

THE ATTITUDES OF YOUNG PEOPLE
TO THE NON-USE OR USE OF DRUGS
AND TO
DRUGS EDUCATION AND PREVENTION STRATEGIES

A Dissertation and Institution-Focused Study submitted as part of
studies for Doctorate in Education

by

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ABSTRACT

The study explores the attitudes of young people in the later years of their secondary education to the non-use or use of drugs and to the drugs education and prevention strategies that they have experienced. It takes particular account of the views of the majority of young people who do not use drugs other than the occasional use of alcohol. It highlights the problems experienced by some young people as a result of their legal use of tobacco.

To contextualise the study there is an exploration of the drugs education and prevention environment, and an in-depth examination of the policies of central and local government and voluntary organisations. In particular it looks at the influence of the preventionist and harm reductionist perspectives and their influence on policy and practice. The subject is considered to be particularly complex and sensitive in nature, and these aspects have major implications for any study of it, especially among young people.

The methodology and research approach used questionnaires self-completed by young people, which provided both quantitative and qualitative databases. In addition, in-depth recorded interviews with individual young people and the recorded dialogue between young people were also used, which produced extensive qualitative data.

The findings highlight major inadequacies in our knowledge of young people's non-use or use of drugs and the motivations underlying this. This in turn contributes to major deficiencies in drug education and prevention provision, with widespread dissatisfaction of young people and of some practitioners as a result.

It makes recommendations for the improvement of drugs education and prevention strategies in general, and in relation to tobacco, alcohol and cannabis use in particular.

INTRODUCTION

There are few subjects more emotive than illegal drugs. It is widely recognised that existing efforts to deal with them have failed, but as to solutions there is an absolute difference of opinion amongst experts of every relevant profession (SCHA3 2002:1,1).

This quote from the Select Committee on Home Affairs' third report on drug use sums up the particularly complex and sensitive nature of the subject. It conveys the widely expressed view of politicians, practitioners and the public that previous drug prevention and education strategies have failed, and that there is much disagreement among those involved.

Emotive and complex

Indeed, if there is one word that describes the whole scene involving the use and abuse of drugs it is 'complex'. The word 'emotive' used by the sub-committee is an understatement of the sensitive nature of the subject, which adds to the overall complexities and makes research into this area in educational institutions highly hazardous. In Chapter 3 we examine the many ethical and practical issues and implications of such research.

If there is a word that is frequently used to describe the measures taken to react to drug use it is 'simplistic', and therein lies the problem. In this dissertation we describe a scene that is tremendously complex in every aspect; we show, however, that the attitudes and approaches of policy makers, the media and the general public and even some professionals and researchers are often stereotypical and simplistic. We examine the claim that

this simplistic approach is the fundamental cause of the relative failure of drug use education and prevention in the UK, to the detriment of young people at school and in their later lives.

Previous failures

The sub-committee's view that 'previous attempts have failed' refers to the fact that some reports and their associated statistics show that high percentages of young people are using drugs and the numbers seem to be increasing rather than diminishing. This is in spite of the very substantial resources invested by the United Kingdom government, international agencies and by the charitable and voluntary sectors over very many years in providing preventative measures and education against the misuse of drugs by young people. For over two decades, considerable concern has been expressed about the effectiveness of drug prevention and education strategies and the amount of evaluation that is taking place.

Some sections of the media claim that in almost all areas of drug-taking there is a steady upward climb, and some professionals and lobbyists maintain that drug-taking is now so widespread that it has become the norm. By contrast, there has been much disagreement about the accuracy of the media's representation of the issue. We examine these claims and issues in Chapter 2.

"Solutions"

As for the 'solutions' to which the sub-committee refers, the quantity and quality of research into the subject in the United Kingdom has been relatively limited compared with the United States, Canada, Australia and France. Some say that there is a lack of sufficient evidence of the drug taking that is actually going on among young people. There is also scant research into the

reasons why young people do not regularly use drugs or do not use them at all, in spite of being subjected to huge peer and social pressures. By contrast, there do seem to be increasing numbers of young people still at school with serious addictions to tobacco, and who regularly - and in some cases excessively - consume alcohol.

For this reason, our research project was conducted among young people who were still at school or had recently left. In Chapter 3 we outline the methodology of our research of over a thousand young people, through self-completed questionnaires which provided both quantitative and qualitative databases. In addition, in-depth recorded interviews with individual young people and the recorded dialogue between young people were used, which produced extensive qualitative data.

In Chapter 1 we examine in detail the nature and extent of previous research and the many theories offered. Furthermore, the available statistics are often based on data obtained in different ways and are not comparable, so we examine these inconsistencies in detail.

Conflict

The sub-committee referred to the considerable conflict that exists between the various players in drug education and particularly between the rival philosophies of prevention and harm reduction. This is extensively examined in Chapter 2. The conflict between various researchers and theorists and the effect this has had on policy and delivery is examined in Chapter 1.

Policy

In view of what has been said in the chapters above, it is not surprising that there have been constant reviews in central and local government policy and in some of the relevant voluntary organisations. There has been a further complication in the division of responsibility for the issue between four Government departments. In Chapter 2 we provide a comprehensive review of government policy; we discuss the reasons for it and its impact on the field and upon young people.

International comparison

Throughout the study we have attempted to compare and contrast our experience with other countries, particularly the United States, Canada, Australia, France, Germany, Sweden and the Netherlands.

In each country there are sometimes very considerable differences in the classification and definition of drugs, in the legislation of different classes of drugs, in the attitudes towards them, and the degree to which they manage theoretical approaches and research findings. The resulting drug education strategies can be vastly different between countries – even those bordering on each other, such as the Netherlands and Germany.

This is because in each country there is a highly complex process of social interaction taking place. Within each country there is conflict between a wide range of individual pressures, group interests, political concerns and religious standpoints, all of which compete to influence the official line and everyday practice. The resulting policies can often be an irrational blend that attempts to respond to these competing pressures. It is an evolving process; every time one of these forces becomes dominant, counter forces assemble to oppose it. This all takes place within the historical framework and with an

underlying influence of both conscious and subconscious emotional or cognitive aspects. One feature which considerably adds to the complexity in the United Kingdom is that the various purposes and interests are not truthfully or wholly represented in government, the field, or society. In the government, power is attained by upholding policies perceived to have wide public support, whether or not these policies are correctly or positively addressing the issues they involve. Therefore, the government may put forward policies on drug education and prevention for reasons of gaining public support, although the policies do not really address the issue. Furthermore, practitioners in the field do not always act in accordance with policy when they act out of concern for their clients, although they may appear to be doing so. As for the application of, or even the consideration of research, this often is subordinate to the other factors at play. The result is a policy not always relevant to or in the best interest of drug users or society. The drug education and prevention environment is discussed more fully in Chapter 2.

Findings

The findings of this research project are described in four sections in Chapter 5 – young people's attitudes towards and views on tobacco, alcohol, cannabis and drug education. Statistics are also provided detailing the use or non-use of each drug and their own assessment of the current drug education and prevention strategies. In each section we have compared and contrasted the folklore or commonly held beliefs and opinions with the actual findings and have presented the responses of young people themselves.

Recommendations

In Chapter 6 we have made recommendations based on the overall research. These include suggestions for handling the logistical and ethical

difficulties of research on drug use among young people, and for redressing the over-estimation of drug use and the over-concentration on the minority. It recommends specific training courses to enable teachers to gain greater understanding of the prevailing youth culture and of the influence of peer pressure, ethnic backgrounds and parents. Such training should also attempt to redress the poor and inaccurate knowledge of drugs that most teachers have. We recommend that this in itself will not sufficiently reverse the inadequacy of drug education, and that this will only be resolved by re-targeting drug education with more appropriate timing and content. Of utmost importance are methods of delivery of this education to different age groups, greater involvement of young people and greater use of outside speakers who have credibility with young people. We make specific recommendations to make more support available for young people using legal drugs and cannabis.

Aims of this research

This research attempts to shed further light on these issues and to provide a new perspective in the hope that it will stimulate further consideration by others. It provides substantial qualitative and quantitative input from young people and as a result, within the schools that participated in the study, we were able to undertake a practical exercise of research, evaluation, feedback and recommendations for changes in their drug education and prevention provision.

1

The Literature Review

LITERATURE REVIEW

Introduction

This review is an analytical synthesis of the principal research and other relevant literature on drug education and prevention. The principal ideas are analysed and the relationships between them shown. The main theories and criticisms and how they have been applied and developed are outlined. There is discussion of the relevant philosophical perspectives and traditions and the ways in which they relate to the problem. Along with the study of the drug education and prevention environment, these considerations comprise our research task, project design and methodology.

Definitions

Definitions in this sphere are many and varied, often contentious, and influenced by their social context.

a. Drugs

In examining the theories and approaches to drug use, one encounters a number of problems which the authors of the literature have themselves experienced. Firstly, there are problems of terminology and what constitutes a drug. One pharmacological definition of a drug occurring frequently in the literature is that a drug is any substance that chemically alters the function or structure of a living organism. Another is that a drug is any psychoactive substance that directly affects the brain and nervous system. The

Government's definitions used in drug education were outlined in the joint Drugs Prevention Advisory Service and Drugscope document "Assessing Local Need – Planning Services for Young People" (2002: 1):

Drugs. The term 'drug' is used to refer to any substance that can affect people's mental activity, including illegal drugs, drugs from illegal prescriptions and volatile substances. Young people's drug use and misuse is often linked with alcohol use and misuse, so we need to identify young people's needs in relation to both drugs and alcohol.

Substance. The term 'substance' is defined as all illegal drugs and drugs that people can get hold of legally, including tobacco, alcohol, volatile substances and medicines that people have got without a prescription. Using tobacco and using prescription medicines correctly form an important part of education programmes for young people from an early age.

b. Misuse and abuse

What constitutes abuse of a drug? Should any use of illegal drugs be described as misuse? Depending on the theoretical, moral or religious standpoint one has, there will be different definitions of drug 'abuse' or 'misuse' and at what point drug use or misuse has become 'problematic'; all definitions are highly contested and socially constructed and mediated. One definition of drug abuse is using a drug in a manner that endangers society, the user's relationships with other people and/or health. When drug use becomes a lifestyle, it is termed as drug abuse. A frequently used definition of drug dependence is when tolerance and withdrawal symptoms are experienced.

The Royal College of Psychiatrists has defined 'drug misuse' as:

any taking of a drug which harms or threatens to harm the physical or mental health or social well-being of an individual, of other individuals, or of society at large, or which is illegal (2000:2)

The Advisory Council on Misuse of Drugs (ACMD) defined 'problem drug use' thus:

We have defined problem drug use as drug use with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them. (2003: 21)

Illicit or not, 'soft' or 'hard'

When is a drug 'illicit'? Acker and Tracy at the University of Massachusetts have very recently (2004) illustrated how American society's perception of drugs has changed during the past century and how the social significance of each drug has developed over time. They show how the identity of any psychoactive substance owes as much to its users, their patterns of use, and the cultural contexts in which the drug is taken as to its documented physiological effects. They also illustrate the ways in which drugs have shifted between the categories of licit 'soft' drugs and illegal 'hard' drugs. They discuss that such terminology is highly contentious, but frequently used by the media and young people, and highly significant in determining how people react to different kinds of drugs. There is, however, some consensus over what is considered 'problem use' on the basis of whether it brings the user into contact with the law or with some sort of rehabilitative treatment. The fact that drug abuse incurs considerable costs to nations across the world, costs in terms of personal tragedy as well as huge financial costs to

economies, is an obvious societal problem. High proportions of road deaths involve drivers who have been drinking alcohol. Many such accidents also involve users of cannabis or amphetamines. Use of tobacco and alcohol are the greatest worldwide causes of early death.

Are all cases of drug use symptomatic of psychopathology or is it normal behaviour that has a risk for only some users? What is addiction or dependence and does it result from a drug itself or from the characteristics and personality and genetics of the user and the influences of society? Is addiction a disease or is it learned behaviour conditioned by some sort of enforcement (the behaviourist approach)? Or is drug use a process which is very specific to an individual and his society? The most widely held view at present is that this process is an interaction between the specific drug, its pharmacology and dosage, and the frequency and manner of its use. This also includes the individual user's personality, motives, attitudes, expectations and hopes, the environment in which he consumes it and the society which influences this consumption. Hence it is socially constructed and mediated.

c. Youth, young people and adolescence

The DPAS/Drugscope Document referred to above defines young people as:

For the purposes of this guidance, a 'young person' is defined as someone who is under 19. In most cases, information in relation to 'young people' is available for people under 18 and this should be used to plan local substance-misuse services. Arrangements should also be made for all young people who are receiving specific treatment when they reach 18. (2002:1)

In the literature and in society in general, however, even the use of the terms 'youth' or 'young people' are problematic and a recent work on the subject by Ghodse (2004) examined this in detail. It is crucially important in any study of drug use that the definition of young people is clear in terms of ages, age groups and other factors. When representing the drug use of 'young people' the media are usually referring to a rough age band from 16 – 25, at which age the drug use patterns are substantially different from those of 11 – 15 year olds (as we will be discussing in Chapter 4). The average person's understanding of the term 'adolescence' is that it is the period between childhood and adulthood and this is equally problematic. The period of time when young people are still dependent in one way or another – financially, emotionally, residentially, educationally – is being extended for many young people. More of them are continuing on to further and higher education and/or are facing less certain employment and often more difficult financial circumstances than their peers. Young people may have different experiences of this transitional period because of their gender and/or their social and racial and religious backgrounds. All these factors will have an influence as to which theoretical approaches are likely to apply to their individual situation. Some of the sociological literature defining transition as a key defining feature of youth is dealt with later.

Theories of substance abuse, misuse and use

In spite of the enormous amount of research that has been done in many countries over many years, the amount of new knowledge about substance abuse and the many new theories relating to substance use and abuse, policy and drugs education still tend to be influenced greatly by previous theories and concepts based on moral and religious teachings.

To take alcohol as an example, in the 17th century, because of the attitudes prevalent at the time that a person should have full responsibility for his or

her behaviour, people who misused alcohol were seen as people who had 'lost self-control', who were acting excessively through their own fault and that therefore the response should be correction and punishment. During the 19th century the idea that alcohol was inherently evil developed, that people who became alcoholics or who drank excessively were victims of this evil, and that it was therefore to be regarded as a disease which caused people to succumb to the addictive nature of the substance. This was the basis of the temperance movement in the UK and elsewhere, and of prohibition in the USA.

The last century saw a more pragmatic and practical approach. This had been chiefly dictated by the unpopularity and impracticality of prohibition, the realisation that revenue from the taxation of the products was valuable, and the popular concept that the use of alcohol in moderation was not a problem and could even be regarded as a valuable social activity. It was also felt that the minority who drank excessively or who became dependent on alcohol had a particular disease which required individual treatment.

It was in the latter part of the twentieth century, with the development of behaviourism and social learning theory, that the concentration was upon individual behaviour being shaped by interaction with other people and with the environment. Addictions, dependence and drug use, misuse and abuse were regarded as behaviours that had been socially constructed and learnt. The concepts of illness and disease were being challenged because it had not been possible to produce a comprehensive disease theory for all types of addictions, which led to the re-examination of the idea that it is a pathological condition.

So it is unlikely that any one theory or approach will address the complexity of each individual situation, but each can shed some light on aspects of it.

Modernism and post-modernism

Much has been, and is being, said about the modernism and post-modernism debate and the effect that it has had and is having on theory and policy, including that relating to drugs and young people.

The debate involves the identification, categorisation and labelling of two distinct approaches to research into the understanding of and the theorising about life in the late 20th and early 21st centuries. Some feel that post-modernism offers a revolutionary approach to the study of society, and its key concepts are today being applied to the re-structuring of the social sciences. Others, like Pauline Rosenau, are of the view that:

without any standard or criteria of evaluation postmodern enquiry becomes a hopeless perhaps even a worthless enterprise (Rosenau, P 1992: 136).

While there is much conflict between proponents of modernism and post-modernism, and while many people regard the dialogue as a kind of semantic gamesmanship and rhetoric, many of the current researchers and theorists quoted make reference to it. Most young people are not aware of the philosophical debate, but are living with its consequences.

Modernism concentrates on the rational, the scientific, the belief in universal values, the democratic, the hierarchical, the organised and the centred. It has a belief in construction and progress and logical scientific solutions and approaches.

Post-modernism reflects a disenchantment with rationalism and an emerging global culture; it is subjective rather than objective. It is a challenge to reason and rational organisation. It questions the conscious, the logical and the coherent and encourages a retreat from central planning and specialism and

from bureaucratic decision-making structures. In sociological research greater emphasis is placed on ethnography and the study and protection of individuals and communities. Post-modernism believes in local values, minority rights, fragmented and dispersed organisation, the subjective, indeterminacy, and values which are determined socially and individually.

