different reasons, and in a variety of settings.

There were similarities with the comments from the pupil referral group on this topic. As with the young offender group they were quite animated in their account of their drug use. They reported using drugs in the park, in school, at friend's houses and, as one participant observed, 'anywhere'. One of the participants referred to his parents when he said he did not like using drugs at home because they (parents) did not like you doing it indoors. As with the YOA group, participants boasted about some of the more daring places they had used and received drugs:

"I used to do it right next to ***** police station." (PRS)

The group seemed to indicate that their drug use was part of their normal social activity, carried out with others. There was disagreement on this issue when prompted however; many of the participants said they enjoyed using illicit drugs on their own, when no one was around:

"Mmn... I have no one around and when I need one, I go and do one." (PRS)

One young man described where he liked to use drugs. He was describing an area he had created for himself and his friends where he was out of sight and comfortable when using drugs. The description he gave, along with his hand gestures and body language, suggested a 'safe haven' where he could sit and keep the rest of the world at bay:

"The best place I go, like my mum chucked out her sofas and bought some new ones. I carried a three seater one up to the top of my block and just put it on the top balcony and 'cos you have got a shutter and that, it's sort of handy." (PRS)

I observed that it sounded comfortable:

"It is – and there's leather chairs." (PRS)

5.1.6 Theme 6. Availability of drugs

Regarding the availability of drugs, there were once again similarities emerging between the different groups on this topic. The university group did not develop the topic of the availability of drugs other than to acknowledge there was not a problem in obtaining them. This was the case for school B also. School A referred to 'other people' getting drugs, while the youth club group and the young offender group related the topic to personal experience and were much more knowledgeable and 'street wise'.

“I know people who could, like if you ask them, they’ll be able to get hold of it so it’s not so much that someone offers it, but like it’s there and you can get it.” (SCA)

However there was not a consensus on this issue as some of the group expressed disbelief on the availability of illicit substances. They commented that although some people said it was so easy to get hold of illicit drugs, this was not their experience and they would not know how to obtain drugs.

The youth club group laughed when I prompted them regarding obtaining drugs. They said unanimously there was no problem at all. They also introduced dealers into the conversation and acknowledged that you could get mixed up with people of dubious character. They seemed to suggest that dealers would purposely offer drugs without payment initially and get the buyer ensnared:

“Like you can get people and they’re like oh, such and such, oh that will be £45 or whatever it is... the next time you come and see me... you know what I mean? And then you don’t hand it in, you’ve got people after you ain’t you? You’d soon pay up.” (YC)

They indicated towards one member of the group saying that he was always in debt. The conversation then altered as they went on to discuss the potential to make money from the drugs trade, observing you could sell drugs and makes a profit.

The young offender group (A) were even more explicit regarding the availability of drugs and of drug dealers. They volunteered it would be possible to get something within five to ten minutes, at any time. They identified dealers as someone who could ‘look out for you’ and make sure you only got ‘good’ drugs:

“You just have to make sure you strike up with a friendly dealer.” (YOA)

“To look out for you to make sure nothing does happen to you.” (YOA)

One participant commented that dealers were like ‘your mate’, sorting you out and helping you. Another young man described how his dealer would offer him drugs every day:

“He gives me a toot every day, when I wake up I accept it, except today when he had to go to court”. (YOA)

There was however a sense of reality among some of the group members. They noted that they (as customers) were seen as ‘collateral’ by the dealers.

5.1.7 Theme 7. Peer pressure

The subject of peer pressure was raised and discussed by all the groups at some point in the group meetings except for the pupil referral group. For the youth club group it was only briefly mentioned. The youth club participants spoke of people wanting to look big and be one of the crowd. For the pupil referral group, although the topic was raised as a prompt, they did not develop the topic.

The university group discussed the issue in some depth. They talked about 'strength of character' and not succumbing to join in with the crowd. Good friends, it was observed, would respect your decision:

"You've got to have the strength in the first place to go, 'not really for me thanks'. And like I say, if they're true mates they'll go, OK, no problem."
(UNI)

They also observed that they were not separated into groups who did or did not use drugs; they mixed quite freely, accepting that their friends could make their own choices.

"You'll happily sit in the lounge and have a joint and I smoke, so I'd sit and have a cigarette, but that doesn't bother me at all. But I don't think any less of them or more of them because of that situation. They know I'm not interested-no problem!" (UNI)

There was agreement with this statement shown by comments of 'yes that's right' and nodding. They seemed confident to accept their own views and to allow others to hold their own different views.

School A participants acknowledged the pressure that could be put on an individual to join in with the group behaviour, however once again the school A group referred to tobacco and not to illicit drugs in their discussion. School B participants held similar views on this topic; they felt that some young people were pressured into taking illicit drugs. They also commented that some young people use illicit drugs in order to look 'big' in front of their peer group. The young offender group (A) were much more overt in their acknowledgement of peer pressure. It was expressed in degrees ranging from 'influence' to a more aggressive pressure and being 'forced into it'. They also acknowledged their own complicity in applying pressure to others:

“Well I can’t say I don’t smoke blows because I do. It’s not my fault but it’s other people influencing me.” (YOA)

“We was over **** riding motor bikes and they said ‘you have to do it now. If you don’t we will lock you in a hole’, like this underground hole thing. It was like if you don’t do one we are going to put you in the hole.” (YOA)

The participants were describing an old disused air-raid shelter on some rough land. They laughed throughout the telling of this event, but it was difficult to tell if the reality was more frightening. The group also discussed how they would show others how to use drugs. They were describing making a ‘bong’. They even offered to make me one and explained that it would only take a few minutes. Once again the most apparent difference between the groups was that the young offender participants seemed to be describing their reality. It was not an abstract concept; this seemed to be their lived experience. Also, the university group had the confidence to accept or reject what their friends might be doing and encouraging them to do as well. The school groups both accepted that there was pressure from friends to be one of the crowd, but this did not present the graphic picture illustrated by the young offender group, which amounted to coercion and intimidation.

5.1.8 Theme 8. Issues of health education/promotion approaches/strategies

The initial prompt on the issue of health education was to ask groups about drug the education/information strategies they had been recipients of. The themes within this topic were broad and so have been broken down into sub-sections for discussion. A similar pattern emerged again among the groups. On the issue of health education/promotion the university and school groups had a lot of thoughts that they wanted to share. However the youth club group were less vocal and the young offender and pupil referral group had little or nothing they wanted to bring to the discussion. Indeed the young people from the pupil referral service summed up what they felt when the most vocal member dismissed the notion of drug education by responding to me saying “none of us are drug addicts”.

The one positive intervention mentioned by all the groups except the Pupil referral group, and which is seen therefore as important, was the need to have someone to talk to. The notion of ‘someone to talk to’ also came up during stage one of the research.

In the focus groups it was taken one stage further with the characteristics of the 'person' being given.

Sub heading: **Someone to talk to**

The university participants were vocal on the issue of having someone to talk to and commented that they felt that you needed someone who was credible, with experience, to be able to advise young people about drug use:

“If there was someone who could talk to me or that I could talk to who had been there, done that and whatever and come out the other side, so to speak, but totally had the knowledge and I feel had the experience to advise me, to answer my questions ...someone who's actually been there, been through the system, with the knowledge and experience to maybe help.” (UNI)

The need for confidentiality was identified however and was seen a potential problem. They expressed concern about the potential to be 'found out'. Similar thoughts and opinions regarding 'someone to talk' to, were expressed by the participants of school A:

“To know that they are not alone. There are other people like them who are trying to help them and that makes them feel good” (SCA)

Once again the participants in school A referred to 'other people' and did not relate the topic to themselves. The group then went on to describe the required qualities the person or 'listener' should have. They felt that the individual should be of a similar age, should not patronise them and who would be in touch with what they were feeling:

“Someone their own age not grown up, they might patronise them, like they're out of touch with what they're feeling.” (SCA)

Someone with past experience was once again thought to be important, someone who had 'been through the same things'. Once again there were potential problems identified and this were related to issues of confidentiality:

“But I think if you do want help you want somebody who comes into school who you are never going to see again, so you can ask them really embarrassing questions and stuff, and if you see them in the street they probably won't recognise you. But if it was a teacher from school, you'd feel embarrassed in their classes and things” (SCA)

The participants from school B had less to say on this issue, they talked about having a ‘counsellor’ if they had drug problems or needed information.

The young offender (group B), when asked what had been or would be helpful regarding drug use at first just shrugged his shoulders. However after a pause he went on to say that attending the youth offending service was actually helpful, particularly having someone to talk to about how substances worked and the potential effects of using illicit drugs. The education provided at the youth offending service was a harm reduction approach. The participant was not completely happy about the service however, noting that he only came because he was required to under a probation order.

The youth club participants were quite unanimous in their discussion. They all favoured a ‘talking’ approach, which was the strategy used within the club by the youth worker. They felt that group discussions were useful, so that people could make choices knowing all the benefits and risks:

“Best advice, forget leaflets, forget the school and all that, talk is more helpful.” (YC)

“People can make up their own minds then, if you talk about it, if you’ve been given all the information you can sort of think about what you want to do and what you know, weigh up all the pros and cons.” (YC)

The issue of being given factual information on which to base your decision is a theme that runs throughout the research findings.

Sub heading: **The role of the media**

The university group, school A and the youth club group all explored the role of the media within the focus groups. They identified positive and negative aspects regarding the role of the media and drug use:

“And then you see young people looking at them as role models, like Robbie Williams, that’s the impression that they get, that it is OK to do it.” (UNI)

However it was also noted that some television programmes could be useful in presenting information in a way that was appealing to a young audience:

“Grange Hill and Eastenders. People are far more likely to see it and watch that right through than sit and watch a video on drug education. And you can get a lot more information about how it relates to real life (UNI).

It was also noted that many such programmes gave help-line numbers at the end and this was felt to be very useful. There was general agreement about the positive role of soap style programmes. Grange Hill had obviously made quite an impression on this group and they were able to recall story lines. It was not clear however, how effective the delivery of the message that the programme producers were trying to get across had been.

School A made many of the same points in their exploration of the topic, although only the negative aspects were discussed at any length. They felt that films such as ‘Train Spotting’ glorified drug use. They also noted that if a young person were attracted to a celebrity, they would be likely to copy their behaviour:

“Films, like ‘Train Spotting’. Glorified it. If you fancy someone in a film and they’re doing something you’ll copy.” (SCA)

The youth club participants started talking about a report in the local newspaper which had caused a great deal of interest among those who had not read it. This led on to a more general discussion on the role of the media. The story was about a fifteen year old girl who had apparently died as a result of drug misuse. The group then went on to discuss a story that had been in the national media for a while relating to a young female actress who had developed damage to her septum as a result of snorting cocaine:

“Like in the newspaper, just lift up her nose, and her nose had caved in, that is sick ’cos you could go like that.”

They all found the image quite disturbing and the whole conversation was accompanied by “ahh sick”, “gross” and so on.

Sub heading: **Leaflets**

The use of leaflets generally received a negative evaluation by focus group participants. The university participants felt that leaflets were generally ignored as there was an overload of leaflets within the university:

“I think they’re just ignored. The number of leaflets around the university, you just blank them everyday, it’s normally just some rubbish society.” (UNI)

Insight was shown by one of the participants relating to how useful leaflets were in meeting the needs of a broader section of society, observing that not everyone had the literacy skills to read leaflets. However there was some support, as acknowledged by one of the group:

“If you’re looking for something in particular and you see a leaflet about it then, if you have something you can identify with on your own level, then I think that’s the way to go from a university point of view.”(UNI)

School A respondents also had views on the use of leaflets as a health education tool. They talked about an ‘overload’ of drug education and observed that you just could not be bothered to read it all!:

“The doctors in **** they have loads of leaflets about it. They always look full, the racks, it looks as though no one’s actually taken them.” (SCA)

The group did not identify any positive aspects related to leaflets. They also identified that there was an element of embarrassment attached to being seen reading a leaflet, or picking one up; it was as if it indicated involvement in substance misuse. The youth club participants had little to say on the issue and their comments were negative. Some of the group identified that they had (or friends had) difficulty reading. Overall, the groups who discussed the issue did not see leaflets as being an effective method of providing information.

Sub heading: **Help-lines**

The use of help-lines was referred to by the university group in relation to the phone numbers given at the end of programmes dealing with sensitive topics. They acknowledged this as being helpful. Schools A and B also discussed the notion of telephone help-lines. One participant had said that although she thought it would be good to have someone to talk to there might be a confidentiality problem:

“Some might not actually like going up to someone in person. It might be better over the phone so that you don’t have to show your face to someone.” (SCA)

This led on to a more general discussion of help-lines. The group addressed issues of cost and confidentiality:

“The Samaritans can’t get hold of your number, but Child-Line can” (SCA)

One participant observed that with help-lines you could always put the phone down if you did not want to talk anymore. Other group members discussed how some help-lines divert the cost back to home and parents can check the bills. Free-phone numbers were thought to be a better alternative, but it was noted that many young people use mobile phones and you have to pay for all calls. There were quite obvious problems for these participants regarding help-lines. School B participants raised similar concerns and commented that in their experience the support offered by the volunteers/workers on these lines were of limited use and sometimes patronising in approach. The participants also identified that for many young people who may have problems with drugs, the motivation to seek help may not be there:

“They have got to want to actually use it, so not many people will.” (SCB)

Generally, the young people did not favourably receive the use of help-lines.

Sub heading: **Just say no**

The ‘just say no’ approach was raised by two of the groups. There were mixed feelings regarding how effective this strategy was. The university group felt that possibly for a certain age group there might be some benefit, although more generally they were negative regarding potential benefit of such an approach:

“I think if people are going to do it, they’re going to do it really, even if it’s just a one off to try and then realise they do or don’t like it. So just say no probably isn’t any good because if it’s there you want to try it once then that’s going to happen. But I think where the focus needs to be is preventing people carrying on once they’ve tried it, rather than saying don’t do it at all in the first place, because it’s curiosity isn’t it?” (UNI)

School B participants had a different focus on the issue of ‘just say no’. They strongly supported the notion of being able to say no whilst also observing that this took willpower and determination not to ‘go along with the crowd’. Whether this was representative of the wider school can only be conjecture. Similarly, although the message was clear, it cannot be measured how effective the approach is or was. Thinking something is right and being able to carry it through are not always the same:

“Yes, I think it takes more of a person to say no, I think.” (SCB)

Sub heading: **Shock/horror approaches**

This topic was raised by the university group and by school A group. They presented completely opposing views on the subject. This may be related to age, as the school group was younger, or it may be that, as previously identified, the school A participants did not refer to illicit drug use at all, much less appear to be using drugs and as such they could identify with this strategy. However this can only be conjecture:

“The use of shock tactics, if they maybe use the approach ‘this will kill you’, ‘this is what a dead person looks like’, or whatever and this is what a cancerous lung looks like, everyone goes, “ooh that’s horrible but mine doesn’t look like that”. So you completely blank it out, whereas maybe if they went, look this is the risk, if you want to do it it’s your choice, it’s your life, your problem, more people might think ‘yes maybe you’re right’. You’re not trying to talk them out of it as such but you are saying there’s the information if you choose to use it you choose to use it, if you don’t it’s your decision. Not wash their hands of it so to speak but sort of do it in a more relaxed, open, professional way, whatever.” (UNI)

Once again the issue is raised of young people being given information and allowed to make choices based on that information. The group discussed how many young people had the attitude that ‘it will never happen to me’ thereby undermining the message being sent. In contrast, school A supported the approach and their discussion was around science education when they were shown images of harm caused by substance misuse:

“The only way is to scare people out of doing it.” (SCA)

Sub heading: **The role of police**

The groups that discussed the role of the police in depth had different perspectives on the issue of police enforcement and their role in drug education and prevention. The university group agreed that fear of breaking the law was ‘not an issue’ for them:

“So many people, friends doing it and none of them ever get into trouble, none of them ever get caught. I know a couple of people who have but it’s not taken seriously by the police, given a caution, whatever, depending on what you’ve got. It’s not a problem. You see it happening around you all the time, it’s not really an issue I think.” (UNI)

They adopted a lighter mood when they talked about police behaviour. Many of the young people reported examples of how the police confiscated drugs and they implied

that they made a profit selling it back to others the next week. This may be factual and based on experience or possibly conjecture, based on other's reported experience.

The youth club discussed the police coming to the school for prevention work. They referred to 'the old bill' coming in and giving lectures about drugs. The group felt the talks were of no benefit at all. They also discussed how they felt that the school were rather 'heavy handed' in its approach to illicit drug use, calling the police when drugs were found:

"I mean, it was only speed! You know what I mean?" (YC)

The participants demonstrated knowledge about the law in relation to drug use. They knew how much you could carry for 'personal use' without fear of legal proceedings if stopped by the law enforcement agencies. Some participants discussed how being caught for drug possession could affect your chances of finding work. They finished this topic with a light-hearted tale:

"As soon as you see the police, you run, don't you? So I have a mate like in my year, he's paranoid about the police. He used to be a nerd, a proper nerd, he broke into some woman's shed and had all like smoke in the drawer and they heard someone coming down to the shed, with that he ran! He didn't see where he was going, 'cos he turned round. He ran into a tree and knocked himself out." (YC)

The last two excerpts from the transcripts are also cited as they highlight the gulf between how young people frequently perceive drug use and how those in authority view the issue. For many of the participants in this research illicit drug use was part of their normal social life. They felt the reaction of the school and law enforcement agencies was an over reaction.

Once again when the young offender group (A) discussed the police they related to personal experiences. One young man described how the police had searched his room and accused him of consuming hard drugs:

"The police came into my bedroom and picked up some cling film which I had wrapped around puff previously, rubbed her finger on it and said I was on shit and all. She tried to get me, didn't she?" (YOA)

5.1.9 Theme 9. School issues and drug education

All participants except the pupil referral group developed the issue surrounding school and drug education. Many of the group members had opinions they wanted to express about the education they had had (or were having) at school. The university group spoke negatively of their drug education in school. They felt that the drug education they had received was not constructive:

“The drug information sessions I remember having at school, they weren’t shock horror, just ‘these are drugs’...the only thing my class learnt was the names of drugs. Seemed to defeat the purpose. People in my class could name more drugs than the guy giving the lecture. It wasn’t doing anything constructive, just saying there are drugs out there and there are more types than you thought were there.” (UNI)

The group in school A had a great deal to say on the issue of school drug education. They felt that the information they were given was delivered in a judgemental way and was not meeting their needs. Other members observed that they thought their teacher tried to do a good job but that no one wanted to talk to her about issues that were so sensitive:

“Most of our teachers who we’ve had for PSHE, their attitude for smoking and drugs is that it’s disgusting. They don’t actually say that if you’ve got a problem you can do this, or we can help you.” (SCA)

The group did speak positively about one teacher however, observing that she ‘came down to our level’ and encouraged a discussion of some issues, talking to, rather than rather than at the young people. The group also said that drug education should be facilitated by younger rather than older teachers. They also observed that they were given information in a scientific way and felt that there should be a stronger emphasis on other areas, such as social effects. The school B group addressed the tension that exists for young people where, even if they felt they could speak to a teacher about a drug issue, they would not, due to concerns about confidentiality:

“No, I can’t trust them. They have got an option to ring your parents, or get the police involved as well don’t they, like PC***** gets involved doesn’t he? That is why people are afraid to speak to anyone.” (SCB)

The youth club participants had similar comments to make on the issue of school drug education. The group noted that they had a drug lesson at least once a week and it was “just boring”. They also observed that it could be counter productive, making young people want to do the opposite:

“People are more tempted to go and just take a drug to see what happens”
(YC)

This group raised the issue of exclusion. This is perhaps not surprising as many of the participants had been, or knew someone who had been excluded from school. They felt this was unfair because many of those young people had not (in their opinion) been given enough information about drugs and drug use and the penalties associated with illicit drug use:

“In our school we’ve had loads of people chucked out cos they’re all smoking joints.” (YC)

A dilemma was apparent. The education they had received had not been found helpful, yet they clearly expressed a need for more appropriate information. They felt that the action of some teachers was, in their words, hypocritical. They also felt that the school should be taking more responsibility. They also noted that exclusion was not helpful in the longer term as it simply gave young people more time out of school and unsupervised:

“Anyway, if you chuck them out of school they’ve got more time to go and do stuff.” (YC)

The young offender groups had equally negative impressions regarding their school drug education. The young offender group (A) said in their experiences many of the school teachers ‘turned a blind eye’ to drug use. They were said to acknowledge that drug use occurred and that there was little point in taking drugs away from pupils or reporting them. They went on to describe incidents where teachers had actually caught them ‘skinning up’ and just ignored what was happening:

“I have been caught by a teacher, me and my mates were doing it in the toilets and then...I was doing it in the toilets yes and the IT teacher Mr***, he was all right with me then, he came in like and shut the door. I had the toot down my trousers like that and he picked it up and didn’t say anything. He saw my lighter on the floor and just went and picked it up and he didn’t say anything. He was an alright teacher actually.” (YOA)

They also however reflected that they wished they had spent more time in school. The young offender (B) spent more time on this issue than at any other point in the interview. He discussed how, if he had spent more time in school he might have avoided trouble with drugs:

“Yes, if I had stayed in education then I wouldn’t be like out 24 seven if you know what I mean. I wouldn’t be doing the things I have done” (YO)

5.1.10 Theme 10. The role of parents

The role of parents was an area discussed by all the groups. The discussion generally centred on the influence parents had in preventing experimentation with and educating their children about drug use. The university group felt that the individual relationship would be the determining factor:

“I think ultimately with parents, it’s the relationship you’ve got with them. I mean I’ll be honest, I consider myself that at the end of the day I know damned well that I could pretty much do anything, not that I would (laugh), and I could go to them and say, look, I’ve done this, for whatever reason, I was stupid, it was great, whatever, and I know damned well that whether they like it or not, they’d be 100% beside you because you’d come to them. I know for a fact that I’m lucky in that situation.” (UNI)

The influence of parents who might have alternative views to the use of illicit drugs was also raised:

“I’ve seen a bloke whose Dad came into university and was smoking a spliff with him. You have parents who just don’t really care and who send their kids out every night with fifty pounds in their back pocket, expecting them to do nothing but sit and twiddle their thumbs in the park.” (UNI)

School A participants reflected on the role of parents and family as a part of their discussion. Although they felt that parents would be the first person they would speak to if there were a problem, they also felt that possibly a lack of attention from busy parents was a contributing factor. School B participants did not really dwell on the issue of parental support and education around drug issues, however one participant identified that the first form of support she would seek if she had a problem would be her parents, simply saying ‘my mum’. The majority of the group nodded and murmured agreement. The youth club group was quite negative about the role of parents and did not really elaborate until one member identified that it very much depended on the individual family, reflecting similar views to those given by the university group. The young offender group (A) turned the conversation to a young man they knew. They all seemed to express genuine concern about his welfare:

“I have heard his mum don’t care about him.” (YOA)

“She don’t.” (YOA)

“I would like to help him out.” (YOA)

“I would go and tell my social worker and say like he is drinking and everything and smoking drugs and his mum don’t care about him, she will like get there and whip him into camp. Make sure he’s a good little boy from now on.” (YOA)

The obvious concern of the group for this particular friend was quite touching, their concern was largely to do with the fact that his mother did not care about what he did. This discussion led on to the young man who was in care talking about his past. Another group member observed that if he had not been removed from the care of his mother he would have been in prison by now. A more serious comment caused some agreement among the group:

“They are safer keeping out of it to be honest (parents). They would just be the same as us with nothing to do.” (YOA)

The young people from the pupil referral service reacted quite strongly when I prompted them about the role of parents in educating their children about drug use. Initially they reacted in an almost hostile way, as if I were questioning their parents’ ability, but then they started to return to the casual and challenging style they had adopted throughout the session:

“What, do you mean do our mum and dads care if we do drugs? Of course they do!” (PRS)

“They know it but there’s nothing they can do about it.” (PRS)

However the discussion ended on a less challenging note when one of the group members said that he did not actually like to use drugs near his parents:

“No, I’ve been nicked for doing drugs before but I still don’t like doing drugs right near my mum and dad. If they go out or something and I’ve got drugs, then I’ll use them.” (PRS)

There was quite a mixture of comments on this issue among the groups. They expressed it in different ways, and for some of the participants, ‘family’ was the social worker or foster parent, but they all identified that parents had a role in helping to educate and support their children regarding drug use.

5.1.11 Theme 11. Experiences and worries about drug use

The issue of concern about personal drug use was developed by the three more vulnerable groups: the youth club, the young offender and the pupil referral groups.

The reason why these groups discussed this could be that the participants of these groups referred to their own drug use and could therefore openly discuss their feelings. In contrast, the university and school groups generally referred to 'others' use rather than relating to their own experience. The youth club group talked about injecting drugs (observed in others) and also about experiences they had encountered locally. They discussed different means of consumption. They talked about different ways of consuming cocaine and unanimously agreed that injecting was very dangerous:

“Now that’s dangerous that is. ’Cos you might like, this vein going like that all the time (uses arm to demonstrate injecting) to try and find it and In the end you’d have so many holes in you you’d die.” (YC)

The discussion then turned to the local environment, which was the cause of fear for some of the group. Once again this group developed the conversation in a humorous manner although the topic was serious:

“I’ve seen someone over the park yea, I was coming back from Cineworld and they were sitting there yea, injecting some needle in their leg...three of them...I kept away mate. I was walking well slow, they walked past me and I was crapping it, yea and when I walked past I see one needle...” (YC)

I asked if this was a common occurrence on the estate where they lived and they acknowledged that it was. Similarly, the young offender group (YOA) started by saying that their only fear related to getting a friendly drug dealer. A ‘good’ dealer took care of you, was your friend. The group then spontaneously went on to talk about their local environment:

“Pin head, smack head, scared! In some areas of ***there are...you know, people, the heroin addicts, crack heads and stuff like that.” (YC)

The description of their local environment then developed to present a picture of a violent and drug oriented community, which obviously had an impact on the young people even though they talked about it with a sense of bravado and laughter:

“I knew this lady down our street who smoked heroin in front of her kid and her husband shot her dead because she was doing it in front of her kid.” (YC)

“It’s more safer to stay in and that is why I prefer everybody to come to my flat, it is more safe, they are not outside.” (YC)

“Na, I just don’t go out. Because this estate isn’t the safest in the world is it?” (YC)

The young people described a violent and challenging local environment. The mood of the group did visibly drop during this conversation; it was apparently a cause for concern for them, over and above their own drug use. The young people in the pupil referral group responded differently when this topic arose. They drew a line between drugs that they considered 'safe' and those that were dangerous (injecting). They demonstrated little concern about the drugs they were using. Injecting heroin on the other hand was seen as 'dirty' and not acceptable. Some of the comments showed a level of knowledge about harder drugs. They also knew there were health risks associated with injecting drugs, which, according to their conversation, prevented them using injectable drugs. Once again it was related to personal experience of an incident reported:

“ I've seen a man die of heroin. He was sleeping...like died in his sleep of heroin. Ended up dying, that's why I won't do it.” (PRS)

Personal experience of a friend or relative dying from drugs was an issue identified during stage one of the research among the youth club respondents. Similarly, they felt that the experience had put them off using the same drug (or drugs in general).

5.1.12 Theme 12. What would help young people in relation to drug use?

The initial prompt on this issue was to ask groups what they felt could help young people in relation to preventing drug use or misuse. The themes within this topic were broad and so have been broken down into sub-sections.

Sub heading: Keeping occupied

School B participants felt that lack of age appropriate facilities were a reason for young people turning to drug use:

“If there was a youth club, it would keep people off the streets, keep their mind off it.” (SCB)

They felt that the club could have facilities so that young people who might be experiencing drug related problems could talk to someone if they had problems, someone they could 'turn to'. The young offender (B) talked about future employment when I asked what could be helpful to prevent further problems with drugs and the police:

“I am getting a job. I am getting a job, not going back into education. I used to work for this person and like he is a carpenter and he is getting me a carpentry job. That is what I am supposed to be doing now.” (YO)

The young offender group (A) also referred to ‘keeping occupied’ and also to the area that they lived. When asked what could help prevent future problems they commented that they felt living in a different area would be most helpful. One participant described how he had never been in trouble or involved with any drug use before he moved to the area. He was now in council care and reported ‘being in trouble every day’. The conversation became more positive when other members contributed to the topic. They felt that having a social club or sports facilities would help keep young people occupied:

“...swim for a bit, then you don’t need it, because you are occupied, doing something.” (YOA)

Another member described having some purposeful activity such as mechanics and other ‘real life’ projects.