In recent times there have been many people who have taken a middle-ground between the two camps. Modernity is a belief in progress and the ability of people to discover, to invent and to know more and so to overcome the problems that we face. Post-modernism is a dissatisfaction with this view of life and is a pointer that something else is emerging to take its place. It has been described by some as not a destination, but a train that is taking us somewhere new. With modernity, identity and social integration were found through production and the workplace; with post-modernity, possessions and consumerism are dominant.

The post modernity literature, despite its impenetrability and abstraction, simply has too much potential relevance to ignore. Each of the main themes in the debate appears to connect to the drugs story we are about to tell (Parker, Aldridge and Measham, 1998: 30)

Drug 'wars' theories

A recent development in the post-modernist approach to drug use is to advance theory and investigate the perpetuation of the term 'war' – the war against drugs, the war between preventionists and harm reductionists, the war against drug producing countries, and the war against drug trafficking.

The view has been strongly advocated that there is no real war and no need be a war, that it should be a matter of cool reassessment, review and a less hyperbolic approach. It is asserted that the 'war' approach is alienating young people whose street knowledge and individual experience is pragmatic

and experiential, and regards the arguments as dramatised out of proportion by uninformed adults taking extreme and unnecessary positions . Howard Parker (see subsequently) maintained that the debate has been dominated by a particular set of ideas and beliefs about the nature of drugs, the fate of those who take them and that the 'war on drugs' approach can be argued to have done positive harm in that it has reinforced misconceptions and misunderstandings and has guided official drug policy in respect of young people's drugs use.

This approach is, however, being maintained or even developed and broadened in most countries, and for this reason some theories have been put forward to try to explain what underlies the perpetuation of the warlike approach:

Instrumental and symbolic function theories

Some hypotheses have been advanced that there are in fact non-drug related instrumental and symbolic functions underlying the drugs 'war' scenario. One of these is that following the removal of what was portrayed as the global evil of communism, it was necessary for the global evil of drugs to take its place. It is postulated that there needed to be some rationale for the maintenance of large armed forces in the United States and in Europe and for the control and influence of countries in particular parts of the world, which had been achieved on the pretext of the threat of communism and which now has to be maintained with some other pretext. The war on drugs was ideal for this purpose. These theories have been very recently extrapolated to postulate that now that there is a new world evil of terrorism and fundamentalist extremism, the focus will shift away from the war on drugs and a more rationalistic approach may be possible. Other theories under this broad umbrella look at the professional and commercial vested

interests which have grown up which do not want an abandonment of the drugs crisis and drugs war atmosphere.

Theories have been presented asserting that human beings and their governments feel a need to being able to make a clear distinction between 'right' and 'wrong', and that in this respect drugs serve a very useful purpose.

Control of drug use

Throughout history all human societies have been concerned about psychotropic substances of various different sorts, and have used them for a wide variety of different purposes or have restricted or outlawed their use. There has been an enormous variety of different approaches in attitudes towards drugs and their evaluation and control. Different societies have produced different definitions and categorisations of legal and illicit drugs. Some societies have integrated some of them into their culture or partially integrated some and outlawed others. The assumption was that use should be limited or prevented by education, deterrence and sanctions. In recent times there has been an increasing demand for approaches to be reviewed in the light of new scientific evidence and new social norms and attitudes. Still, the most commonly held view is that certain substances must be made illegal because their use causes damage or serious danger to human health.

But there are demands that legislation should depend upon current scientific insight with adequate monitoring and evaluation. "The state-of-the-art in theorising the drug problem demands that both the use and the control side be analysed as an interactive and dynamic process between the individual and psychological elements and collective structures" (Bollinger, L., 2002 :24, writing about the evolution of drug policy in Germany).

'Deviant' behaviour

One of the big sociological battlegrounds, which can be seen in the context of the modernity/post-modernity debate, in the study of young people in the past two decades has been based on whether drug-taking, formerly regarded as deviant behaviour, has now become the norm or at least regarded as less deviant than it was regarded previously.

Before this particularly heightened controversy there has always been discussion about the nature of deviancy, about what is considered deviant behaviour and why it occurs. In the distant past there was much work on the physiological, hereditary and psychological aspects which could lead to somebody being deviant; these were typological approaches which attempted to differentiate deviance based on physiological or biological aspects or inferiority.

These were succeeded by social organisation theories which suggested that deviance emerges from social change, particularly rapid social change, and the resulting social disorganisation. In particular such studies were carried out in city areas in various countries and it was claimed that the environment and social conditions in cities in general, but especially in deprived parts of cities, resulted in higher levels of deviant behaviour. So deviance was seen as a function of social conditions rather than of individual traits (see Durkheim and Merton later). There has, however, been criticism that these studies tend not to take into account sufficiently the deviant behaviour of people in other circumstances, for example in large corporations, companies and other settings.

Within the study of deviancy there are two main perspectives: those who look at deviance as objective reality, and those who regard it as a subjective experience.

a. Deviance as objective reality

This perspective looks at the belief that there is an easily recognised consensus in any particular society as to what the norms and values are and therefore what is deviant and what is not. The behaviour regarded as deviant usually attracts penalties and sanctions and this is done in order for the society to reaffirm its norms and values and protect them (Rubington and Weinberg, 1987). This is a positivistic approach which looks for causes of deviancy in the existing social conditions and perhaps within the individual.

Within this perspective falls the Strain Theory, propounded by Robert Merton. He studied the problems resulting from those living in societies where particular goals were designated as important but where sections of that society were unable to achieve them by legitimate means causing people to try and obtain them by deviant methods (Merton, 1968). His use of Durkheim's concept of 'anomie' was in relation to the emptiness and lack of direction and goals and sense of deprivation that results from a discrepancy between desire and achievement. He spoke about conformists who accept the goals and the institutionalised or conventional means for reaching them, the innovationists who accept the goals but employ illegitimate means to attain them, the ritualists who have abandoned the goals of society as being unachievable but continue to adhere to institutional norms, the retreatists who reject both the goals and the means of society and the rebellious who withdraw allegiance from society and seek to establish a new changed society.

Merton and Lazarsfeld took this further when they examined the role of mass communication and society and its effect in reinforcing social norms or otherwise and the dysfunction that an ever-increasing bombardment of mass communication can produce. They examined how the control of mass

communication by those with commercial and political power restricts the opportunities for the powerless and increases their experience of anomie.

Merton has been criticised for a theory of deviancy which is based more on materialistic issues than on deviance in general and that it over-stresses the relationship between deviance and social class.

Functionalist theories of deviance maintain that deviance actually can perform an important function for society; Emile Durkheim was the principal protagonist of this approach. Functionalists pointed out that there are some instances where morally or societally-approved structures just cannot fulfil some essential functions, and that into the resulting vacuum came the performance of these functions by activities which were regarded as deviant to the overall social norms.

The social reaction perspective developed from these theories, and looked at another positive feature of deviance, which was that the reaction of society the media and educational institutions was a major source of moral instruction. Conversely, the concentration on particular fears in society could actually cause social reactions which engendered the circumstances feared.

The Social Learning Theory or the Differential Association Theory

By contrast, the theory of differential association maintains that deviance is learnt in much the same way as conforming behaviours are learnt – from significant others in each individual's environment and the norms of behaviour patterns that they have (or as a reaction against these). There is also the concept of an opportunity cost, often quite consciously or subconsciously calculated, as to whether deviant behaviour is seen to be more productive than non-deviant behaviour (Pople and Leighninger, 2004). In the case of young people this can include their peers and members

of the subcultural groups to which they belong, and is often cited with reference to the often calculated decision of young people to take drugs.

b. Deviance as a subjective experience

Conflict theories

Under this broad heading came a number of studies of the complex nature of individual and social group responses to the social environments in which they live, all of which brought new perspectives to the study of drug use.

Conflict theory challenges the deeply-held view that there exists in society some sort of agreement regarding values and morals and morality and therefore what is deviant behaviour. Marxist conflict theorists focused their attention on the class and economic context in the capitalist system and saw deviant behaviour resulting from this. They argued that economic and class interests are the most important factors in producing deviance and that powerful groups in society label as deviant those which threaten their interests – the application of the term is in fact a coercive weapon. Instead of regarding deviance as impulsive or pathological, conflict theorists have stressed the often highly rational processes in reaction to the uneven distribution of wealth and power. Sutherland's examination of different types of deviance showed that those relating to those in power were penalised less than those relating to the people who would challenge those in power who will be penalised more seriously, even though the detrimental impact of the latter on society is far less great than the former. So they saw definitions of deviancy more as a function of vested interests than of the objective assessment of the harmfulness of that deviant behaviour. This is a crucial issue in drug use debates. In the case of alcohol use in Western countries, the powerful vested interests of those in power lead to the greater tolerance of the huge social costs, in contrast to the religious and connected political

interests of those in power in Muslim countries where strict anti-alcohol laws remain.

Conflict theorists' studies of social classes and class fractions examined how different groupings experience their social world in different ways. These also looked at how each individual's position in the system of social stratification affects their experiences, beliefs, achievements and their ability to avoid what they consider to be undesirable and to respond to the structural pressures which surround them both at a macro level – economic, political and ideological level – and at a micro level in their own particular microcosm of society. Some criticisms of conflict theory have been that it does not adequately explain the specific processes by which a person becomes regarded as deviant, that there are many cases where the law does not operate in the exclusive benefit of the powerful, and some believe that there has not been sufficient empirical evidence to support it.

Other conflict theorists such as Cohen, John Clarke, Hall and Jefferson looked at the development of youth subcultures as a result of these changes in the structure of society; these will be examined later in this chapter.

Labelling Theory

Conflict theorists were concerned about definitions and labelling imposed by others. It is very important in any study of drug use to examine labelling theory approaches which have been of considerable importance so far as young people and drug-taking are concerned. As we have discussed, most of the theories about so-called deviant activity have emphasised circumstances and influences prior to a person's entry into behaviour regarded as deviant. Some theories saw the deviance as a result of failures in the process of socialisation. Some have looked at the adoption of deviant behaviour and deviant subcultures on an opportunity cost basis.

Labelling theory, however, is concerned with the social processes by which individuals are actually labelled as being deviant and with the effects of these labels on those so labelled and on society in general. The principal proponent of labelling theory, Howard Becker (1963 & 1977), stressed that deviant behaviour was only deviant because it was labelled as such by others. Once a person's behaviour is labelled as deviant it affects the attitudes of other members of society toward them, and the attitude of the labelled person toward themselves. Labels tend to aggravate, increase or confirm the behaviour of the person labelled, and its impact and nature depending on who is applying the label and why. The principle of self-fulfilling prophecy discussed by Merton and others can be seen here. In many cases those labelled try to free themselves from the label or to change the attitude of society toward the labelled activity. There are a number of studies which have examined stigmatisation and the consequences of it for those applying the stigma and those so stigmatised.

In his famous work "Outsiders: Studies in the sociology of deviance" (1963), Becker criticised the other theories of deviance for being based on an acceptance of the values of the majority within any social group. He went on to examine the actions of labelled deviants who accepted the label attached to them and viewed themselves as different from mainstream society and how these so-called deviant outsiders often became involved in secondary deviance. Their initial 'deviance' may well have been intentional or unintentional, but being labelled deviant and passing on to further deviance can lead to them accepting deviance as their 'master status'. Often an important step in a career of deviance is to join a subculture which is similarly labelled as deviant. It may be too that this might lead to major opposition to the society involved either by some form of resistance or in political terms as an opposition to the ruling party. Becker claimed that

'enforcers' frequently used their labelling powers to create a deviant out of a person who would not otherwise be prone to rule-breaking behaviour.

So far as the application of Becker's ideas to young people and drugs are concerned, he analysed the history of cannabis laws in the United States. He examined how individuals progress to the recreational use of the drug and become labelled as a result. He looked at the historical reasons for anti-cannabis legislation and how, he maintained, the Protestant work ethic is opposed to any activity for the sole purpose of enjoyment. He also examined the role of several groups of people who were, because of their lifestyles, described as deviant but who in fact were largely conformist.

Becker was followed by others who adhered to or applied his theory – although, as Becker himself said, it is more a model than a theory. For example, Scheff examined labelling of mental health patients.

Marxist sociologists maintained that in a mass society, the ties of community and family which had existed previously and which were a source of individual identity were no longer as powerful as they once were, and that young people in particular looked for other models to tell them who they were. They pointed to the influence of the mass media, which has always been considered to be an important tool of labelling theory, particularly in the way that the mass media apply labels that can have significant effects on those labelled. This explanation at first examination does not seem to apply to those youth subcultures which developed, until one considers the role of the specialist or targeted press which has grown in recent years.

Some social scientists, however, have challenged labelling on theoretical and empirical grounds and have said that it focuses on the deviant and not the moral entrepreneurs who attach labels, that it is deterministic and that a

less causal model is needed. But as Pfohl (1994) recognises, labelling theory is still very influential in today's studies of deviance.

The principal criticisms of subjective perspectives on deviance are that they allow or even encourage individuals to justify their behaviour as normal. It is claimed that the absolutes, the clear definition of right and wrong, the acceptable or not acceptable, are blurred if not obscured. This is crucial to the discussion of drug 'normalisation' later in this chapter.

Risk and protective factors theory

The concept of risk and protective factors is part of the social development model and of risk-focused prevention. It examines the association between a characteristic or attribute of an individual or group or environment and whether there is an increased probability of certain types of behaviour occurring as a result. Applied to drug use amongst young people, it examines whether a factor or combination of factors increases the risk of a young person deciding to take drugs. Conversely, it maintains that there are some protective factors which lessen risk and which either protect or strengthen the desire to reject drug use. So far as community influences are concerned, the proponents of this theory look at drug availability, community norms, degrees of transition and mobility, the degree of attachment to the neighbourhood or community and the levels of deprivation within it. Risk factors and the family could include a family history of problem behaviour, conflict and parental attitudes. Also, so far as the school is concerned it could involve identifying earlier or regular or persistent anti-social behaviour, academic failure or lack of commitment. Among peer groups risk factors would be associations with people who engage in problem behaviour or who have favourable attitudes towards drug-taking and/or related behaviours.

By contrast a concept which has been gaining prominence in recent years is to look at resilience factors. Its proponents have been studying the factors which encourage young people to refuse drugs. It concentrates more on the character, personality and temperament factors of individual young people such as determination, perseverance, self-esteem, intellectual ability, insight, empathy, and optimism and looks at ways of enhancing these. Intervention techniques also include attempts to improve problem-solving ability and social, reflective, academic and job skills.

The emergence of resilience theory is associated with a reduction in emphasis on vulnerability/deficit models and an increase in emphasis on strengths (Rak & Patterson, 1996).

The potential theoretical, empirical and policy significance of the proposed paradigm shift from illness to health, from vulnerability to thriving, from deficit to protection and beyond ought not be underestimated. The precedent for this paradigm shift is growing in the literature (O'Leary, 1998: 2).

Hawley and De Haan also noted a similar trend:

In recent years there has been a movement in the family field toward strengths-based and away from deficit-based models. For example, in family therapy the solution-focused and narrative models assume that clients possess resources that will allow them to resolve their difficulties... An emphasis on resilience in clients has often accompanied this focus on strengths.(1996:283}

However, there is an increasing body of opinion that further consideration should be given to young people as calculating risk-takers, and that study should concentrate not on young people being at risk, but consciously taking risks toward some goal or result seen as cost and risk-effective.

This view is certainly shared by the proponents of the normalisation theory of drug use among young people.

The concept of normalisation

Parker, Aldridge and Measham (1998) described what they felt was the persuasive evidence that far more young people from all social backgrounds are trying a range of illicit drugs. They asked why there did not seem to be any satisfactory explanations as to why the social transformation had occurred:

Traditional sociological and psychological explanations of deviance in adolescents are found wanting, being increasingly caught out by social change. Unfortunately in the absence of any persuasive, authoritative explanations of this widespread drug-taking, lay discourses, constructed through the media, have come to dominate the debate. Fundamental to this war on drugs type discourse are a number of misconceptions blaming youth and perceiving drug-taking as bad, dangerous and tied to delinquency and crime. These are all foundation stones of this inadequate explanation (Parker, Aldridge and Measham, 1998:4).

Howard Parker and his colleagues at SPARC (Social Policy Applied Research Centre) at Manchester University have been some of the most prolific producers of research papers on this issue. Parker has been the author or co-author of more than 30 public works and four books in the 1990s, and has been an influential – if sometimes controversial – figure in the drug education profession's landscape.

He and his colleagues examined the competing and confusing explanations, as they saw them, of why young people take drugs. In particular they carried out a major study in the north-west of England known as the North-West

Longitudinal Study. It looked at young people's use of alcohol and patterns of use such as drug offers, trying, and drugs experience across adolescence over a period of five years. In their May 1998 book 'Illegal Leisure', Parker and his colleagues Fiona Meacham and Judith Aldridge published the results of their research which had tracked some 700 14-year-olds over a five year period from 1991 to 1996. Of the original cohort of 700, the research team were able to sustain contact with 500 at the end of the five year study period. They identified certain pathways that young people take so far as drug use or non-use was concerned and felt they fell into four categories - drug abstainers, former triers, current users and those in transition.

Most controversially, however, they propounded a theory of normalisation of drug use. They claimed that since so many young people were users of drugs and since even non-users needed to have knowledge of drugs and since huge sums of money, large sections of the education curriculum and a considerable amount of the space in our newspapers and other media was devoted to drugs, it could be said that drug use was becoming, if it had not already become, a norm rather than a deviant activity. They claimed that in the 1990s young people had "moved to accommodate a particular, self-regulated type of recreational drug use". In some cases it could be seen as a deviant, often subcultural, population and their deviant behaviour was being accommodated into the larger grouping of society. They maintained that they were in no way suggesting that most young people will become illicit drug users on a regular basis. But they claimed that the degree of drugs availability, the frequency of drug trying, the amount of regular drug use, the extent to which they said young people were drug-wise, and the future intentions expressed by so many young people about continuing to use drugs implied that some normalisation process had occurred.

This dealt with the influence of subcultures, particularly drugs subcultures, where the purchase, preparation and use of drugs had become a central

component in users' lives (see p.156) and they regarded risk taking as a life skill. They referred to the much longer and much more uncertain period with less clear goals that young people now pass through in adolescence. They examined the concept of individualisation (Spec, 1992) whereby young people accept success or failure as indicative of their own performance, and negotiation of uncertainty in a risk society as a result of this individualisation.

They also saw the 'war on drugs' and its language, as discussed earlier, as inappropriate and containing many misconceptions about the link between young people's use of drugs and crime, that it involved inconsistent regulation and that it neglected the public health dimension of prevention or harm reduction:

The important public policy issues about how we deal with otherwise law-abiding citizens caught with drugs and their possession, and about how we ensure the health and safety of young people who use drugs remain unsolved. This is because the complexities of drug use and the 1990s are obscured by ideological and political dogma and most of all by a lack of empathy for young people trying to grow up in modern times (Parker, Measham and Aldridge 1998:165).

Addressing a wide variety of drug use situations, from the dance club scene (Measham, Aldridge and Parker, 2000), to young workers (Aldridge, Parker and Measham, 1998), to crack users and their association with crime (Parker and Bottomley, 1996), Parker's general thrust in his conclusions may be considered to be one of accommodating a situation of drug use which he takes to be largely irreversible.

This stance has been criticised by those involved in preventionist approaches. However, some reconciliation has perhaps taken place between Parker and prevention by defining a combined approach rather than

an adversarial one. This provides universal, indicated and selective prevention for the majority, together with mitigation, interventions and treatment for committed drug users. At the strategy/policy level the proportioning of these two approaches hinges upon prevalence.

The researchers acknowledged that the prevalence levels they measured with this cohort, given that it was administered in metropolitan north-west England (including Manchester, the 'rave capital of Britain', where drug prevalence was extremely high) was unusual. Referring to the area's higher-than-average levels of smoking, drinking and heroin use, Parker et al acknowledged that the young people from this region would be likely to report higher levels of illicit drug use during the 1990s than their peers elsewhere.

What did emerge to cast doubt upon the normalisation thesis was a research study by Michael Shiner and Tim Newburn of the Policy Studies Institute in London. They conducted a detailed analysis of SPARC's procedures and findings. Their conclusion was that normalisation had been over-emphasised. Central to this was Parker's reliance on lifetime use measurement (i.e. had the subject ever used a drug at least once in their lifetime). They felt this was a blunt instrument compared to measurement of shorter time frames (e.g. 'used in last year', 'used in last month') and that it also fails to distinguish between current users and ex-users.

Scrutiny of Parker's data and comparison with other sources (notably the International Self-Report Delinquency study; 1994/1995) revealed that even for the highest-use age group (18-21 years) and the most prevalent drug (cannabis) use in the last year by males did not exceed 45% and by females was as low as 20%. Even these figures paint an overly pessimistic picture since it was noted that one-third of the males - and half the females - had 'only used once or twice'. Even if one takes account of the weaknesses in

some respects of young people's self-reporting, it seems clear that any kind of sustained drug use (which can be a long way short of dependence-inducing levels of use) remained a minority pastime.

Shiner and Newburn acknowledge that there was a gradual, underlying upward trend in drug use, and that this must be a cause for concern in any relevant agency or government department. They believed it suggested a gradual erosion of the population of non-users and sporadic, uncommitted 'triers'.

They moved on to consider the meaning of drug use in the lives of young people. They did so because of what they saw in SPARC's work as 'a confusion between normalcy and frequency'. "Normative behaviour is not necessarily the most frequently occurring but is that which conforms to popular expectation". They cited Abercrombie et al (1984) who believed social norms are grounded in values and attitudes rather than behaviour - in other words, what they think is at least as important as what they do even though values and attitudes are often embodied in practices.

Shiner and Newburn explored this further in their own qualitative study in the London Borough of Newham, which was classified in the 1991 census as the most deprived local authority in the country. Some interviews were conducted in school, but many were conducted in the more relaxed setting of youth clubs, where time and space allowed dialogue to be expanded. The breadth of views expressed challenged the suggestion of normalisation. Non-users were assertive in their rejection of use, and in their affirmation of harmfulness and 'wrongness'. Non-users were also concerned about health implications, addiction, loss of control, money cost, and damage to relationships, particularly with parents. Many negatively associated drug use with crime – not just to fund drug purchase, but drug use as a precursor to criminal lifestyles.

More surprising to some observers was their finding that users very often held attitudes, values and norms broadly similar to those of the non-users. Peer selection was something utilised in different ways by non-users and users alike. Non-users avoid the user group, but users avoided those other users who were deemed to be pushing the boundaries too far. From their own works correlated with that of others, 'delinquents' are often found to support the same set of norms and values as everybody else, but they differ in the neutralisation techniques they use to 'give themselves permission' to use drugs. Peer pressure is especially convenient for this purpose, in that it places the blame for drug use on somebody else. Echoes of 'I can handle it' were heard; the user tended to classify his drug of choice, and his pattern of use, as rational, unlike 'other people', who risked too much. Drug use was frequently expressed as definitely forbidden territory for a user's siblings.

Shiner and Newburn concluded that Parker's characterisation of UK drug use patterns was misleading, and was wrongly reliant on lifetime use figures. Regular drug use of any significance they claimed remained a minor activity. Moreover, they felt the description 'normalised' over-simplifies the diversity of choice made by young people, their diverse attitudes and the variety of use patterns in those who do use. They felt Parker's normalisation thesis paid inadequate attention to the 'normative context of behaviour'. On the other hand Parker had been careful to define normalisation in the sense of cultural incorporation. They maintained that users as well as non-users do generally view drug use as 'problematic' - the negative view of many drug users about potential use by their siblings demonstrates this. This raises the question: does this cause an attitude that if you use one illegal substance you might just as well use others?

Gateway and stepping stone theories

Over many years in the study of drug use by young people there have been many studies (such as Golub and Johnson 2001, Tasker and Raw et al 1999) about whether first use of a substance leads to use of other substances. The question remains whether there are progressive stages in the use of any one particular substance, whether there is a progression from one substance to another, whether this is affected by individual personalities or membership of sub-groups and whether multi-use of different substances reinforces total substance use. Does use of one illegal substance increase access to the availability of other illegal substances?

The gateway theory does seem to be supported by statistical evidence. Young people who had used both tobacco and alcohol by the age of 15 had a considerably greater chance of using cannabis and this applied to both genders equally. Similarly, people who had used cannabis by age 15 had a significantly greater likelihood of using other illicit substances.

However, there have been some studies such as Lynskey, Fergusson and Horwood (1998) which were carried out in New Zealand, showing that the correlation between tobacco and illicit drugs used during adolescence is largely due to common risk factors and to other aspects of vulnerability on the part of specific users.

There have also been studies of the increased likelihood of young people using a number of substances according to the age at which they used their first drug, whereas other studies (e.g. Swabi, 1992) have shown that young people with a number of behavioural problems or personality traits are likely to move on to multi-use of drugs no matter what was the age of first use of a substance.

Stepping-stone theory studies have examined not just initiation of use but a continuation of use, the maintenance and progression of use, across different types of substances and cycles of regression, cessation and relapse into drug use.

Youth culture

Parker and his colleagues and Shiner and Newburn referred frequently to youth culture and subcultures. The concept of youth culture is one that used to be frequently advanced, and it is argued that any consideration of aspects of drug use and drug education should be set in the context of youth culture. Whether there ever has been such an entity is dubious but there have been four main perspectives on the subject: Functionalist (e.g. Merton, A.Cohen, Miller), Marxist (e.g. P.Cohen, Hall and Jefferson), Interactionist (e.g. Matza, S. Cohen), and Feminist (e.g. McRobbie).

Theories of youth culture tend to focus on the idea of young people as a large relatively undifferentiated group who because of their similar social position in society develop similar responses to the social pressures that surround them.

Some sociologists are now saying that from a post-modern perspective there is no overall identifiable youth culture but many youth cultures. In the 1990s in Britain there was an increasing number and variety of cultures of resistance, living a 'DIY lifestyle'. Plural diversity is the norm for young people and this applies to their life experience, family background, education and much else. We live in a diverse multicultural society and that diversity is much more complex than previously, complicated further by rampant consumerism and ever-expanding information technology and telecommunications. In the past it may have been possible to have pointed

to an all-pervasive youth culture that had features about it which attracted the interest of a majority or at least a sizeable proportion of the nation's young people. In its place there is a wide range of ways in which young people are living their lives and if examined one finds a wide range of subcultures and some young people choose to belong to a number of these rather than just one. In addition, the changing roles and attitudes of, and about, females and people of diverse racial backgrounds in an increasingly multiracial society dramatically increased choices and diversity.

Youth (sub)cultures

Studies of youth subcultures which were prevalent in the 1950s were undertaken by researchers who, because they were influenced by the dominant sociological perspective of the time (functionalism), studied young people as a distinctive form of culture. This was from the point of view that young people appeared to be developing norms and values that were significantly different to those held by their parents and by society in general. Theories of youth subculture tend to argue that we should focus attention on the subcultures which exist within a possible concept of youth culture as a whole and that some of these subcultures may reflect particular social characteristics such as class, gender, ethnicity, religion, interests, fashion and so on.

Within advanced industrial societies which had similarly well developed educational systems, young people started to demonstrate an independence (particularly independence of thought and attitude) from the parents. In the 1980s Martin Shipman felt that this concept was being over-emphasised, and that it diminished the role and the degree of independence that young people had actually had in previous times but nonetheless accepted that it was advancing rapidly in the 20th century.

Behaviourists had for some time believed that young people passing through adolescence – a period they defined as when large biological changes and a transition from childhood to adulthood were taking place – acted largely pathologically because of these changes.

Other psychologists and sociologists warn against categorising the periods of youth or adolescence and labelling them and expecting certain forms of behaviour from all young people, because other perspectives have shown that the degree to which young people experience different sorts of stresses is related to social and cultural influences. Members of so-called subcultures such as Mods and Rockers were expected to act in particular ways because of how the press and society portrayed them.

One explanation for the existence of youth cultures is that they are a means by which young people manage the dislocation of their emotional, biological and psychological maturity and social norms. They resolve in the minds that they are being marginalised in the predominant culture. This is becoming particularly pronounced in the present time when young people are becoming physically mature much earlier and in some cases reach a peak of their physical development while still at school. These peaks tend to be higher than they were for their parents because of overall developments in physical growth. Other explanations are that they are a result of the lack of parental responsibility, breakdown of the family, lack of respect for authority, the law and for community values, the lack of discipline in schools and society, generally the greater degree of permissiveness and tolerance within society and the influence of modern mass communications.

The problem with such approaches is that they tend to over-emphasise the difference between the experiences of young people in this and previous generations and ignore, or do not give sufficient attention to the existence of many similar problems experienced by young people in times past. These

cultures are almost invariably labelled as deviant or at best non-conformist. These types of theories tend to regard young people as undifferentiated and do not take account of diversity. However, the work of the Centre for Contemporary Cultural Studies at Birmingham University, which adopted a neo-Marxist approach to the analysis of culture, brought about the introduction to social theory in general, and to British sociology in particular, of 'culture' as an object of study in its own right and analysed groups 'in their specific reality'.

Theories of youth culture such as those of Talcott Parsons and Eisenstadt tend to use the concept of anomie in relation to the family. They maintain that the family group is the basic unit of socialisation, and values within this may be in conflict with those experienced in wider society resulting in feelings of anomie or emptiness and identity conflict which need to be resolved by association with one's peers. Parsons and others who viewed society as 'a self-adjusting and self-regulating organism' said it would inevitably produce such subcultures as a response to anomie. Hence the functionalist view of them as functionally necessary means that they are not necessarily challenging to society as a whole.

The views of the family have been said by Marxist theorists such as Oakley to be over-idealised and by Laing to be over-romanticised, and in many cases to be actually traumatic and damaging environments.

Subcultural theorists such as Cloward and Ohlin (1975) saw subcultures as less discrete and separate from mainstream culture than they are often portrayed, often with particular cultural concerns for particular sub groups in society.

Marxist approaches examined the complex nature of individual and social group responses to those social environments in which they live. They focus

their attention on social classes and class factions rather than young people as an entity. They recognise that different groupings experience their social world in different ways and an individual's position in the system of social stratification affects their experiences, beliefs, achievements, ability and to avoid what they consider to be undesirable and to respond to the structural pressures which surround them. This occurs both at a macro level – economic political and ideological – and at a micro level in their own individual microcosms of society.

In examining some cultures, researchers have looked at both the structural and the semiological aspects – how it is possible to obtain an insight into the different responses made by different subcultural groups. Denotive codes and cognitive codes reveal hidden meanings which are not immediately apparent and which are culturally specific and usually only accurately revealed by ethnographic studies and responses from members of the subcultures.

Recent subcultural studies and theories

There have been some developments in very recent years which have been adding to the concern about what seems to be a continually extending transitional period between childhood and assuming of family and employment responsibilities. The number of young people going on to further and higher education is increasing and marriage rates are falling or marriages are taking place later in life. There is an increasing polarisation in the labour market between those in well-paid but stressful employment and those who are in jobs with which they are dissatisfied and where their tenure of employment is often short term and insecure. This is having a considerable effect on the nature of young people's experiences and how they create their identities and, it is argued, on their attitudes to, and use of, drugs.

There is much recent evidence – including Chatterton (2000), Hollands (2002), Chatterton and Hollands (2003) – that as a reaction to this there has been an increasing search by young people for some escape from or counteraction to the situation in which they find themselves. Those in demanding, stressful jobs seem to be seeking relief from their stress, others seem to be seeking compensation for the unrewarding and unsatisfying work which they do. Overall there appears to be less willingness to accept work-ethic based identities and rather to seek more hedonistic lifestyles, the keywords being fun and ‘cool’.

Skelton and Valentine (1998) examined the ideas of culture and space. They looked at examples in Europe, the Commonwealth and the USA of the importance and meaningfulness to young people of the relationship between their youth cultures and subcultures and their ‘cool’ places. They looked at actual experiences and the complexity of youth cultures and how the places young people frequent involve and express their identities, gender, race, class, disability, sexuality and much else.

In the UK there has been a gravitation towards such places of pleasure, leisure and cultural meaning often based in city centres and where commercial interests have capitalised upon this trend and have in fact fuelled it, so that there is the creation of a very considerable nightlife culture consisting of several different subcultures according to the backgrounds and needs of the young people involved. The majority of these are centred around the consumption of alcohol and to some extent to the use of drugs of one sort or another.

There have been studies in various parts of the country funded by the Economic and Social Research Council and particularly in Newcastle, Leeds and Bristol, where very similar patterns have been detected. They have

shown that the night time economy is developing at an extraordinary rate but that this is causing concerns as to whose interests are being served by this – the young people's or those of commercial companies. It is within these settings that young people are creating their identities or having their identities created for them. In Section 6 of this study we will deal with the resulting patterns of alcohol consumption and the concerns which these are causing.

The subcultures that are emerging are often characterised by specific dress styles and specialised musical preferences and are often in venues which are either expensive or exclusive or both and which are discouraging social cohesion.

Some of the figures which have been produced by recent research such as Mintel (2000) show the extent to which visiting pubs and clubs has become the central element of a higher proportion of young people's lifestyles and that this is increasing. There is also evidence from other studies of the increasing use of town-centre facilities by student populations rather than their being based in or near places of study. There seems to have been a movement away from the all-pervasive rave culture of the late 1980s and 90s and the drug cultures associated with them. However, in this disparate and varied multiplicity of venues - in addition drinking large quantities of alcohol in short periods of time - there is a trend of taking drugs such as tobacco, cannabis and ecstasy to improve the escape/ pleasure/ compensation experience.