Sub heading: **Legalisation**

Legalisation was a subject that was raised by the university and the youth club participants without any form of prompt. The university participants compared the British system to that of the Netherlands. The conversation was about cannabis:

“If it’s illegal you’ll do it, it’s naughty, whereas if you give someone choice, if you want to do it, the same legal status as on alcohol, cigarettes, whatever, you can do this, or and buy it, maybe that takes the slight stigma off it, make it not so fancy, not so attractive and cut it down that way. In the Netherlands it’s really quite open. You’ve got all these coffee shops where you can buy drugs over the counter and they’ve found that it hasn’t increased at all, the use of drugs, but it has cut down the crime.”

However there were alternative thoughts on the issue as potential problems were discussed. Participants were divided in their responses regarding how legalisation may either take away the ‘excitement’ and reduce drug use, or conversely, make people think that they may as well go straight for class A drugs. The discussion on the topic among the youth club group started when one of the participants asked the other members if they thought cannabis should be legalised. The group felt that the legalisation of drugs would encourage further use among young people. They also made the comparison of a graffiti wall that had been erected in the area to prevent

graffiti on buildings. Such suggestions did not work because the young people felt the thrill was the danger involved. This suggested that, like the university group, they felt that young people would just turn to other illegal substances.

Sub heading: **Harm reduction**

Harm reduction was only raised as a subject by two of the groups. The university group had a great deal to say on this issue, while the young offender group (A) had a few comments to offer. The university group discussed that because of the illicit nature of drug use, there were no controls over what you were taking:

“You don’t know what you are getting. At the end of the day it could be talcum powder...you would never know what you are actually getting. We all know if you drink a bottle of red wine what’s going to happen to us, but not with drugs.” (UNI)

They commented that young people would use drugs regardless of their legal status and that it would be much more helpful to recognise this and make things safer. The idea of ‘pill testing’ was raised by the participants and was seen as a way forward:

“You can go in and buy twenty fags over the counter, you can go in and buy a bottle of wine. So you go in and buy an ecstasy tablet and you can come out and say, well look what is that, a dog worming tablet or yes, that’s ecstasy?”(UNI)

There was a tension between promoting safe use and being seen to say ‘it’s alright to do it’ identified by some of the group. They discussed the idea of mobile needle exchange vehicles used in some areas of the country. They felt that this was useful because it provided a good support and an opportunity for health promotion, but that it could also potentially encourage further drugs use. The young offender group (A) had briefly addressed harm reduction when they were talking about having a dealer you could trust. They also thought that having access to a pill test would be helpful ‘to make sure it’s a good one’.

Sub heading: **Reducing stigma and the importance of confidentiality**

The issue of reducing stigma and the importance of confidentiality was developed by two of the groups. It was an area referred to in stage one of the research and the comments of the focus group participants took the argument further. The university group were talking about the health services offered by the university. They

unanimously commented that they would not use the facility due to concerns about confidentiality and the stigma attached to seeking help in sensitive areas:

“In the medical centre they look at you really badly.” (UNI)

“To be honest the last place I’d go would be the university; full stop.” (UNI)

What they felt would be helpful was to go somewhere where no one knew them, somewhere they could discuss concerns and be sure the support service would not pass the information on to another party. They noted once again that there was a great deal of stigma around the issue of drug use. School B participants also developed this discussion. I knew that there had been a support system developed in the school for pupils to access if they had drug related problems (or other problems), I asked if they would use this system if they had a problem. They were quite adamant that they would not! The group said they knew that their discussion might not be treated confidentially and therefore would not consider using it:

“I would think they were going to tell my teacher and my teacher will tell my mum.” (SCB)

They felt very strongly that their confidentiality should be maintained. Similarly, school A participants had a student ‘listener/advisor’ scheme introduced to the school. This involves young people receiving training from Relate on how to listen and respond to peer group members who may be experiencing problems. However, once again the participants were wary of using their peers to discuss sensitive topics. They felt they would be ‘laughed at’ and they also felt they could not trust confiding in a peer. One common theme among the groups was the need for confidential systems to be in place so that if problems developed they could speak to someone without fear of their confidentiality being breached.

The next section of the chapter presents a discussion of the data that were gained from the focus groups. Comparisons of data from both stages of the research are identified at this point. Data from the interviews with the professionals responsible for the young people are used to support and enrich the analysis during this stage of the chapter. In addition to this, where data are appropriate, links with the continuum of vulnerability to drug misuse (presented earlier in the thesis) are highlighted.

5.2 Discussion

The discussion of findings incorporates the data from the professionals working with the young people (stage 2: phase two). The data from the professionals is introduced as ‘professional commentary’. Following the discussion of each topic, comparisons are drawn between the data of stages one and two of the research.

5.2.1 Discussion: Issue 1. Extent of drug use

The focus groups’ discussion of this topic revealed that most of the participants knew friends or acquaintances who were using illicit drugs. The university group estimated that about 50% of university students were engaged at some level with drug use.

School A participants acknowledged that everyone knew of someone, or a friend of a friend, who uses drugs and they also suggested that someone (usually an older peer) could obtain drugs. These findings support earlier research cited in the literature review. Balding (2000) found that 39% of 14-15 year olds knew where to obtain an illegal drug.

Both the university and school A group primarily talked about cannabis use. Similar findings were reported by school B participants, although they talked of a progression from cannabis to class A drugs among some of their friends. Once again the research cited in the literature review would support these findings. The DOHSD statistical bulletin (1998) reported that cannabis was the most frequently reported drug used by young people.

YOT Professional Commentary (group A):

“I think the government have realised that certainly the young people we are seeing, nine out of ten are using to a lesser or greater degree. Alcohol, cannabis and through to the class A drugs. Now it could be recreational, it could be just experimenting or it could be a habit which has developed.”

Comparison of data: stage one and two of research

The focus group data support the findings of stage one of the research and previous literature in this area. The results of the questionnaire to the university sample showed illicit drug use to be a little below 50%. Cannabis was the primary illicit drug

of choice/use. The observations of the professional presented above confirm the level of drug use reported by the other groups in both stages of the research.

5.2.2 Discussion: Issue 2. Age of first drug use

The findings of the groups on the issue of the age of first drug use suggest that among the school participants a common age of first drug use was perceived as being thirteen years of age (school years 8/9). The youth club participants discussed ages from nine years and older. These perceptions are corroborated by research evidence that was presented in the first stage of the literature review and, as Dawson (1997) notes, the average age of first use of drugs appears to be falling and the range of drugs expanding.

YC Professional Commentary:

“I think, yeah, I would say the average age is, well – there’s different drugs you see, the first drug they try is cannabis, I think it is quite common yeah, about 13 to 14 years.”

Many sources have expressed concern that the age of first drug use is getting younger and drug experimentation is spreading (ISDD 2000, TSO 1999, Galt 1997, Coggans and Watson 1995). The young offender group (A) suggested that illicit drug use was starting as early as seven or eight years of age. There was a perception of very young age of first drug use among the vulnerable groups.

YOT Professional Commentary (group A):

“Certainly I see children from ten years and upwards. Very often, between 10 and 14 they are experimenting...15,16 up to 17,18 there is a big gap. They have pretty much decided what they are going to use.”

This has implications for when young people should start to have drug education at school. The need for early intervention and education was called for by the university sample in stage one of this research. Swadi (1989) supports this move asserting that drug education in late adolescence can be fruitless. However Dawson (1997), reporting the results of research with primary school teachers regarding drug education, found that many felt that drug education should not start before nine years of age. Clearly for some of the participants in this research age nine would be almost too late. The implications are grave, as White and Pitts (1998) and Kandel (1982) state, the earlier children and young people start using drugs and other substances, the

more likely it is they will abuse alcohol and other drugs subsequently. The following observations made by the professional at school B identifies that drug education may be started too late at his school.

School B Professional Commentary:

“So I think maybe we are tackling things a bit too late in some cases... I think year 9 is crucial actually. I am not saying that they don't get involved in year 8, but I think year 9 is definitely the time they are more likely to be involved in drugs”

Comparison of data: Stages one and two of research

The focus group data support the findings from stage one of the research and current literature on this issue. The commentary presented by the professionals also supports the findings. The focus groups also provide data that suggest that the age of first drug use may be much younger than generally thought, with examples being cited of first use at 7 years of age. It has to be considered that the young people involved in the research could have been exaggerating this low age for effect, however the author's personal view is that the accounts were an honest reflection.

5.2.3 Discussion: Issue 3. Reasons for drug use

Curiosity, relaxing with friends, and generally having fun were the most common reasons given by the university group for drug use. The school A and B participants overwhelmingly named boredom and lack of facilities for young people. The youth club group suggested it was more about being 'one of the crowd' and appearing older. During the interview with the youth club professional, she pointed out that the young people I met as a focus group were the younger members of the youth club. As the group got older, she suggested, the motivation for drug use would potentially change. Initially it is about experimentation but as they got older the situation was apt to change. This would certainly be supported by the results of stage one of the research among youth club participants who encompassed a much greater age range.

YC Professional Commentary:

“I think most of it is about having a good time. It's cheap and their friends are doing it, going to the park and getting stoned, a lot of them drink quite heavily too at the weekend. But like this boy I was saying, there's lots of problems in his life and it's escapism, he's demonised around here. He's burgled here, but he still shows up every now and again.”

The youth club professional also referred to another young person who was causing her concern:

“I spoke to a girl this morning, she’s not working or going to school and she cleans houses, but the way she was talking, she wasn’t with us, I’m sure she was on speed or something anyway.”

She concluded this part of the interview by affirming that the reasons for motivation for the consumption of drugs varied according to the individual and their circumstances:

“So some for pleasure, some habit and some as a sort of escape.”

The young offender group once again graphically described how boredom contributed to their use of drugs. These findings are supported by the results of previous studies. Galt (1997) observes that common reasons given by young people for drug use include boredom, because everyone else is doing it, or to have a good time. The Joseph Rowntree Foundation (JRF) published the findings of a report examining the impact of social exclusion on young people moving into adulthood (Johnston et al 2000). Within the report it was observed that recreational facilities and opportunities, and in particular opportunities to engage constructively with training, education or employment helped young people move away from crime and drug use (Johnston et al 2000).

The pupil referral group mentioned taking drugs ‘because they wanted to’ and to ‘get high’. They also indicated that drugs could be a source of income. More worryingly one of the participants disclosed that he had been introduced to drugs while he was a resident in a children’s home. The HAS (1999) include children in care as being among the vulnerable groups more likely to engage in problematic drug use. The professionals involved with the young offender and pupil referral groups elaborated on this issue:

YOT Professional Commentary (group A):

“You know they are not in any form of education, they are using drugs or alcohol and may be shoplifting or worse to fund this. I think they experience huge problems and very often feel quite isolated.”

PRS Professional Commentary:

“Drugs are obviously fulfilling a need, you know like people smoke cigarettes because they are stressed for a lot of the time.”

YOT Professional Commentary (group B) referring to one young man who she had recently assessed:

“His life had become nocturnal, he was sleeping until 5 or 6 every afternoon and then he would get up. There was very little structure to his day, he was clearly depressed, his self esteem was very, very low.”

The professionals involved with the more vulnerable young people (YOT, YC, PRS) all agreed that the support, education and advice had to be a part of an ongoing rolling programme.

YC Professional Commentary:

“Temptation is just around the corner – all the time.”

What became evident as the research developed, were the different motives for drug use among the different social groupings. While recreational drug use was common within the university group, and consumption was generally to ‘enhance a night out’, motivational factors and pattern of consumption altered considerably among the other groups. For the very vulnerable young people, drug use would appear to form part of the structure and to give meaning for their day-to-day existence.

Comparison of data: Stages one and two of research

The data generally support the findings of stage one of the research and current literature in this area. However, the youth club respondents in stage one of the research expressed more explicitly their feelings of despair and depression when discussing their drug use. This did not come through quite as clearly in the focus group work. One reason for this may have been that it can be difficult to talk about such sensitive feelings in front of peers, whilst completion of the questionnaire had been confidential. However, valuable insight has been gained regarding links with the continuum of vulnerability to drug use/misuse proposed earlier in the thesis. The commentary by the youth offending service professional draws attention to young people’s drug use being linked with school exclusion, lack of structure or purpose, crime, isolation, stress and low self esteem.

5.2.4 Discussion: Issue 4. Substances being used

The groups named a variety of drugs that were being used. They included cannabis, ecstasy, speed, smack and more vaguely ‘tabs’ or ‘tablets’. The young offender group named Heroin. Heroin was identified as being popular by this group as it was

considered to be cheap in relation to the effect it produced. The young people from the pupil referral service, and in particular one young man, described how a mixture of drugs (including snorting cocaine) and alcohol were consumed on one occasion. Other members of the group agreed that they used different drugs according to the occasion; 'different drugs for different things'.

The professionals made the following statements in relation to the substances being used by the young people.

School B Professional Commentary:

"I suspect a large number of our youngsters are taking cannabis, in fact I know for certain they are."

YOT Professional Commentary (group B):

"Cannabis and alcohol would be the two main drugs used, then there would be a small smattering of everything else, it might be LSD, amphetamines, towards cocaine, crack and heroin."

While this professional detailed a range of illicit drugs that were frequently used by service users, a colleague noted changing patterns among the young people, and also alluded to prostitution related to drug use.

YOT Professional Commentary (group A):

"I was tending to see more alcohol, cannabis and the dance drugs like amphetamines or ecstasy, that sort of thing. I think that has changed recently, it seems to me that heroin has started to spread across the board. Where I do see the class A drug it's for weekend use when they go to dances, they might use ecstasy. With heroin it is very much around young girls who have been coerced into prostitution."

The professional commented that more young people were becoming involved with prostitution linked to drug use. Commonly, the young people did not think of themselves as 'prostitutes', but rather that they were girl friends of men for whom they would do favours in return for drugs.

Comparison of data: stage one and two of the research

These qualitative findings support the quantitative findings from stage one of the research. The youth club sample reported a higher level and frequency of illicit drug use in the questionnaires they completed compared to the university sample.

However the university and school A focus groups did not provide additional

information on this issue. The professional commentary confirmed that cannabis was the most common drug used among the young people they were working with, and that a range of other illicit drugs were also being consumed. In addition to this, valuable insight has been gained which provides further links to the continuum of vulnerability to drug use/misuse. The Youth Offending team professional stated quite firmly that in his experience there was a link between young women (children) being coerced into prostitution, and class A drug use.

5.2.5 Discussion: Issue 5. Context of drug use

The two more vulnerable groups developed the issue of the context of drug use. The youth club group described how the foundations of a disused bandstand were used by local drug addicts to 'shoot up'. The young offender group described how there was no particular time when they were more likely to use drugs; it could be every day and more at weekends, first thing in the morning and last thing at night. They described how drugs and alcohol were used in the flat of one of the group members. They also went on to say how they had engaged in risk behaviour by using drugs outside a police station and inside court premises. The pupil referral group identified that they used drugs in a mate's house, in the park, in school and outside the police station. For all groups it was mostly a social activity done with others. One young man described how he had created an 'environment' on the roof of the block of flats he lived in. This area had been furnished and it provided a place of comfort for the young man and some of his close friends. The PRU professional gave an account of a young man who was using drugs throughout the day. She also gave an opinion that some of the problems were due to lack of parental control.

PRS Professional Commentary:

“He would be using drugs from early in the morning on him rising, right through the night into the early hours of the morning, there were few boundaries in the house from parents, he was allowed to remain up with nobody telling him to go to bed.”

Discussion of findings: Stages one and two of research

There were little new data presented by the university and the schools participating in this stage of the research. However the remaining groups added a wealth of information, which confirms the findings of stage one of the research. These groups

are arguably made more vulnerable by their circumstances than the other groups participating in the research. They talk of consuming drugs in a variety of locations and circumstances. Quite graphic detail was given of the effects of consuming illicit drugs. There is a paucity of research in this specific area and therefore comparison with other evidence cannot be made. However there is more evidence supportive of the continuum of vulnerability to drug use/misuse. The professional talks about a 'lack of parental concern and boundary setting'. Once again there is a reported lack of structure, or purpose to the young person's day. The drug taking is reported as being virtually on going over a 24-hour period.

5.2.6 Discussion: Issue 6. Availability of drugs/dealers

Generally, the groups that discussed drug availability identified that drugs could be readily obtained, although some of the school A participants expressed surprise that certain drugs could be obtained. They cited friends and friends of friends as a supply route. These findings are supported by Galt (1997) who asserts that many young people obtain their supplies from friends or from older siblings. The professional from the pupil referral unit raised the issue of dealers, although she did not specify friends or family members as being involved, she did suggest that there was no problem for the young people in getting hold of illicit drugs and it was generally someone they knew quite well.

PRS Professional Commentary:

"I don't know who the dealers are, but it must be quite easy to get hold of, there's obviously known people they go to, it's probably someone they know."

The youth club participants and the young offender group (A) raised the issue of drug dealers as a supply route. They described how the relationship with the dealer was crucial as he could 'look out for you'. Some of the young offender group discussed how the dealer saw young people as 'collateral' in the running of their 'business'. Clearly, once again a division was occurring between the groups, while the school group (A) talked of older sisters and friends as a source, the more vulnerable groups were familiar with dealers as a supply route. This may be a reflection of the social milieu in which they live. While the participants from school A acknowledged friends, or friends of friends, as a supply route, the relationship with dealers among the more vulnerable groups seemed to be on a more 'professional' footing.

Comparison of data: stages one and two of the research

The issue of dealers was not referred to during stage one of the research and therefore comparisons cannot be made. However, the current literature and professional commentary support the findings of the focus groups. Illicit drugs are readily available to young people from a variety of backgrounds. While school A participants discussed the role of friends and family providing drugs, the more vulnerable groups were involved with dealers, dealing and being 'looked after' by such individuals. Thus there is further, if tentative, evidence to support the continuum of vulnerability to drug use/misuse.

5.2.7 Discussion: Issue 7. Peer pressure

Peer pressure was a subject developed by most of the groups/participants. The university group felt that peer pressure was not a problem. Possibly because of their more mature age and confidence, they felt that they could accept or reject being one of the crowd. This was not true of the subsequent group discussions however. School A and school B participants all talked of feeling pressured and of drug use being a 'group' activity. The young offender participants described being threatened if they did not use drugs at a young age, and also alluded to the possibility that they had been a party to putting pressure on others to use illicit drugs. The findings of other research in this field support the findings of this study. Orlandi and Dozier (1990) observe that as children approach adolescence, there is an increasing decline in the importance of parental influence and this is accompanied by a parallel rise in the relevance of peer influences and other factors. Stice et al (2002) observe that substance use that is motivated by the desire to conform may generally place youth at an elevated risk for consequences. The authors suggest that such young people are likely to engage in other risky behaviour while using drugs in an attempt to fit in. The following statement was made by the YOT professional acknowledging the role of peer pressure and the difficulties for youngsters who might wish to 'move on'.

YOT Professional Commentary (GroupA):

“He was actually talking about he thinks he can move away from his old peer group and he hasn't got the same conversation any more...maybe he has taken responsibility for moving away from them rather than wanting to stick to his friends.”

Denscombe (2001) examines the effect of peer group pressure on adolescents. Among the results the author reports that the concept of peer pressure does not take account of individual autonomy and self-determination and wrongly portrayed them as victims. This can be readily applied to the comments of the university group. However the findings of this research also present a different view. Those participants who were from the more vulnerable groups quite graphically described peer pressure and coercion to take illicit substances, while the university and school groups did demonstrate the autonomy and self-determination to avoid pressure of this sort. Coggans and McKeller (1994) suggest that the concept of peer pressure could more accurately be referred to as 'peer preference'. They argue that some individuals make a conscious decision to seek the company of others who share the same values and norms as themselves. Similarly, Emler (2001) debates the issue of 'peer influence' on drug using behaviour.

The central argument for those who support the influence of peer pressure is that low self-esteem makes young people more vulnerable to the undesirable influence of their peers. This premise is challenged by Emler (2001) who asserts that the relationship between self-esteem and drug use is weak at best (this issue is examined in more detail later in the chapter under the heading of 'feeling valued' and has also been critiqued in the literature review). Denscombe (2001), on the basis of his findings suggests that peer health education messages may be misguided. While this may be true for some groups of young people, this research suggests it may not be the case for more vulnerable groups.

Comparison of data: stages one and two of the research

The university group when interviewed did not raise peer pressure as a cause of illicit drug use. However, in stage one of the research the results suggested that respondents in the 19-21 year age band were likely to be motivated by peer pressure, at least in part. Therefore, there is an anomaly in the findings. Similarly, in stage one of the research the youth club respondents did not raise peer pressure as an issue, except for those who wrote 'friends not into it' as a reason for abstinence. The focus group data reveal a contrasting picture however, especially among the more vulnerable groups. The issue of peer pressure (peer influence or peer preference) is clearly complex.

There are clear links to the continuum of vulnerability to drug use/misuse however, with the more vulnerable young people reporting overt pressure to use illicit drugs.

5.2.8 Discussion: Issue 8. Appraisal of health education/promotion approaches

(The discussion is presented under the subheadings used in the presentation of the focus group data: someone to talk to, role of the media, just say no, help-lines, shock/horror approaches, and the role of the police.)

Someone to talk to

All participant groups during both stages of the research identified the positive contribution of ‘someone to talk to’. There are particular characteristics that participants identify this person should have, as detailed among the results. The comments include: someone of a similar age (it is hard to talk to someone older), someone with experience who knows what they are talking about, and someone from outside the host institution for reasons of confidentiality, someone who is generally credible. Ashton (1998) asserts that it is strange that while adult services target the individual, work with young people tends to focus on groups. When the participants discussed having ‘someone to talk to’, it was important for them that this was confidential, someone not known to them. Ashton’s observations would appear to be correct in that there is a need for individually focused work with young people.

The youth club group had developed a close bond with the youth workers at the club. The relationship was built on trust; the young people knew there was always someone there to listen to them. Indeed, this became evident during the many visits that were made to the club. There was always at least one young person present, who had dropped in to spend time with the youth workers. Sometimes this was about drug use, but frequently it could be about any number of social problems.

YC Professional Commentary:

“We are with them twice a week at least, they know they can come here to talk to me...they know that we care about them.”

Included in the description of someone to talk to was ‘previous user’. Previous research in this area supports the findings presented above. Roker and Coleman (1997) conducted a study involving 2,100 young people aged 11-16 years, exploring

issues of drug education and advice the sample had received. The sample's preferred method of drug education was talks by a drugs user, or someone working with, or with experience of drug users. Plant (1987) concurs with this view, asserting that young people derive their ideas about drugs from those with whom they can identify. Similarly, Logan (1991) found that interventions in which outside visitors are involved have a greater impact on young people than impersonal strategies. However, the question could be raised about the effectiveness of such an approach. Having a user or ex user to deliver drug information would certainly have an 'excitement' appeal. Rather like some of the shock horror approaches, the story can be very gripping, but what is less clear is if it actually changes the listener's attitude, and more importantly, behaviour.

Comparison of data: stages one and two of the research

The findings support those gained in stage one of the research particularly from the youth club respondents. The young people clearly valued the role of the youth worker as a trusted confidante. Among the school groups, a participant from school A talked of letting young people know 'that they are not alone'. The youth club professional stated that the young people knew they could come and talk to her, to 'know that we care about them'. This would seem to be an important issue for health promotion among young people.

Role of the media

Focus group participants were quite vocal on this issue and generally referred to 'bad' role models highlighted by the media. Newspaper stories of Robbie Williams, Kate Moss and other popular people were identified as providing 'cool' role models that young people are keen to emulate. Popular literature (Train Spotting by Irvine Walsh) was negatively viewed by some of the participants; the book was seen to glorify drug use. 'Soap' programmes such as Grange Hill and East Enders, were viewed more positively by participants as presenting information in a realistic way. They were also seen as useful as such programmes frequently provide help-line numbers for those who may be experiencing problems. This issue did not arise in the first stage of the research. There was no credible, published literature found in this area. This is therefore a new finding and a further area of importance for health promotion.

Leaflets

The majority of respondents and focus group participants judged leaflets not to be useful. It was identified that some people might have difficulty reading information due to poor literacy skills (this possibility was identified as a reality during stage one of this research). University participants identified that there was leaflet 'overload', while school group A similarly complained that they could not be bothered to read information as they had so much drug education. The results of a study carried out among a university population by Aveyard (1999) also found that there was a reluctance by students to pick up leaflets. Aveyard suggests that this could be due to stigma and the fear of being seen as 'a junkie'.

Comparison of data: stages one and two of the research

The data generally supports that gained during stage one of the research. However, participants were unanimously negative in the feedback they gave leaflets in the focus groups, while in stage one there was a level of support identified. While the university and school respondents expressed the view that they would not be bothered to read them, there were repeated references to young people among the more vulnerable groups having poor literacy. There are potential links with the continuum of vulnerability to drug use/misuse when looking at the levels of literacy among the more vulnerable groups.

Help-lines

Telephone help-lines have been reported as being especially valuable to people who initially prefer not to seek help from the statutory services (DOH 1996). Such services may provide advice and access to support and treatment services as well as providing confidential advice lines to drug users and carers (Department of Psychiatry of Addictive Behaviours 1998). A Home Office report (Manley and Russell 1995), which carried out an evaluation of drug information line projects in London and Newcastle, showed that with a range of measures to gain maximum publicity for the service, there can be positive outcomes.

The data from the groups in this research showed mixed feelings about how helpful designated help-lines could be. It was seen as positive that you could talk to someone without being seen, and also that there was the option to end the conversation when

you wanted. Participants identified practical difficulties however, with cost and confidentiality issues being identified. These findings are supported by those discussed by Aveyard (1999) who observes that although the use of telephone help-lines was identified by students as an information giving strategy, issues of confidentiality were cited by students as a reason for not using such a service.

Comparison of data: stages one and two of the research

The findings clearly support those gained during stage one of the research and literature on the topic. Confidentiality and cost are issues that must be addressed if this form of support is to be developed however.

Just say no

There were mixed responses to the 'just say no' approach from participants. The university group felt that while for younger people, 'just say no' may have some positive impact, as they got older curiosity to experiment was likely to be a more powerful force. School B participants also gave different views. A dominant theme was that young people should be able to say no, identifying however that this was not always the easy option. Research in this area is generally negative of 'just say no' approaches and has been referred to in the literature review (Parker and Measham 1994, Schilling and McAlister 1990). The PRU professional discussed this issue and observed that they did not ever try the 'just say no' approach. She went on to discuss other more successful strategies.

PRU Professional Commentary :

“The 'just say no'...well it doesn't work. It's all about getting them to decide what they would do in different situations. Sometimes we do scenario work, where they would go to get help...and if another young person says it, it means so much more than if I say it. You know you think 'thank God for that' -so yea, really it's the only way you can work. What they like is to be consulted, treated with respect. They know what the score is!”

Comparison of data: stages one and two of the research

The data generally support that presented in stage one of the study, where both groups of respondents reported not liking 'being told not to do it'. The data also reflect the findings of other research on this issue. The views of school group B offered a completely different perspective however, with participants thinking it quite appropriate. The comments from the PRU professional however mirror what the

majority of participants were asking for during both stages of the research, namely, being given information, being treated with respect and with acknowledgement of their level of knowledge about illicit drugs.