Sussman and Ames state:

There are many means of studying the etiology of drug abuse but no clear-cut explanations as to why some individuals who experiment with drugs go on to abuse them and some do not. Drug use and abuse appears to be a

multifactorial process. To provide a more comprehensive approach of drug abuse and use researchers combine single factor type models or theories to create integrated models or theories (Sussman and Ames, 2002:78).

From the literature and the theories on drug use and abuse among young people, we now pass on to examine the literature on education and prevention. The policy context is examined in depth in the following chapter.

Drug Education and Prevention

Definitions

Again the definitions are problematic and the source of much disagreement and these are dealt with in depth in the next chapter.

These are the definitions in the Drugs Policy Document produced by the Royal Borough of Kensington and Chelsea:

Drug education aims to educate people for living in a drug-using society; it is concerned with providing information, with exploring issues, and helping young people to develop their abilities to make choices. It aims to: increase pupils' knowledge about drugs, develop pupils' skills in handling drug-related situations and help pupils to explore attitudes towards drugs (RBKC 2005:1).

Drug prevention aims to reduce the misuse of drugs and reduce the harm that they cause. While drug education may contribute to the aims of drug prevention by, for example, making people more aware of the dangers, this is not its focus. In practice, the drug education and drug prevention distinction will not always be maintained – a typical school lesson, or a

typical interaction with a young person in an informal educational setting, might deal with both aspects.

It can also be seen from the literature and from critical assessment of drug education and prevention initiatives mentioned therein that there is often not only a lack of application of relevant theories of drug-use, but also inadequate relation to theories of pedagogy and learning.

Theories of pedagogy and learning

Among the more than 50 such theories in the field, there are some which are particularly important to take into account when preparing effective programmes which can be successfully communicated to, and assimilated by, young people.

Constructivism or Constructivist Learning Theory

This is the theory that learning is a process in which learners build upon the knowledge they have gained in the past. Bruner's theory was important so far as drug education and prevention are concerned because he insisted upon four major aspects for effective learning. Firstly, knowledge of the individuals involved and the predisposition that they have towards learning and secondly how to present knowledge that it can be most easily understood by those receiving it. It is crucial to know the most effective way in which to present the material and structure the knowledge to enable the learner to more easily assimilate it in his existing store of knowledge (Bruner 1966, 1986, 1990). He also stresses that knowledge is socially constructed, in that it usually passes through some sort of process of discussion and debate by others who have built on existing knowledge and attitudes and therefore a community of practice is built, which can mean that some drug education practitioners are presenting material in exactly the same way and subject to exactly the same social construction which may or may not be

appropriate to the needs of young people concerned. Young people, on the other hand, will seek to project information which they already hold onto incoming knowledge which may vary considerably from the material being received. For this reason they have difficulty assimilating the new information. Our research findings illustrate this.

Social learning theory

While this theory was developed by Bandura many years ago it still forms the basis of many educational initiatives:

Most human behaviour is learned observationally through modelling: from observing others one forms an idea of how our new behaviours are performed and on later occasions this coded information serves as a guide for action (Bandura 1975: 22).

This theory concentrates on the continuous reciprocal interaction between cognitive, behavioural and environmental influences and processes. The commercial use of this theory is to associate the use of the product with attractive role models or more desirable situations, for example Marlboro and motor racing. Recently one can see the application of this theory in some of the anti-alcohol, tobacco and drugs public message presentations on television and in aspects of the Government's 'Frank' drugs education campaign.

The Behavioural or Operant Conditioning Theory

While again based on the work of one of the more prominent psychologists of the past - B.F. Skinner - it is nonetheless still applicable to many educational settings. It is based on the belief that if a reward or some other sort of reinforcement follows a response to a situation then the response

becomes more likely in future. It can be used in positive and negative ways. The application of this so far as drugs education and prevention is concerned is problematic. In the learning situation it can encounter an almost exact replica in the experience of drug-using young people whose use of the drug may be producing an immediate pleasurable or reward experience which is very difficult to counter through an educational experience. While a negative operant conditioning response - often sanctions and punishment - can prove effective it can lead to serious emotional conflict and reinforcement of drug use.

Cognitive Dissonance Theory

Principally propounded by Festinger (1957), this theory is based on the desire people have to achieve consistency in their cognitive processes, in the attitudes and beliefs and opinions which they have. In scenarios of drug use amongst young people, dissonances are often experienced by young people when in a social situation there is pressure to take drugs, whereas educational and parental and religious and other possible factors contradict this. In these circumstances it is most likely that the attitude will be changed to accommodate the behaviour because in order to resolve the dissonant situation one either diminishes the importance of the dissonant beliefs or attempts to increase the consonant beliefs to remove the inconsistency and dissonance. A young person's friends might be persuading him or her to take drugs but this is in conflict with what his teachers and parents say about drugs. These two are incompatible and cause dissonance conflict, and in order to take drugs in the here-and-now it is resolved by convincing himself that parents and teachers are out of touch and do not know what they are talking about. If the drugs education in schools is weak and delivered by people without credibility, this process of dissonance reduction is facilitated.

Communities of practice theory

Developed in California at the Institute for Research and Learning, this theory examines the structure and the processes taking place within communities and how learning occurs in them. Communities of practice are defined as groups sharing similar values, beliefs, languages and behaviours. Social phenomenon learning is organised around membership of social communities. Particularly important is the idea that empowerment of young people, enabling them to contribute to the community to which they belong, creates a powerful potential for learning through involvement in real action and having influence.

In an educational setting this means that those involved under education must have knowledge, understanding and appreciation of the communities to which young people belong and which have the most influence upon them. This could be the subcultural group, the religious community, an ethnic group, the neighbourhood, the youth organisation, or the friendship group. Education in one setting cannot have the maximum impact unless it takes account of the other - for example the level of learning potential, the degree to which schools are effective learning environments for young people, depends upon how they can interact with communities outside. If the ethos of the school is completely at odds with a young person's other communities of practice, the learning potential within it will be drastically reduced. This ties in very much with what we have said earlier about the influence of subcultures and also of the importance of the involvement of young people.

Standards and effectiveness of drug education and prevention

There is a considerable amount of literature related to the topic, mainly reports of governmental bodies or agencies, expressing concern not only

about their perceptions of drug use 'problems' but also about the standards and effectiveness of drug education and prevention initiatives and programmes.

In the late 1990s there was much dispute both at Government level and in the field about the perceived scale of the drugs problem. The number of pieces of research work carried out during this time by Howard Parker and his colleagues at Manchester University, referred to previously, had claimed a considerable increase in drug use by young people and had particularly commented upon the combinations of drugs used, including tobacco and alcohol and of the connections between them. The Home Office undertook an analysis of drug use data (Ramsey, 1997) which had been obtained from the British Crime Survey and these findings were compared with other studies. It also made reference to the use of a combination of drugs which was particularly common in some parts of the country. The 1997 Schools Health Survey (Balding, 1998) had said that although there appeared to be some diminishing use of some types of drug among some young people, overall use remained at the peak previously recorded.

In 1998 the Labour Government produced "Tackling Drugs to Build a Better Britain" which was its ten year strategy for dealing with drugs misuse. It drew in part from the 1995 national strategy "Tackling Drugs Together", produced under the Conservative Government and receiving broad, cross-party support – as did its successor. It stated :

Drugs are a very serious problem in the UK. No one has any illusions about that. Illegal drugs are now more widely available than ever before and children are increasingly exposed to them (TDTBBB 1998:1).

It recognised the "complexities of the drugs problem" and that there had been shortcomings in the past - focusing on structures rather than results,

not engaging the public sufficiently, treating drug misuse in isolation from social and environmental factors, not making adequate arrangements for a proper partnership of those involved and not bringing together adequate research information.

There were major misgivings about the quality and effectiveness of drug education and prevention work; the research literature in the UK, and particularly evaluations, was gravely deficient in quantity, quality, depth and scope. This had been highlighted the previous year in a crucial report by the Inspectorate of Education. Because of the significance of this report we will examine it in detail and then examine the principal themes in detail drawing upon the available literature.

The report of the education inspectorate

In 1997 the Office for Standards in Education produced a report on research which had been undertaken by Her Majesty's Inspectors of Schools (OFSTED 1997). They monitor schools' policies and practice in drug education as part of their regular programme of inspections but this was a specific study of provision for drug education in maintained and independent schools during the academic year 1995-96, "taking account of existing research findings on effective teaching strategies" (in general, not just drug education strategies). They had done this by visiting 40 maintained primary and 80 maintained secondary schools and carrying out an analysis of data which they had obtained from Section 9 inspections of primary and secondary schools. There was also a questionnaire survey of approximately 1500 schools. In addition, they obtained information from health and education professionals based outside schools including LEA advisors, members of health promotion units and other agencies involved in the field of drug education. It has to be said that these were mainly central or local governmental agencies, and that one of the criticisms of this report and the

research that contributed to it was that there was insufficient consultation with the major voluntary organisations many of whom produce drug education materials.

The report said:

The review of research findings on the effectiveness of drug education proved disappointing. Little research has been carried out into the effects of drug education on drug related behaviour and most of this has taken place in the USA or Australia where the cultural context and education systems are rather different (OFSTED 1997:4).

They felt that schools seemed to be able to raise pupils' levels of knowledge about drugs but that there was no clear way of judging either to what extent or for how long these enhanced levels remained. It accepted that most of the findings were inconclusive and it said that although teaching about values and personal skills produces some effect it was very difficult to tell to what extent this contributed to the prevention of drug misuse. Although it says that the inspections were to identify effective practice in schools in relation both to improving pupils' knowledge of drugs and to developing the skills needed to resist the pressures in society to use drugs, it had difficulty doing this because there was insufficient monitoring and proper evaluation of almost every aspect of drug education in schools.

Too many schools fail to make an assessment of pupils' knowledge and understanding of drugs before planning and teaching the programme. Similarly after teaching, teachers are not assessing the knowledge, understanding and skills gained (OFSTED 1997:6).

It claims as a positive feature that 30% of primary and 25% of secondary teachers have taken part in in-service training for drugs education. What it

does not do is to identify what proportion of those teachers who are actually delivering drug education have undertaken any relevant specialist training and nowhere is any recommendation made, let alone any mandatory requirement specified, that this should be the case.

Schools are not taking monitoring and evaluation of drug education programmes, particularly the quality of the teaching, sufficiently seriously... while most schools state their commitment to health promotion within their aims, few monitor whether these intentions are being met. (OFSTED 1997:1).

Drug education is actually included in the national curriculum to be conveyed during science lessons at each of four key stages: (1) the role of drugs as medicines (2) the harmful effects of tobacco, alcohol and other drugs (3) the effect on health of the abuse of alcohol, solvents and other drugs (4) the effects of solvents, alcohol and tobacco and other drugs on bodily functions.

The research found that all of the schools met these requirements but that this basic requirement is insufficient, and schools should make further provision across age-groups and across subjects. This, however, was being insufficiently done - in fact it was being done well in very few cases - and inter-departmental co-ordination was poor.

More attention needed to be given, it was argued, to whether, and how, young people's use of the most commonly used drugs – alcohol, tobacco and cannabis – were being specifically targeted.

All this must be considered in the context of each school's drug education policy - if they have one - and the written policy for dealing with drug-related incidents. The inspectorate noted that 30% of primary schools and 75% of

secondary schools have such a policy and that this usually involves exclusions for certain drug related incidents.

There was comment on the degree of involvement of young people in the consultation about the content of the drug policy. In answer to the question "Who has been consulted about the content of the drug policy?" it was revealed that in primary schools 9% of the pupils and in secondary schools 33% of the pupils had been involved - a poor degree of involvement of, and consultation with, the people who are actually receiving this education programme on this sensitive social subject. There was also the comment:

Some schools go further in their consultation with pupils and use questionnaire surveys to good effect in order to assess the knowledge, attitudes and behaviour of pupils in relation to health issues in general and to drugs in particular (OFSTED 1997:6).

There was a reference to the fact that some schools were beginning to involve older pupils and other young people in drug education as peer educators, and they accept that they are often more readily listened to than teachers:

There is some evidence to suggest that when risk factors are explained by a credible peer, the advice may deter young people from drug misuse but further research and effectiveness of such programmes is required (OFSTED 1997:7).

The report also acknowledges that schools receive support for the drug education programmes from a number of outside agencies. It cites that a quarter of secondary schools receive support from the police, LEA advisers and Health Promotion workers. It has been criticised for not adequately mentioning the involvement of outside voluntary organisations and their

programmes and the benefits of, and the problems with, doing so. It does, however, underline the difficulties that can arise with outside speakers - the need for extensive prior screening, consultation and discussion of each other's policies and stances and for the presentation to be evaluated afterwards by the teacher and pupils before these speakers are invited to work with others. It states categorically that in the case of outside speakers "the teacher should remain with the class". However, this precludes young people asking questions that they would only ask when not in the presence of the teacher and of dialogue taking place in a free and unfettered environment. In the past when there were drug education teams provided by local authorities this was possible and practicable but with reductions in funding this seems to have largely disappeared.

One part of the report is highly contentious and has been criticised widely by those in voluntary organisations adopting a preventionist approach. "A number of LEAs use drug resistance programmes, many of which have originated in other countries where the cultural contexts are different. Where such programmes attempt to use techniques in order to encourage young people to say 'no' to drugs, research indicates that they rarely meet with long-term success." It also goes on to say "as such programmes frequently involve a sustained use of outside speakers, the schools need to be sure that the programme provided fully meets the needs of the pupils". There are very mixed messages being communicated about the role of outside speakers and programmes. On the one hand, they are encouraged - "clear exposition given by either the class teacher or by an outside speaker is one of the most effective ways of increasing pupils' knowledge and understanding in a manner that informs without encouraging drug misuse". On the other hand, the inherent dangers are stressed and the result in most schools is that, apart from the police coming in with a box of drugs to talk about the different types, outside speakers are rarely used.

International comparisons

We have included in this literature review some research from the United States, Canada, Australia and France but with a warning – the social, cultural and political circumstances differ considerably, and thus care should be exercised when making comparisons. Having said that, there is much to be learned from international experience, as the proliferation of international conferences demonstrates. It is remarkable to see how often research from various different countries has reached the same conclusions, as we have tried to show, and how the globalisation theories to which we have referred seem to have been confirmed.

One very significant common conclusion was that even where there are very well-developed interventions and nationally- or state-agreed programmes and even when all the principles and good practices have been implemented, there is still a high proportion of young people who have experienced these programmes who have gone on to become drug users.

This is attributed to many factors, such as drug education programmes and interventions not, for many reasons, taking sufficient account of research undertaken and relevant theories and therefore being far from adequately addressing the real needs of young people.

This raises the question of the difficulties of accurately evaluating the effectiveness of any types of drug education programmes, no matter what their underpinning philosophy, when there is such a huge diversity of implementation at a local level. This is perhaps more pronounced in the United Kingdom than elsewhere because in certain states in the USA, certain provinces in Canada and certain territories in Australia, drug education is delivered consistently according to nationally agreed criteria.

There was support in some areas for a similar approach in the United Kingdom where local authorities set up drug education teams who went into schools and performed a similar role but in most cases this has now been abandoned. The result is an inconsistent system that is almost impossible to evaluate.

It is significant to acknowledge that the same problems are being experienced in other countries, as is shown by this circular from the French Ministry of Education:

Translation (the researcher's)(throughout):

Learning to reject drugs and dangerous substances. The prevention of drugs is a priority, we will conduct it in direct partnership with the interdepartmental mission for the fight against drugs and drug-addiction. As regards the development of widespread use, the tendency towards the popularisation of cannabis must be diminished. Young people must also be made aware of the dangers of non-prescribed self-medication and the range of products supposed to improve physical and/or intellectual performances. Each pupil must receive, throughout his schooling, an adequate drug education. This step is common to all lessons and relates to every moment of the school life. We ask the General Inspection of National Education and the General Inspection of Social Services to evaluate the current provision and to formulate proposals to make it more effective and more productive (Ministère de l'éducation , s.é et de recherché 2003:4).

The French assessment of the shortcomings of drug education and their increasing concerns about what they saw as the resulting increase in drug use among young people were replicated across Europe.

The report of the Health Education Board for Scotland in 2000 said:

The consensus from several key reviews of published evaluations is that evidence for the effectiveness of a range of approaches to drugs education is equivocal. Despite the emphasis placed on drug education and law enforcement it is notable that the use of illicit drugs appears to be increasingly accepted by young people (users and non-users alike) as a taken-for-granted facet of youth culture. Among academics, professionals and policy makers there is debate as to the value of established approaches to drugs education with some arguing that drug education should be radically overhauled and based on a policy of harm reduction (HEBS 2000: 5).

It highlights the controversy between the two major philosophical approaches – prevention and harm reduction – which is fully explored in Chapter 2, about the drug education and prevention environment.

Within the major philosophical approaches in drug education and prevention are a number of conceptual approaches, the main ones being information-based, values and skills-related (such as Botvin's 'Lifeskills' programmes), resistance training-orientated, Social Learning Theory (Bandura), the alternatives-based, and the peer-led.

Then there are the arguments as to what degree of concentration there should be on those young people who experiment with a drug for a limited period of time and without any particular harm to themselves and subsequently do not develop a pattern of regular drug use.

Some of the evaluations which have been carried out have produced depressing results such as when Gwynn Davies and Nona Dawson from the University of Bristol undertook an evaluation of six projects where it was stated that diversion was being used to communicate drug prevention

messages to young people (1996). They raised the issues of the arguments in drug education work as to whether the drugs messages conveyed to young people "should focus upon harm reduction or convey a simpler 'drugs are bad for you' or 'just say no' type of message" and whether they should be implicit or explicit.

Of course it is perfectly possible to transmit a 'say no to drugs' message even to older teenagers but this will only be respected if it is delivered against a background of drugs knowledge and an understanding of the choices available (Davis and Dawson 1996: 46).

One of the most significant pieces of research in the United Kingdom into drug prevention and education was carried out in 1997 by Dr Jane Hurry of the Institute of Education and Charlie Lloyd of the Central Drugs Prevention Unit of the Home Office. It was a follow-up evaluation of a life skills drug education programme for primary schools called Project Charlie. It included a very comprehensive study of literature to that date. An attempt has been made in the literature review for this research study to concentrate on research which has been undertaken subsequently. However, the points which were made at that time still pertain. It emphasises that such literature and such studies have been concentrated primarily in the United States of America. at the time it was felt that, of the various approaches to drug education, life skills education programmes seemed to hold out the greatest chance of success. Programmes that were particularly examined were Life Skills Training and Student Taught Awareness and Resistance ('Star') developed at the University of California. In both programmes the drugs education prevention component forms just one part of a much wider life skills approach. Equally these tend to concentrate on the prevention of the onset of drug misuse, in particular the experimentation with gateway drugs.

Generalistic and targeted approaches

Questions were also being raised both in Government and among professionals in the field about the problems of the generalistic approach which was in most common use, and the need for targeting specific groups and specific issues both in practice and in research:

Are we getting good targeted information to young people on the risks of drug use? Is the approach to drugs education in schools as good as it should be if we are to help children resist early drug use? How are schools responding to need to reduce exclusions relating to drugs incidence? What services are being developed for the various categories of young people who are particularly vulnerable to drugs abuse? (Home Office DPAS circular 4/99:1).

They also raised particular concerns at the paucity of research on the fact that there was a disproportionate increase in use of alcohol and tobacco and some other substances by girls. There was insufficient research into why anti-smoking education and programmes have not produced the expected reduction in the number of young people who start smoking and that the age of first onset had become younger and the number of young people with addictions to nicotine and with substantial cigarette smoking problems had increased. It was also said that research had concentrated too much on the minority of young people who do take drugs and not on the majority who do not.

Equally it was felt that this disproportionate concentration on those young people who do use drugs has failed to adequately target those crucial factors which result in some young people being at significantly greater risk of drug misuse and resulting harm than others - factors such as truancy, disruption of family, association with social workers and care provision.

Researchers from the University of Chicago carried out a three-year evaluation of substance abuse prevention strategies amongst 6th to 9th grade public school students in Illinois. The programmes being evaluated were DARE (Drug Abuse Resistance Education), much used at one time in the UK, and Captain Clean, the latter being an intense life theatre programme with student participation. Their findings were that there were benefits in encouraging students to discuss and access their feelings concerning substance abuse and that the prevention objectives seemed to have been achieved to a considerable degree except that when students were categorised as to the frequency of alcohol use - non-users, infrequent users and frequent users - they differed significantly in the ratings of the school-based programmes (Lisnov L, Harding CG, Safer L A, Kavanagh J.,1998). They felt that the generalised approach was just not adequately addressing the often quite different needs of individual students.

It was, however, accepted that targeting is difficult to do, is very time-consuming and requires particular skills and ongoing commitment which is not available in some academic establishments.

The numerous reviews of school-based programmes have shown that they consistently fail to reach the drop-outs who are at greatest risk of being smokers. One of the main reasons for this is that the needs of small, specific groups cannot be met in a general classroom context. To be practicable in a schools setting, classes must be taught as a whole, but they do not present a homogenous target group" (1998: 6)

The Home Office's Youth Lifestyle Survey 1998/99, 'At the Margins – Drug Use by Vulnerable Young People' (Goulden and Sandhi: 2001) concentrated on "serious and persistent offenders, rough sleepers, serial runaways, school truants and excludees" and concluded that their findings.

“justify the continued focus, in the strategy of targeting drugs prevention and education efforts, at young people encountering difficulties at school, at home and with the law” (2001: i)

1. Appropriate age

There is much debate about what should be taught, when, to whom, at what age, whether with short or longer term aims and what different types of research are necessary, (limited or sustained) to adequately evaluate each approach.

One of the issues that has been addressed which applies regardless of what approach is being contemplated is that of ‘too much, too early’. Dawson (1997) pointed out that there are fears among school teachers and parents and educators in general about drug education in primary schools raising too much awareness amongst children and that any awareness of drugs is best kept to a later age. There has long been the argument – disputed by others - that young people’s awareness of drugs might increase their curiosity and result in more experimentation. The classic study by Williams, Whetton and Moon at Southampton University in 1986 (called ‘Jugs and Herrings’ after two of the ‘howlers’ by young pupils) demonstrated that pupils as young as five were aware of and had attitudes toward drugs and drug misuse. The notion of an ‘age of innocence’ was seriously questioned, and in consequence there was a recommendation that early drug education was needed in order to counter misconceptions and simple errors of fact as illustrated in the study title. Supporting this view is the argument that there is much evidence that first use of drugs is occurring at an ever earlier age, and the first use of ‘gateway’ drugs such as tobacco is very often in the primary school.

In the United Kingdom the current concentration of the majority of drugs prevention and education work in the secondary schools needs to take into account the findings that the first use of gateway drugs by many young people is in primary school. Both during and since the report by Hurry and Lloyd there has been considerable evidence that all substance use by young people is occurring at a younger age.

The French Canadian experience is similar:

(Researcher's Translation)

Recent studies lead us to think that the children and the teenagers of today start to consume alcohol and drugs at an age earlier than ten years ago. They more frequently take these substances to a degree in which they intoxicate or poison themselves and they have increased their consumption of more dangerous drugs. Researchers at the McGill University, in collaboration with the Quebec Ministry of Education, are being asked more and more to develop programmes of early prevention allowing the identification of the children at risk of drug-addiction and delinquency (Research Conference at McGill University, 1999).

The final progress report of the Drugs Prevention Initiative (1999) spoke at length of the need to involve parents, the need for special prevention and education provision for vulnerable groups, for young offenders, for young people in residential homes and those within the criminal justice system. It also stressed the need to involve the local community in the integration of drug prevention approaches. The West Yorkshire Integrated Programme, for example, has various aims so far as working with schools and the community and the associated information and communication is concerned. It said there was a need for a co-ordinated and consistent approach to drug education which begins in primary schools and continues into secondary schools with a particular emphasis on the crossover phase and the use of life skills programmes as an integral component of PSHE, for targeting

specific age groups and peer education work with full participation of parents in the programme delivery and in awareness-raising and for a commitment to teacher-training.

Similarly in France:

(Researcher's translation)

Drugs prevention and education must be able to continue throughout the schooling of the pupils, from the nursery school to the secondary. This is all the more significant since the effects of educational actions tend to grow blurred with time. This is why the programmes of education for the young people must be implemented in a progressive way, by taking account of the concerns related to the age of the pupils and the presence or otherwise of risk. We recommend that specific and isolated interventions are replaced by actual programmes continued each year over several years. The continuity and the coherence of the educational programs must be also established between the school, the families and all those who interact with the young people. The creation of the committees of education for health and citizenship (CESC) well meets this type of need, provided that one gives them the means of fulfilling their missions. We recommend the CESCs should be given qualified coordinators, in order to guarantee the correct operation and the lasting nature of these bodies (CANAM, Paris, 2001: 127).

Research findings in the United States in the 1990s showed that most school-based smoking prevention programmes including the famous and expensive massive programmes in Minnesota (1993 onwards) and California (1994 onwards) had proved ineffective. The researchers found hardly any impact whatsoever of this type of intervention on smoking amongst the young people involved. It was felt that with the mid-teenage group targeted, it may well have been too late to use avoidance skill prevention techniques to enable children effectively to resist pressures to smoke.

The Effective Health Care Bulletin of the NHS Centre for Reviews and Dissemination at the University of York in October 1999 concluded:

Most programmes have targeted 11–17 year olds. However, attitudes towards smoking and experimentation with cigarettes may already be established by this time. Programme implementation before regular patterns of smoking behaviour are formed should be considered. This may involve targeting children as young as 4–8 years of age. (1999, 5: 5: 1):

Researchers from the Institute of Education and the Home Office Central Drugs Prevention Unit undertook an evaluation of 'Project Charlie'. a drug education programme in primary schools. They concluded:

“The research adds to a growing number of factors which argue for focusing on primary schools as the main arena for drugs education. For a growing number of young people it is too late to attempt prevention in secondary school”. (Hurry and Lloyd 1997: 34)

This view is hotly disputed by many in certain drug education circles and is one of the issues touched upon in study. There is a view that specially tailored preventative intervention can be effective even in the final or penultimate year of secondary education, as our research project attempts to demonstrate.

2. Gender

Criticism has been levelled at the fact that there is relatively little work which has been carried out in this country about the significance of gender differences so far as drug education is concerned. This is even though the results of surveys show (as does ours) that there are worrying trends amongst young women in terms of drug use in general and cigarette

smoking and alcohol use in particular. This is why we undertook an in-depth interview with two girls who describe themselves as heavily addicted to smoking for some time as well as those we did with boys of a similar age.

Smoking and drinking rates amongst British youth have been increasing during the 1990s with young women in particular not only raising their consumption levels but equally and sometimes exceeding levels reported by young men (DPI/5 1995:5).

This was stated in the Home Office Drugs Prevention Initiative report "Dealing with Diversity". It expressed concern that there was little research relating to minority groups or women and quoted Dorn, N and Murji, K (1992) as having said that until recently, the literature generally assumed that programmes developed for white youth also provided a model for black and other groups, and the literature on prevention issues in relation to females is very thin on the ground.

Of these very few works on the subject, "Gender, Drink and Drugs" edited by Maryon Macdonald (1997), did make a significant contribution in that it took a social anthropological view of gender in relation to drink and drugs and made the important point that

the meaning or social reality of the substance is always to be found in the cultural context in which it is placed. And we cannot somehow sweep away either the cultural diversity or its use to get at the reality beneath. The substance is always the cultural values invested in it (Macdonald 1997: 41).

In the following chapters in the book it is clearly pointed out that the experiences of people of different genders vary greatly according to the cultures in which they operate. It is practically impossible to discern male

and female attributes of drug use in isolation from culture. However within each culture it is important to examine whether there are differences in patterns of use between the genders and whether any different prevention and education approaches are called for. Regrettably, in spite of the acknowledgments of the paucity of material on the subject and the indications that such gender differences within our particular culture do exist and ought to be addressed there remains very little such material on the subject in the United Kingdom.

However in the United States, the National Center on Addiction and Substance Abuse at Columbia University concentrates on this issue, and it has for some time been in the forefront of studying women and substance abuse. It has produced the reports "Substance Abuse and the American Woman" (1996) and "Under the rug: substance abuse and the mature woman" (1998) and "The formative years: pathways to substance abuse among girls and young women aged 8 to 22" (2000).

The most recent report ran to 231 pages and was the culmination of more than three years of extensive research and analysis. It is an unprecedented insight into the characteristics of girls and young women who use substances and why women are at the highest risk of doing so and the impact of such abuse. It refers to its findings that at that time in the United States 27.7 % of high-school girls smoked cigarettes, 45% drank alcohol and 26.4% were involved in binge drinking and 20% used cannabis. High-school girls were almost as likely as boys to use cocaine and inhalants and more girls were using substances at earlier ages and nearly as early as boys. The research shows that girls suffer consequences beyond those of boys, as is examined in depth in Chapter 5.

The findings from the study cry out for a fundamental overhaul of drugs education and prevention programmes. Unisex prevention programmes,

largely developed without regard to gender and often with males in mind, have failed to influence millions of girls and young women who have paid a fearful price in premature death and destroyed lives for our failure to craft programmes aimed at their unique needs (J.F. Califano of NCASA; press release).

The research undertaken by NCASA has shown that girls experiencing early puberty are at higher risk of using substances sooner, more often and in greater quantities than later maturing peers. They maintain that puberty is a time of higher risk for girls than boys. Girls are more likely than boys to be depressed, to have eating disorders and to be sexually or physically abused, all of which increase the risks of substance abuse. Substance abuse can progress into abuse and addiction more quickly for girls and young women than for boys and young men even when using the same amount or less of a particular substance. Girls using alcohol and drugs are more likely to attempt suicide. Females experience more adverse health consequences such as greater smoking-related lung damage. Females are more susceptible to alcohol-induced brain damage, cardiac problems and liver disease which occur more quickly and with lower levels of consumption than with males.

Explanations for the prominence bestowed on women's drinking in various epochs are to be found in contemporary political and social circumstances and in ideas concerning gender and women's position in society rather than in any neutral or scientific evidence of women's misuse of *alcohol... it is still doubtful as to what extent current therapeutic approaches can and do address needs which arise from either fundamental gender constructs or from women's social position in relation to men. It seems unlikely that any created status of high risk group will result in policies which respond to the association between our core problems and gender related needs* (Thom, Betsy 1994: 19).

As discussed in the examination by Malcolm Young (1994) of the role of the police in both drug education and prevention and enforcement, an understanding of gender and drug-use cannot ignore cultural assumptions held by the police.

3. Ethnicity

The statement in the DPI report in 1995:

Little is known about the actual levels of drug misuse among some minority ethnic communities. A very substantial section of the literature is concerned to document the actual or expected levels of misuse... and there was virtually no information on the differential effectiveness of prevention strategies amongst ethnic groups... and the majority of studies were devoted to the relationship between drug abuse and criminality (Johnson and Carol 1995: 19).

This might seem to be an extraordinary quote; however it was, and certainly still is to some extent, the case in the United Kingdom, although in the late 1990s and recently there have been some valuable studies in the United States of America and in Australia.

Hence the DPI report which particularly studied "projects relevant to work with racial or cultural diversity". It was a most valuable piece of work because although it only concentrated upon a very small number of projects which had specific ethnic elements, it nonetheless did reveal and stress a range of issues necessitating further consideration and research (but by contrast it is worrying that in spite of this revelation of need, so little of this research has actually been carried out or even commenced since).

It pointed out the dangers, as with gender, of attributing particular patterns of drug use or preference to members of ethnic backgrounds. It pointed out that there were very many misconceptions and examples of stereotyping which were inaccurate. For example, contrary to popular belief, "young white respondents are usually more likely to have tried drugs than some other racial groups, particularly Asians." It was found that many educators and workers themselves had these misconceptions and stereotypes and that this had influenced their work, or that by contrast they were adopting a very bland approach which did not attempt to deal with or to find out what differences, if any, existed amongst members of particular ethnic groups in particular areas. Again and again the need was raised for localised, community-based, specific, targeted projects where prior research to identify the actual rather than the perceived problem or nature of the circumstances had been undertaken and then appropriate education and prevention initiatives worked out in conjunction with young people and other members of the community.

4. Social class

There has been some work on the social class origins of young people who use drugs (such as Ruggiero and South, 1995) which points out that drug use is clearly a phenomenon which affects some people from all social classes, but claim there are distinct differences in use between social classes and backgrounds, and that drug use has different images for young people according to the background from which they come. Leitner and colleagues (1993) made similar statements. Gilman (1998) identified the ten most crucial factors which might lead to a greater likelihood of substance misuse and an increased likelihood of addiction.

The Audit Commission's report in 1998 called 'Mis-spent Youth' was a study of criminality among young people. It identified that a proportion (but not a

particularly high proportion) of young criminals - 15% - has a drug or alcohol problem (as defined in our definitions section earlier). However, this did rise to over a third when statistics relating to persistent offenders were examined. One of the most significant findings was that predictions using demographic and family background characteristics do not identify drug involvement accurately. It was concluded that it is unlikely that the search for risk factors will be adequate.

The Audit Commission in this report says gender and social class are now no longer straightforward predictors, whereby being female and middle-class protect against drug trying.