Shock/horror approach

The two groups who discussed this topic in depth were the university and school A. They gave very different opinions. Once again this could be related to the age difference between the groups. The university group felt that young people did not identify with such images, while the school participants expressed the view that it was a positive strategy. The public are frequently exposed to tragic and horrifying images of young people who have died as a result of drug misuse. Although hard hitting and thought provoking, research suggests that such images do not seem to actually prevent young people using drugs themselves, although they sometimes change their drug of choice as a result. The literature review at the start of the thesis identified that such interventions lack credibility with their target group, as the messages they send are contradictory to the knowledge and experience of young people (Coggans 1998, Coggans and Watson 1995, ACMD 1984, De Haes and Schuurman 1975).

The youth club professional was quite clear on this issue.

YC Professional Commentary:

“There is no point in telling them one E and you’re going to die, because they know that’s not true. They know what the score is. There are certain ways of giving the information to young people.”

The YOT professional made similar observations on the issue. She felt that the young people deserved to be given full information about drugs and allowed to make their own decisions.

YOT Professional Commentary:

“They need to be treated as equals, with respect. They’re not stupid, they know what is going on. Just to be given the facts, give them the chance to work it out for themselves, say ‘you are responsible for your life – you decide what happens.’”

There have been other criticisms of the ‘shock’ approach. Pritchard et al (1986) observed that the danger of media attention of this sort might be that it is counter

productive, as it may alert vulnerable and possibly troubled youngsters to the challenge, risk and special status of drug use.

De Haas and Shuurman (1975) and Marlatt (1996), postulated that the approach can glamorise and add to the excitement of drug use and actually increase the misuse of drugs. Furthermore, Cohen (1996) drew the conclusion that most forms of anti-drug education may be worse than having no education at all. A different perspective is given by Schilling and McCallister (1990), who discuss how news stories of overdose may have a positive impact on drug use. However they assert that short-term effects of drug use are not always observed to be detrimental, as when young people watch peers and adults experience stress relief from drug use. This is especially true among low-income groups where short-term relief is more meaningful than long term or there is a low probability of negative effects.

Comparison of data: stages one and two of the research

During stage one of the research some of the university group respondents gave a favourable response to the use of shock approaches. They found it effective and also thought that there should be more of that type of approach. However a negative response was given during the focus group when the issue was explored in more detail. Thus the findings are not clear on this issue. The youth club group did not mention the approach at all in either stage of the research. This was the case with the majority of the groups. Possibly the views expressed by Schilling and McCallister (1990) (see above) have some bearing on this situation. Certainly the results of both stages of the research show that the more vulnerable young people had less concern about the potential danger or effects of their drug use. This is a complex but interesting area for health promotion initiatives.

The role of the Police

When discussing the role of the police regarding illicit drug use there was a marked lack of concern regarding the fact that illicit drug users were committing a criminal offence, and, more importantly, a complete lack of respect for law enforcement officers. This was for a variety of reasons. The university group suggested that the police made use of the drugs they confiscated. The role of the police in schools as part of drug education was negatively evaluated in both stages of the research by

respondents/participants. The youth worker engaged with the youth club participants also commented the police in the local area deliberately targeted some of the young people because of their parents' or other family member's involvement with drugs.

YC Professional Commentary:

“It's a mixture between targeting this area and the young people in it – and setting up animosity, the whole authority thing you know. It's just that authority really and just being targeted, rebelling against that.”

Similarly, the PRU professional observed that relationships between the police and the young people were very tense.

PRU Professional Commentary:

“They are stopped, asked what they are doing, I know a lot of young people who have been stopped as they are walking down the street – ‘what you doing, where you going?’ They (young people) ask, ‘you know, why are you stopping me’?”

The youth club professional discussed a cycle, where the views young people had of the police were passed on when they had children of their own.

YC Professional Commentary:

“Some of the family have been in prison and it is the whole family attitude to police.”

Such activity, she suggested, was not a good starting point for community policing and drug prevention education. She also identified that she thought the police were trying to rectify the situation.

YC Professional Commentary:

“I think they are trying to stop all that now, there's a community policeman now on the estate – being known to people.”

Perhaps this provides some of the reasons why young people are so indifferent to police interventions. When discussing the role of the police in the delivery of drug education, research identifies that young people do not see uniformed police officers as a credible source of information (Portman Group 1997).

Comparison of data: stages one and two of the research

The data clearly supports stage one of the research that also evaluated the role of the police in drug education negatively. There is a paucity of credible literature on the

specific issue of police interventions in this area. The views of the young people in this research speak for themselves. Reasons were given by the young people and the professionals that indicate a source of that negativity. Undoubtedly there is more work to be done in this area. There are also potential links to the continuum of vulnerability to drug use/misuse highlighted in this area. The professionals identify that many of the young people they are seeing have families with an on-going history of contact with law enforcement agencies. Similarly the young people report instances of police involvement in relation to drug use. The professional reported some of the young people being targeted by police in relation to drug use by their families and a cycle of negative involvement with law enforcement agencies being established.

5.2.9 Discussion: Issue 9. School issues and drug education

It is evident that there is dissatisfaction among all groups with school education regarding substance use and also input from the police force (generally provided as a part of PSHE). While other forms of intervention receive mixed views, these two themes are evident and negatively evaluated throughout both stages of the research. Cohen (1996) asserts that 'normal' classroom teachers should lead school drug education and that it is not effective to bring in outside organizations such as ex drug users and drug agencies. Cohen suggests that outsiders tend to sensationalise drug issues and frequently use the discredited shock/scare approach. However research has found that young people are critical of teacher led drug education. Roker and Coleman (1997) conducted a study involving 2,100 young people aged 11-16 years, exploring issues of drug education and advice the sample had received. Among the findings it was identified that the majority of participants were critical of the content, format and teaching of the lessons. In both stages of this research the participants have been critical of school led interventions and have requested information from ex drug users, or those involved with the care of drug users.

As highlighted in the literature review, Tackling Drugs to Build a Better Britain (TSO 1998) requires that local Education Authorities provide drug education. Thus, teachers and other professionals are seen as having a key role in prevention programmes. However drug education is recognised as an area of knowledge where successful teaching strategies have yet to be formulated (Blackman 1996). Dawson

(1997) observes that there is an abundance of teachers who lack confidence with the issues involved in drug and alcohol programmes. Stead et al (2000) assert that teachers varied in their skills and confidence regarding drugs education and that the widely differing needs of teachers posed a number of challenges. Although teachers are required to provide drug education, they are given little guidance on how this should happen and the Department for Education is unable to offer proven details of what works as effective drugs prevention (Blackman 1996). The following extracts demonstrate some of the frustrations shown by the professionals regarding their role in health education in relation to drug use.

Professional Commentary (School A):

“This is such a huge area and only one hour a week PHSE is the poor relation. Less confident colleagues tend to duck it. Just one hour a week.”

This was a common concern among school professionals: lack of time in the curriculum, lack of training and too many other responsibilities.

Professional Commentary (School B):

“I am not sure as teachers we have the right skills. I think this is one of the problems. We have a different role, an education role which is to look at knowledge, skills and attitudes to drugs and to alcohol. I feel that we have to say in terms of drugs, you really shouldn't be taking them but I am well aware that the message isn't heard, so we also have to talk about how you can – it is difficult.”

The demands of additional duties also provided an additional stress:

“Actually I have a whole series of different responsibilities and so just you know drugs and alcohol is just a tiny part. I tell you I am PHSE coordinator, work experience, careers, it is about eight jobs actually, I can never remember all of them. We are very much under pressure staff wise, we have got three maybe four unfilled posts so that is very difficult.”

The professionals from other agencies also made some observations regarding colleagues in education.

YOT Professional Commentary (Group B):

“I am not knocking teachers, but I wonder whether the language used is young people's language and it can be quite difficult for an adult to adopt that particularly. I imagine teaching – you are talking about mixing drugs, they say 'don't combine drugs' there may be a percentage of young people don't understand combine. Many young people who come to the youth offending team have lower levels of education and would not understand combine.”

YOT Professional Commentary (Group A):

“There is still a lot of work we can be doing on the prevention side of stuff, still more that can be done in schools I believe, that is what we hope for.”

The professional involved with the pupil referral service questioned if teachers in mainstream schooling had the right skills in the area of drug use.

PRS Professional Commentary:

“Like schools, there’s certain ways of working with young people and the ‘I told you so, you’ve got to do it my way’ does not work.”

The Youth club professional acknowledged that the situation for teachers involved with drug education was fraught with difficulties.

YC Professional Commentary:

“I think it’s a dodgy area for teachers, I mean it’s good if it’s done in the right way, but you can get one young person who makes it all sound fantastic, it’s difficult with 30 kids, would send out the wrong image.”

The findings of the literature review at the start of the thesis suggested very strongly that school interventions related to drug education were poorly received and evaluated.

Comparison of data: stages one and two of the research

There are unequivocal comparisons in the findings from both stages of the research, the professional commentary and the literature. Clearly this is an area of concern that warrants further research. The youth club participants developed this topic to discuss their views on school exclusion. This was on their own initiative. Some of the participants had been excluded from school and all knew of someone else who had been excluded. They clearly expressed their dissatisfaction with such procedures and demonstrated anger about a system they perceived was letting them down.

The school professionals that were interviewed for this research were not from schools with high rates of permanent exclusion, except in very extreme circumstances. However, the youth worker who helped facilitate the youth club sample and who worked and lived locally spoke of schools in the area having a very high exclusion rate.

Professional Commentary (School B):

“We don’t go for exclusion usually, very seldom. We might do a short exclusion to give us a breathing time more than anything else. If we had a dealer we might look for a permanent exclusion. It is better to have them in school where you have got some control and there is a real dilemma then, if you exclude do you pass the problem on to someone else? We pick up on exclusions from elsewhere for all sorts of reasons because we are well under numbers and we are in the poorest part of *****and we become the dumping ground.”

Similar comments were made by the professional from school A. She acknowledged that the school previously had a much harder approach to incidents of substance use, but the appointment of a new Head had changed the policy on exclusion.

Professional Commentary (School A):

“I don’t think so under the present regime, which is more open and sensitive, in the past it would have been swept under the carpet. It’s the view that if you exclude, you push the problem further out like a honey pot, not helping the young person.”

This observation was supported by the comments of the professional from the pupil referral service. She felt that although the service struggled to help support the young people who were referred to them, there were many problems with the system.

PRS Professional Commentary:

“An argument is there’s lots of people with the same problem in the same place, all with emotional behaviour who can’t fit into ‘slots’ at school. They are only here 8 hours a week, maybe only 6, they’ve got nothing to do. They hang around with other people with nothing else to do.”

Interestingly and importantly, two participants in the young offender groups (A+B) mentioned that they regretted missing so much time from school and saw this as being pivotal to the escalation of their drug using behaviour. The role of poor schooling and education and the link with illicit drug use was identified in the literature review at the beginning of the thesis.

Comparison of data: stages one and two of the research

The issue of exclusion was initially broached in stage two of the research and therefore comparisons cannot be made. However it is evident that many of the youth club participants in stage one of the study were attending the pupil referral unit, and as such had been excluded from mainstream schooling.

There are clear links to the continuum of vulnerability to drug use/misuse raised in this area. Participants among the more vulnerable groups were more likely to be excluded from school. The literature and the evidence suggest they are more likely to misuse illicit drugs. Once again there is reference to a lack of structure or purpose to the excluded young people's day. There is a paucity of good research looking at the needs of school excludees in relation to illicit drug use and this is an area ripe for further study.

This research has established new knowledge about drug use and misuse among this particularly vulnerable group. However, the numbers involved in this research are small and as such generalizations can only be made tentatively. On the other hand, the qualitative approach adopted for this stage of the research has facilitated the collection of in-depth data that reflect the lived experience of the young people involved within it.

5.2.10 Discussion: Issue 10. The role of parents

Nearly all the groups had something to say on the role of parents. The university participants identified that the individual family relationship was crucial. One participant spoke of the fact that her parents were beside her "100% no matter what". Other participants identified that the parents' own behaviour regarding drug use would influence their response to their children's own use and therefore the advice they gave. They also talked about parental responsibility to create a relationship where children could talk to their parents about such issues as drug use. School A participants identified that parents, friends or relatives would be the first person they would turn to if they had a drug related problem. They also identified however, that in some instances parents could be partly to blame for drug related behaviour as young people did not receive sufficient attention at home. School B participants were much less vocal on this issue, with one respondent identifying that if she had a drug related problem she would go first to her mum.

The youth club participants identified that it very much depended on the individual family, although they gave examples of how their parents asked them if they were involved with drug use.

The young offender group was quite vocal on this issue. They talked about a peer who had parents who (in their opinion) did not care about him, and they clearly expressed concern about his well being. Another group member identified that if he had not been removed from the care of his mother he would be in prison. The provision of such graphic accounts identifies the group members' acknowledgement of the importance of supportive parents. They also discussed how they would behave as parents when they had children (generally describing threats of violence). However, there was a hint of cynicism at the end of the discussion when one participant said that parents were safer "keeping out of it". He alluded to the fact that in similar circumstances the parents would be "doing the same thing". The young people from the pupil referral unit were generally quite negative about parental involvement or guidance regarding drug use. Having initially reacted with anger when they thought I was questioning if their parents cared about them, they went on to say there was little that parents could do about it.

It was identified in the literature that the first Annual Report and National Plan - *Tackling Drugs to Build a Better Britain* (TSO 1999) recognised the importance of 'explaining properly to our children what the risks of drug taking are...more needs to be done in conjunction with parents... to make a real impact'. Research elsewhere has identified that many parents feel ill equipped to tackle the issue of drug use. Velleman et al (2000) suggest that international research demonstrates that the relationship between parent and child has an impact not only on a young person's first drug use, but also on problematic use later in life. Within their research Velleman et al (2001) suggest that:

- a close parent-child bond may discourage drug misuse both directly and through choice of non-drug using friends. Poor family cohesion can predispose children towards delinquent or deviant behaviour which parents then lack the influence to control
- the attitudes held by the parents strongly influence those of their children and the behaviour of parents towards substance misuse is an influential model for their children
- parents often underestimate the extent of their own influence, believing peer influence to be the decisive factor in their child's drug-related behaviour. At

the same time, they lack basic knowledge about drugs and confidence in communicating with their children

- research shows that, with training, parents can provide a supportive environment in which children develop self-confidence and healthy peer relationships.

One longitudinal project that sought to include parental involvement, and help equip them with the appropriate knowledge and skills to communicate with their children, was disappointing however. Within the evaluation of NE Choices (Stead et al 2001) it was identified that initiatives to involve parents with drug education projects were consistently poorly attended. The question arises of parental substance use. Some parents will be using drugs themselves, others will have used drugs during their adolescence. This may well influence the way they discuss drug use with their children. Similarly, parents may not wish to attend such projects, as it may appear that they are in some way admitting that their child might have a drug problem.

As many of the participants pointed out, individual circumstances and relationships are crucial to how parents will interact with their children regarding drug issues. While some relationships are supportive and facilitate open discussion, many others will not, for a variety of reasons. Arguably, those parents who may benefit most from such programmes are the least likely to attend. One reason for the potential of non-attendance of family members to such programmes could be their own substance use.

The YOT professional cited below, identified that in her experience many young people who are using drugs have close family members who will also be using.

YOT Professional Commentary (Group A):

“There will be some kind of history not very distant from the immediate family yes. If not the immediate family, it could be an uncle, nephew, cousin, it is often not too far away.”

Such factors may well prohibit attendance at any formally developed programmes.

Comparison of data: stages one and two of the research

Parents featured strongly among the youth club responses in stage one of the research. In those findings, there were positive and negative aspects to the role of parents reported. Among those who used and did not use drugs, there were examples of close family members using and possibly misusing illicit drugs. What is apparent when analyzing the focus group data in stage two of the research, is that among the university and school groups, parents are generally portrayed favourably, whilst among the more vulnerable groups there is a suggestion of less regard being shown for parents, or of acknowledgement of parental concern and support. However, it must be reiterated that the numbers involved in this research are small and, as such, findings must be treated with caution.

Once again the qualitative nature of the research has allowed the capture of new perspectives and rich data, albeit from small numbers of participants. There are potential links with the continuum of vulnerability to drug use/misuse in this area. Parental support and guidance as Velleman et al (2001) point out, can be influential in discouraging drug use through a close parent-child bond, while poor family cohesion can have the opposite effect, which the parents then lack the influence to control. This is an important issue for health promotion.

5.2.11 Discussion: Issue 11. Worries about drug use

The youth club, young offender and pupil referral groups discussed the issue of worry regarding drug use. The youth club participants discussed their knowledge of dangerous methods of drug use, citing injecting in their discussion. They discussed that they had observed drug users injecting drugs in a local park. They acknowledged that this was a frightening experience for them and also, unfortunately, a common experience.

YC Professional Commentary:

“Around here there’s one young person known to the club and he uses heroin, someone’s Mum is also a heroin addict and comes in – about two weeks ago – there were lots of needles around by the paper bank. So I think they see it for themselves, they see what heroin does to people, how their life goes. This boy is in and out of prison – I think they know the difference, it’s what they see around them.”

The young offender participants did briefly discuss some concerns about their drug use, but this did not seem to affect their drug taking behaviour, it was 'just one of those things'. However, they also identified fear of their local environment due to drug related violence, preferring to stay inside when using illicit drugs, as it was 'safer' than on the street. The pupil referral service professional confirmed that commonly the estates were where the hard drugs and drug dealing would be focused. The estates are largely comprised of tower blocks, rented or council owned, and in a run down and neglected condition.

PR Professional Commentary:

"The ones that are seriously into drugs are off over in the estates."

The participants from the pupil referral service made a distinction between injecting users and other drug users. Power et al (1995) observe that drug users who do not inject commonly stigmatised those that did. The discrimination of injecting drug users and those identified as using 'dirty' drugs has been identified by Boys et al (2001). Injecting was seen by the participants as "dirty". However, they did not think that the drugs they used themselves were dangerous. They distinguished between 'addicts' (injecting users) and young people like themselves who used other forms of drugs and who used different consumption methods. One of the respondents also referred to a personal experience of someone dying from a heroin overdose, which had influenced his decision not to use heroin.

Although some of the groups who discussed this issue did not think their own drug consumption was an area of concern, they all showed disgust at injecting drug behaviour. They described this as not only being dirty but very dangerous, using personal experiences to support their views. However the professionals expressed concern that the young people they were working with did not necessarily understand the dangers involved.

Professional Commentary (School B):

"I think the knowledge side of things is quite important, they don't actually understand some of the dangers."

YOT Professional Commentary (Group B):

“Their understanding of mixing drugs was to put them in a liquidizer and actually mix them. It was only as the conversation evolved that I was aware that they thought a drink of lager and then to smoke cannabis wasn’t mixing.”

The unexpected finding was the fear that the young people expressed about their local environment, where injecting drug users were a familiar, and unsettling, part of their lives. Some of these young people could certainly be described as ‘street wise’ and by direct personal observation, quite threatening and not easily intimidated. Their frank account of injecting users and the anxiety this created for them was therefore even more surprising.

Comparison of findings: stages one and two of the research

The university and school groups did not develop this issue for discussion during this stage of the research. This was somewhat surprising as during stage one of the study, the university data clearly showed that many respondents had concerns regarding the use of illicit drugs. An explanation for this anomaly is not readily apparent, although as referred to previously, these groups tended to talk about ‘others’ use of illicit drugs, rather than reporting ‘their own’ use. This may have been due to the sensitive nature of the topic being discussed in front of a peer group.

In relation to the other groups, the results of this stage of the research complement the findings of stage one of the research, where over 50% of the youth club group (more vulnerable group) replied they were not worried about their drug use. Research was presented that suggests that this was a common finding common among young people, and particularly the more vulnerable (Hinchliff 2000, Fraser et al 1991, Ward 1998, Galt 1997). As referred to above, what this stage of the research has highlighted is the concern among young people about the environment they are living in, an environment in which drug use is a prominent feature. This also has significance for the continuum of vulnerability to drug use/misuse.

5.2.12 Discussion: Issue 12 What would help young people in relation to preventing or stopping drug use. The following discussion is presented under the subheadings used in the presentation of the focus group data, namely, keeping occupied, legalisation, harm reduction, reducing stigma and increasing confidentiality.

Keeping occupied

The focus of much health education and promotion in relation to drug use among young people has centred solely on education to prevent or limit the harm of substance use. The findings of this research suggest that a much broader strategy is required. The more vulnerable young people suggest they are seeking meaningful activities. The challenge for health promotion is to foster hope and aspiration for many of these young people, to enable them to have the opportunity to develop as individuals, to offer an alternative to drug use as a way of coping. Boredom and “nowhere to go” was a recurring theme cited by young people as one of the reasons for drug use. Once again, the literature supports this finding; Galt (1997) states that research has shown that boredom is a common reason cited by young people for drug use (Galt 1997). The group participants asked for more youth clubs, activities and places for socialising. This takes on a special significance for young people who have a poor local environment and difficult home lives. Arguably, this may not be so important for young people with a good home life and a safe living environment as they could socialize in their immediate surroundings.

The young offender (B) commented that getting a job would help him to stay away from drug use. Participants in the young offender group felt that activities and ‘real life projects’ would be helpful, while they also acknowledged that the area they lived in and the people they socialized with were a part of the problem. The term ‘real life projects’ may explain the lack of reported success for the review of diversionary tactics discussed in the literature review. Here the Drugs Prevention Initiative developed and evaluated the success of six projects set up to deliver drug prevention messages and to divert young people away from drugs (Davis and Dawson 1996). Arguably, the projects were too ‘stage managed’ and did not offer ‘real life’ opportunities to the young people attending. If the young people recognize the projects as being just another way to ensure that they have received drug education, they may lose interest. Johnston (2000) in a report published by the Joseph Rowntree Organisation suggest that opportunities to engage constructively with training, education or employment will help young people move away from crime and drug use.

The Group A YOT professional talked about a young man who had received support from the YOT and received help to find part time work that involved training. A central aim of the programme for this young man was to give him more structure in his day.

YOT Professional Commentary (Group A):

“Things have really changed, he has reduced the cannabis use quite considerably, no longer nocturnal and keeps more normal hours, gets up in the morning feels he is contributing more, still using cannabis but we are working on that one.”

Similarly the professional who was working in the pupil referral service discussed how they were helping to provide additional activities to help the service attendees find enjoyable and meaningful ways of using their leisure time. She had already acknowledged that some attendees might only be at the service in lessons for 6 to 8 hours a week, thus leaving them with countless hours with nothing to do.

PRS Professional Commentary:

“Helping them have skills in different activities. They have lessons on ice-skating say, and then we go to the ice-skating rink.”

The literature review considered the role of unemployment and illicit drug use. For many of the vulnerable young people included in this research, it could be suggested that the pattern has already been set. Many were excluded from school, lacking qualifications and in trouble with the police. Their days were already empty and finding employment with their backgrounds would be difficult. The youth club professional discussed how they were involving the young people in the refurbishment of the centre. It was a key aim to involve them at all stages. The benefits were apparent.

YC Professional Commentary:

“We want the young people involved, so they feel they own it. It’s new to them - making decisions, taking part, fitting the kitchen. We have regular meetings about what they want the club to be like. They feel a part of something – being valued.”

The venture was fulfilling two important areas. Having been at the club when one of the planning meetings was going on, having seen the interest and pleasure the young people felt at having something purposeful to do, was really gratifying. Similarly it was apparent that the young people felt valued, their opinions really mattered.

Comparison of data: stages one and two of the research

This issue was not raised by either the university or school A participants. The reasons for this can only be speculative. Possibly there were adequate social facilities and opportunities in the environment in which they were living. However for other groups the findings of stage one of the research are supported by the focus group data and current literature. Boredom and a lack of social activities featured repeatedly. The young people, especially the more vulnerable, are clear in expressing their wishes for opportunities to be involved in recreational activities. Some participants asked for activities that could lead to employment opportunities: 'real life' projects. The professionals talked about the need for structure in the young people's lives, citing an example where this had helped a young man reduce his drug consumption.

There are clear links to the continuum of vulnerability to drug use/misuse in the data. The link between lack of structure, boredom and drug use is evident. This is not only cited as a primary reason for drug use by the young people, it is also recognised by the professionals working with them. This is primarily a matter of concern among the more vulnerable groups in the research.

Legalisation

The university group felt that the illegal status of drugs made them more attractive to young people, adding a little excitement. They felt that if the currently illegal drugs were made legal, and sold in the same way as alcohol and tobacco, it would remove some of the 'glamour'. They acknowledged that such a move might potentially mean that some young people would just go for harder drugs to get the same excitement. The youth club participants had mixed views on the issue but many of their comments reflected those made by the university group. They also felt that although initially legalisation might mean a rise in the number of young people using drugs, this would soon find a level as young people became used to having substances freely available. This issue, though an important area for health promotion, was only raised at this stage of the research and by only two of the groups. There was no published literature found reporting the views of young people and legalisation of illicit drugs.

Harm reduction.

Harm reduction was addressed mainly by the university group, which was supportive of such approaches. The view was that if people are going to use drugs, which they clearly are, it should be made as safe as possible. They also discussed the tension between saying how drugs can be used more safely and a young person interpreting this to mean 'it's OK to use drugs'. The more vulnerable group participants identified that having a trustworthy dealer was one way of avoiding harm, in that you knew that you were getting 'good' drugs. They also felt that pill tests were a good idea.

The literature review identified that there is a growing acceptance that a pragmatic response to the growing number of young people experimenting with illicit drugs is the adoption of a harm reduction strategy. This involves education about, rather than against drugs, based on the assumption that drug education will not stop drug use, but that the provision of accurate information and the development of appropriate skills will facilitate young people to be more discerning on issues of drug use (Cohen 1996, Peele 1987). This was the strategy used by the professionals working with the young offender groups.

YOT Professional Commentary (Group A):

"All I can really do is look at safer drug use, give them information and try and give them information that will then give them informed choice – and be there for them."

This was also an approach that the young people involved in this research were asking for. Not patronising, not dictatorial, but accurate honest information on which to make a choice.

YOT Professional Commentary (Group B):

"The most useful thing I do is initially start off with looking at ways you can keep yourself safe if you choose to use drugs in terms of, as an example, when you are buying it, it is more useful to buy it in smaller amounts, not be caught with a big amount on you, not to have it cut into individual pieces because it can be deemed that you are dealing, things like that. Maybe Mr and Mrs average on the street or certainly Mum and Dad may not be happy to hear us talking like that, but there is a way of talking to a young person where they will engage with you because actually that is quite useful, you know that is how they can do it at this point, this woman's making a lot of sense that if I'm caught with an ounce of cannabis they may not think that it's personal use and I may go into court for intent to supply. So once they are listening to you, can see the value for them in that, and you can start doing the other work."

This professional working with young offenders has 'tailored' the health promotion to meet the needs of the client group. Clearly, such information would be inappropriate among some groups of young people, school A participants, for example. This highlights the fact that a 'one size fits all' approach clearly will not be effective. The strategies employed by health promotion programmes will need to be as diverse as the groups that will be receiving them. Although the specific issue of harm reduction was new to the second stage of the research and comparison of data is not really possible, once again there are links to the continuum of vulnerability to drug use/misuse in the findings. Some groups of the more vulnerable young people are clearly identified as being more at risk of harm as a result of drug use than others.

Reducing stigma/ increasing confidentiality

Maintaining confidentiality when seeking advice about drug related issues was a concern for the university and school groups. The youth club, young offender and pupil referral groups did not identify this as a problem. An assumption could be made that the young people who formed the latter two groups were known by so many agencies that confidentiality was not a key concern for them at this stage. The university and school groups identified that confidentiality was important; the participants unanimously rejected the schemes and services provided at their institutions. The reasons cited for this included fear of being labelled as a drug user, the stigma that is attached to being thought of as being a drug user, concern that parents or family would be informed and generally a lack of trust.

Aveyard (1999), in a survey of university students that sought to identify their preferences for receiving drug information, found that participants felt that drug advice services needed to state that they were completely confidential or people would not use them. Ward et al (1997) observe that their research findings indicate that young people in general rarely approach drug services for help or advice. Research carried out by Roker and Coleman (1997) suggests that young people are very concerned about trying to get any information about drugs because of a fear of stigmatization.