Specific drug use

There has been some criticism about the fact that disproportionately low attention seems to be being paid to the high levels of nicotine addiction amongst young people. As was said earlier, with some notable exceptions, drugs education has often become generalistic with blanket coverage of all drugs including those rarely used by any young people, rather than being targeted on a specific popular drug. Tobacco use by young people is an example of this.

In spite of on-product messages, television commercials, and schools' drug education programmes, the levels of smoking among young people have not significantly reduced although there have been successes in smoking cessation with adults. There is a generally-held perception that young girls are more resistant to cessation than young boys, but this is not widely documented.

There is, however, a development which stems from the National Assembly of Wales which although coming from an unusual direction could have a

significant impact on drug education from the point-of-view of smoking amongst young people. The Health Promotion Division of the Welsh Assembly has funded research by the Centre for Social Marketing at the University of Strathclyde into the area of adolescent smoking cessation. It reviewed the literature on youth smoking behaviour and the process of youth smoking cessation. It examined the possibilities for specialist cessation interventions and the appropriateness of the use of nicotine replacement therapy, counselling clinics group sessions and self-help initiatives. They are also promoting research into the possibility of linking these into drug education and prevention programmes to reinforce the message about the addictive nature of tobacco smoking by the example of their peers and their needing to have such cessation treatment and interventions in order to enable them to give up. The researchers made no attempt whatsoever to directly contact young people to seek their views and input. So the findings did not include what young people feel about their needs and preferences, only what professionals feel is needed.

As with smoking prevention initiatives for young people, a multi-component approach with a co-ordinated package of interventions is likely to offer the most potential for youth smoking cessation (NAW 2001: 2).

Eight researchers wrote an article in the British Medical Journal in 1999 claiming that, the major anti-smoking interventions targeted at young people, and which were carried out in schools or in youth and community provision, conformed to the best principles suggested by previous research, had been well funded and were very expensive, proved relatively ineffective (Aveyard, P. et al., 1999).

A large number of researchers have pointed out that generalistic approaches often reach those who have little or no intention of smoking, or who are borderline, but that they have very little effect on those people who have

already started smoking, or who are predisposed to do so. Anti-smoking education takes a lot of time if it is to be done properly, and the pressures on school curricula are such that in many schools this amount of time is just not available.

Anne Charlton (2000) said that school-based youth-centred interventions have generally had a little or no effect on youth behaviour with regard to smoking.

As a result of these evaluations of the ineffectiveness of anti-smoking and anti-substance using interventions, more credence is being given to the need for more tailor-made and closely-targeted concentrations on particular groups, even though this is more expensive in time and other resources. However, identifying these groups can be problematic. In this research generalised details were passed back to the teachers concerned so that they could more clearly identify the profile of use or non-use among those to whom their drug education programmes were directed. The feedback could not be more specific without jeopardising the confidentiality of the exercise. The researcher is strongly in favour of the situation where an outside organisation conducts research, identifies groups and individuals and then that they themselves undertake the targeted drug education without needing to pass on specific information to teachers and to the school.

Short-term and long-term outcomes

Research was carried out in 27 primary schools in Huddersfield and Batley in order to measure the educational short term effects of the drug education programmes on 9-10 year-old pupils. The programmes used were DARE and PAE. They found that there was evidence that young people had learned much about the harmful effects of drugs; that they realised that alcohol and tobacco were drugs and they could differentiate between

medical and illicit drugs. It was said they had expressed strongly that they felt that they would not use drugs in the future. However, the researchers' opinion was that:

the evidence concerning the coping skills of the children is less strong. These pupils have not been put to the test so far since most of the children admitted that they had never been tempted by offers of drugs although some had been offered cigarettes. It must be a matter of speculation how the children would actually react if faced with the problem (*Bennett Y, Bennett E, Sheehan J.1995: 22*).

It should be observed that the DARE programme, which is the largest single prevention programme in the world, reaching 36 million pupils in 2002, has been extensively updated and developed in the past few years, in a major exercise funded by the Robert Wood Johnson Foundation and effected in co-operation with the US Departments of Justice and Education. It seems that this extensiveness, and the programme's use of police officers to deliver classroom sessions (in association with teachers) has provoked those with more liberal views. According to the editorial in the 'New Age Patriot' in Spring, 1997:

Getting rid of DARE may be a very effective activity for drug reform activists to concentrate on in the next couple of years.

University of Michigan researchers carried out a study into the effectiveness of a middle school substance abuse prevention programme in the 6th and 7th grades. The programme had been drawn up as the Michigan Model for Comprehensive School Health Education based upon curriculum lessons. Short term positive results had previously been reported and this programme aimed to assess the long-term effects of the prevention programme. It found that:

the significant effects evident at the 7th grade in terms of alcohol use and misuse and cigarette, cocaine and other drug use were generally not maintained through the 12th grade and ongoing reinforcement using effective prevention techniques is recommended (Shope JT, Copeland L A, Kamp M E, Lang SW 1998: 17).

This is hardly surprising; it is now a widely-held view that lifestyle behaviour education requires an iterative and developmental approach (sometimes referred to as 'spiral learning').

In several instances, the 'drugs' aspect of the so-called diversion projects had been bolted on subsequently in order to attract money from the Home Office Drugs Prevention Initiative. As usual there was confusion over terminology and what was actually meant by diversion. There was doubt as to whether the objectives of several of the projects had been properly considered and whether they were credible in their own terms. Indeed, the bolting on probably negatively affected projects which were previously effective as diversionary projects making them unconvincing and ineffective drug education projects.

The HO DPI expressed considerable concern about the weakness of short-term initiatives in that there was insufficient time to adequately address drugs prevention messages. Workers and volunteers were found to have a lack of confidence in handling drug issues because of insufficient training, and many of the projects had uncertain objectives. As for the impact on behaviour, some of the workers felt that DPI assumptions about the kinds of messages to be transmitted on the project and the supposed impact on future behaviour of the young people attending were sometimes naive.

In any case the research conducted by Davis and Dawson (1994) was not designed to evaluate long-term impact, which they felt to be extremely

difficult to demonstrate. In fact it was felt that Drugs Prevention Initiative money could distort what was a viable enterprise in its own right, with all but one of the projects. It subsequently resulted in a change of policy about the funding of short-term drug education projects.

The Southwark Young People's Music Project is an example of one of the few 'youth subculture-related' drug prevention interventions. It formed links with highly skilled workers from the Charterhouse community drugs project. The drugs message was explicit; it was listened to because it was delivered by credible figures such as the drugs workers and some musicians from the reggae and rap scenes, and a diversionary medium with which youngsters identified was used - modern music. This was an example of an intervention based on prior investigation as to the subcultural influences upon these young people and then making the delivery relevant to these.

Research was published by the DPI in November 1997- "A Follow-Up Evaluation of Project Charlie" (DPI paper 16). It showed that young people who had participated in the project, which is a life-skills drug education programme in primary schools, four years on were less likely to have used tobacco or illegal drugs, displayed more negative attitudes towards drugs and demonstrated a greater ability to resist peer pressure when compared to non-Project Charlie children. Also, it was claimed that Project Charlie children were significantly more knowledgeable about drugs than children who had not been taught the programme.

However, the Project Charlie evaluation was relatively small scale.

The final progress report of the Drugs Prevention Initiative said that "providing drugs education programmes for young people at all key stages of the national curriculum is vital", as drug education is most effective as part of a wider personal social and health education programme that begins in

primary-school, involves parents and continues on to secondary school and further education.

One-off and longitudinal

From 1991-96 SPARC staff at the University of Manchester completed the only 1990s major longitudinal study of adolescent illicit drug use undertaken in the UK. However, it was extensive in that over 700 14-year-olds were tracked for five years and some 500 young people remained in touch with the study when they were 18.

One other significant longitudinal study of young people's drug-taking in two regions of northern England was undertaken for the Home Office Drugs Prevention Advisory Service and reported in 1999 (Aldridge, Parker and Measham). It aimed to measure the impact of an integrated drug prevention programme in two northern towns. As well as being an evaluation of this impact, the study was designed to generate a dataset describing aspects of youth lifestyles in the late 1990s among two age groups of young people - those aged from 13 to 15 and 15 to 17. It was longitudinal in that it spanned a three-year period with over 2500 participants. It found that drug-trying rates among young adolescents remained at a very high level.

The Health Education Council National Drugs Campaign Survey was the largest survey of its kind in the United Kingdom and was last carried out in 1997. It carried out a limited amount of qualitative research in support of its advertising campaigns.

The main conclusion of the Home Office research conference on drugs prevention called "Evaluating Effectiveness" (DPRC, Home Office 1999) was that this research needs to follow children through until they reach an age when they are experimenting in significant numbers, as well as the need for

much more research on school drug education. "This inevitably means it will be expensive, long-term and difficult to set up and this partly explains the dearth of studies. We must find ways of overcoming these problems because we need to learn much more if we are to plan effective drugs education."

Involvement of young people

Health education activities must be appropriate to the needs, values and culture of the target population. The most effective way of developing materials used in these activities is to involve young people in their design, utilisation, dissemination and evaluation. Resultant discussions with young people will help to promote healthier behaviour and prevent substance use problems (Monteiro 1999: 54).

There have been relatively few attempts to find out young people's perceptions of substance abuse prevention strategies and drug education in the United Kingdom. To find examples of this again one must look to the United States where there have been several studies. The Loyola University in Chicago carried out a three-year study of substance abuse which examined the perceptions of 719 young people at a school near Chicago (Harding et al, 1998). The programmes used at schools were DARE - a national programme conducted through local police departments and Captain Clean, an intense life theatre programme with student participation. Students rated the two programmes as equally effective overall, with the theatre programme significantly better at encouraging students to reveal their feelings concerning drug abuse issues.

In both cases attempts were made to elicit young people's ideas about drugs and drug use, but there was criticism of the methodologies of elicitation and the difficulties in their application and their limitations.

Adults perceive young people's needs differently and programmes generated by them can fall into serious traps in young people's subcultures. Focus groups conducted with young people before planning enable their needs to be identified, small homogeneous target groups to be segmented and ownership of the programme to be given to the group.

Some materials such as magazines or books are now being produced by voluntary organisations for young people written by young people. The "Teenexpress" magazine produced by Teenex and NDPA is an example.

W.H. Bruvold (1998) said that social reinforcement taught by student involvement methods has consistently been shown to be most effective. In the USA the principal drugs prevention and education manual put out by the USDEA is written by young people:

This book talks about drugs that exist in many of our communities, and it will help you to understand why drugs are harmful. We hope your decision, like ours, will be to refuse drugs. Our book is different from a lot of the things you've probably seen or read because it contains our thoughts. That's what makes this book so neat! We're a lot like you. We're all about the same age and have similar concerns about drugs (USDEA 2003:1).

Some major consultations with young people have recently started to emerge in the UK.

The Scottish Office Education and Industry Department's "Drugs Education in Scottish Schools 1996-1999" (Lowden and Powney, 2001) examined the nature of school-based drug education, pupils' attitudes and behaviours concerning substance misuse, pupils' views on their drug education and the effectiveness of school-based drug education. This project had two main quantitative data collection phases, in 1997 and 1999. Each phase consisted of a census of secondary and primary schools (284 primary and 318

secondary covered in 1999) and a pupil survey of a representative sample of 4,400 in all. In addition, the project used interviews and focus groups in two primary and four secondary schools. It provided valuable insights into the views of teachers and particularly of pupils as to drug education approaches and their effectiveness.

There is an interesting example from Australia of peer education. Over four-and-a-half years 690 pupils were taught a drug prevention programme in the final primary year. Once they had transferred to secondary school they then gave a peer education reiteration of what they had learnt to those young people who were then in their final year in the primary-school. This in-depth and critically acclaimed evaluation and research did show promising results in that students had significantly lower levels of tobacco and illicit drugs use and at each survey follow-up (University of New South Wales, 2001).

In some very recent work – (Taylor and Lanham, 2004) the researchers contend that peer groups are more successful than traditional methods. They claim that young people tend to communicate and address issues associated with drug problems, such as culture, values and socio-economic conditions, at a level that is easier to understand by young drug users, and that young people are more culturally-sensitive to each other when dealing with drug-related problems.

All the above studies have increased our knowledge about how young people actively learn how to make and remake alcohol, tobacco and illicit drug-taking decisions. There is some evidence from the literature of most young people developing a cost-benefit assessment of how to decide about drinking levels and trying each different drug and/or combining drugs. However, because this decision-making framework has to be created using conflicting information about the dangers and pleasures of drugs, it is often predominately based on 'received wisdom' within youth culture rather than

on a reliable knowledge base. Furthermore even with detailed knowledge, such as most young people have about tobacco smoking, decisions about opportunity cost often disregard or minimise this under the influence of peer pressures and the here and now. By contrast, peer pressure can also be one of the most powerful forces against drug use. There is now growing evidence that this is being mobilised.

Community orientated and inspired approaches

Successive governments have maintained that they are particularly anxious for as much involvement of the community as greater possible in health and education as has been evidenced by Primary Care Trusts, the proposal for Foundation hospitals and new participative arrangements in education. They have stated that this should be extended into the area of local community research which they feel ought to be undertaken largely by practitioners themselves with assistance from outside.

Best value, evaluation and evidence

Some moves in this direction had earlier come from the voluntary sector: Drugscope was created through the merger of the UK's largest drug information and policy organisations: the Institute for the Study of Drug Dependence (ISDD) and the Standing Conference on Drug Abuse (SCODA) distributes the report of the latter's research, 'The right approach – Quality standards in drug education' (1999), which resulted in some planning schedules and guidance for schools.

One very crucial point of the whole strategy is audit and evaluation. Great stress is put on this point at all levels:

Objective and rigorous assessment of the effectiveness of implementing the strategy will be a central feature of its development and necessary adjustments will be made as a consequence.

The Home Office held a research conference on drugs prevention called "Evaluating Effectiveness" (DPRC, Home Office 1999). In the conference report it said that:

very few evaluations of primary school age drugs education have been carried out or have been carried out *well*.

There has been much criticism that in the United Kingdom, apart from the research directly undertaken by the main government departments or by agencies directly funded by them, there has been insufficient funding available for adequate research into drug education of young people, particularly from the point of view of the evaluation and the comparison of the work being done in this sphere.

Frequently good quality evaluation is expected without the corresponding funding to do it. It is understandable that researchers are prepared to do less than satisfactory evaluations because the funding is too limited. But we need to insist on the necessity for quality evaluation and research. We have to hone our instruments and improve our data collection and analysis. Studies comparing different methodologies and techniques would certainly help with this. But the purposes of drug education also need to be clarified by educators so that we know exactly what we are evaluating (Wyvill and Ives, 2000, 127-137).

The situation for research funding in France is much the same:

(Researcher's translation)

The research into [drug] prevention is too often diminished according to the funds available: precarious, with strings attached and insufficient (ANIT; National Association of Drugs Workers 2003: 12).

In the 1990s there was a very significant increase in the number of school-based prevention programmes provided by the government and by voluntary agencies. This followed the pattern in the United States where such programmes had been widespread in all states and for a large number of years. In the United States there had been fairly extensive evaluation; sadly this was not the case in the United Kingdom. In the United Kingdom considerable resources and volumes of words have been directed at school-based drug education and prevention programmes but there are few examples of evaluated work of any significance.

Even when these have been undertaken as in the case of Project Charlie, a predominantly life-skills drug prevention programme targeted at primary school children, the small sample sizes have not produced conclusive findings and even a follow-up had a sample of just 44 pupils.

In fact many of the drug prevention initiatives which have been taken in the United Kingdom have been shown to be ineffective in preventing drug use, by studies such as those by White and Pitts (1997) which concentrated upon health promotion programmes with young people for the prevention of substance misuse

They said:

The time seems to have come for a reappraisal of our methods perhaps with a view to modification of established approaches or perhaps taking a completely fresh line.

With the fall in the age of initiation and with the tendency for the trying of one illicit drug to correlate with the trying of others, it is vitally important that we develop more sophisticated research methodologies and techniques of survey design to begin to quantify drug use and in turn problems with use and the development of problematic drugs careers (White and Pitts, 1997:14).

Training

Above all, researchers keep on saying time and time again that the training of teachers is absolutely vital, that they are often not at all familiar with the theories and methods that are needed to convey the message effectively and that teachers often modify the programmes that are put before them, both because of their lack of expertise and the lack of time available in school. This can often render the programmes almost useless.

The University of Arizona in Tucson undertook research into the situation that although at national level drug abuse prevention and education curriculum developers had been able to identify what they felt were successful strategies and programmes, there were significant differences in the way that these programmes were imported into different schools. As in the United Kingdom, most schools developed their own drug abuse prevention curriculum. It was found that

in general the process that local schools use is characterised by high levels of involvement by a variety of personnel, low levels of training, little use of resources outside school, poor training of the teachers who are responsible for implementing the curriculum and little evaluation (Bosworth, K 1998: 23).

This research made major recommendations for changes in professional development and in-service support for teachers and for better methods of ensuring effective use of curriculum materials and programmes.

At the turn of the century the depressing picture was starting to change. There were some positive developments. Some initiatives have commenced which are focussed elsewhere, and some examples of more extensive research and rigorous evaluation are beginning to emerge.

Researchers at the University of Strathclyde conducted a major evaluation of a Home Office programme seeking to reduce drug use and drug harm among young people in the north-east of England. The three-year study involved an integrated programme of research which will measure the effectiveness of the programme in changing drug use behaviour, and analyse how the programme was developed and delivered. It is one of the largest drug prevention evaluations in the UK, and they are working closely with the Home Office to ensure that learning from the evaluation is disseminated as widely as possible to drug prevention policy makers, organisations and researchers (Mackintosh, A.M. 2000).

The University of Essex are currently involved in process research on the Home Office Drugs Prevention Initiative 'Integrated Programme' projects (South et al., 2000). This is the only current UK drugs education research project listed by the European Monitoring Centre for Drugs and Drug Addiction.

The Department for Health's National Drug Prevention Development team is providing funding to support primary school drug education and links with primary health care professionals. Research and evaluation work on the impact of activities funded through the Department of Health funding streams for drugs education commenced in 2002. This Department also announced the new Drug Education and Prevention Information Service which is a combination of two services commissioned by the Department for Health to provide through the Web summaries of evaluations of drug prevention activities and to provide information about the materials available to support drug prevention and education. This is particularly important because previously there was much criticism that what little research existed was not being effectively disseminated.

The Health Department had also been working in partnership with Drugscope on a two-year project of rapid research to identify opportunities to intervene with young people who were especially at risk of drug misuse and this was published in October 2000.

Hastings and Stead (1998) examined the value and limitations of using media based communication as a means of tackling drug misuse. They identified potential benefits in adopting a social marketing strategy - that is to use market principles to understand and change the behaviour of individuals. Some of these techniques are now being employed in recent examples of drugs education such as the 'Ask Frank' project, 2003.

There are some outstanding examples of research undertaken resulting in innovative new drug education approaches, which have then been thoroughly and effectively evaluated. One example is that undertaken by Stead, Macintosh, Edie and Hastings (2001) - researchers at the Centre for Social Marketing at University of Strathclyde. They worked in conjunction

with the Northumbria drugs prevention team in Newcastle in order to produce a three-year drugs prevention initiative aimed at 13-15 year-olds. It used interactive drama to explore choices and issues about drugs which was followed up in the classroom and linked in with parents' evenings and provided carefully targeted information for young people. The aims were to reduce prevalence, to delay the onset of drug use and to minimise harmful drug taking. It was based on social cognitive theory which says that human behaviour is a dynamic between personal and environmental factors and on social marketing theory which stresses the importance of understanding the needs of your target group and their perception of the world. Therefore this particular project provided a mix of inter-personal, media, environmental, telephonic and other components. The evaluation consisted of formative research –(pre-testing the initiatives), process research to monitor its delivery, impact research to evaluate young people's immediate reactions and outcome indicators to assess whether or not it changed behaviour. They found that there are good prospects for behaviour change based on these interventions particularly because they are not only approved of but actually shaped by their target audience.

In a report called "Young Voice" (2004), Stockdale, Dabbous, Sucindran, Jones and Katz outlined their findings from a project in which 2062 young people from north London were given the opportunity to discuss drugs from any angle. They spoke about life in their neighbourhoods, their knowledge and understanding of drugs and their effects, and gave some reasons why some are driven or attracted to use them, including depression, bullying and feeling unsafe.

So there are some indications of responses to post-modernist perspectives and to the changing youth scene. However, there are some developments which seem to hark back to the draconian reactions of the past.

There are attempts to introduce compulsory drug-testing in certain situations including schools and workplaces and a new controversy is in progress at present. The UK Independent Inquiry into Drug Testing at Work (2004) looked at the science behind drug testing, the legal position, trends and trajectories based on a MORI poll conducted on behalf of the Inquiry in 2003, which encompassed health and safety, performance issues and employment and the criminal law. It concluded that drug testing can have an important role on safety-critical and other occupations where the public is entitled to expect the highest standards of safety and probity. Aside from this, there is no justification for drug testing simply as a way of policing the private behaviour of the workforce, nor is it an appropriate tool for dealing with most performance issues.

Conclusions

The review of the literature leads one to some depressing conclusions mitigated by some more heartening, more recent work.

If our drugs education and prevention programmes and initiatives and interventions have taken account of relevant research and theories at all (and this is debatable in some cases), it is more steeped in modernist approaches than in post-modernist ones, more influenced by the historical past than the present. It has to a considerable extent not been adequately responding to the changed and ever-changing needs of young people in present times.

In any case the amount of relevant research in the United Kingdom is insufficient particularly compared with the United States, Australia and Canada.

The literature shows that drug education and prevention here is beset by conflicting policies, dogmas, theories and approaches and this conflict and multiplicity is tending to act against the interests of young people rather than in their favour.

Questions of the differences in drug use in relation to the user's gender, social class and ethnicity have not been appropriately researched and identified, let alone appropriately responded to, though recent research does show there is some evidence of limited progress in this respect.

The international literature does reveal some similarities across nations in identifying weaknesses and in making some proposals for dealing with these, but the weaknesses revealed are multi-faceted and extensive.

Evaluation has often been inadequate, if carried out at all, or has produced depressing results. Some drug education has been over-generalistic, not properly targeted, and sometimes not sufficiently drugs-specific, although there is evidence of considerable improvement in this last respect. Moreover, it has not been properly age-related, repeated and reinforced through every age group nor has it been presented by people with adequate training and understanding of the real needs of young people and who have credibility with them.

However, the involvement of young people which has been almost universally lacking in the past is now happening to a far greater degree.

There is considerable evidence from recent research that there are new perspectives on deviance but the effects of labelling are still strong. While there is evidence that drug abuse by young people has become regarded in some quarters as less deviant and more accepted and integrated than it was previously, this is by no means universal even among young people. In the

past, the influence of youth culture and youth subcultures has been inadequately understood, and recent changes in the range of subcultures to which young people belong and in the extension there has been in the period of adolescence, combined with less security and greater dissatisfaction at work, are all contributing towards feelings of anomie, which are a potential for drug use.

It appears from some surveys that have been undertaken that, at least during the years of compulsory schooling, drug use involved a minority of young people. Once improved categories of drug use are employed - compared to the inadequate categorisation of the past which have exaggerated the problem – it is evident that most young people are not regular users of illicit drugs.

It also shows, however, that major changes take place post-school, involving a majority of young people with substantial changes in regularity of use of alcohol, tobacco and illicit drugs by larger numbers of young people and excessive use of the legal drugs by many.

Even where drug education programmes have been prepared by educators they have often not adequately taken account of theories of learning and pedagogy.

It seems there is still much to be done despite the exhortations of numerous studies and reports to which we have referred. Our extensive quantitative and qualitative research among young people sought to obtain further information on the issues above and a further insight into the activities and views of a substantial number of young people.

Sadly our study of the environment in which drugs education and prevention takes place, which we outline in the next chapter, shows that it too leaves much to be desired.

Summary and conclusions

We have examined a considerable number of theories which have been propounded in the past and which have been applied to explaining drug use by young people. We have shown how many of these theories are still a basis for drugs education and prevention programmes and approaches, in spite of their shortcomings. We have also shown that in some cases - such as gateway or stepping stone theories - even when the theories have been considerably discredited by recent research they still remain popular and are still advanced in various quarters. In later chapters we are examining more recent applications of some of these such as risk and protective factors theory. We will point to some of the considerable limitations and to the disadvantages which can arise from such applications.

We also examined work in the literature which addresses other factors which impinge upon the application of these theories such as age, gender, ethnicity, and social class, and realistic or targeted approaches - and that the application of theories is made much more complicated and complex by such factors. We have even demonstrated how the application of theories such as labelling theory is actually compounding and exacerbating some problems and can actually be the cause of some actions of young people including drug-taking.

It reveals that there is still much to be done despite the exhortations of numerous studies and reports to which we have referred. One of the objects of our extensive quantitative and qualitative research amongst young people has been to obtain information which will shed further light on many of the

issues emerging from the literature. So we have examined the foundations of drugs education and prevention constructed from the literature and theories of the past and shown that it is a shaky foundation. Sadly, as our next chapter will demonstrate, these foundations are set within an environment which is complex and hazardous.

2

The Drugs Education and Prevention Environment

THE DRUG EDUCATION ENVIRONMENT - THE INSTITUTION FOCUSED STUDY.

Introduction

Following the review of the literature, in order to adequately contextualise this research, a detailed in-depth review and analysis of the nature of the drugs education environment that exists is required, illustrating the very diverse resources, the pressures and the powerful paradigms of thinking and practice set in the social policy and political environment.

This forms the Institution Focused Study for this research. It does not concentrate upon a particular institution but rather on the drug education scene as a whole. This IFS itself is integrated in, rather than separate from, the thesis.

The Select Committee on Home Affairs' Third Report summed up the complexity, diversity and problematic nature of every aspect of the drug education and prevention environment now and in the past:

There are few subjects more emotive than illegal drugs. It is widely recognised that existing efforts to deal with them have failed, but as to solutions there is an absolute difference of opinion amongst experts of every relevant profession. Opinions, all advanced with equal passion, range from those who argue that prohibition has failed and should therefore be abandoned to those who argue that all drugs are harmful and that existing bans and proscriptions should be maintained or indeed tightened. In between there are many shades of grey (SCHE3 2002:1,1).

Drugs education and/or prevention?

Many of those involved in the process would claim that drug education should be the provision of information about drugs and that it should be as comprehensive and as dispassionate as possible. The provision of neutral, 'value-free' drug education is not easy to conceptualise and even more difficult to deliver particularly in the climate in which delivery takes place. In fact, many practitioners in the field, and to some extent the Government, have blurred the distinction between drug education and prevention. The distinction is often stressed – for example in the landmark study by the Roehampton Institute and Association of Chief Police Officers identified the added value of the Police Service within a model of best practice' which defined it thus:

Prevention has an aim or desired outcome but education which in general has no specified aim or outcome, is confined to a process. (*O'Connor, L; Evans, R; Coggans, N: 1999*)

By this definition one either has to provide a very broad generalised approach which has very non-specific goals but seeks generalised prevention and some awareness of improvements, or one has to say that the education process is based upon specific goals and that these goals are informed or determined by a particular philosophical standpoint.

The Center for Substance Abuse Prevention in the United States defines prevention quite broadly as:

the sum of all actions taken to ensure healthy and fulfilling lifestyles for all our children and society as a whole.

This is consistent with the accepted definition in the United Kingdom.

Prevention's proponents maintain that, while it is derived from the Latin "praevenire" meaning to act before the event, prevention has the goal of

'healthy lifestyles' (a consensus definition they claim is derived from societal goals, mores and laws). It actively intervenes at all times to this end, recognising the wide range of factors influencing lifestyles and therefore it is necessarily wide in scope. Advocates of prevention in the UK and USA assert that education, in the sense of neutrally raising awareness, plays only a part, albeit an integral part, in the prevention process and that confusion has sometimes arisen from the assumption by some that education is the whole of prevention. In fact, these advocates maintain that prevention includes attitude challenges and the modification of values and boundaries and behaviour; without conscious involvement in this last aspect prevention is much less effective. Many prevention technologists encapsulate the process in the acronym 'KAB' - Knowledge, Attitudes, and Behaviour.

For some, prevention of drug-related harm is the aim of drug education, whereas for others prevention of drug use is the aim of drug education.

Even if one at least accepts a link between the two and proceeds on that basis, drugs education and prevention is in any case a highly sensitive and contentious area of work set in a most complex and complicated environment. Schools are expected to look to that environment for national and local policy decisions, to obtain advice and information, techniques and expertise in order to deliver this highly difficult subject. What they are faced with is, as one teacher called it, "a veritable nightmare" of different government departments, differing and changing policies, a variety of local authority provision or lack of it and a very large number of voluntary organisations of varying size and intentions, some receiving funding from government and some not, and with no clear indications as to their status or quality or orientation and of what they do and what they could provide. Some are linked to religious organisations and some are not. Some have an obvious or a concealed political agenda. Some undertake research, some do not. Some provide programmes of drug education for schools, some do not

and there is no single document available which lists all these organisations and discusses what they do.

Prior to the 1950s, the drug education and prevention scene was in its infancy with relatively simplistic drug education, if it existed at all. During the 1960s and 70s the non-medical use of drugs for a psychoactive purposes gathered pace and with it the structures of advocacy and their reactions. These opposing forces, mingled with social ideologies, gave rise to the mixture of approaches we now see. Given that a sizeable proportion of drug education has always been delivered by the voluntary sector, it is less easy to regulate. Also, the degree of autonomy enjoyed by head teachers in curriculum matters prior to the advent of the National Curriculum brought about very widely varying levels of provision and very diverse approaches and content.

Some clearly espoused one of the two main approaches - harm reduction or prevention. However, which of these two they end up using is often obscured by the ambiguous use of the terms drug prevention and drug education, to which further reference will be made later. So the choice for teachers as to which organisation to choose and which programme to adopt or which aspect of the programme to adopt tends to be haphazard, and/or based on recommendation, or on advice from local sources. It is often subjective in that it reflects the superficial and not well-examined attitude towards a particular organisational philosophy at a particular time.

Rival philosophical approaches

This diversity is complicated by there being two opposing camps espousing particular approaches to drug education. The media are fond of speaking of 'a war on drugs' but if there is a real conflict it is more about the strategy of the reaction to drug use, i.e. the way in which such a war might be

conducted, rather than the war itself. We discussed 'the drugs war' at length earlier and this language itself has created an adversarial atmosphere. It is the case, however, that there is a virtual war between two distinct philosophical approaches within drug education - those primarily concerned with prevention and those concerned with harm reduction.

Supporters of these approaches form two almost diametrically opposed camps. One camp believes in prevention of use which means abstinence and usually with quite negative messages, the other believes in mitigating the use of drugs by trying to encourage safer, more informed use. Some say the danger is in the wording here and that nearly all harm-reduction is user-focused and physiology-orientated with scant attention being paid to other aspects of the user's condition such as his or her environment and those around the user. In the past messages communicated through drug education have been prescriptive and negative and often fear-inducing. Some of the agencies involved in harm reduction claim that they are predominantly concerned with prevention of which harm reduction is a part. Agencies of the preventionist perspective respond that such verbal gymnastics is a gambit in order to attract funding. It is also claimed that such advocates use this as a cover for a harm reduction-dominated and even libertarian agenda.

Preventionists believe the prime objective of drugs education is to prevent young people from using drugs in the first place. Harm reductionists believe that young people are likely to use drugs anyway or that they should be free to do so, and that they should be provided with sufficient information so that their drug use causes minimal harm to themselves.

The issue is even more clouded as the harm reductionists often call themselves preventionists but mean prevention from harm rather than prevention of use. This has been so recently because of the Government's

altered approach, and the funding given has been for what the politicians understand as prevention. The issue has been intensified as, since its December 2003 Updated National Strategy, the Government has apparently moved somewhat away from prevention and towards harm reduction. It is a matter of record that the largest voluntary organisation advocating harm reduction - Drugscope - is heavily funded by the Government, whilst those advocating prevention are not.

Let us examine the dichotomy within drug education practice worldwide, and the conflict between the adherence to a harm reductionist approach or to a prevention of use approach.

The Preventionist discourse

First of all there are some initial difficulties in understanding what the term 'drug prevention' means, because in some cases it is used to mean prevention of use and in others prevention of harm. Indeed, in some cases, it does not involve attempts at prevention of use and only concentrates on prevention of harm amongst those who have already commenced use. The other aspect of harm - that of social harm within a wider social context - is largely ignored except where it impacts upon property or law and order, which is examined more fully later.

Government policies and priorities have veered between one and the other and national and local advisory services have variously supported one or the other. The situation is further complicated because some providers are using terms in one way and some are using the same terms to mean something very different.

So many quotations include the word prevention, yet so often there seems to be a different nuance or interpretation of it. In his first report, the

Government's UK Anti-drugs Co-ordinator ('Drug Tsar') Keith Hellawell stressed:

We need to be clear and consistent in the messages we send to young people and to society-in particular, the importance of reinforcing at every opportunity that drug-taking can be harmful.

Prevention should start early with broad life skills approaches at primary school and built on over time with appropriate programmes to young people as they grow older via youth work, peer approaches, training and wider community support.

All activity supported by the strategy will build on and disseminate good practice in identifying what works best in prevention and education activity.

Our approach combines firm enforcement with prevention.