This discussion raised important issues. The services that were developed to support students were viewed with suspicion and a general lack of trust in those providing the

services was apparent. If schools and universities are seeking to establish schemes which encourage students to feel confident to approach someone within the institution with drug related problems, there are some fundamental problems which need to be addressed. Perhaps the starting point for this would be working with the young people themselves in the development and running of such services. The teacher from school B discussed a scheme the school had introduced called 'protected behaviour'. There were differences in the perception of how young people would use the scheme however as the following extract shows.

Professional Commentary (School B):

“Protected behaviour is based on the principle that everybody has the right to feel safe all the time and there is nothing so awful that you can't tell somebody about it.”

Pupil comment on the scheme (this was raised during the focus group when there was no teacher present):

“I would think they were going to tell my teacher and my teacher will tell my mum. So I think it should be confidential, shouldn't it”?

Further evidence of the reason for the participants' concern was revealed when the teacher discussed the liaison police officer:

“We have our own liaison officer, he has actually been very useful – he has visited parents.”

The professional at school A also discussed a scheme that was being developed within the school called 'listeners'. This referred to a scheme where pupils were given training to act as listeners among their peer group and to be there to hear of problems or concerns. Both she and the pupils identified problems with the implementation of the scheme.

Professional Commentary (School A):

“Listeners. A volunteer project for some of the girls...but there is thirty hours training and this puts huge pressures on everybody.”

The pupils or 'recipients' of the scheme also expressed some concerns related to confidentiality when they observed of the scheme:

“Some people you can't trust.”

Similar concerns regarding confidentiality were expressed by some of the other group professionals. From their point of view, they were concerned that their interactions with the young people and with referral to other agencies might mean betraying trust.

YOT Professional Commentary (Group B):

“It is often very difficult to engage with agencies because under 18 they sort of talk about child protection issues.”

YOT Professional Commentary (Group A):

“I struggle with the one about notifying parents. If you have a young person in front of you who was promised confidentiality, a contact there would be much more beneficial to the young person and take on a lot more information than those who aren't assured it. I think it is one of the dilemmas that adults working in the field face, they fear assuring confidentiality, as much with the child protection as other bits that go on.”

Clearly the issue of confidentiality is complex, the results of this research indicate that it is also important to professionals and young people alike. If the young people did not feel that they could talk to someone in complete confidence, there was a loss of trust. While the participants among the more vulnerable groups did not raise confidentiality as an issue, the professionals working with them did express their concerns in this important area.

Comparison of data: stages one and two of the research

The issue of confidentiality was only raised during stage two of the research, thus comparison is not possible between the two data sets. The issue of 'stigma' was however raised by the university respondents in the first stage of the research. Respondents talked about the 'fear of being thought of as a criminal or time waster', or as a 'loser'. Confidentiality was extremely important to the young people who discussed it in the focus group work and this is an important consideration for health promotion.

5.3 Conclusion to chapter

The university and the first school focus groups were composed of young people who, it could be said, were more advantaged on a number of issues than the subsequent groups included in the research. The university group were all engaged on a degree programme, they were intelligent, articulate individuals who appeared both confident

and competent in the management of their lives. Similarly, the first school group (school A) participants demonstrated the same qualities as the university group, confident and articulate in the debate they had about issues of drug use. The second school group (B) was markedly different on a number of issues. Participants were generally a little less articulate and confident in their manner during the focus group, however they demonstrated a greater awareness of drugs and drug issues (than school A), and the role that they played in young people's lives, throughout the discussion. The university and both school groups did not relate any of the discussion to 'their own' drug use, but to 'others'. This was also true of the youth club group. Although both school B and the youth club group identified that they knew family or friends who were experiencing drug problems (or even of drug related death).

The youth club group demonstrated much more awareness of drugs and drug issues than the previous groups discussed. They identified their knowledge of class A drug use and could cite instances of observed injecting behaviour happening locally. This group identified that illicit drugs were being used by young people at an earlier age than the previous groups had reported and the group was also much more conversant with the range and names of different drugs. They were the first group to identify the role of dealers and the relative ease with which drugs could be obtained. The potential to make money from illicit drugs was also discussed.

The focus groups held with the young people at the Pupil Referral Service and the Young Offenders Service presented some different findings. The participants responded to the discussion reflecting on their own experience of drug use in contrast to the former groups who talked about 'others'. The level of drug use was high, and age of first drug use was young; there were examples of poly drug use of a more chaotic nature. Here the young people were very apparently experiencing difficulties in many aspects of their lives. Their living environments were frequently hostile and dangerous by their own description. Although it was not always the case, the participants were frequently from lone parent families. Some of the participants had been, or remained, in care. These young people had been rejected by a number of schools and their academic achievement had necessarily been affected. They lacked meaningful occupation and expressed feelings of boredom, stress and depression. Provision of social activities in which these young people could engage were

negligible. Their lives seemed to centre on the use of illicit drugs, in the case of the young offenders starting early in the day. It filled their time. Generally, they were not concerned about the affects of drug use on their health. They felt that one of the main ways of avoiding risk was to get a dealer you could trust, one who would only give you safe drugs. Many of the issues highlighted above have important links with the continuum of vulnerability to drug use/misuse proposed earlier in the thesis.

The work of Lerner was referred to earlier in the text (Lerner 1998). He discussed the work of several respected authors who collectively postulate that the life chances of many young people are jeopardised by school failure, underachievement and dropout, crime and challenges to health and the subsequent feelings of despair and hopelessness that pervades the lives of these young people. The link between these circumstances and drug misuse was identified. The findings of this research provide the self reported experiences of young people that support this link.

Throughout this stage of the research it has been highlighted that the numbers involved in the study are small and findings can only be tentative. However, the qualitative approach adopted for the research has allowed the collection of data that a quantitative approach would not have been able to achieve. The issues raised among the groups have provided qualitative data that support and add depth to the findings of the quantitative stage of the research. The supporting statements from the interviews with the professionals involved with the care of the young people have confirmed and also added depth to the findings. The following chapter will consider the overall findings of the thesis thus far and seek to quantify the results. Theoretical concepts will be revisited and developed as a result of the new knowledge gained as a result of the research.

Chapter Six. Overall discussion of findings: development of conceptual model

6.0 Return to aims of the thesis

In the previous chapters, the findings of the first two stages of the research have been analysed and the findings reported. The research sought to:

- increase knowledge on the complex, varied and dynamic pattern of illicit drug use as reported by young people
- provide evidence of the nature of and attitudes to illicit drug use, to facilitate greater understanding of the needs of different groups of young people, and to contribute in the future to more appropriately targeted, evidence based health promotion initiatives
- identify experiences that may indicate those young people most at risk of problematic drug use

It has been possible to gain insight into the views and experiences of a broad range of young people on issues of drug use and misuse. It has also been possible to gain their opinions about what they find effective and what less effective regarding information and education about illicit drug use. This chapter will endeavour to summarise and draw conclusions from the results of the first two stages of the thesis. This will then lead on to the final stage of the research, which is: to develop a conceptual model that identifies experiences that indicate a propensity to abstinence, or non-problematic (recreational) drug use. Drawing on the data that have been presented, in this chapter a conceptual model is developed.

6.1 Discussion of overall findings

In the introduction to the thesis it was acknowledged that the reasons for drug use are complex and multi-faceted. For the purposes of the research, two broad distinctions were drawn in relation to drug use and used as a working hypothesis during the early stages of the thesis. These were:

1. Drug use as a panacea, to seek oblivion from deprivation and a hostile world that offers little hope.

2. Drug use for recreational purposes, generally associated with hedonism and having a good time.

Furthermore, previous research was cited which identified a type A, and type B, drug user. Broadly, Group 'B' was identified as being about fun and recreation; group 'A' about dependency, despondency and the dole (Swan 1996, Gilman 1993).

Leshner (1999) also identified the characteristics of two distinct types of users, with one being seen as "sensation seeking, often adolescents, who use drugs simply for the pleasant feelings or the euphoria that drugs can produce". Whereas the individuals who form the other category are described as "people who use drugs as a way to deal with life's problems".

At a superficial level, it would appear that the results of this research would support the broad distinction of two main types of drug users as described by Gilman (1993) and Leshner (1999). However, as the research progressed, the findings started to illuminate the complex factors that challenge such a simplistic division. It was stated at the beginning of the thesis that, should such disparate groups exist (Type A and B), it would be necessary to explore whether health promotion interventions are targeted to meet the very different needs of the individuals within each group. The findings of this research would suggest that the different needs of young drug users (particularly the more vulnerable groups) are generally not being met, and that a 'blanket approach' to health education is being delivered nationally, which fails to meet the needs of some young people. The literature review highlighted work that sought to identify the link between unemployment, deprivation, poverty and drug use. It was established that there is a need for a broader understanding of drug related harm in relation to deprivation (Burgess 1996, ISDD 2000), as interventions tend not to consider the different contexts in which drug use occurs (Health Promotion Effectiveness Review 1997).

Stice and Kirz (2002) observe that by identifying the variables specifically related to use and problem use, education and prevention strategies could be more intensely directed at the variables specific to problem use. Many young people with problematic drug use have a constellation of additional problems that are either antecedent or consequent to substance use (Gilvarry 1996). Ward (1998) observes

that although young people looked after by social services have been identified as being at more risk of having or developing substance misuse problems, there is a lack of research in this area. The results of this thesis substantiate this. Many of the young people in the more vulnerable groups participating in this research did indeed appear to have multiple problems, which might in turn have influenced their drug use. Indeed, in their own accounts, some of the young people themselves made such connections.

In the earlier stages of the thesis a 'continuum of vulnerability to drug use/misuse' was postulated. In the previous chapter, the continuum of vulnerability was further developed and supported using data from this research. With the findings of the research completed, it may be useful to revisit this concept.

6.2 The continuum of vulnerability

Overall, the findings support the premise of a ‘continuum of vulnerability to drug use/misuse’ (previously discussed). The data from this research has provided examples of young people occupying different positions on the continuum.

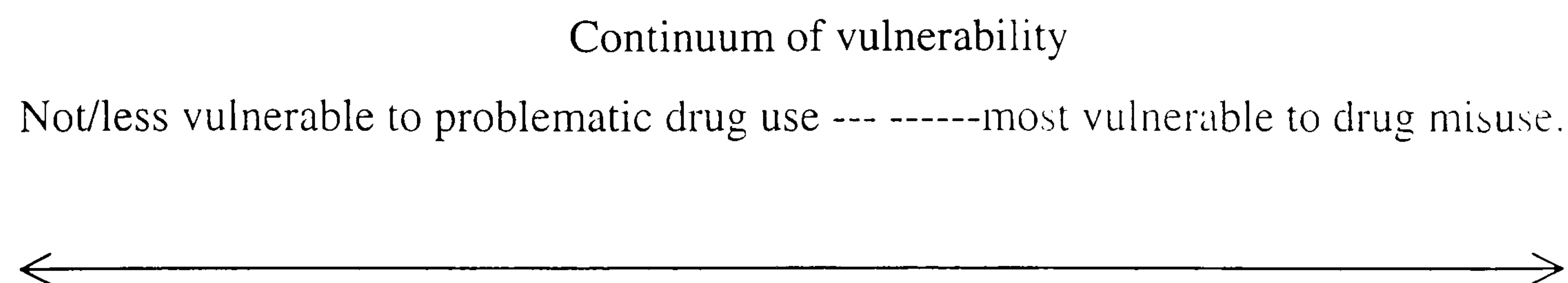


Fig 4:continuum of vulnerability to drug use/misuse

The methodology for this research employed purposive sampling to engage young people from a broad range of socio-economic backgrounds. While some young people were engaged from areas of deprivation (pupil referral unit for example), others were from areas of relative prosperity (school A for example).

The data have shown that participants from the more prosperous locations would appear to be at less risk of using illicit drugs and of developing problematic drug use. They are aware of potential health and other risks and regard themselves as being able to make health choices and decisions in relation to the use of illegal drugs in a rational and logical manner. These young people would be more likely to be at the less vulnerable end of the continuum. However, among the groups who were from areas of deprivation, the young people self-reported a level of drug use which was indicative of a propensity to misuse illicit drugs (although they might not consider their use of drugs to be ‘misuse’). These young people are more therefore more likely to be at the vulnerable end of the continuum.

It would seem that the factors, or experiences, which influence the position of an individual on the continuum include fiscal, schooling/employment, self worth, housing and environment. Some of these experiences were identified during data analysis and were highlighted in the previous chapter. These experiences are interlinked, one having an impact on another. The more problems an individual encounters in these areas, the more vulnerable it seems that they are to developing problematic drug use. Movement along this continuum one way or another could

potentially occur at any time depending on individual circumstances. The case example presented in stage one of the research from a youth club respondent supports this concept. The young man described how his early life had been a cycle of drug use and crime. He reported using drugs from seven o'clock in the morning. What had been instrumental in changing this situation was finding meaningful employment and keeping away from his previous environment.

Previous research in this area, which has tried to identify young people more at risk of drug use or misuse, has almost exclusively been quantitative. The focus has primarily been on measures of personality and socialisation and on problem behaviours as predictors of drug misuse. The quantitative approach used by these authors (Jessor and Jessor 1977, Guy et al 1994) provide data which have allowed certain 'variables' to be described, which are indicative of a propensity to drug use. This research has some relevance here and is examined more closely in the next section. However, the qualitative approach used for this stage of the thesis has a different aim. The research is trying to encapsulate what, in the young people's experience, moves them towards or away from problematic drug use. An 'insider' view is required to achieve this aim. The words and experiences of the young people themselves need to be heard. Maykut and Morehouse (1994:21) observe:

'What can be discovered by qualitative research are not sweeping generalisations but contextual findings. This process of discovery is basic to the philosophic underpinning of the qualitative approach.'

The qualitative perspective has facilitated the generation of new knowledge in the field of young people and illicit drug use, and it is here that this study differs from much other work in this area.

6.3 Personality, socialisation and problem behaviour theory

Guy et al (1994) in a longitudinal study examining the stability of adolescent drug use into young adulthood and in exploring the possible influence of personality and socialisation on adolescent drug use, present some findings that are also pertinent for this research. As a part of this work Guy et al used an adolescent socialization self report instrument to predict illicit drug use patterns throughout adolescence and into adulthood. The scale used by Guy et al included:

- feeling valued
- obedient, law abiding
- works hard and effectively
- feels capable
- confident academically
- self sufficient
- likes school, values education
- ambitious.

The findings concluded that those who are socialised (more attached to traditional values) tend to use fewer drugs. The work of Guy et al (1994) would support the findings of this research in that the elements of the scale used for their study are implicitly reflected (either positively or negatively) in the lives and experiences of the young people participating in the focus groups and can be identified in the subsequent findings.

Guy et al (1994) conclude that for the prevention of drug use accompanying factors must be taken into account. They cite among these: attachment to family, schools and the community - all playing a part in substance use. The authors recommend an integrated prevention/treatment strategy that addresses possible external influences, family and school among them. One other longitudinal study, which also supports the findings of this research was carried out by Jessor and Jessor (1977). The research uses a social-psychological framework to predict problem drug use based on problem behaviour theory. According to the theory proposed by Jessor and Jessor, adolescents who abuse drugs and alcohol can be distinguished by their earlier independence, lack of respect for conventional institutions and values, and critical view of society. The study does have limitations however. It was published in 1977 and the research was carried out in America affecting its generalisability. The language and tone of the text reflect American values of the time, with any form of social protest, sexual precocity, alcohol or drug use among the young, being labelled as 'deviant behaviour'. Whilst the values and judgements reflected in the work of both Guy et al and Jessor and Jessor cause tension and do not necessarily reflect the author's views, it is argued that they can provide a foundation from which to interpret the results of this research.

The authors suggest that in relation to the personality system as a whole, the adolescent who is less likely to engage in problem behaviour is one who values

academic achievement and expects to do well academically, who is not concerned much with independence, who treats society as unproblematic rather than deserving of criticism and reshaping, who maintains a religious involvement and is more uncompromising about transgression, and who finds little that is positive in problem behaviour relative to the negative consequences of engaging in it. The adolescent who is more likely to engage in problem behaviour shows an opposite personality pattern (Jessor and Jessor 1997). The authors present a highly individualised perspective however, lacking any demographic or social context, which the work of this thesis would identify as crucial to our understanding of problematic drug use among young people.

In the literature review, additional work was cited which supports the findings of Guy et al (1994) and Jessor and Jessor (1997). Peele (1987) identified that drug addiction is best resisted through an involvement in activities and values, such as achievement at school. Most at risk are young people least involved in school, lacking other achievement or involvement in pro social activities. Stevens et al (1996) identify that children who do not feel that they are achieving academically are at a high risk of drug use. The parallels that could be identified in the work of Guy et al (1994) with the results of this research can also be identified in the findings of Jessor and Jessor's work and the authors cited above. Many of the characteristics that these studies identify as being precursors to problematic drug use in young people can be identified in the vulnerable young people involved in this research. The results suggest that young people who can be described as vulnerable by virtue of low socio-economic status, poor educational attainment or exclusion for example, are more likely to engage in or to develop problematic drug use and to cite reasons that are connected with their deprivation.

6.4 Theoretical development

As referred to earlier in the chapter, most of the research in the area of young people and illicit drug use tends to be quantitative in design. Due to the nature of quantitative methodology, demographic and contextual factors and the life experiences of the research participants have been neglected. This thesis has identified that these broader factors are inextricably linked to problematic drug use. The work of Jessor and Jessor (1977) and Guy et al (1994) has a fundamental flaw

that limits the usefulness of their findings, particularly in relation to this research. May (1993), commenting on Jessor and Jessor's work observes that the notion of objective rationality and the dis-association of personality from the social context in which substance use or misuse occurs, is a concern to say the least. The same criticism could be applied to the work of Guy et al (1994). Thus while the work of these authors identifies variables which may be indicative of a propensity not to use illicit drugs, this is restricted to personal characteristics. Lindsay (2003) asserts that while personality based theories for the links between risk practices have been developed, more sociological explanations have been neglected.

The results of this research suggest that while the data do not rule out personality as a component which influences an individual's choice and behaviour, there are other experiences that may also be highly influential. Among them, poverty and deprivation in financial terms, and poverty and deprivation of hope, motivation and aspiration, which would seem to be of equal importance.

Jessor and Jessor (1977) and Guy et al (1994) do acknowledge limitations within their work however. Jessor and Jessor (1977 p 145) observe "the limited range of socio-economic differences in the research community made for an unsatisfactory test". It can be argued that this is an important oversight; that socio-economic differences may increase the risk of drug use/abuse. Therefore gaps occur in our understanding of the complex issues surrounding young people and drug use. Used on their own, these theories can only provide a partial explanation. The work of this research seeks to provide a different perspective, one largely missing from the previous work cited. This is a perspective that is gained from the qualitative approach adopted for this research and which allows access to the views and experiences of young people, using their own words.

The work of Maslow (1954) is useful to explore and manage the data collected for this research. The theory of human development presented by Maslow suggests that there is a hierarchy of human needs, the most basic of which are physiological and need to be met for the individual to develop. It should be emphasised that the work of Maslow is *not* used to make a direct link to the possibility of potential drug use or misuse among young people, but rather to help interpret the data. In addition to this it

helps when examining the complex experiences that the data of this research suggest may influence an individual's vulnerability to potential problematic drug use.

The work of Maslow, although well known and frequently cited, is open to criticism. Shakeshaft et al (1984) criticize Maslow's theory for being based on a privileged population and for using traditional male values that place self-esteem and self-actualization needs on higher planes than affiliation needs. As Maslow's work was also based on a white western population, there is little scope for understanding other cultures or for assessing how the model might reflect reality for non-white groups. On the issue of gender, since the publication of Maslow's work in 1954, there have been many changes in gender roles, expectations and aspirations. While in 1954 women were frequently expected to be 'homekeepers', there has since been significant change in that area. Women with high career expectations are no longer a rarity. Arguably, those traditional male values used in 1954 can be applied to the current population regardless of gender, although by comparison, cultural criticisms of Maslow's work may remain, however it can be argued that the boundaries are less clear as we become a multi-cultural society and strive for equality.

An interesting observation is made by Soper, Milford and Rosenthal (1995), who respond to some of the criticisms of Maslow's work, asserting that Maslow understood the limitations of his work and observed that it was simply 'pointing the way'. Furthermore, in spite of a lack of evidence to support his theory, Maslow's work enjoys wide acceptance. In this thesis it is argued that the dialogue with the research participants has helped to reflect different understandings of human development and to enrich original theoretical concepts which are perhaps more sensitive to gender, culture, and class differences. Maslow's work provides the foundation for further thought and development and it is argued that using the model as an exploratory tool to help understand the data generated by this research has fulfilled a useful function. The hierarchy of needs, used in conjunction with personality, socialisation and problem behaviour theory (Jessor and Jessor 1997, Guy et al 1994) helps to provide a broader understanding of the probability of problematic drug use and can, in turn, help target appropriate health education/promotion interventions.

The work of Jessor and Jessor, Guy et al and Maslow is diagrammatically represented overleaf to illustrate the key elements of the author's models. Following this, using the data gained from both stages of the research, a revised conceptual model is developed, which builds not only on personality, socialisation and problem behaviour theory, but also incorporates the contextual issues potentially contributing to drug use or misuse and which have been lacking in previous work in this area. Thus a qualitative perspective is incorporated. The insights and self-reported experiences of the research participants are fully explored, providing a deeper insight into the issues surrounding abstinence, drug use and misuse, and contributing new knowledge to the current body of information in this field.

6.4.1 Maslow (1954) Humanistic Theory

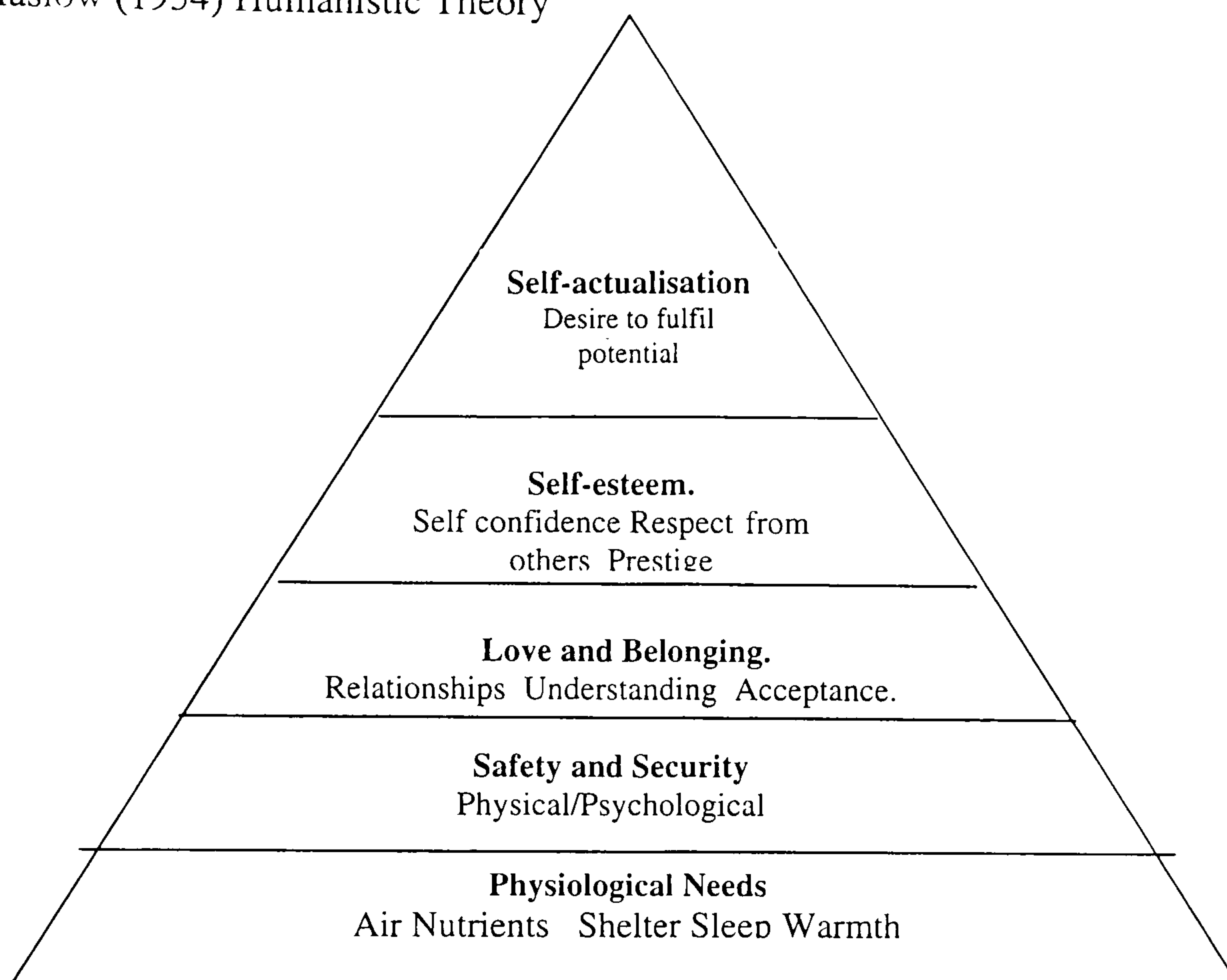


Fig 5: Maslow (1954) Humanistic theory

6.4.2 Personality, socialisation and problem behaviour theory. Variables indicative of a propensity to non-problematic drug use (table shows the authors similar/opposing* perspectives)

Guy et al (1994)	Jessor and Jessor (1977)
Obedient, law abiding	Uncompromising about transgression Finds little that is positive in problem behaviour relative to the negative consequences of engaging in it.
Confident academically	Expects to do well academically
Likes school, values education	Values academic achievement
Feels capable	
Works hard and effectively	
Feeling valued	
Ambitious	
Self sufficient*	
	Not concerned much with independence*
	Maintains a religious involvement
	Treats society as unproblematic rather as deserving of criticism

Fig 6: Personality, socialisation and problem behaviour theory.

6.5 Conceptual model

The new knowledge gained from this research can be used to develop a more robust explanation of factors, or experiences, which are indicative of a propensity to abstinence or non-problematic drug use. Conversely, the more of these experiences that are missing or compromised, the greater propensity to drug use or to problematic drug use. This concept fits well within the ‘continuum of vulnerability’ discussed earlier in the thesis. For example, one of the case studies presented in the first stage of the research illustrated how one young man moved from self reported drug misuse to abstinence having received social support, moved away from his peer group and found meaningful employment.

The data that have been gathered as part of this research, and which are relevant to support the development of such an argument, are complex and need to be presented in a focused and intelligible way to be of maximum benefit to those working in the field of drug use. One way of achieving this is to develop a conceptual model. The model relates the data and provides a means of understanding the complex influences involved with illicit drug use among young people that have emerged as a result of the research.

Seedhouse (1996) observes that models can be a representation of a more complex reality and can be used deliberately to throw light on a problem. Earp and Ennett (1991:165) provide a working definition of a conceptual model. They describe such models as providing a diagram of proposed causal linkages among a set of concepts believed to be related to a particular problem. The authors interpret the term ‘concept’ as an abstract term to be empirically observed or measured. They conclude by stating that a conceptual model, “through concepts denoted by boxes and processes delimited by arrows, provides a visual picture that represents a research question under investigation”. Importantly, they also state that conceptual models “...allow the inclusion of processes or characteristics not grounded in formal theory, but that represent empirical findings or the experience of practicing professionals”.

Thus, the development of a conceptual model would seem appropriate to help identify how the new knowledge gained from this research will add to existing work in the field.

Evidence from all stages of the research will be used to support the development of the conceptual model. Guy et al (1994) and Jessor and Jessor (1977), identify variables indicative of a propensity to non-problematic drug use. In contrast to the work of Guy et al and Jessor and Jessor, the qualitative nature of this research would mean that the term 'variables' sits uneasily. Therefore, the term 'variables' has been replaced by 'experiences'. It will be argued that for many of the more vulnerable participants, some of the experiences that would be indicative of a propensity to abstinence or non-problematic drug use have been denied or are lacking or compromised by the circumstances and environment in which they find themselves.

It should be clearly pointed out at this early stage that this is not intended to be a reflection on the character of particular groups of young people, but rather a reflection of their compromised life chances and opportunities, as described earlier in the text by Lerner (1998).

6.6 Development and presentation of model

Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse.

In order to clearly illustrate clearly the factors or experiences that are used to develop the model and to describe how the absence of such factors may influence the vulnerability of a young person to misuse drugs, the data are presented in two stages:

Firstly, data are presented which use the factors or experiences reported by participants in the research that would suggest they are more vulnerable to illicit drug use or misuse.

Secondly, data are presented which use the factors or experiences reported by participants in the research that would suggest they are less vulnerable to use illicit drugs, or to use them recreationally.

Development of the conceptual model

Maslow's (1954) original work identifies a hierarchy of needs, which commences with physiological needs: air; nutrients; shelter; sleep; warmth. Maslow then identifies 'safety and security' both physical and psychological. While the inclusion of these elements will start to provide the missing social context evident in the work of Guy et al (1994) and Jessor and Jessor (1977) and as discussed previously, the results of this research suggest that there needs to be a broadening of this level.

6.6.1 Physiological needs, safety and security (physical and psychological)

While, due to ethical considerations, it is not possible to identify the actual location that participants engaging in this research were drawn from, it is possible to use the evidence and dialogue presented in the results of this thesis. The groups selected to participate in the research were chosen as the areas they lived in represented contrasting positions in a socio-economic and environmental context. A full description has already been given of the participants' local environments and will not be repeated at this stage. However details of one area included in the research were given by the professional interviewed. He was responsible for participants from school B and commented that the school was situated in an area of high deprivation and had poorly built, low cost housing.

The young offender participants were also drawn from this location. The youth club and pupil referral unit are located in an area, which although geographically situated in a different part of the country, have very similar characteristics. As described previously, the university and school A were situated in areas of comparative wealth. The findings of the research suggest that for some of the young people who participated in the study, the physical and psychological safety/security of their immediate environment was jeopardized in various ways (some self-reported examples are given below).

Participants from the vulnerable groups (YC, PRU, YOT focus group work, stage two of research) who were living in areas of social and economic deprivation described some of the more tangible elements of deprivation within their local environment.

Youth club participants described:

“I seen someone injecting in the back of their leg. You don’t know who it is, you don’t know if the needles been used or what. So you just go out and like a year later you’re dead, on some dodgy drug, you’re dead.”

“I kept away mate. I was walking well slow, they walked past me and I was crapping it, yea and when I walked past I see one needle...”

Members of the young offender group (A) describe even more graphically an environment of danger and fear. It is perhaps timely to remember that among the young offender and pupil referral groups there was the heaviest reported drug use. Participants described events on their estate:

“...lady down our street, smoked heroin in front of her kids and her husband shot her dead because she was doing it in front of her kid.”

“It gets dangerous, I don’t hardly ever go out.”

“It’s more safer to stay in. This estate isn’t the safest in the world.”

While the young people living in such environments are on the one hand exposed to situations such as those described above, there was evidence presented by the youth club professional that suggested that young people from such backgrounds are also a target of suspicion for the law enforcement agencies:

“ ...targeting this area and the young people in it – and setting up animosity, the whole authority thing. It’s just that authority really and just being targeted, rebelling against that...”

While similarly, the professional from the pupil referral unit commented:

“They are stopped, asked what they are doing, I know a lot of young people who have been stopped as they are walking down the street – ‘what are you doing, where are you going?’ They (young people) ask you know, ‘why are you stopping me?’ ”

Thus, in some instances, young people were even further compromised, being actively targeted by agencies there to offer protection and support. This further contributes to an environment of fear and mistrust. The young people described the environments in which they were living. They offered examples of experiences that had caused them fear and mistrust. The experiences presented above could suggest that the primary stages of Maslow’s model, relating to physiological needs: air; nutrients; shelter; sleep; warmth, and safety and security (physical and psychological) can be used to interpret the results. The data suggest that although at the most basic level the physiological needs were met for all participants, for many of the vulnerable young

people, they were severely compromised. Thus, while shelter and warmth were provided, the evidence suggests that the quality was poor. Similarly, safety and security (physical and psychological) for some of the more vulnerable groups is quite clearly compromised. They describe living in a climate of fear and hostility. The reported drug use by individuals among those groups living in areas of social and economic deprivation was generally indicative of problematic drug use.

It should be noted however that there were young people who lived in the same area as those young people who reported using illicit drugs, who had chosen not to use them themselves. This paradox will be explored later when the data relating to those who had not used drugs, or whose drug use was recreational in nature are considered in light of the model. The self reported experiences of the young people and insight from the professionals have provided new knowledge in this area and it possible to develop the first stage of the revised model. The young person who does not have the following factors in place may be more vulnerable to drug misuse:

Having a home, a place of comfort and security. Somewhere providing shelter, warmth, safety and protection (physical and psychological). A wider environment that is conducive to and supportive of living, playing and working without fear.

Fig 7: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage one).

The next stage of the revised model continues to use the work of Maslow (1954) as a tool to explore the data.

6.6.2 Love and belonging. Relationships, understanding and acceptance

The new evidence gained from this research builds on the work of Maslow in the area of relationships, understanding and acceptance. The comments from participants illustrate and add tangible evidence of need in this area, and how unmet needs may affect substance use and misuse among young people.

In stage one of the research, the qualitative data gained from the youth club participants provides some insight into the problems being faced by some of the

young people regarding their family and other relationships. The results of this research have already suggested that the (potentially) more vulnerable youth club participants consumed more drugs, more frequently and at a younger age, than the more advantaged university group. When asked at what times they might be more likely to use illicit drugs, responses included:

“Park – when **Dad goes off on one** hate listening to him shouting”. (The respondent reported using drugs on a weekly basis).

“When I am depressed. My **brother is in prison** and it gets me low”. (The respondent reported using drugs on a weekly basis).

When asked if they had any worries about their drug use, one participant wrote:

“More worried when my **father bloody drinks**”. (He reported using drugs on a daily basis).

Stage two of the research (focus group work) provides further evidence on this issue. Some of the participants of the more vulnerable groups were (or had been) in care. One participant in the young offender group discussed his relationship with his social worker:

“**I am actually in foster care.** But my social worker, they don’t know that I drink and things like that obviously...”

Some had spent their formative years in children’s homes. One participant from the pupil referral unit commented that he had:

“...**found out through children’s homes**...children’s homes going on and taking it. So I’d try it out. So I did.”

Thus, a link was made by the young people themselves between being in care and the use of illicit drugs. The link can only be speculative however, as the issues are complex and the reported drug use may also be related to other experiences, for example family breakdown. The loss of a parent was also identified as an experience that has led to substance use. A member of the youth club group offered insight to a family bereavement and gave an emotional response:

“**If your Mum dies**...you get stressed out...take stuff to calm down.”

In stage three of the research comments from the professionals also contribute to this area. The professional responsible for the young offender group (A) identified that a lack of parental support was a factor involved with one young man’s drug misuse:

“He would be using drugs from early in the morning on him rising, right through the night into the early hours of the morning, there were **few boundaries in the house from parents**, he was allowed to remain up with nobody telling him to go to bed”.

The youth club professional discussed the chaotic lifestyle of one young man involved with drug use:

“...someone’s **mum is also a heroin addict** and comes in...about two weeks ago...there were lots of needles around the paper bank...this boy is in and out of prison...”

The fundamental need for ‘love and belonging, relationships, understanding and acceptance’, as described by Maslow, was used for the purposes of this research to explore experiences contributing to abstinence or drug use. The data suggest that among those young people who report potentially problematic drug use, negative family experiences and other close relationships may have had some influence on that situation. The self reported experiences of the young people and insight from the professionals have provided new knowledge in this area and it possible to develop the next stage of the revised model. The young person who does not have the following factors in place may be more vulnerable to drug misuse:

Loving, supportive, enabling relationships (family or others), free from the threat of verbal or physical aggression. Stability, understanding and acceptance within those relationships.

Fig 8: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage two)

There are links between stages one and two of the model. The home may provide shelter, comfort and security, however the relationships within that environment are of fundamental importance to the development and well-being of the young person. The overlaps of different stages of the model are indicated with arrows as it is developed.

The next stage of the revised model builds on the work of Guy et al (1994). The work of Maslow is once again used to help interpret the data. This stage relates to the concept of ‘feeling valued’.

6.6.3 *Feeling valued*

When interviewing the professionals involved with the care of the more vulnerable groups, they frequently talked of working with individuals to help raise their self-esteem. Indeed low self-esteem and depression were thought by the professionals to be common among the young people. The professional involved with the care of the young offender youths reflected on one such example:

“His life had become nocturnal, he was sleeping until 5 or 6 every afternoon and then he would get up. There was very little structure to his day, he was clearly depressed, and his **self esteem** was low, very low.”

Similarly, the youth club professional described how many of the young people, particularly those excluded from school, needed to feel that they had something useful to offer. In the work they were doing at the club this was achieved by helping them to become involved in projects allowing them to feel that they could contribute and to feel valued.

“We want the young people involved, so they feel they own it. It’s new to them – making decisions, taking part, fitting the kitchen. We have regular meetings about what they would like the club to be like. They feel a part of something – **being valued.**”

Using the data from stage one of the research, nearly half of those young people who reported using illicit drugs cited ‘depressed, pissed off or stressed’ as a reason for their drug consumption. Feelings of depression can be linked to low self-esteem and not feeling valued. Extracts include:

“**Depressed, desperate, unhappy**, take them so much that it’s just a part of life...” (The respondent was just out of prison and reported using drugs daily.)

Another respondent wrote of her depression related to family issues and lack of career options:

“**When I am depressed.** My brother is in prison and it gets me low. And I’m **not sure what job to go into...**then it’s something, it’s a laugh and it’s better than being depressed.” (She was at college and reported using drugs on a weekly basis.)

The young man who referred to his mother being ‘always pissed’ reported that he was more likely to use drugs when he needed:

“To relax and **forget and to chill**” (He reported using drugs less than once a month.)

While his drug use was relatively infrequent compared to some of the examples given, his reported motivation for use was to find an escape, a panacea.

The professionals working with the young people talked of ‘low self esteem’ and linked it to the behaviour of the young people they were working with (although the young people themselves did not use the term ‘low self esteem’). While the relevance of self esteem to problem behaviour is the subject of much debate and has already been discussed in the literature review of this thesis, the debate does continue and is far from being proven one way or another. An eminent speaker who casts doubt on much of the literature related to low self-esteem and problem behaviours, Professor Emler (2001), concedes however that low self-esteem is a risk factor for depression among young people and is also associated among young males with low earnings and employment problems. He also states that this is just one among many related risk factors. Also, as discussed earlier in the thesis, Emler repeatedly uses the prefix *relatively* – low self esteem in his work. Arguably, the findings may be different for those with *severe* low self-esteem, which may be applicable to some of the young people involved in this study. Also, it is not the intention of this research to propose that any one single causal factor or experience should be considered more important than another in seeking to establish the reasons for drug use/misuse, but rather that this could be one part of the complex pattern of drug use. Therefore, the arguments put forward in this thesis remain relevant to the wider debate.

The concept of feeling valued can be developed in light of these findings. There are links between this stage and the previous one. ‘Loving, supportive, enabling relationships (family or others), free from the threat of verbal or physical aggression, stability, understanding and acceptance within those relationships,’ will all help develop feelings of self-worth and of being valued. This in turn will foster a positive outlook to life. The self reported experiences of the young people and insight from the professionals have provided new knowledge in this area and it possible to develop the next stage of the revised model.

The young person who does not have the following factors in place may be more vulnerable to drug misuse:

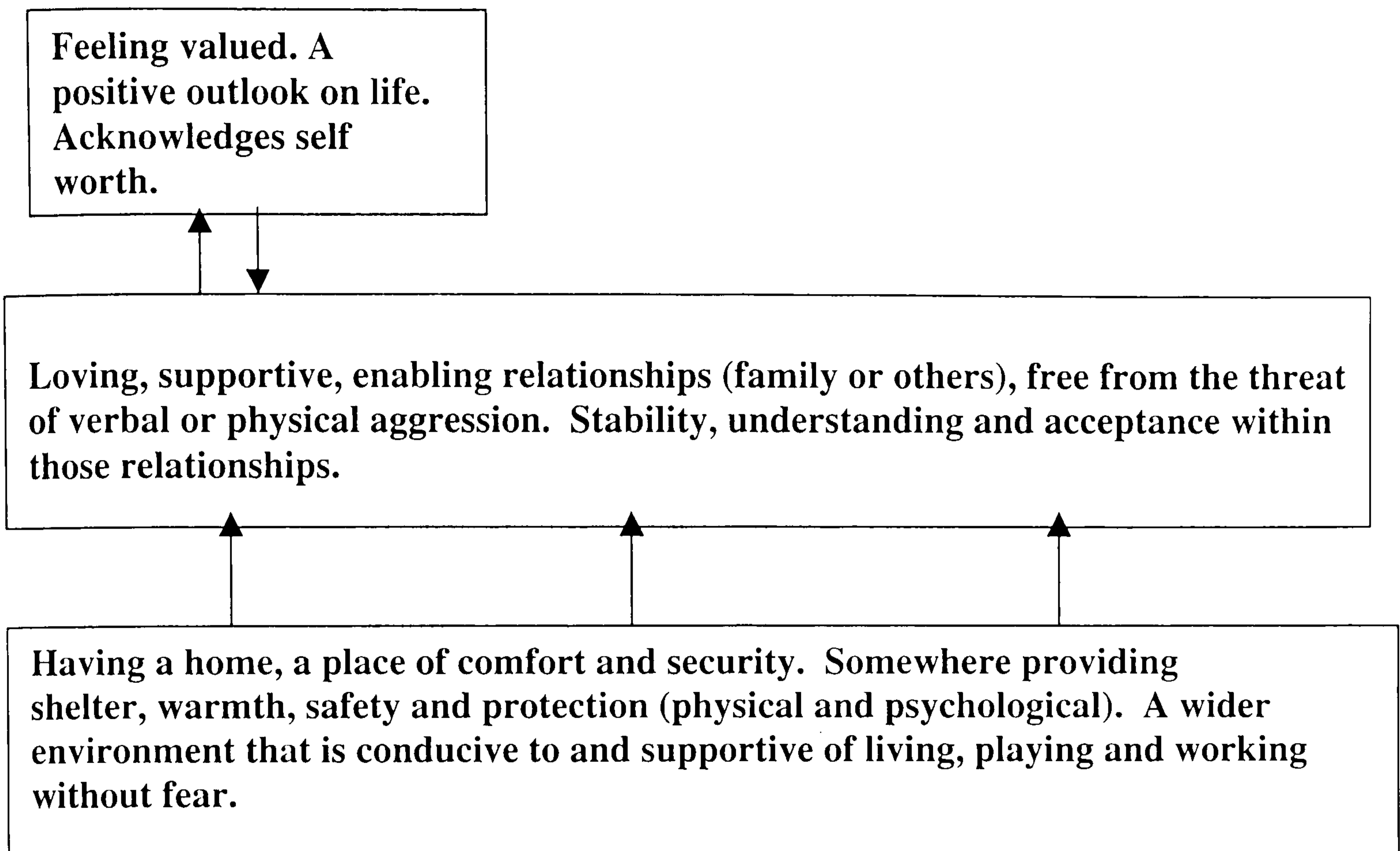


Fig 9: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage three).

6.6.4 Uncompromising about behaviour

Finding little that is positive in problem behaviour relative to the negative consequences of engaging in it.

This stage in the revised model relates to the work of Jessor and Jessor (1977). The work with the more vulnerable young people in both stages of the research link with this theme. Two of the young people responding to the questionnaire in stage one of the research identified they had already served prison sentences (young offender institution). One of these respondents was attending the pupil referral unit. The graphic account by the young man who wrote so cathartically about his drug habit and crime, perhaps reveals most clearly how for young people who are engaged in problematic drug use, crime would appear to be an integral part of their life. Whether the link with crime is related to the need to secure funds for drug use, or is an effect of

drug use, is not easily distinguished. However, these young people seemed particularly vulnerable to being ensnared into this life style:

“What happened was I got into loads of crime and was going a bit mad. I ended up at the *****.” (a detoxification and rehabilitation facility.)

In stage two of the research, the seven young people attending the young offender service clearly had broken the law on at least one occasion. There was a level of disregard for the law evident in some of the young people’s responses. The young people from the pupil referral service discussed how they had acquired and used drugs near to law enforcement agencies:

“I used to do it right next to *****police station.”

The young people from the young offender group (A) discussed how there could be a profit from selling drugs, with little apparent thought to the consequences. There was also discussion of relationships with dealers:

“You just have to make sure you strike up with a friendly dealer.”

Similarly the professionals responsible for those young people described how for many of the young people crime was an ongoing part of their life. The youth club professional spoke of one young man:

“But like this boy I was saying, there’s lots of problems in his life and it’s escapism, he’s demonised around here. He’s burgled here, but he still shows up every now and again.”

She felt that crime was a persistent problem for many of the young people. Their families were sometimes involved in crime as well:

“Some of the family have been in prison and it is the whole family attitude to police.”

Perhaps the most telling comment is from the professional attached to the young offender service who discussed the role of crime and drug use among some of the young people:

“You know they are not in any form of education, they are using drugs or alcohol and may be shoplifting or worse to fund this. I think they experience huge problems and very often feel quite isolated.”

For many of the young vulnerable people that were using drugs, crime and problem behavior seem to feature significantly in their lives. The cause or effect debate cannot be answered by this research, however the negative consequences of engaging in

problem behaviour do not seem to be a deterrent. Importantly, the young people did not appear to acknowledge or understand the potential impact their behaviour could have on their future. Arguably, this may reflect the local culture where this response could be deemed 'normal'. In the next stage of the chapter, some of the young people who report not using illicit drugs provide insight that an acknowledgement of the effect of drug use on their future aspirations is indeed a protective factor. The self reported experiences of the young people and insight from the professionals have provided new knowledge in this area and it is possible to develop the next stage of the revised model. The young person who does not have the following factors in place may be more vulnerable to drug misuse:

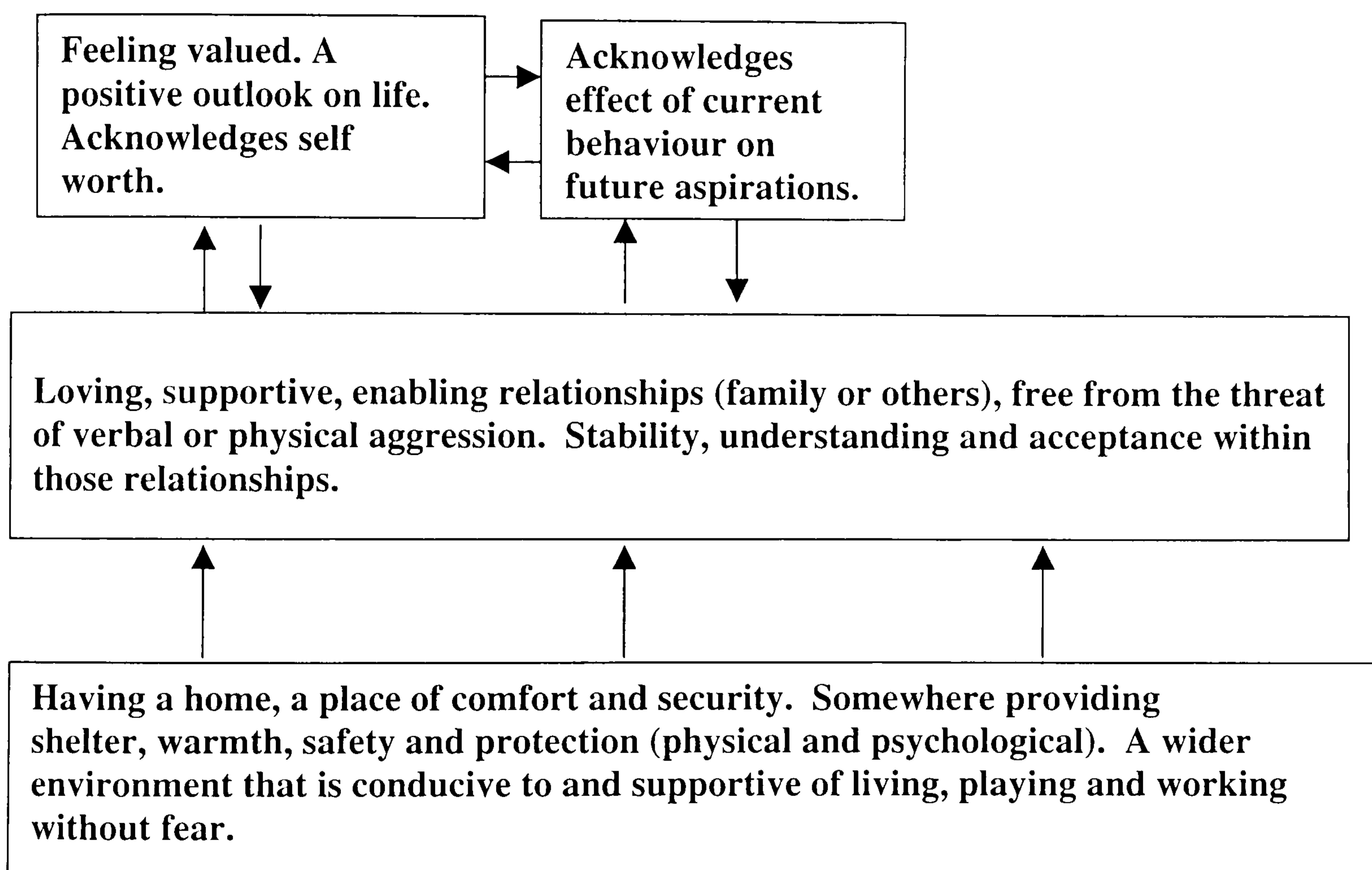


Fig 10: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage four).

6.6.5 Peer groups

The next stage in the revised model is not referred to directly in the work of Guy et al (1994), Jessor and Jessor (1977) or Maslow (1954). It refers to the friends and peer group of the young people. Respondents from both stages of the research provide insight into the role of peers in decision-making about drug use. The advantage of a qualitative approach to this research has been the collection of such data, that offer

‘insider experience’ and add to the current body of knowledge. Among the university participants that had used illicit drugs, 11 respondents referred to ‘friends’ as being a part of that decision. Nine participants mentioned peer pressure, generally using the term without explanation:

“Friends were taking it, made me wonder what it was like.”

For the vulnerable young people in stage two of the research there was evidence of peer pressure influencing their decision to use illicit drugs:

“Well I can’t say I don’t smoke blows because I do. It’s not my fault but it’s other people influencing me.”

“We was over **** riding motor bikes...and they said you have to do it now. If you don’t we will lock you in a hole, like this underground hole thing. It was like if you don’t do one we are going to put you in the hole.”

There was a pressure both covertly and overtly on the young people to use illicit drugs. There was a lack of peer group support not to take drugs, and in some instances real ‘pressure’ to comply, especially in the vulnerable groups. The self reported experiences of the young people and insight from the professionals have provided new knowledge in this area and make it possible to develop the next stage of the revised model. The young person who does not have the following factors in place may be more vulnerable to drug misuse:

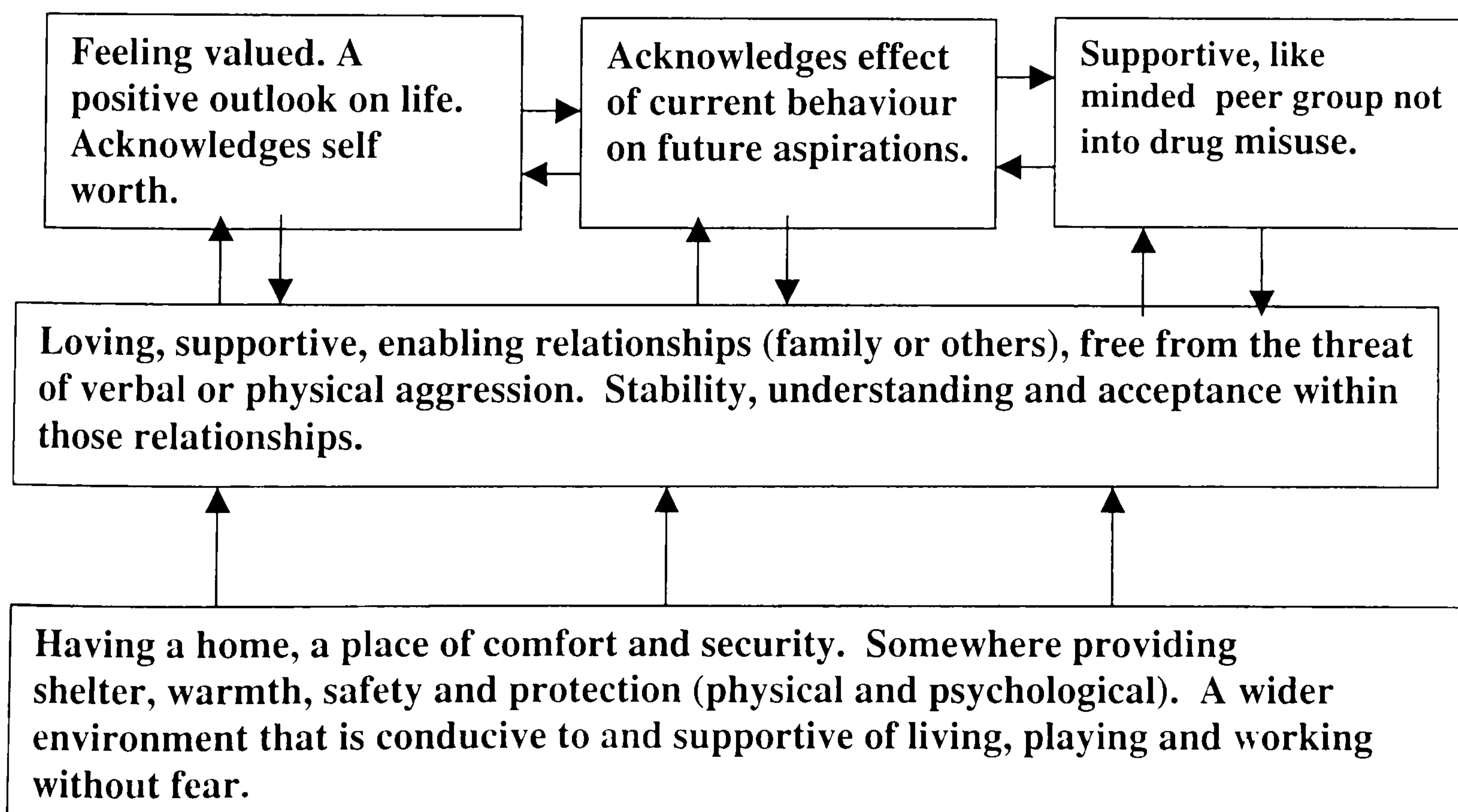


Fig 11: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage five)

The next stage builds on the work of Jessor and Jessor (1977), Guy et al (1994) and uses the work of Maslow to interpret the data (1954).

6.6.6 Confident academically

Likes school, values education. Works hard and effectively (Guy et al). Expects to do well academically. Values academic achievement (Jessor and Jessor). Self confidence, respect from others, prestige (Maslow).

The data collected from the vulnerable young people during both stages of the research provide evidence that many of the drug-using group felt compromised in relation to these areas. The poor literacy skills among this group have been identified earlier in the thesis. Some of the respondents among the vulnerable young people were attending the pupil referral service where it is identified that many of the attendees receive just a few hours tuition a week. During the second stage of the research there were six young people who formed one of the focus groups; they were all attending the pupil referral service. The young people who formed the young offender group had all been excluded from mainstream schooling. They lacked structure to their day and any form of meaningful occupation. The stages of the model are interlinked, each one having a potential effect on the next. A deficit in this area may well have an impact on other areas identified in the model, feeling valued and having a positive outlook on life, for example.

The fact that all these young people were removed from conventional schooling establishes that they were having problems with mainstream education. Therefore, they were unlikely to feel confident academically, they clearly did not like school and arguably, did not value education (although some of the participants expressed regret at missing their schooling). Their expectations regarding academic achievement may have been compromised as a result of this experience. The potential effect of this experience on their self-confidence must also be acknowledged. A white, male 18 year old, reported that he was just out of prison (stage one of the research). When responding to a question regarding unhelpful information he replied:

“...leaflets (**can't read well** no point).” (He reported using drugs on a weekly basis.)

During stage two of the research, the youth club participants were quite outspoken on the issue of exclusion and education:

“In our school we’ve had loads of people chucked out ’cos they’re all smoking joints.”

Two participants give powerful insider viewpoints. One young man from the young offender service (B) made the poignant observation:

“I think if I had stayed in school and stuff I wouldn’t be into all that now.”

On a similar vein a participant from the young offender service (A) observed:

“I always wish that I did go to school when I was younger. Can only wish that now can’t I? I took so many days off sick and didn’t want to go to go to school...”

Extracts from the commentary of the professionals involved with the care of these young people also provide further evidence in this area. The young offender professional observed:

“You know **they are not in any form of education...very often feel quite isolated.**”

The professional from the pupil referral service commented on a potential negative impact for the young person attending the service:

“...There’s lots of people with the same problem in the same place, all with **emotional behaviour who can’t fit into ‘slots’ at school.** They are only here 8 hours a week, maybe only six, they’ve got nothing to do. They hang around with other people with nothing else to do.”

The professional from school A acknowledged the detrimental impact of exclusion:

“It’s the view that if you exclude, you push the problem further out like a honey pot, not helping the young person.”

The self reported experiences of the young people and insight from the professionals have provided new knowledge in this area and it possible to develop the next stage of the revised model. The young person who does not have the following factors in place may be more vulnerable to drug misuse: (see overleaf)

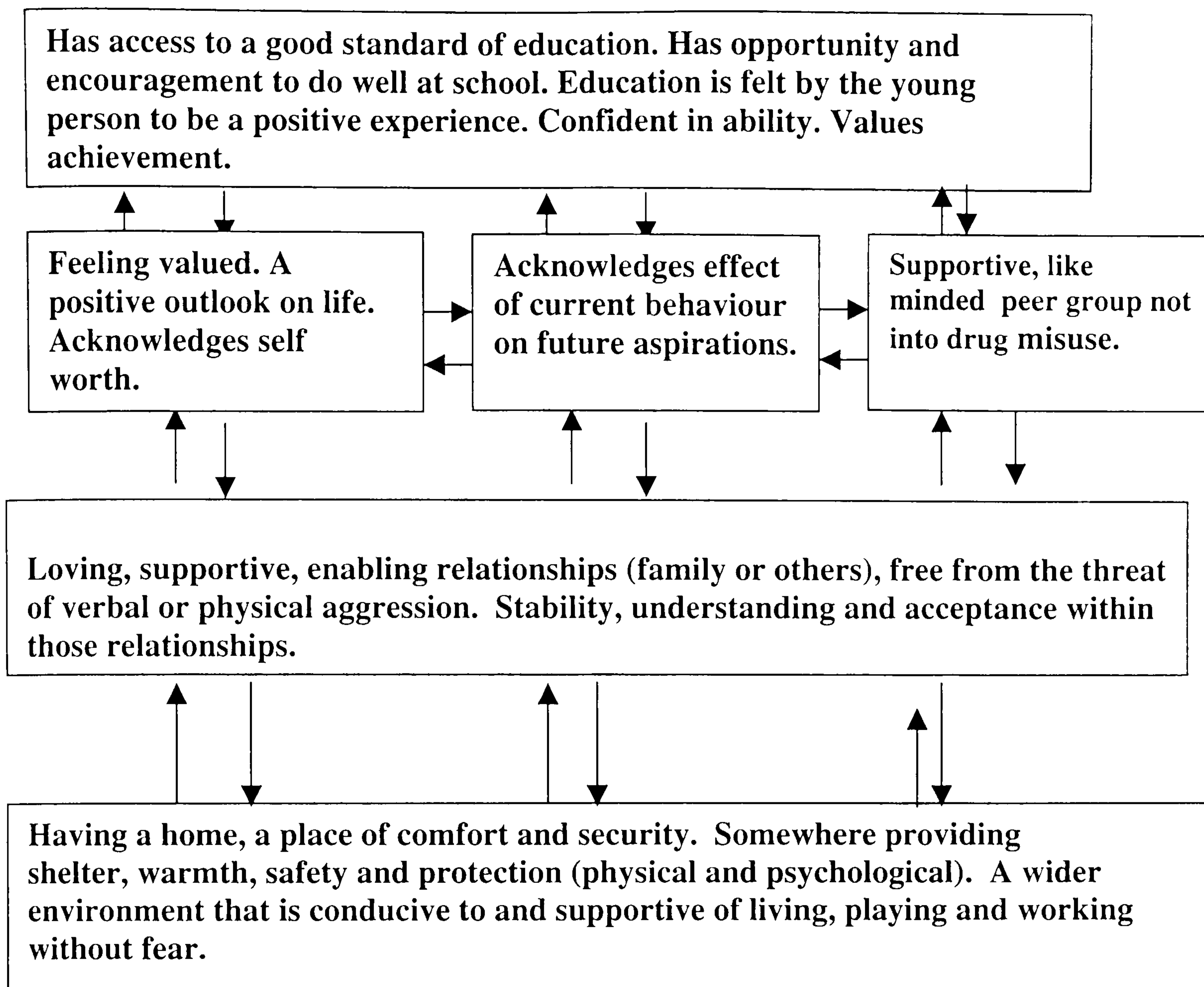


Fig 12: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage six)

There are some questions that the data has not answered however, as referred to earlier in the chapter. Some young people who lived in the same deprived area as those young people who reported using illicit drugs, had chosen not to use them themselves. The responses of those who reported not using illicit drugs are of equal importance in trying to answer some of these problems. The data from those young people who reported not using illicit drugs are now considered in relation to the revised model.

6.6.7 Participants who reported not using illicit drugs

Drawing on the data from participants who reported they were not using illicit drugs during the research, the model can be further, revised and developed.

Stage one of the research presented self-reported reasons from the young people identifying why they did not use illicit drugs. The following table represented those findings among the two groups in stage one of the study (university and youth club):

University sample:	Youth club sample:
Fear/loss of control/danger	Scared
Not interested	Don't want to/not interested
Morally wrong/religion	Religion
Seen/aware of risks	Seen results of abuse to others
Health risks	
No peer pressure	Friends not into it
Education	Want to go to university
Illegal	

Table 35 . Reasons for not using illicit drugs

It can be identified that there is a lot of overlap between the groups despite the group members' very different social circles and environments. Fear and danger, moral and religious ideals, lack of peer pressure (or peer support for not using), having seen the consequences of drug use, and education/university are cited by both groups of young people as reasons for not using illicit drugs. The areas identified above can be examined more closely to support the revised model.

6.6.8 The role of education and a propensity to not using illicit drugs or non problematic drug use

It can be identified that education, university or further study have been identified by both groups of respondents as a reason for not taking illicit drugs. Non drug using youth club respondents made comments such as, they 'wanted to go to university', 'to get on with their life and achieve 'A' levels'. These findings fit well when considering the information in relation to the area of the revised model that identifies the role of education as a variable that may contribute to abstinence or to non-problematic drug use. It also suggests that these young people have aspirations to achieve something positive with their life. Therefore the young person who has the

following factors in place may be less likely to use illicit drugs or to use them recreationally:

Has access to a good standard of education. Has opportunity and encouragement to do well at school. Education is felt by the young person to be a positive experience. Confident in ability. Values achievement. Aspiration to achieve in life.

Fig 13: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage seven).

Similarly, the university participants who reported using illicit drugs, indicated that their drug use was, in general, for recreational purposes, and non problematic in nature. The experiences identified above would also relate to this group, who were engaged in further and higher education.

Feeling valued. A positive outlook on life. Acknowledges self worth

If a young person is confident in their ability and has the opportunity, support and encouragement to progress and make their way in the world, they are more likely to feel valued and to have a positive outlook on life. Therefore the young person who has the following factors in place may be less likely to use illicit drugs or to use them recreationally:

Feeling valued. A positive outlook on life. Acknowledges self worth.

Fig 14: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage eight).

6.6.9 The role of family and a propensity to not using illicit drugs or non-problematic drug use

The youth club group of non-users identified 'family' (and having their own child) as a reason for non-use. In the focus group work during stage two of the research, the support of family was also evident as a theme. One university participant spoke of knowing that her family would be supportive of her, whatever the situation. School A and B participants also identified that their parents would be the person they would turn to if they were experiencing problems. The participants would seem to value

their parents' opinions. This presents a very different picture to that of the vulnerable young people who were using/misusing illicit drugs as reported earlier. Thus those respondents who were not using illicit drugs arguably had "better" family experiences on the whole. Therefore the young person who has the following factors in place may be less likely to use illicit drugs or to use them recreationally:

Loving, supportive, enabling relationships (family or others), free from the threat of verbal or physical aggression. Stability, understanding and acceptance within those relationships.

Fig 15: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage nine)

6.6.10 Moral responsibility

Table 31 and 35 presented earlier in the text highlights, among the reasons given for not using drugs, that respondents (from both groups in stage one of the research) cited drug use as 'morally wrong' and 'against their religion'. As identified previously in the chapter, Jessor and Jessor (1977) postulate that maintaining a 'religious involvement' can be indicative of a propensity to non-problematic drug use, or abstinence. Thus the inclusion of this factor can be supported. Thus, with the new factor identified among the non-using respondents of 'religion, morally wrong', the following stage has been added:

Religious or spiritual engagement

The young person who has the following factors in place may be less likely to use illicit drugs or to use them recreationally:

Religious or spiritual engagement. Moral responsibility.

Fig 16: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage ten)

6.6.11 Future aspirations

The respondents in stage one of the research commented that a reason for not using illicit drugs was that they had seen, or were aware of the health risks and results of drug abuse to others. They also acknowledged that drug use was illegal. Among the

youth club group, it was cited among the reasons for non-drug use was that respondents 'want to go to university', 'not mess up our life' and 'want to get on with my life and A levels'. There was a fear expressed of the use and subsequent consequences of drug use. Therefore the young person who has the following factors in place may be less likely to use illicit drugs or to use them recreationally:

Acknowledges effect of current behaviour on future aspirations.

Fig 17: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage eleven)

6.6.12 Peer support

Respondents from both groups in stage one of the research who reported they did not use illicit drugs commented that this was helped by the fact there was no peer pressure, or that their friends 'were not into it'. While there was evidence of 'peer pressure' among the vulnerable young people to conform to group norms and consume illicit drugs, there was evidence of 'peer support' among the less vulnerable groups of young people and those not using illicit drugs. In addition to this, the young people identified that they have the 'strength of character' to resist pressure.

"I think it depends how good friends are because if you decide to say no they should respect it for you anyway."

This suggests that peers are seen as supportive even if they disagree or do things differently:

"You've got to have the strength in the first place to go, 'not really for me thanks'. And like I say, if they're true mates they'll go, 'OK, no problem.' "

Thus those respondents who were not using illicit drugs have the following factors or experiences present in the revised model, suggesting that they may be less likely to use illicit drugs or to use them recreationally:

Supportive, like minded peer group who do not encourage drug use.

Fig 18: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage twelve)

6.6.13 Environmental factors

Although it is more difficult to make a positive link between environment and non-or less problematic drug use, some tentative links can be identified. The university

participants who used illicit drugs reported using fewer drugs, less frequently and less chaotically than their more vulnerable counterparts. It is not possible to identify the participants' home situations. However, whilst at the university they had the opportunity to socialize and study with their peer group. The university is situated on the outskirts of a prosperous city, where unemployment is low and housing is mainly private. There are many activities provided for young people in the city. The surroundings are pleasant and the city does not suffer the signs and symptoms of urban decay which were evident when visiting some of the more vulnerable young people; graffiti, litter, abandoned vehicles, vandalism and boarded up, empty shops. The school (A) participants also lived in an area with similarities to those described above. Thus those respondents who were not using illicit drugs or were using drugs recreationally in a non problematic way, tend to describe the following experiences:

Having a home, a place of comfort and security. Somewhere providing shelter, warmth, safety and protection (physical and psychological). A wider environment that is conducive to and supportive of living, playing and working without fear.

Fig 19: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (stage 13)

While the revised model has supported and broadened the work of the Jessor and Jessor (1977), Guy et al (1994) and Maslow (1954), it has also identified the key role of peer groups. This research suggests that the role of peers can be an important force in the decision making process, whether that be to use or not to use illicit substances.

6.6.14 Concluding comments to the model development

This research has involved a series of exploratory snapshot studies, using different methods, of drug use among young people in different settings and contexts. Caution must therefore be used when considering the findings. However, the rich self reported qualitative data from the young people illustrates the complex issues surrounding drug use. These issues go beyond deprivation and vulnerability; the social context of drug use is clearly of great importance as is the individuals' perception of drug use, i.e. whether they consider it to be a problem or not. The completed revised model can be seen overleaf.

6.7 Completed conceptual model (first draft).

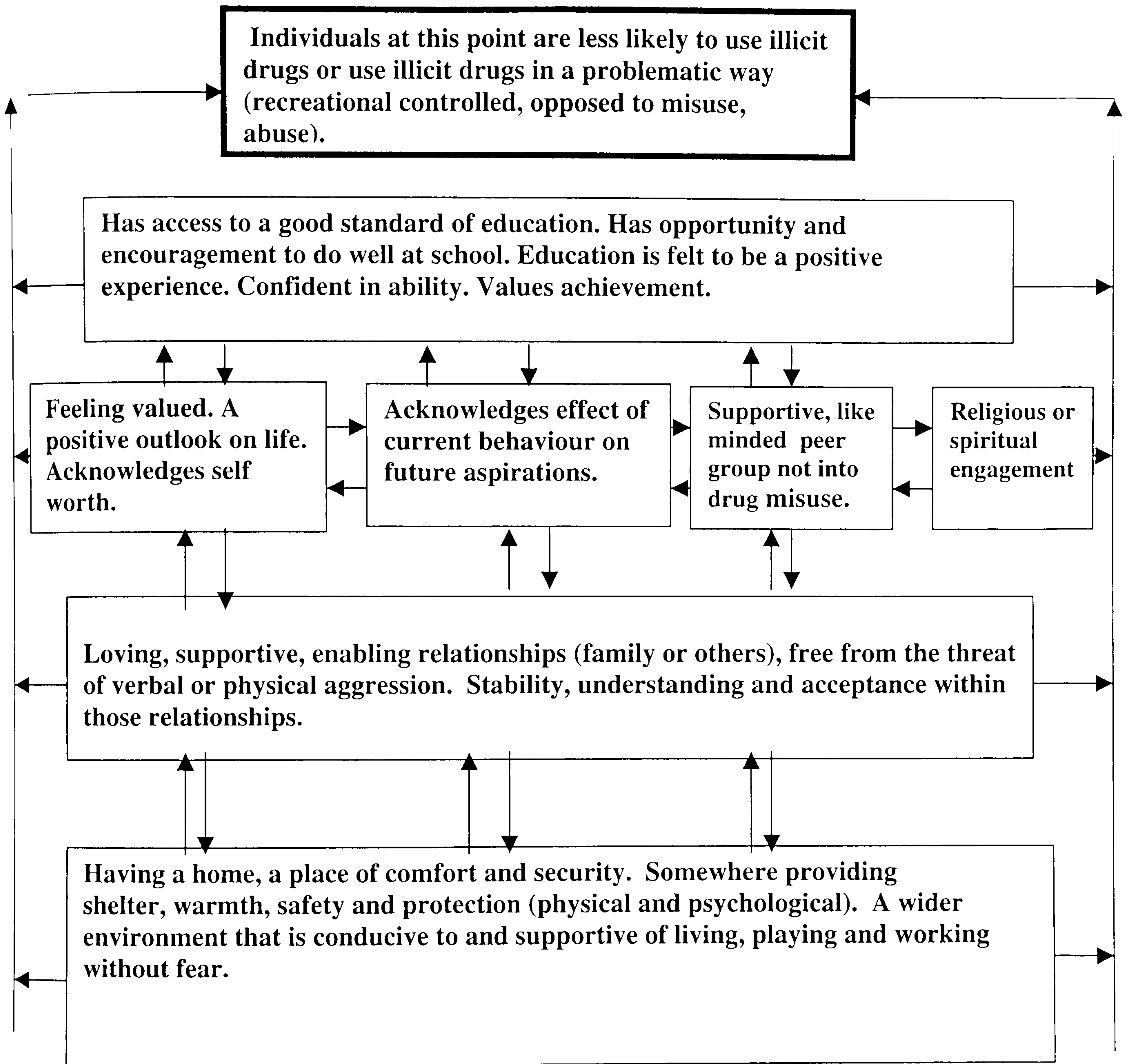


Fig 20: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (conceptual model: draft 1)

Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse

Chapter Seven. Appraisal of conceptual model

In the previous chapter the development of a conceptual model, which identifies factors or experiences indicative of a propensity to abstinence or to non-problematic drug use was detailed. The development of the model was an interpretive exercise developed to organise and interpret the qualitative data and findings in previous research. It was not the aim of this research to quantitatively test the conceptual model, however this may be an area appropriate for further research. The model built on previous knowledge in the field and drew on the findings of the data collected during the research process for this study. Furthermore, a continuum of vulnerability to drug use was presented, which posits that an accumulation of negative life events or experiences may increase the likelihood of the young person moving toward drug misuse. A preliminary appraisal of this work was considered desirable to provide validation of the model and to explore its practical utility. The appraisal involved seeking the views of a number of professionals working in the field of illicit drug use and health promotion.

Justification of the approach to appraisal

1. The work of Earp and Ennett (1991) was cited earlier in the thesis in relation to conceptual models. They observed that the development of conceptual models could involve the experience of practicing professionals.
2. It is currently common practice that new policies or guidelines produced by the government are sent at draft stage to professionals working, or with an interest in the particular field, in order that they may contribute to and evaluate the work. For example, the Department for Education and Skills (DfES) are currently consolidating and revising the guidance to schools (including PRUs) on drugs. Part of this consultation exercise involved a draft document being sent out for appraisal to a wide spectrum of professionals.
3. Similarly the Health Development Agency (HDA) involves the expertise of professionals in the evaluation and development of new initiatives and sees this as an essential condition of getting the 'product' right (HDA 2003).

Therefore, albeit on a smaller scale, seeking the views of those working in the field of young people and substance misuse seemed an appropriate strategy to evaluate whether the devised model contributes new insights and has potential practical application.

Sampling strategy

The sampling strategy of approaching selected key people within an organisation, or field, is endorsed by Maykut and Morehouse (1994) who observe that qualitative researchers will set out to build a specific sample, to gain a deeper understanding of a particular area or issue. In the light of this, it was decided to invite a number of professionals working with young people and illicit drug use to evaluate the model. The professionals were chosen to represent those working both at strategic and practice level. It was also thought essential to gain the perspective of professionals with a health promotion background as ultimately the research endeavours to consider more appropriate health promotion interventions. With this in mind the model was sent to eleven professionals working within relevant fields to the research area.

7.0 Testing the conceptual model

A Drug Action Team (DAT) co-ordinator was approached and asked if the team could suggest some contacts whom could be approached to participate in this stage of the research. This had a snowball effect and the initial contacts suggested other professionals working in the field. Eleven people were approached. Firstly, at a strategic level, the following post holders were asked to critique the model:

- Drug Action Team (DAT) co-ordinator
- Youth Offending Team (YOT) manager
- Addaction. Manager: young people's substance misuse services
- Senior Lecturer in Health Promotion
- Public Health Specialist

Secondly, at a practice level (those whose daily work involved working with young people and substance use), the following post holders were asked to critique the model:

- Arrest Referral worker
- Outreach young people's worker (x2)
- Detached Youth Work co-ordinator (Wales)
- Youth Centre social worker
- Addaction: Youth worker

Telephone communication was initially used to introduce myself and to establish the potential respondents willingness to review the model. At this time a brief introduction to the broad aims of the research was given, and an explanation of what I would be asking them to contribute. Following this a letter of introduction was sent together with a copy of the model. It was explained that the model was developed using empirical data originating from the research and that the data added new insight and a qualitative perspective to work previously carried on in the field.

The primary objective of sending the model for review and critique by experts in the field was to see if the experiences of the professionals were reflective of the content of the model. Did the model reflect the reality of those working at strategic level and in practice in the area of substance use and misuse among young people and did it advance their insights? I had also hoped to gain comments regarding the design of the model, namely, was it clear and easy to follow. Respondents were encouraged to contact me to discuss any issues that they were unsure of, or to ask any questions they might have. Written responses were requested within a four-week time frame. A written critique continued the qualitative form of inquiry adopted for this research and allowed free expression from respondents. Following this period, only two professionals had not responded and a follow up phone call was made. One of the issues that became apparent to me whilst working in this area is the pressure of work faced by professionals working in this field. A balance had to be reached where I pursued the request for help, but did not put any more pressure on an already overworked professional. In light of this, a response was not obtained from the Youth Offending Team manager or from the Public Health Specialist. However, a response was obtained from the Arrest Referral worker and thus a professional with links to the criminal justice system was achieved. Also, the Addaction youth worker had been a Police Inspector working with youth and in the community for several years. While a

Public Health perspective was not obtained, the senior lecturer in Health Promotion provided a response from someone with knowledge in a very similar field.

In total, nine responses were gained from the original eleven target participants. The responses ranged from one to two sides of A4, formally typed notes from some respondents, to a couple of hand written paragraphs from others. On one occasion, a respondent made telephone contact with me having already sent the response, to elaborate and discuss some aspects of the discussion more carefully.

7.1 Developing themes in the appraisal

Following careful reading and re-reading of the responses, key common areas were highlighted with marker pen and cut and placed together. The remaining text was read once again and any other issues that did not immediately fit with the common areas already identified, were also cut and retained. Three central themes became evident: content, application and design.

Content	Application	Design
All the responses were positive in this area. Professionals felt that the model reflected a variety of factors, or experiences, that influence young people and illicit drug use/abuse and which mirrored their experience in the field.	Five of the nine respondents detailed areas where they felt there was the potential for the model to be used in practice. This applied to both practical uses and as an aid to teaching.	There were mixed responses regarding the design of the model. While some areas were felt to be clear and attractive to the reader (5 respondents), the use (over use) of arrows was felt to be a distraction. Four of the nine respondents felt the arrows to be distracting. Two of the nine respondents felt the continuum should be placed separately to the model as it was thought to be confusing to the reader*.

Table36: Themes encompassing reviewer's comments on appraisal of conceptual model.

*When the model was sent out for critique, the continuum was on the bottom of the same page as the model.

As indicated above, reviewers did indeed feel that the model reflected the experiences that can affect a young person's decision making/risk taking behaviour. It was also felt that the continuum approach was a useful concept allowing for movement along a

spectrum from abstinence or non-problematic drug use, to drug misuse, depending on the circumstances faced by the individual. There was positive feedback about the design of the model but also some concern about the perceived over-use of arrows causing confusion.

An unexpected and exciting result of the review was that respondents identified uses for the model beyond the original concept. This included the development of the model as a tool on which to develop preventative work, and also the potential for use as a teaching aid. Generally, the feedback suggested that the model helped clarify and in some instances added to the respondent's perspective. One respondent, who made telephone contact to discuss his response, stated that the model had really challenged him to think more deeply about the issues involved. Indeed, several of the respondents contacted me to discuss their responses. Their enthusiasm and attention to detail was both challenging and encouraging. The three themes are now presented with extracts from the reviewer's responses.

7.2 Content.

What became evident from analysis of the responses was that the model reflected accurately the experience of all those professionals working in the field. Comments in this area included:

“In communities that score high in the Assembly's child poverty and deprivation index, the service recognises that there is normally a distinct youth culture that has a greater tendency towards risk taking behaviour. I have known examples from the past where young people, from family structures that reflect your model, have at some time actively experimented and moved into chaotic drug use; mainly as a result of exposure to this culture.”
(Detached Youth Work Co-ordinator)

“It is generally in line with my experiences.” **(Arrest Referral worker)**

“This reflects clearly the experiences that contribute to a young person's decision making/behaviour regarding substances.” **(Outreach Youth worker)**

“I find the content of the model intriguing and would be interested in testing it out in the field” **(DAT Co-ordinator)**

“In my view I think that the model gives a very strong basis on which young people avoid substance misuse. With the right supporting experiences young people can indeed move through the model you have illustrated.”**(Detached Youth Worker)**

“Yes, it is certainly a familiar picture for many young people attending the service.” (**Addaction Service Manager**)

7.3 Application

This theme demonstrated the potential for development of the model. The reviewers' comments demonstrate application of the model as a tool for data analysis and as an educational tool. Five of the nine respondents made comments in this area, they included:

“From a substance misuse perspective, I feel it would be a useful tool in analysing real data to see if we can focus on which are the core indicators. This would enable far more preventative work to be done.” (**DAT Co-ordinator**)

“It will be equally useful both in the clinical field and as an aid to teaching.” (**Senior Lecturer Health Promotion**)

“It is important to note that different learning styles are recognised and that many people respond to visual representation. This model approach is highly attractive to such people of whom I am one.” (**DAT Co-ordinator**)

“It would be really useful for Tier 1 assessment. Many professionals, especially teachers, do not have the knowledge about which young people are particularly vulnerable, for them it would be a useful tool.” (**Addaction Service Manager**)

“I do like the model as a structure, which if the specific factors or experiences were in place, would considerably assist a young person to stop/reduce problematic drug use.” (**Addaction Youth Worker**)

The continuum used at the base of the model was also commented on separately by some reviewers. Three of the nine reviewers added comments about the continuum. One response (below) was positive, while two respondents were more critical. However, this was more concerned with the position of the continuum in relation to the model:

“The continuum approach is simplistic but very useful. It might be useful to look at how it matches against risk assessment information as these indicators could be used to ascertain where an individual is along the spectrum which could then be linked to the tiered treatment model.” (**DAT Co-ordinator**)

Further development of this area was also suggested for future work:

“I would like to see some development of the spectrum possibly demonstrating which experiences predicate higher risk etc.” (**DAT Co-ordinator**)

When the model was sent out, the continuum was placed on the same page as the model. This created problems as two of the reviewers thought it was an integral part of the structure. They indicated it should be placed separately:

“The arrows along the bottom, least vulnerable – most vulnerable, do not appear to link to the model.” (**Addaction Youth Worker**)

“The continuum is confusing as it seems to point to both sides of the model.” (**Senior Lecturer Health Promotion**)

7.4 Presentation

There were strengths and weaknesses identified in the design and presentation of the model. Five respondents found the presentation clear and easy to follow. Four of the nine respondents felt that the over-use of arrows was distracting or confusing and two of the nine respondents felt that the continuum was inappropriately placed.

Comments included:

“The main model looks a little ‘busy’. Arrows with points in both directions may assist with this...” (**DAT Co-ordinator**)

“The issues are clearly presented within the boxes and stimulate the reader to reflect and assess each one as a vignette.” (**Senior Lecturer Health Promotion**) however the reviewer went on to comment:

“The overuse of arrows is distracting.”

“The arrows are not really helpful to help understand the model – perhaps reduce them.” (**Addaction Service Manager**).

Finally, some additional comments were made outside of the three central themes, but which are useful to draw on:

“For me the excitement of such a tool is the capacity to be diagnostically creative. I believe that whatever indicators are present/absent, the individual can never be considered out of context and that experiences alone do not provide the rationale for behaviour, rather it is how the individual makes sense of their world in the light of their experience(s).” (**DAT Co-ordinator**)

Two reviewers asked if the boxes (experiences or factors) were equally 'weighted' or of similar 'value'. Although this was not a concern for all respondents, it was considered a valid point. Although one could assume that a particular 'box' was more important than another, this would need to be explored more thoroughly. There is also considerable overlap between the different experiences, with one having an impact on another, hence the use of two-way arrows. A note to this effect was added to the base of the model. Following the feedback regarding the design of the model, some adjustments were made to the use of arrows. The final model is presented overleaf.

7.5 Conceptual model: final draft

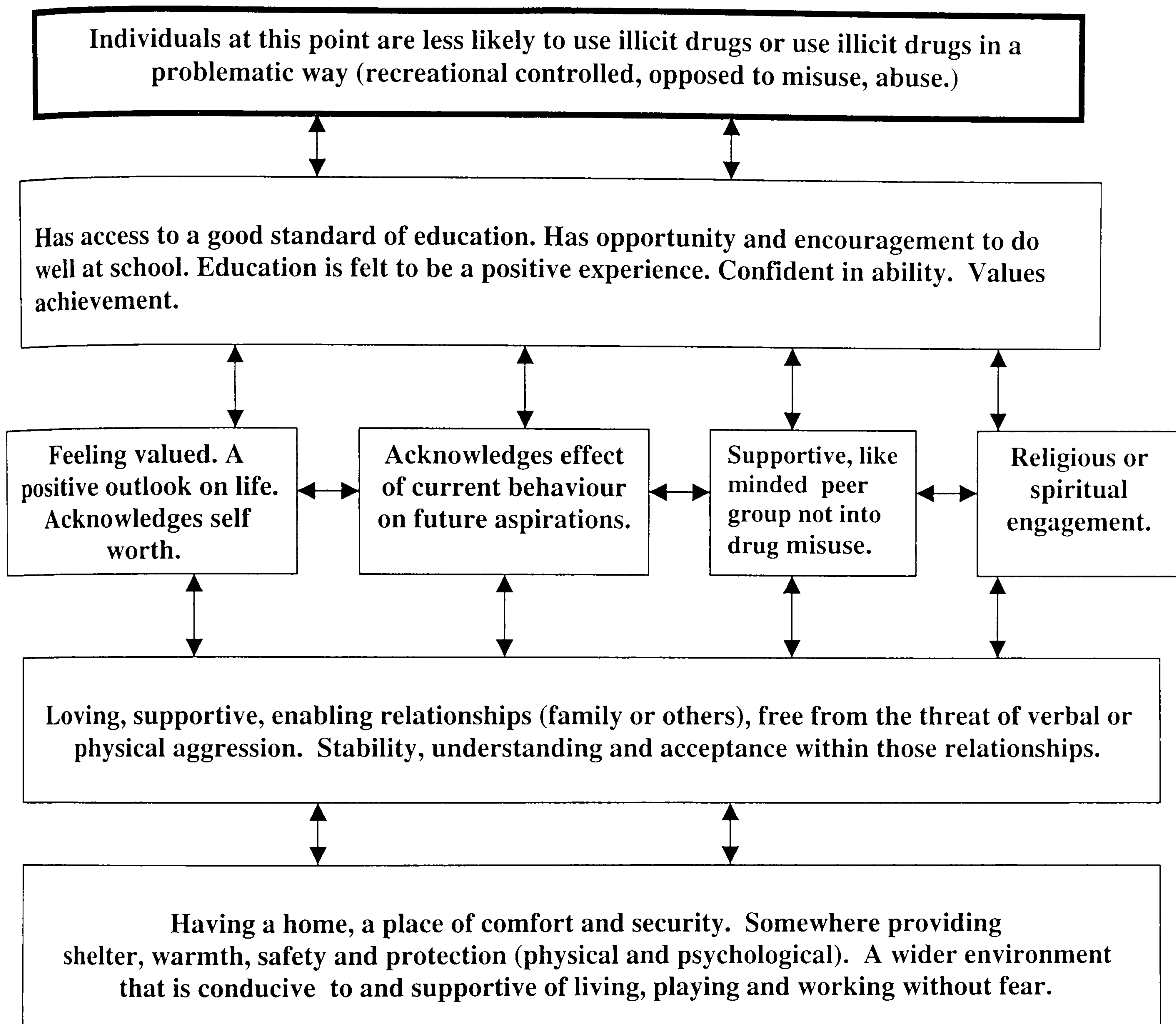


Fig 20: Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse (conceptual model: final draft)

Young people and illicit drug use: a health promotion model to differentiate abstinence or recreational drug use from misuse

Continued overleaf...

The areas used in the model are frequently interlinked. There is considerable overlap between the different areas, each one having a potential impact on another. Arguably, the *home* and *relationships* (bottom two boxes) are of fundamental importance. Depending on the number of additional experiences or factors that are in some way lacking (or missing), the more vulnerable that young person may be to develop drug misuse problems.

It is suggested that these experiences or factors are not necessarily static and may change in response to life events. Thus a continuum approach is desirable.

Abstinent, or least vulnerable to drug use/misuse \longleftrightarrow Most vulnerable to drug misuse



Number of experiences/factors lacking or missing = more vulnerable to substance misuse problems

Chapter Eight. Discussion and conclusions

8.0 Discussion of findings

Having established from the research the experiences or factors indicative of a propensity to non-problematic substance use, it is suggested that young people who have their needs met in the areas identified in the model, have a level of protection against the development of substance misuse.

The first stage of the research (questionnaire) revealed that the university participants who were using illicit drugs, in comparison to the more vulnerable young people who were using illicit drugs, were doing so at a later stage in life, less frequently, and more often for reasons of fun and pleasure (recreationally). While for the vulnerable young people, the evidence suggests that there is a stronger link with problematic drug misuse. They reported experimenting at an earlier age, using more drugs, more frequently. They cited reasons such as boredom, depression and anxiety as more common reasons for their illicit drug use. Many of the vulnerable young people who were using illicit drugs had come from troubled backgrounds: many lacked a secure home environment and were more likely to have had their education interrupted.

Among the more vulnerable young people involved in the research, many of the factors, or experiences indicative of a propensity to non-problematic substance use are in some way lacking or are compromised by unfavourable life chances. Thus the protective experiences that were evident among the less vulnerable young people are incomplete or missing. Many of the vulnerable young people who were using illicit drugs had educational problems primarily due to exclusion. They not only lacked the skills and qualifications to enable them to find employment, but many of them had also already established a criminal record, which would further hinder their chances of succeeding to make their way in life. In addition to this, the areas in which they lived had high levels of unemployment, with little foreseeable prospect of that situation changing.

Those young people who were from the same deprived areas, but who had chosen not to use illicit drugs offered a number of reasons for making that decision. They cited: not wanting to let down their family; that they had other interests; they had aspirations

to achieve academically; having friends with similar views as themselves; and religion. These answers were very similar to those given by the non-drug using university students. This suggests that these are strong protective experiences that may help prevent young people, even though they may be from areas of deprivation, from developing problem behaviour, including illicit drug use.

The findings of the research suggest that the vulnerable young people were more likely to be involved with a wider variety of drugs, used more frequently and at an earlier age, than those from less vulnerable backgrounds. The work of Powis et al (1998) was referred to earlier in the thesis. Powis et al asserted that drug use among vulnerable groups was frequently much higher and involved a greater variety of drugs. However it has been acknowledged that there is a paucity of research that has explored drug use among vulnerable groups (Lloyd 1998, British Crime Survey 1996). The research reported here included working with young people involved with the criminal justice system. It is clear from the results that these young people reported using more illicit drugs more frequently and yet, as Newburn (1998) asserts, despite the political attention devoted to drug use and crime there is relatively little known about the nature of drug use among young people who are in contact with the criminal justice system. This research has provided new insight into drug use among these groups and has heard the views of the young people themselves. However there is a clear need for further research in this area. It is postulated that young people from the less vulnerable groups may move towards the problematic end of the continuum using the model, depending on their individual life experiences and vice versa. The position on the continuum is not static.

For the participants who were from very vulnerable backgrounds, the effects of unemployment, poor education, poor housing, lone parent families and low self-esteem, can all be linked to their situations. The results of the research also suggest that 'poverty' should be considered in a broader way, not only financial poverty, but poverty of hope and of aspiration among some of the vulnerable young people. For some of the participants in this research it can be argued that using the revised model of non-problematic drug use, nearly all the experiences or factors that would be protective of developing problematic drug use are partially or more radically compromised or questioned. The data suggest that the greater the number of

indicative factors or experiences that are compromised, the further an individual will travel along the continuum towards problematic drug use. The meaning of such experiences to the individual may be of equal importance to the experiences themselves.

However although the qualitative nature of this research has provided rich data that reflects the experiences of young people, the sample size is small. The data do provide the foundation for larger studies using quantitative methods to provide more robust evidence. In addition to this, there have been a small number of projects commissioned and published by the Joseph Rowntree Foundation that have resonance with this work. The Joseph Rowntree Foundation work has a focus on the socially disadvantaged and there have been a number of studies involving young people. One example of this is a recently published report exploring factors that influence young people leaving care (Allen 2003). The research was based on interviews with thirty six young care leavers and looked at their current and previous economic circumstances and activities, their support networks and factors that affected their career options after sixteen, such as housing needs, substance use and debt. Although the research was not specifically about drug use, there are similarities between their findings and those of this research. Few young people did well at school with factors including a lack of motivation and confidence arising out of low achievement, yet many of the care leavers expressed regret that they had not fared better at school. Substance abuse was an issue for many of the young people and social support was identified as a crucial factor in helping them to overcome their difficulties.

As cited previously, Stice and Kirz (2002), assert that if different variables predict use and problem use, education and prevention strategies might be more intensely directed at the variables specific to problem drug use. Regarding the role of health education and promotion in relation to drug use and in light of the findings of this research, it is clear that no one strategy will be appropriate for any one person or group of people. Lerner (1995) comments that because young people are so different, it cannot be expected that any single policy or intervention will be able to influence everyone in the same way. Lloyd (1998) identifies that there is a need to differentiate between use and problem use in researching risk factors. Lloyd goes on to say that much previous research has failed to differentiate in this way.

This is an important issue as the findings of this research suggest that between the various groups involved in the study there were important differences. The university group identified drug use as a form of recreation and fun. Their drug use was less frequent and less chaotic than those from the more vulnerable groups, for whom drug consumption was arguably more of a coping strategy and escape.

Clearly the needs (in relation to health education/promotion and drug use) of the majority of participants from the university and school groups involved in this research are different to the needs of those young people who can be described as more vulnerable, the pupil referral and young offender groups. This raises the question, how can health education/promotion strategies or initiatives be targeted to meet the needs of such diverse groups?

For those young people involved in this research who would appear to have the characteristic 'protective' factors, or experiences, indicative of non-problematic drug use as identified in the revised model, the provision of honest, accurate and balanced information, on which young people can make their own informed choice has been clearly identified by the participants as useful. A variety of ways of delivering this information were given. There is no one correct means of delivery. Just as we all have different learning styles, different strategies will be more attractive to some than others. An eclectic approach is suggested. The young people involved in this study also indicated that the drug education of young people should start earlier in their general education. Generally it was identified that the police and the teachers themselves were not the ideal people to deliver this information. The young people identified that they wanted someone they could relate to (from a similar age group), someone with previous knowledge of substance use, who was credible and honest and who would not "lecture them".

The young people who formed the focus group from the youth club (arguably occupying the middle area of the continuum) showed their support for the open and casual approach adopted by the youth workers there. There were no formal drug sessions, but discussion on a variety of issues was encouraged. Information was given if requested. The youth worker commented that the sessions were not

structured and also that they were voluntary saying, “if we turn it into school they are not going to come.” The young people also had a welcoming centre they could attend, and this, in addition to providing a social environment, also offered the non-judgmental and consistent support of the staff employed there.

Those young people who represented the more vulnerable position on the continuum, attending the Pupil Referral Service and the Young Offender Service, would appear to be lacking or severely compromised regarding the characteristic ‘protective’ factors, or experiences, indicative of non-problematic drug use as identified in the revised model. Thus, they appeared much more prone to develop problematic drug use behaviour.

It can be argued that much of the current policy, and of government initiatives related to young people and illicit drug use is wide of the mark for the young people at this end of the continuum. The fundamental requirements of life need to be satisfied first as Maslow (1954) suggests, a safe environment, feelings of belonging, of raised self esteem, of educational aspiration and achievement and of being valued.

As the specialist drug worker responsible for the young people referred to the Young Offenders Service observed, to stop drug use is not a priority for these young people, indeed it could be damaging. The Youth Offending Team professional observed that drugs were fulfilling a need for some of these young people and commented that the use of drugs acted as a “band-aid” and to remove it, without looking at what is going on underneath “would allow an open wound to fester”. The problems that provoked the young people’s drug use had to be dealt with first. Addressing this need is a major challenge for health promotion aimed at young people. Pritchard and Cox (1990) assert that young people from disadvantaged backgrounds who engage in drug misuse demonstrate a degree of personal and social dissatisfaction with their situation. The results of this research provide empirical evidence to support this view. The qualitative nature of the research has enabled young people to make their voices heard. The experiences and views they share do indeed support the work of Pritchard and Cox. There is a need to recognise the psychosocial alienation of these young people. This identifies a fundamental and crucial challenge for health promotion.

As referred to earlier in the thesis, Lloyd (1998) and the British Crime Survey (1996) identify that we know very little about drug use in the high risk or vulnerable groups. Arguably, even less is known regarding effective health promotion/education strategies to meet the needs of these young people in relation to their drug use. The results of this research suggest that addressing some of the inequalities that young people living in deprived areas face and reducing levels of poverty may be the most important starting point.

A new area that this research has uncovered is the request for 'meaningful activities' raised by the young people. This is another example of an area ripe for further development. Unemployment, poor aspirations, boredom, and the consequences of those experiences on self-esteem and mental health, have all been identified in the literature (and confirmed in this research) as reasons for drug misuse. Targeting of resources to enable young people from areas of deprivation to engage in meaningful activity, providing occupation and skill development, would seem an area for development and further research.

Although it may not be possible definitively to answer the 'cause or effect' debate regarding the link between social deprivation and drug use, it is possible to deduce that any measures to combat social deprivation will also tend to reduce problem drug use (Royal College of Psychiatrists 2000). For youngsters raised in deprived circumstances, life may have few pleasures; boredom may well be a major part of the day due to exclusion or unemployment. The work of Lerner (1998), cited earlier in the text, posited that the life-chances of many young people are squandered by school failure, underachievement and dropout, crime and challenges to health and the subsequent feelings of despair and hopelessness that pervade the life of these young people whose parents have lived in poverty. They may well see themselves as having little chance to do better, to be offered opportunity, a sense of achievement and societal respect. If the future has nothing to offer to enable better prospects and living standards, can we be surprised at someone getting a little pleasure, a little 'buzz', from a drug that offers temporary oblivion? The results of this research study would support this link, indeed it is a link articulately made by the young people themselves. Stage one of the research identified how one young man had managed to break free from a chronic drug misuse problem. He had managed to find work and had improved

his social circumstances. Further research among young people who have managed to move away from drug use, identifying what experiences they felt contributed to their 'success', would be useful.

It is also necessary to examine the relationship between individual incidence of drug use and broader socio-political factors or health promotion will fail to be effective. Many of the determinants of health and disease are concerned with environmental risk factors. It is not a question of individuals making choices of life style, indeed it may be that the environmental factors make unhealthy choices more likely (Joffe and Sutcliffe 1997). Until these broader issues are tackled there will be no solution, merely limitation of the damage done to the vulnerable. It is to be hoped that by publication and dissemination of the findings of this research, support for a more holistic view of how to respond to drug problems will be gained. There is a greater role for health promotion than merely in the provision of a range of drug education and prevention programmes. Arguably, the greater challenge for health promotion is to stimulate policy that addresses the inequalities faced by marginalized sections of the community. In addition to this, it is hoped that further research in this area to support the findings of this project would encourage a more pragmatic response by government and policy makers, a response that would seek to address the true causes of drug misuse and not just attempt to tackle the resulting problems.

8.1 Concluding comments

Data collected during this research have provided information regarding reported illicit drug use among a number of young people drawn from a broad range of socio-economic backgrounds. Knowledge of motivational reasons for use and non-use of illicit drugs has been gained, as has information about the type and pattern of drug use, linked to the social context among the different groups. The views of the young people have been reported regarding what drug education/promotion strategies they felt were effective and less effective, and how they felt their education in relation to illicit drugs could be improved. From the data that were collected for this study it has been possible to develop a conceptual model that highlights factors or experiences that differentiate abstinence or recreational drug use from misuse. Comments from experts in the field suggest the model may be useful as a theoretical and educational

tool and may also have practical application for professionals working in the field of young people and substance use and misuse.

Using the model to elaborate upon the continuum of vulnerability to drug misuse, which posits that an accumulation of negative life events or experiences may increase the likelihood of the young person moving toward drug misuse, a tool has been developed to help identify those young people most at risk.

Specific findings of importance and new knowledge have been highlighted in the results chapters of the thesis. However the approach taken by the research is in itself novel; inviting young people to identify issues in the area of illicit drug use that they feel are important. Whilst previous research in this area has been dominated by a quantitative approach, this study has used a mixed methodology approach. This allowed further development of the data collected during stage one of the study and enabled the voice of young people themselves to be heard and their experiences (self) reported. It has previously been established there is a paucity of research seeking the views of young people in this area, thus this work offers a unique perspective from the point of view of the young people involved with the work and new knowledge has been generated.

From analysis of the data it has been identified that there are wide variations among the different socio economic groups involved in the research and their reported illicit drug use. Those young people who can be described as more vulnerable, reported using more drugs, more frequently and at an earlier age. Motivational reasons for drug use among the more vulnerable young people also differed from participants who were from more favourable backgrounds. While the former described reasons that suggested drug use was to provide a temporary escape from life's circumstances, the latter cited fun and having a good time. Thus the work of health promotion in meeting the needs of young people in relation to drug use and misuse reaches far beyond the provision of information and has to be concerned with issues of inequality, and importantly the social context of the young person's drug use. The findings suggest that issues of inequality, poverty of opportunity and aspiration, are inextricably linked with drug misuse. However, the data also revealed similarities in the reasons given for not using illicit drugs among all the groups contributing to the

research, thus factors which are protective against drug use and misuse have also been identified.

The areas outlined above describe how this research has contributed new knowledge to the field of young people and substance misuse and the role of health promotion.

8.2 Recommendations arising from the thesis

1. While working with the youth worker and young people at the youth club there was an opportunity to witness how valuable the club was to the local community. Initially the building where the club was situated was neglected and very run down. Funding was secured for redevelopment work during the time the research was being carried out. The young people were involved at every stage, for example, having input on how the kitchen and recreation areas should be designed. Witnessing the beneficial effect that this had on the young people involved was very rewarding. Central to all this occurring was the youth worker and the team that worked with her. The evaluations by the young people in stage one of the research reflect how they valued having someone placed in such a venue, someone that they could talk to, build a relationship with, and who in turn could provide drug education and engage in broader health promotion activities with members. The benefits extend beyond issues of drug education and contributed to the young people's emotional well-being and social development, which were among the broader needs identified by participants in this research. Longitudinal research in such a facility could be useful to provide a blueprint for the establishment of such venues in other areas.
2. The results presented in the thesis clearly identify the need for diverse strategies for the prevention and harm reduction role of health promotion. There is undoubtedly a need to continue to develop and deliver a range of different health education approaches and strategies in relation to substance use. There is no one single, effective strategy. Different groups of young people require different approaches if they are to be effective. The results of the research would suggest that the drug education and general health promotion needs of the more vulnerable young people were very different from those of the less vulnerable young people. The evidence presented in this thesis has provided a platform from which to proceed with further research in this area. The views and experiences of the young people involved with this research were, singly, the most valuable source of information. It is

suggested that there is much more research required among the more vulnerable young people (pupil referral service and youth offending service, for example) if we are to understand and meet their specific needs. These young people can be seen to have been 'labelled' by society and are arguably disadvantaged by this. Carrying out research with, rather than on, these young people may bring about more positive results. Involving them in identifying how their needs can be met in relation to drug use could bring positive outcomes. One approach could be to 'turn the tables' and ask the young people to become active members of the research team. The advice given by the participants during the piloting of the questionnaire was invaluable, it also engendered their good will as their opinions were sought and more importantly, acted upon. It is vital that subsequent research continues to involve and work with young people if health promotion strategies are to be effective.

3. The theoretical model that was developed in the thesis was evaluated by a group of professionals who identified that it had potential as an educational and assessment tool. Further development and testing of the theoretical model developed during the research for this thesis is needed to fully explore the potential it may have. This could involve a much larger sample using quantitative methodology.

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Appendices

Appendix 1 University Questionnaire and Information Sheet

Thank you for taking the time to fill out this brief questionnaire. I am carrying out research into the area of drug use for my PhD. By analysing the results of these questions I am hoping to gain information on patterns of drug use and insight into the most appropriate ways of targeting health promotion.

You have been approached because you and your colleagues are an appropriate group to help meet the aims of the research. I have been given permission to request your participation to assist my research. If you have received this questionnaire, it simply means that you were in one of the groups that I have been allowed to approach.

You can be assured of the confidentiality of your response, your replies will only be entered as numerical data. That is, there is no possible way that anyone reading the final report could work out what answers you personally gave. In view of this, your honest answers to the questions would be appreciated. After the statistical details have been recorded, the individual questionnaires will be shredded.

Please use the envelope provided to return your form, this will ensure that no other party other than myself will see the completed forms.

Thank you for your co-operation

Debby Allen

IF YOU ARE UNDER 18 PLEASE DO NOT CONTINUE WITH THIS QUESTIONNAIRE. IF YOU WOULD LIKE TO DISCUSS ANY CONCERNS YOU MAY HAVE REGARDING DRUG USE, PLEASE CONTACT THE COLLEGE COUNSELLING SERVICE WHERE YOUR ENQUIRIES WILL BE TREATED IN ABSOLUTE CONFIDENCE. ALTERNATIVELY YOU CAN CONTACT THE NATIONAL DRUGS HELP-LINE ON 0800 77 66 00

Question Sheet 1

1. How old are you ? ----- years old.

2. Which sex are you ? (please tick) Male Female

3. Which of the categories shown most closely matches your ethnic origin?
please tick appropriate answer.

White		Asian Chinese		Black Caribbean	
Asian Indian		Asian Bangladeshi		Black African	
Asian Pakistani		Asian other		Black other	

This form is in two sections, if you answer YES to the following question please carry on with the questions on this sheet. If you answer NO to the following question please fill out pages 5 and 6.

4) Have you ever taken ‘illicit’ drugs (that is, other than alcohol, tobacco, and those taken for medical reasons), for example cannabis (puff-dope-grass), speed (amphetamines-uppers) Ecstasy(E’s), crack, etc. ?

please tick appropriate answer. **YES (please carry on below)** **NO (please go to page 5)**

5) What was the first ‘illicit’ drug you took? -----

6) How old were you? -----years old.

7) Where did you take your first illicit drug? (club, friends home, etc.)

8) What was it that prompted you to take that first illicit drug?

9) Have you taken other types of illicit drugs since then?

please tick appropriate answer. **YES** **NO**

10) If yes, can you identify why you went on to use other types of illicit drugs?

11) Can you identify the other illicit drugs you have used? (that is, other than alcohol, tobacco, and those taken for medical reasons)

12) Can you say approximately how frequently you use illicit drugs? *Please tick box*

Less than once a month	Monthly	Weekly	More than once weekly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13) Is there any occasion when you would be more likely to use illicit drugs?

14) Have you received any health information/education about drug use previously?

(please tick correct answer)

YES **NO**

15) In what form was it? e.g.: leaflet, video, television campaign, school lesson etc.

16a) Can you identify any **effective** aspects of the information/education approach?

16 b) Can you identify any **ineffective** aspects of the information/approach?

17) Do you have any concerns about using illicit drugs? e.g.: *(please tick box)*

legalities physical health issues mental health issues *or*

other *(please comment)*

18) If you answered YES to the question above, please indicate the type of information about drug use that you would find useful to meet the need/s you identified, e.g.: *(please tick box)*

drug action side effects guide to safer drug use

penalties associated with drug use other *(please comment below)*

19) How would you like to receive the information? E.g.: *(please tick box)*

Leaflet.. .. Poster telephone help-line

independent drug information officer other *(please comment below)*

20) In your opinion how could drug health education/information campaigns be improved to help meet the needs of young people?

Thank you for your help

Question Sheet 2 *(For those who have not used illicit drugs)*

5) Have you ever been offered any illicit drugs (*that is, other than alcohol tobacco or for medical reasons*) ?

YES

NO

(please tick correct answer)

6) If yes, what was the first illicit drug you were offered?

7) How old were you when you were first offered an illicit drug ? -----years old.

8) Where were you when you were first offered an illicit drug ? i.e. club, friends home etc.

9) Can you identify why you chose not to use illicit drugs?

10) Do any of your friends use illicit drugs ?

(please tick correct answer)

YES

NO

11) Have you received any health information/education about illicit drug use previously?

(please tick correct answer)

YES

NO

12) In what form was it? e.g.: leaflet, video, television campaign, school lesson, etc.

13a) Can you identify any **effective** aspects of the information/education approach?

13 b) Can you identify any **ineffective** aspects of the information/approach?

14) In your opinion how could drug health education/information campaigns be improved to help meet the needs of young people ?

THANKYOU FOR YOUR HELP

Appendix 2 Youth Group Questionnaire and Information Sheet

Hello

I am asking for your help with some research I am involved with looking at young people and illicit drug use. I am a student at Brunel University.

Thank you for taking the time to help complete this questionnaire. Any answers you may give will not be identifiable to you.

The forms are quite anonymous, no one will know who filled in the form.

Your answers may be used as part of the study I am involved with, however, neither you or the youth centre will be identified in any way.

If you should have any questions just ask me, or one of the youth club workers. One of your youth workers will help you to understand the form if you would like.

You do not have to fill out this questionnaire, it is up to you entirely to decide.

Thanks again.

Debby Allen

SHEET 1.

Please fill out sheet one if you have *used* illegal drugs (hash, speed, E. etc).
Please fill out sheet 2 if you have not used illegal drugs.

1. How old are you?

2. Which sex are you? (please tick) Male Female

3. How would you describe your family origins? *For example:*

White Black African Asian Indian other -----

4. About how frequently do you use illegal drugs?

Please tick box

Less than once a month	Monthly	Weekly	More than once weekly	Daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are there any times you are more likely to use illegal drugs?

6. Do you have any worries about your drug use?

7. What would be the most helpful sort of advice or information about your drug use? For example: leaflets, ex drug user, confidential fact line, youth worker?

8. What sort of drug advice/information do you think is most unhelpful and why?

9. Are you currently at work, school or college, other?

THANK YOU FOR YOUR HELP.

DEBBY.

SHEET 2. (if you have not used illegal drugs)

1. How old are you?

2. Which sex are you? (please tick) Male Female

3. How would you describe your family origins? *For example:*

White Black African Asian Indian other -----

4. Have you ever been offered any illegal drugs? (*that is other than alcohol, tobacco or from your doctor*)

YES

NO

5. Can you say what was the first drug you were offered?

6. How old were you when you were first offered an illegal drug?

-----years

7. Where were you when you were offered your first illegal drug?

8. Can you say why you did not want to use an illegal drug?

9. Do any of your friends or family use illegal drugs? *Please tick correct answer*

Friends

Family

Both

None

10. What would be the most helpful sort of advice or information about drug use? For example: leaflets, ex drug user, confidential fact line, youth worker?

11. What sort of drug advice/information do you think is most unhelpful and why?

12. Are you currently at work, school or college, other?

THANK YOU FOR YOU HELP

DEBBY.

Appendix 3. Ethical correspondence.

OXFORD BROOKES UNIVERSITY



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Professor Helen Bartlett BA MSc PhD RGN RHV
Director

24th October 2000

Dear Debby,

Re: Young People and Illicit Drug Use: The Role of Health Promotion

I have had the opportunity to review the proposed research project and have the following comments:

1. I felt the aims and objectives of the research were clear but felt the study was more about students/student health care professionals rather than drug users in general. I was not clear what population you were referring to.
2. I could find no background review of the literature relating to illicit drug use or health promotion. This makes it very difficult to ascertain whether the research is justified.
3. It was not clear what the duration of the project, or when the start and end dates would be.
4. There was very little information about the study design. Hence, it was difficult to decide whether the research aims and objectives are likely to be achieved. I assume that it is a survey using a self-report questionnaire and focus groups to collect data. How was the sample size of 600 arrived at? Is this a convenience sample? Which 3 universities will be surveyed?
5. Assuming a survey design, a self-report questionnaire and focus groups seem reasonable. However, I have reservations about the questionnaire. I assume that it is not in its final form because as it is, it would be difficult to analyse e.g. the first question could be answered in words numbers, whole numbers, fractions, years, months, years and months etc. Why has bold text been used in places? The questionnaire is not coded for analysis. Is it valid and reliable? Are there any intentions to pilot it? Are there any alternative standardised instruments available? how will the responses to open-ended questions be analysed (there are potentially 600 of each)? No details regarding the focus groups are given.
6. The information given on the front of the questionnaire indicates that potential participants under the age of 18 are to be excluded from the study. Why? I felt the inclusion of the minority ethnic group question in the questionnaire needed some justification.

7. If I have understood the recruitment and approach process properly, potential participants will be informed about the research by e-mail and personal contact (at lectures/seminars etc?). The questionnaires will then be given out one week later. How? Will the students be able to opt out (or will the researcher remain with them until they are filled out for example?)
8. The second paragraph of the information on the front of the questionnaire needs reworking. Students are not being approached because the researcher has been allowed to are they? Rather it is because they are the appropriate people to meet the aims of the research (?)

I am sorry that there are so many questions about the study, but I am unable to make a judgement about the research on behalf of the School without more information. I am sure that you will be able to give satisfactory responses to the above and then I would be happy to recommend the study for approval.

If you have any queries about the above please do not hesitate to contact me.

Yours sincerely,



Lindsey Coombes
Senior Lecturer

PP

Oxford Brookes University

School of Health Care

Decision of application for ethics approval

The School Research Ethics Officer / Committee has considered the application for ethics approval for the following project:

Project Title: YOUNG PEOPLE AND ILLEGAL DRUG USE: THE ROLE OF HEALTH PROMOTION

Name of Applicant (student / staff member researcher): DEBBY ALLEN

Name of Research Supervisor: DR. FRANCES REYNOLDS

Please tick one

- 1. The School Research Ethics Officer / School Research Committee member gives ethics approval for the research project.

Please note that research protocol laid down in the application and hereby approved must not be changed without the approval of the School Research Ethics Officer / Committee.

- 2. The School Research Ethics Officer / School Research Committee member gives ethical approval for the research project subject to the following (additional pages may be attached):

- 3. The School Research Officer // School Research Committee member cannot give ethics approval for the research project. The reasons for this and the action required are as follows (additional pages may be attached):

Signed: [Signature]

Date: 24/10/06

Reviewed as REO / SRC member (please delete as appropriate)

Please indicate no. of pages attached: 2

Copy sent to supervisor (please circle as appropriate)

YES / NO

Debby Allen
Public and Community Health Department
Heritage Gate
Sandringham House
Sandy Lane
Oxford OX4 6LB

28/11/00

Dear Lindsey

Re: Young people and illicit drug use: the role of health promotion.

Following our meeting on the 9th November to discuss my application for ethical approval, I can clarify the issues raised in your letter dated 24th October. Having provided you with a copy of the research protocol, many of your initial questions were answered I believe.

1. The protocol included a literature review relating to illicit drug use and hopefully justified the research.
2. The project is expected to take four years in total. This is year one.
3. A self report questionnaire will be used initially and this will be followed by a series of focus groups. It is a convenience sample and I expect to have access to one of the larger modules. This will be approximately 300 students. I am also working with [redacted] they have provisionally agreed that I may access a similar number of students at the [redacted] campus following ethical approval.
4. A) I have amended the questionnaire as you suggested.
B) I anticipate using SPSS for the quantitative data and am considering using NUD IST to analyse the qualitative data.
C) I hope to 'enrol' participants from the original cohort who express an interest to form the focus groups.
D) I plan to pilot the questionnaire early 2001.
5. Although the questionnaire asks that those under 18 years of age do not participate, it is not expected that there will be any students among the cohort who will fall into that category. I understand that there may be more complex ethical issues for people under that age.
6. The inclusion of the question requesting ethnic status is to be aware of any change in drug using patterns. Until recently it was thought that there was no significant problem among young Asian people and drug use, however recent research now suggests this is changing.
7. Students will be contacted one week prior to the questionnaire being given out to give them time to think if they wish to participate. It is planned that the questionnaire will be given out during the seminar sessions following the main hall lecture. This will be easier to manage as the seminar groups are smaller (20 students). The students will then (if they agree), complete the questionnaire and

hand it back on their way out. Each student will have an envelope for their completed questionnaire which they will drop into a container . The students will be reminded at all stages that their participation is entirely voluntary.

8. The wording on the front of the questionnaire has been altered as you suggested.

I would like to thank you once again for your help in shaping the application for ethical approval, it has been extremely helpful.

Yours sincerely

Debby Allen

Appendix 4. Publications arising from research.

Allen, D. 2002. Research Involving Vulnerable Young People: a discussion of ethical and methodological concerns. *Drugs: education, prevention and policy*, Vol 9 (3) 275-283.

Allen, D. 2003. Treating the Cause Not the Problem: vulnerable young people and substance misuse. *Journal of Substance Use*. 8 47-54.

Treating the cause not the problem: vulnerable young people and substance misuse

DEBORAH ALLEN

School of Health Care, Oxford Brookes University, Oxford, UK

Political, professional and public concern regarding young people and illicit substance use continues to gain momentum in line with statistical data that indicate more young people are using drugs and at a younger age. It has been identified that there needs to be a better understanding of what young people believe about drugs, if credible and relevant interventions are to be developed. Furthermore, the opinions of young recipients of certain health education approaches is a neglected area. This paper presents the findings of some research carried out among some young people attending a youth club in an inner city location to meet these identified needs. Insights were gained regarding the motivational factors for use and non-use of illicit drugs and what the young people found helpful (and not so helpful) regarding health education and drug use. However, the findings suggest a priority is that the broader social needs of these young people must be addressed as a priority if subsequent educational interventions are to be of success.

Keywords: vulnerable; motivation; substances

INTRODUCTION

This report presents some preliminary findings of research exploring motivational factors and patterns of illicit drug use among young people from different socio-economic backgrounds and the role of health education/promotion in meeting their needs. The work seeks to evaluate the efficacy of current health promotion/education interventions set within the context of the participants' lives and backgrounds. It is not the intention of the paper to report the overall results of all the research, but rather to focus on the results of the questionnaires that were completed by young people attending a youth club in an inner-city location. The area has high levels of unemployment, poor housing, mainly rented property, poor transport links, high crime levels and schools that are identified as 'failing'. Many of the respondents were, or had been, excluded from school and were known to social services, the young offender team and other agencies. Thus, the respondents could be described as vulnerable young people (Health Advisory Service (HAS) 1999).

Literature review

There is no shortage of statistical information drawing attention to the numbers of young people involved with illicit drug use. Among people aged 16–29 years, 25%

(2.3 million) reported using drugs in the previous year in the 2000 British Crime Survey (BCS) and among 16–24-year-olds 533 000 used Class A drugs in the last year and 275 000 in the last month (Ramsey *et al.* 2001). The Department of Health (1998) Statistical Bulletin reporting statistics on young people and drug misuse presents information on drug use and young people aged under 25 years using two key sources of information (The Office of National Statistics (ONS) and the Home Office British Crime Survey (BCS)). The following statistics were included in the report. In 1998, 11% of 11–15-year-olds had used drugs (1% of 11-year-olds and 28% of 15-year-olds). Among this same age group cannabis was the most frequently reported drug, used by 1 in 10, 7% reported using drugs in the last month. Among those aged 16–24 years, 29% had used drugs in the past year, and 19% in the past month (Department of Health 1998). Current evidence suggests that illicit drug use peaks among the 16–24-year-olds, but experimentation starts significantly from 13–14 years (The Stationery Office (TSO) 1999).

Many sources have expressed concern that the age of first drug use is getting younger; drug experimentation is spreading and the use of heroin and cocaine use may be increasing (Coggans and Watson 1995, Galt 1997, TSO 1999, ISDD 2000). In response to the escalating rise in illicit drug use among young people, the Government set

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described as 'failing'. The youth club group were accessed via enquiries sent to a number of Drug Action Team coordinators. Following initial telephone contact, details of the intended research were sent to those who expressed an interest in facilitating the study. Potential leads were then followed.

Forty-seven young people were approached and invited to participate. All 47 young people agreed to complete the questionnaire. They were enthusiastic throughout the research and generally appeared to relish the opportunity to allow their views to be heard. There were 24 male and 23 female respondents. The age range of the respondents was 13–20 years.

Ethical and methodological issues

Permission to proceed with the research was gained from the appropriate Local Research Ethics Committee and from the host university ethics committee. Furthermore, ethical guidelines established by the British Sociological Association were adhered to throughout the research, owing to the vulnerability of some respondents/participants. Local authority approval was also sought as the youth club came under their auspices. The youth workers and some of the youth club members were involved with the design and pilot of the questionnaire. It has been identified that when carrying out research with illicit drug users there is a need to involve participants and make the experience more personal if you are to motivate them (Van Meter 1990) and the results will be of interest to them (Manheimer *et al.* 1972). The original design of the research tool was altered considerably on the advice of the participants. The format was much shorter, simpler to fill in and the language modified for ease of understanding. The wording of questionnaires needs careful consideration for some young people, particularly the more vulnerable groups (Duncan Stanton 1977, Allen 2002).

All of the participants were told about the research and of the confidential nature of any response they chose to give. They were also informed that their participation was entirely voluntary and of their right to withdraw at any stage. Either the researcher or a qualified youth worker were present during the time when the questionnaires were completed.

Limitations of the study

The study is quite small having only 47 respondents; therefore, generalizations to the wider population would be difficult to assume. However, the attempt to elicit the views of this group of vulnerable young people can be regarded as a first step in developing a more representative picture. In addition to this, the data obtained from this group were rich and have produced some interesting findings suggesting the need for further research in this area. During the data collection phase it became evident

that many of the young people had poor literacy skills. Although steps were taken to assist the young people in understanding and responding to the questionnaire, it is acknowledged that this may have had an impact on their responses.

RESULTS

The young people were approached over a 3-week period as different events were hosted at the youth club attracting different age groups. Many of the respondents wrote additional comments to the questions, challenging (for example) the lack of government emphasis on alcohol misuse, which they perceived as causing more problems than illicit drugs. In some cases the respondents chose to ignore the questions and wrote all over the questionnaire, presenting a narrative. The experience, for some, seemed cathartic. Whilst analysis has obtained some quantitative data, the qualitative nature of some responses provided some of the more meaningful results. As such, possibly the most effective way of presenting the data is in the narrative style in which it was frequently written, thus not losing the essence of the individual response. Examples have been selected and are presented below, they have been chosen to illustrate different perspectives of the respondents.

Of the 47 respondents, 26 (55.3%) indicated that they had used illicit drugs and 21 (44.6%) indicated that they had not used illicit drugs. The ages of respondents ranged from 13 to 20 years. There were 24 male respondents and 23 female respondents. Fifty-three point eight per cent of the participants described themselves as White or White/British, the remaining respondents reflected a multi-ethnic population. There were no significant differences in age, sex, or ethnic background between those that did use illicit drugs and those that did not. The data pertaining to those who had used illicit drugs are presented first.

Those who had used illicit drugs

The majority of young people that were using drugs were doing so on a weekly basis (38.4%). However some respondents reported using drugs on a daily basis (19.2%). Respondents were asked if there were any times that they were more likely to use illicit drugs. All 26 respondents who had used illicit drugs answered this question. The responses were analysed and themes became apparent. Forty-two per cent of respondents used words such as 'depressed', 'pissed off', 'stressed' (see Boxes 1, 4). Boredom was the next most frequently used reason (15.3%).

When asked if they had any concerns about their illicit drug use, 50% of respondents simply said 'no'. Others observed that there were some concerns related to the effect of the drug at the time of consumption, as a result

Box 5

This respondent is female, white and 18 years old. She is currently at college studying computers. She uses drugs more than once weekly.

Times more likely to use drugs: *For a laugh.*

Worries about drug use: *No for puff (but smoking too much coke now).*

Helpful information: *Ex-drug user -- talk more about alcohol too - alcohol and kids- that's well common and also its bad for fights and makes arseholes out of people.*

Unhelpful information: *Blank*

Box 7

This respondent is a 14-year-old, male, Black Caribbean who is attending the pupil referral unit. He has been offered cocaine. His family and friends use drugs.

Where offered drugs: *Back of toilets in park.*

Why not using: *Relative is addict and fucked up (+ don't want to be like that.)*

Helpful information: *Nothing really.*

Unhelpful information: *School. Teachers, government go on about drugs and what about alcohol and problems with that.*

Box 8

This respondent is a 14-year-old, White, female who is attending school. She has never been offered drugs. She has no family or friends who use drugs.

Why not using: *Drugs can be a terrible thing - really dangerous and mess up our life. I want to go to university.*

Helpful information: *Confidential helpline.*

Unhelpful information: *Posters.*

Box 9

This respondent is a 16-year-old, White, female who has a baby. She was offered cannabis when she was 12 years old.

Where offered drugs: *Park.*

Why not using: *Dad died of drugs O.D. heroin and I've got a baby now anyway.*

Helpful information: *Leaflets -- but some are crap and they lecture you.*

Unhelpful information: *Police*

Box 10

This respondent is a 19-year-old, White, male. He wrote 'computers' when asked if he was at school, college or work. He had been offered puff when he was 12 years old. He wrote on the questionnaire that he preferred drink. His family use drugs.

Where offered drugs: *Home-relative.*

Why not using: *Must be joking - he's an arsehole.*

Helpful information: *Ex-drug user maybe - but they have to talk sense.*

Unhelpful information: *School - being told its bad.*

Those who had not used illicit drugs

The following results are from the respondents who indicated they had not used illicit drugs. Those respondents who indicated they had not used illicit drugs were asked if they had ever been offered illicit drugs. Sixty-two per cent said they had been offered illicit drugs, while 38% said they had not been offered an illicit drug. Thirteen (62%) respondents said they did have friends or family who used illicit drugs. Six (28.5%) respondents said they did not have friends or family who used illicit drugs. There were 2 (9.5%) no responses. Respondents were asked if they could identify why they did not use illicit drugs. A number of themes were evident. 'Family' was the most commonly cited reason for not using illicit drugs given by the respondents (28.5%) (Box 6).

Box 6

This respondent is a fifteen year old, male, Muslim (Pakistani). He is attending school. He has never been offered drugs. He has friends who uses drugs and he added the comment: *Up to them One is on methadone to keep off heroin.*

Why not using: *Disrespectful to family. Religion.*

Helpful information: *Older friends.*

Unhelpful information: *Parents going on.*

While 'Family' was used positively in some instances, for example, not wishing to let parents down, or not wishing to be disrespectful, at other times there were negative connotations revealing illicit drug use within the family (Boxes 7, 9, 10, 11). The responses serve to highlight the vulnerability of these young people. Other reasons given included, religious beliefs (Box 6), wishing to go to university/further education (Boxes 8, 11), not interested, and having a baby (Box 9).

Two young people who completed the questionnaire revealed they had a baby and that this was a reason for not using drugs. They were aged 15 and 16 years.

members. Having family members who use illicit drugs is commonly thought to present an increased risk to young people to engage in drug use themselves (HAS 1996). This research suggests that family involvement in substance misuse may actually serve to prevent the young person engaging in illicit drug use in some instances. However this situation may change at a later stage in their life.

Fountain *et al.* (1999) published the results of research carried out among 100 young people to assess the impact of a variety of factors on young people's drug-taking behaviour. The focus of the research was on those who had not used illicit drugs. Among the most commonly cited reasons were:

- Fear of effects
- Seen the effect on others
- Because their friends did not use it
- Not interested

The same reasons were cited by the non-using respondents in the youth club group.

The role of religion on non participation of illicit drug use was identified by a small number of the youth club group respondents, though this was not identified by respondents in the research by Fountain *et al.* (1999). However, religion and education are among the factors identified in the seminal, longitudinal work by Jessor and Jessor (1977) as factors that influence adolescent drug consumption, with high religiosity and educational achievement being positive factors for preventing drug use. Similarly, Allen and Jekel (1991) identify that for some young people a religious faith can make a positive impact to their not using illicit drugs.

As identified in this research, many of the youth club respondents had poor levels of literacy, others were attending or had been referred to the pupil referral service, some had been in trouble with the police and even been imprisoned. Goulden and Sondhi (2001) identified that young people excluded from school and in contact with the criminal justice system are more likely to be engaged in drug misuse.

Educational achievement and aspiration was generally lacking. However, among those not using illicit drugs, the desire to go to university or further education was frequently given as a reason for not using illicit substances. The testimony from the young man who had been to drug detoxification and rehabilitation, and who had subsequently found work and a positive role in life, is perhaps an example of the success of measures to increase the aspirations of these young people. The role of the youth worker had been pivotal to the success of this young man's story, she listened to him and did not tell him 'he was mad or bad'. Ward and Rhodes (2001) comment that where traditional drug agencies expect to begin with an instant admission of a drug problem, youth workers generally agree they needed to deal first

with other life problems that have a direct influence on drug-using behaviour.

Perri 6 *et al.* (1997) observed that for many young people, changes in patterns of drug use are frequently related to a desire for a change in lifestyle, getting a job, preparing for exams or having children. Those findings are supported by the evidence presented by the non-drug-using respondents involved in this study. Perri 9 *et al.* (1997) also commented that problem users are generally more isolated than non-problematic drug users and frequently have a less confident and more fatalistic outlook than their non-problematic drug-using peers. However it is identified that it is difficult ascertain cause and effect in these areas.

CONCLUSION

Lerner (1998) cites the work of several respected authors who collectively postulate that the life chances of many young people are wasted by school failure, underachievement, crime and challenges to health, and the ensuing feelings of despair and despondency that spread through the life of these young people who see themselves as having little chance to do better. The findings of this research identified that nearly two-thirds of the drug-using respondents used words such as, 'depressed', 'pissed off', stressed and bored as a reason for drug use.

Burgess (1996) identified the need for a social context in drug prevention work and observes that in America, programmes that recognize the social context of the user and the local community are common. In such programmes drug education is seen as just one part of the strategy. The author also suggested that such approaches in the UK are rarely adopted other than in some of the Home Office Drug Prevention Initiatives.

At the start of the paper, it was identified that seeking the views of young people on issues of what they want in relation to drug use is a neglected area (Parker and Measham 1994, Coggans and Watson 1995, Roker and Coleman 1997). As Lloyd (1998) identified, we know very little about drug use in the high-risk or vulnerable groups. It follows, therefore, that even less is known regarding effective health promotion/education strategies to meet the needs of these young people in relation to their drug use. The results of this research suggest that resources could be put into developing youth clubs or centres to provide social activities for young people. Dedicated youth workers, with dual skills in working with young people and issues of substance misuse, may also bring positives outcomes.

The findings reported in this paper are based on a study of a small group of young people who can be described as vulnerable. Although the sample is small, the findings are presented as a starting point for further discussion. Clearly,

Research Involving Vulnerable Young People: a discussion of ethical and methodological concerns

DEBORAH ALLEN*

School Of Health Care, Oxford Brookes University, UK

ABSTRACT *The stimulus for this paper arose from some research that the author is involved with which required the participation of a range of young people, gaining their experiences and views on illicit drug use. Some of the young people involved in the research were living in areas of social and material deprivation and others were attending a pupil referral unit, they could collectively be described as 'vulnerable'. Working with these young people presented some particular ethical and methodological problems. It is the intention of this paper to explore some of those problems with a view to opening debate on some of the challenges that were presented during the research process. While it is not intended to discuss the findings of the study in this paper, some of the unique ways in which participants responded during the process will be discussed.*

Introduction

The stimulus for this paper arose from research that the author is involved with which required the participation of a range of young people, gaining their experiences and views on illicit drug use. The study in question seeks to explore motivational factors and patterns of illicit drug use among young people from different socio-economic backgrounds and the role of health promotion in meeting their needs. The efficacy of health promotion interventions will be evaluated, set within the context of young people's lives and backgrounds.

Whilst taking forwards the research, some fundamental ethical and methodological issues became evident. It is the intention of this paper to explore some of those concerns with a view to opening debate on some of the challenges that were presented during the research process. While it is not intended to discuss the findings of the study in this paper, some of the unique ways in which participants responded during the process will be discussed.

There has been a proliferation of research seeking the views and experiences of vulnerable young people in relation to drug misuse (Berkowitz, 1995; Dent *et al.*, 1997; Havey & Dodd, 1995). Current government policy identifies that the needs of vulnerable young people in relation to drug and alcohol misuse should be assessed (The Stationery Office, 1998). The Health Advisory Service (1996)

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considerations is even more necessary. As Hughes & Gutkin (1995) observed, the researcher is presented with ethical dilemmas in which the appropriate course of action is far from clear. The need to observe and meet the ethical principles set out above must remain the priority for those engaged in research in this area.

Ethical problems of working with young people under the age of 16 have been discussed by Ovenden & Loxley (1993). One key issue is that of consent, particularly in view of the nature of the research and the age of the participants. Commonly the consent of parents is sought; however, the illegal nature of the behaviour being explored for this study presents difficulties with this approach. Yet to exclude such vital data would detract from and limit the usefulness of the research. There are no easy answers. Legal advice sought by the authors of the study referred to above suggested that it is acceptable to obtain consent from minors if the study is explained to them in a language that is appropriate and that they would understand and that participants are aware of their right to refuse to contribute at any point.

Written acknowledgement of informed consent is the current standard for any research with minors (Dent *et al.*, 1997). However, for this research such an approach was deemed entirely inappropriate. It was discovered that many of the young people involved in the research were persistent truants and, as such, some of them had educational difficulties. Although the content of any letter of consent could be read out, it was deemed inappropriate to require the participants to sign to something under these circumstances. Potential language and literacy problems in this field of research and the dilemmas that this can present have been discussed by Hughes & Gutkin (1995). There were further issues related to confidentiality. At the end of the study, any signed agreements would be stored somewhere for a specified amount of time, thus allowing the possibility of a breach of security. However, it has been asserted that generally researchers rarely obtain written informed consent when the data collection is by self-report questionnaire. The researcher assumes implied consent; that is, if the questionnaire is completed, then you have obviously obtained the respondents consent (Polit *et al.*, 2001).

Passive Consent

A somewhat controversial approach used by some researchers in the field is that of 'passive consent'. One example of this was carried out during some research by Havey & Dodd (1995). A letter was sent to the parents of young people giving details of a research project in which they were asked to reply if they did *not* want their child to participate. In the absence of any response it was taken that consent had been given. The inherent problems with this approach are all too evident. It has to be asked how many letters would reach their target; all too often letters sent home with children fail to reach the parents; in addition to this, how many parents would read and understand fully the implications of the letter?

For the purpose of the study it was decided to follow the guidelines set out by Ovenden & Loxley (1993) for the first stage of the research, which involved self-report questionnaires. Thus, following an explanation of the study, consent was gained from the young people who agreed to participate. The nature of the research was explained to the potential participants in an informal way. Issues of confidentiality and rights to withdraw at any stage were covered.

Some respondents went beyond what they were being asked and actually 'told a story', providing an explanation for the answer that they gave and the context for their response. The data from this group of young people had to be treated differently from data from some of the other groups who had been involved in the research. One response quite often was linked to another and, if looked at in isolation, would not make any sense, as the following example shows (this respondent had not used illicit drugs).

Question 8 asked:

Where were you when you were first offered an illegal drug?

The answer was:

With a relative at home.

Question 9 asked:

Can you say why you didn't want to use that drug?

The answer was:

You must be joking; he's an arsehole.

In one case the questions were irrelevant, the respondent just wrote all over the sheet in an attempt to say all that he wanted to.

Respondents also questioned why certain issues had not been included as they felt they had more bearing on their situation. The focus of the study is on illicit substance misuse and as such, alcohol was not referred to. The respondents articulated that alcohol was in many cases seen as presenting more of a problem to them and their immediate social circumstances.

Talk about alcohol too—alcohol and kids—that's well common and also its bad for fights and making arseholes out of people.

Although some considerable methodological challenges were presented, some invaluable rich data were gained as a result of the first stage of the research.

Second Stage of the Research: focus groups

The second stage of the research was the use of focus groups. The use of qualitative research interviews have been recognized as a useful tool to overcome some of the problems identified above when working with this group of young people (Ovenden & Loxley, 1993). A key feature that these researchers identified is that language can be adapted to match the education level and colloquialisms of the group. Duncan Stanton (1977) suggested that obtaining data from groups of respondents seated together is possibly the best method of data collection when involving this client group.

Permission was gained to seek the involvement of some young people attending a pupil referral service. Gaining access to vulnerable young people such as this can be difficult; this is probably due to fears of bad publicity for the particular institution (Blum, 1969). However, following reassurance regarding the total anonymity of the particular institution and of any individuals, tutor or student, permission was gained to proceed with the study. Indeed this is one area where attitudes would seem to have changed; organizations were generally very keen to

some excellent data were collected, but the process was not without difficulty and the underlying feeling was that it could have been a much better experience for both the interviewer and the participants with better planning. However, Mayock (2000) observed that research in this field can result in various forms of resistance which quite simply cannot be planned for in advance.

On reflection, it would have been better to try to arrange a series of meetings prior to the focus group to talk informally with the participants and to get to know them. The need for trust, rapport and candour when working with young people in this context has been identified by Fontana & Frey (1994) and Manheimer *et al.* (1972). The researcher must be flexible in their approach and seek pragmatic solutions when problems arise.

Conclusion

In this paper the need to carry out research which seeks to engage the views and experiences of vulnerable young people in relation to illicit drug use has been identified. Some of the problems and ethical and methodological issues that arise when attempting to do so have been highlighted. It is the fundamental responsibility of every researcher to protect the ethical rights of young people, especially as those young people may not be aware of their rights and are vulnerable to exploitation.

We now return to the principles outlined earlier in the paper (Beauchamp and Childress 1989).

- (i) *Respect for autonomy* (a respect for the rights of individuals and their right to determine their lives). Participants involved in the study were all given information about the broad aims of the research; their participation was voluntary. They were informed of their right to withdraw at any stage of the proceedings.
- (ii) *Beneficence* (doing or promoting good). The research seeks to add to the scholarly body of knowledge on the issue of young people and drug use. Dissemination of the findings of the study will seek to offer new perspectives on how to meet the needs of young people in relation to drug use.
- (iii) *Non-maleficence* (avoiding or preventing harm). With the benefit of hindsight, there were apparent weaknesses in this area. Exposing some of the participants to filling out a questionnaire when their literacy skills were so poor could have caused distress to some individuals. Psychological consequences of participation may be subtle, personal information may be revealed and there should be adequate time and preparation to pre-empt any such occurrences (Polit *et al.*, 2001). The focus group (described above) should have been more carefully planned. Time should have been spent prior to the event getting to know the participants and affording them the opportunity to consider their option to contribute and possibly gaining their views on how the focus group should be facilitated. More positively, every group of participants at each stage of the study were given a 'debriefing' opportunity. This was an unrecorded time when any questions, concerns or complaints that the participant may have wanted to raise but did not feel confident to do so at the time could now do. More importantly it was a time when the researcher could provide refreshments and get to know the participants a little better.

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