To support these objectives we plan as a priority to commission additional research in the qualitative studies of patterns of misuse of regular young users, and operational summaries of effective prevention and education.

Prevention of what, one might ask, as there is no definition of prevention in any of the Government statements of the time.

In their report "Drugs - Dilemmas and Choices" (2000), The Royal College of Psychiatrists provided a definition of prevention:

The concept of prevention refers to numerous, often diverse activities that range from regulation to education.

Activity to prevent the initial use of a drug they called 'primary prevention'.
Activity to prevent the adverse effects of occasional use and to prevent

current use from progressing to heavy use and dependence they called 'secondary prevention'. This is often described elsewhere as harm reduction or harm limitation. Activities to prevent those who have become dependent from relapsing back into drug use they regard as 'tertiary prevention'.

An alternative, and more recent, categorisation of prevention and harm reduction which is used by the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction - part of the European Union) is: *universal* where the intervention is delivered in a non-focused manner to the general population, *selective* where it is targeted at sections of the population presumed to be at risk with the aim of reducing risk factors and enhancing protective factors, and *indicated* where prevention interventions are targeted at individuals already involved in drug use to a considerable degree.

Drug prevention work in Europe can be categorised as targeting the community as a whole (universal prevention) or those most at risk, at either group (selective) or individual level (indicated). The most highly developed models of universal prevention are programmes targeting the school programme content and delivery. A number of countries report encouraging developments in the coverage and delivery of school-based prevention. However, in many countries there remains significant potential for improvement in both the coverage and quality of universal prevention work. Universal prevention effort outside school settings also has considerable potential, but currently this kind of approach is pursued in only a few countries (EMCDDA 2004: 006en).

Prevention activities are based in varying degrees on some major findings that have emerged from research over the past 30 years: the importance of prevention of availability and access to drugs, the role of the drug user or potential user's perception of the social context, i.e. the support or opposition to use, and beliefs about the risks associated with use. They further assert that the factors influencing initial use are not identical to those influencing

continued use and dependence, and that of those who use drugs some are more vulnerable than others to becoming dependent.

Although the importance of developing prevention work among those most at risk is increasingly recognised, there remains a substantial need to invest in this kind of focused prevention.

Different educational techniques and methods have been found to be more suited to the effective communication of these particular philosophical standpoints and the effective achievement of their specific goals. The techniques are usually fairly clearly identifiable as related to a particular philosophical approach, but this is not always the case and it adds to the confusion. It is often a matter of the emphasis which takes place within the particular programme. But there is the underlying ideological battle taking place which is expressed in policy, practice and in the emergence of different agencies and organisations with often fundamentally differing agendas and approaches.

The Harm Reductionist discourse

The term 'harm reduction' also suffers from multiple interpretations of the term, though again some opponents claim that some of this is calculated. Traditionally, that is to say until the early 1980s, the terms 'harm reduction' or 'damage limitation' or 'risk reduction' related to any work done in drug counselling or treatment processes on a one-to-one basis with known users. The goal was to mitigate the damage drug users might be doing to themselves and perhaps to others in the period before or when they were contemplating (or pre-contemplating) reduction and then cessation of use. That form of harm reduction is still practised and it can be seen to be a well-integrated part of the treatment process.

Nowadays harm reduction is a term that is used to refer both to a set of general principles used to underpin policies in response to drug use as well as to some specific types of intervention and treatment. It refers to policies and programmes that aim to reduce the harms associated with the use of drugs by focusing on the prevention of drug-related harm rather than the prevention of drug use. Newcombe (1992) distinguishes harm reduction at different levels - individual, community and societal - and of different types - health, social and economic. Such distinctions indicate the scope within harm reduction.

Several terms - 'risk reduction', 'harm reduction' and 'harm minimisation' - are sometimes used as though they are synonymous, but there are distinctions between them. Strang (1993) distinguishes between risk as the likelihood that an event causing harm may occur, harm minimisation as an overall goal or endpoint of policy and harm reduction as a generalised operational description of a policy or programme. It may be that most proponents of the traditional form of harm reduction, as outlined in the first paragraph of this section, are sincere in wishing to mitigate the effects of drug use, but it is claimed that at other times harm reduction is a term and a vehicle subjected to considerable, opportunistic distortion with calculated use and deployment of language, for example terms such as 'soft' and 'recreational use'. There have been moves to define all prevention as harm reduction and this is said to be coming from people who have a liberal agenda.

The process of rapidly transmitting 'catchy' notions across society was encapsulated by Richard Dawkins (1976) under the name "meme". Liberalising groups have been very much alive to this, for example their tactical use of terms such as 'soft', 'recreational use', and 'harm reduction'. Sophisticated use of language and the deployment of what Orwell might have recognised as 'thinkspeak' is in evidence, and these terms have been

deliberately seeded into the lexicon of drug dialogues. 'Soft' and 'recreational' have been in circulation for decades, extensively used in pro-drug publications, serious or lay, and often adopted by others without consciousness of the 'memetic' effect. A particularly virulent meme is the deliberate description of any prevention work as 'prohibition'.

More recent is the introduction of 'harm reduction' into the lexicon, and this is a particularly powerful meme in that it suggests that the main goal of harm reduction strategies is to 'reduce harm' – when in fact its purpose is quite different. Consider the following piece published in the International Journal of Drug Policy (formerly the Mersey Drugs Journal) by Peter McDermott in 1992, currently a columnist for Drugscope's magazine, 'Druglink'. At the time of this quote he was active in the area in and around Liverpool:

As a member of the Liverpool cabal who hijacked the term Harm Reduction and used it aggressively to advocate change during the late 1980s, I am able to say what we meant when we used the term. Its real value lay in its ability to signify a break with the style and substance of existing policies and practices. Harm Reduction implied a break with the old unworkable dogmas – the philosophy that placed a premium on *seeking to achieve abstinence ...* (my emphasis) (McDermott, P: 1992)

He goes on to speak of the

importance of the availability of a legal supply of clean drugs ...

making it clear that legalisation of drugs is regarded by some as a key form of 'harm reduction'.

Kellehear describes harm reduction or minimisation as

an evolving approach to drug use [that] attempts to reduce... the harmful consequences that arise from the use of drugs (Kellehear et al., 1998, p. 136).

Hamilton and Rumbold (2004) suggest that the major advantages of harm minimisation are:

- a value-neutral view of drug use;
- a value-neutral view of users;
- a focus on problems or harmful consequences resulting from use;
- an acceptance that abstinence is irrelevant; and
- a belief that the user has, and should continue to have, an active role in making choices and taking action about their drug use.

The proponents of this 'post-prevention' (some would describe it as post-modernist) harm reduction philosophy maintain that many young people elect to use drugs, and will do so almost regardless of what preventative attempts are made in drug education. They go on to say that it is serving young people's needs in a credible manner to provide accurate information about drug use and risks, together with encouragement to develop safer drug use skills, and advice about the risks to any future choice of career because of existing legislation. They do this in the belief that the objective should be to reduce the amount of harm that young people will cause themselves, rather than attempt to promote an explicit abstinence from drugs approach. It is claimed that acceptance that young people will use drugs should not be confused with condoning drug use. The preventionist philosophy is criticised by alleging that it has not proved effective in the past, and that it lacks credibility with young people in that the messages conveyed are often contradicted by their own experience and knowledge.

On the other hand the preventionist approach believes that there should be an unequivocal discouragement of any form of drug misuse (meaning any use of an illegal drug plus any inappropriate use of a legal drug – see Definitions). It is often the product of a deeply felt moral standpoint, that it is important to arouse an appropriate level of concern amongst young people about the damage they can do themselves and others and that a complete prevention approach lies in the Latin meaning of the word *praevenire* – ‘pre-event’. By this token, and quoting Lofquist (1983) “If we can get beyond the notion that prevention is only ‘stopping something happening’ to a more positive approach that creates conditions that promote the well-being of people, we can begin to view human services quite differently”. This holistic prevention approach is claimed to have a considerable effect on what is still today the majority of young people who are either not already involved in the drugs scene, or have withdrawn from it after a brief encounter (‘triers’ by Parker’s definition).

The harm reductionist approach is sometimes criticised because it is claimed that it communicates the wrong messages to young people - that drug use does seem to be condoned if not actively encouraged. It is also claimed that many of its proponents are in fact advocates of the legalisation of some or all drugs, starting with so-called soft drugs (See McDermott above).

In weighing the two approaches, the allegation by harm reductionists that there is little evidence for prevention (refuted by preventionists who point to Nancy Tobler’s 1986 meta-analysis of 143 comparable prevention programmes from a total of 240 effective programmes she located) is tempered by the acknowledgment that “there is no research base for harm reduction” (Anna Bradley, then Director of the Institute for the Study of Drug Dependency). Both approaches are applying themselves to building a better research base. Meanwhile McDermott’s holy grail, i.e. abandonment of abstinence as a guiding principle, continues to elude him. A downwards

reclassification of cannabis, hotly disputed when first mooted by the then Home Secretary David Blunkett and then in 2005 becoming the subject of a rethink (originally stated by Jack Straw to Warwickshire residents in early March 2005, followed by a formal statement by Home Secretary Charles Clarke on 16 March), and the national drug policy remains one in which the goal of all treatment services remains as abstinence. This position is supported by the Home Affairs Select Committee (2002), notwithstanding its more radical approach to policy generally. Primary prevention remains as the first of the four stated goals of the National Strategy.

In his critical review of harm minimisation ideology in Australia, Peter Miller said:

Harm minimization lacks a substantial theoretical underpinning and there has been little debate about harm minimization at the sociological level. It is concluded that, whilst harm minimization represents the most promising advance in drug policy in the past, the lack of theoretical rigour in the development of these initiatives results in many of the claims made by proponents of harm-reduction strategies being either overly optimistic or fundamentally flawed (Miller, P 2001: 2).

What this illustrates is the difference between theory and ideology. Miller is pointing to the need for a more detached view of the process coupled with more rigour in developing the research base.

The argument between the preventionist and the drugs harm limitation camps has become quite well known, even to young people. This can be seen in the "Children's Express", an opportunity provided by The Times newspaper for young people to answer back on issues. On 8 January 2001 The Times quoted a fifteen year-old called Kieira Box as saying:

Advice such as 'if you are going to use E make sure you don't get dehydrated' is much more useful than saying 'if you ever see a pill your head will explode and you will die'. Tackling children about drugs gives me the picture of parents rugby-tackling their children to the ground and taking syringes from their hands rather than young people learning and discussing drug laws, safety and moral issues in a mature way. And lastly don't ever say 'don't' because the subject shouldn't be drug prevention, it should be prevention of misuse and injury. The only advice anyone will listen to is stuff that helps, not stuff that stops them making their own decisions.

It is of particular significance to note the phrasing, "the subject shouldn't be drug prevention, it should be prevention of misuse and injury ...". This is an oft-heard coded message to the effect that 'use of drugs is OK, it's only misuse you need to curb'. This is not a position that prevention or health promotion advocates would see as tenable.

What is tenable is the observation that the over-emphasis of the harm that can be caused by drugs can be counter-productive with some young people; this is one of the reasons put forward by those involved in harm reduction approaches. Others argue that under-emphasis or omission can be just as dangerous.

This controversy has become polarised to the extent that some involved have criticised the motivations and methods of those who express liberalism; it is claimed that they have been able to gain control of the principal funding and publicity avenues and are thereby attempting to marginalise and suppress other points of view and alternative thinking. Currently there seems to be a concerted attempt, whenever prevention is mentioned, to assert that "the Just Say No approach does not work" - implying that all preventionist approaches can be characterised as of this form, and are likely to fail. Apart from the response by preventionists that this assertion is not supported by

the evidence, the more general inference is that anything of a preventative nature does not work.

Clearly with other lifestyle aspects and public health aspects there is scope for prevention approaches to be beneficial but when it comes to drugs, dogma is all (Stoker, P 2003: 30).

Some preventionist groups claim that they have been manoeuvred over time into a position of disadvantage, not actually marginalised but severely limited and subjected to pressure.

The significance for drug prevention and education is that non-users are the majority and they too have needs. So far there is little sign of these needs being met. This gives no grounds for complacency because the percentage of users is considerably more than it once was and at a considerably younger age. This erosion of the non-user majority adds weight to the argument for their drug prevention needs to be explicitly addressed (Stoker A, 1999: 7).

Considering the circumstances outlined above, it is essential to examine the inherent conflict of interest which there could be in the production of a piece of research partly sponsored by one organisation and clearly identified with one particular approach. This will be examined in the chapter on Issues.

Voluntary organisations

A major part of the drugs education and prevention environment picture is the very mixed assortment of national and local voluntary agencies (NGOs – Non-Governmental Organisations in European parlance) who are concerned with drug prevention and education. Some of these too are responsible for the funding of some research. Some receive funding from some or all of these government departments and/or from the National Lottery.

The relationship of these and other bodies to the national strategy, and how this has itself developed with time, is described later in this section, under the heading of 'The role of Government and Government policy'.

1. National forums and umbrella organisations

The Drugs Education Forum and Drugs Education Practitioners' Forum are national bodies which are groupings of those involved in the delivery of drug education such as teachers, consultants, teaching unions and certain non-governmental organisations. As an adjunct of this the National Liaison Group was set up from the field in co-operation with the Department for Education and Skills which has given financial or individual support to both bodies.

The National Drug Prevention Alliance (NDPA) was also set up by the field and provides support and services to constituent organisations and individuals who support a preventionist approach and in this context it seeks to influence Government policy. NDPA claims it "contributes to policy and practice discussion at 'WWW' - Westminster, Whitehall and Wapping - and has an 'open door' policy with the media, which has led to extensive coverage".

By contrast, on the other side of the great practitioners' divide, the UKHRA (The United Kingdom Harm Reduction Alliance) describes itself as "a campaigning coalition of drug users, health and social care workers, criminal justice workers and educationalists that aims to put public health and human rights at the centre of drug treatment and service provision for drug users.

They state:

We are a campaigning network spread across the UK, as well as promoting harm reduction and evidence based drug policy by writing policy proposals and responses.

UKHRA argues for moving

the drug strategy back towards public health and away from a coercive 'criminal justice' agenda justified by selective use of weak evidence.

On the same wing of the debate are several inter-linked, ostensibly harm reduction-orientated, organisations who are associated with the movement to revise drugs laws. The International Harm Reduction Alliance (IHRA), national offshoots such as UKHRA, and The Drug Policy Foundation (now known as the Drug Policy Alliance) are funded largely by George Soros, the international futures speculator and financier who by his own estimation has pledged upwards of \$90 million "...to weaken drug laws".

2. National voluntary organisations

Any discussion of drug education and prevention has to take account of the numerous and disparate players on the field; an abbreviated attempt follows.

Of the principal voluntary sector players, some have a major significance and role. One has a pre-eminent role mainly bestowed by the Government in that it has become a quasi-governmental organisation which receives funding of at least three and-a-half million pounds a year.

This is Drugscope, a private sector group, self-created, self-motivating and increasingly involved in lobbying and pressurising for the liberalisation of drug policy. This body was set up by the field, by a merger of treatment and research bodies – SCODA and ISDD – with some education and prevention representation. It has member organisations and individuals, and claims to

represent an important body of field opinion. It espouses a harm reductionist and liberalising approach, and gave evidence from this perspective to the Home Affairs Select Committee in 2002.

Drugscope claimed in its evidence that it is:

the UK's leading independent centre of expertise on drugs. Our aim is to inform policy development and reduce drug-related risk. We provide quality drug information, promote effective responses to drug taking, undertake research at local, national and international levels, advise on policy making, encourage informed debate and speak for our member organisations working on the ground. (2002:1)

Drugscope delivers a dissemination programme based on the guidance document 'The Right Approach: Quality standards in drug education' (which it also wrote). This provides schools with benchmarks for reviewing, monitoring, evaluating and developing their drug education provision and practice. The dissemination programme offers workshops and consultancies to DAT co-ordinators, LEA Advisers, School Drug Advisers, National Healthy School Standard Co-ordinators and PSHE teachers. Some practitioners feel – in the interests of balance – that some of its dissemination roles would be more appropriately undertaken by central and/or local governmental bodies such as the Inspectorates or OFSTED.

The other major voluntary organisations in the drugs education and prevention field have as their primary aim the development and promotion of programmes for use in schools and elsewhere which are based on the philosophical standpoint of the organisations concerned and their preferred choice of delivery method. These can be broadly categorised as the medical or psychological, the informational or factual and the sociological or cultural. Within these there is a concentration upon one or a combination of deterrence, self-empowerment, development of decision-making skills and/or refusal skills, behaviour modification and diversionary activity promotion.

First among the life and decision-making skills promotion method adherents is DARE. It provides one of the principal programmes of drug education provided by voluntary organisations which is delivered in schools. The DARE programme consists of 17 one-hour sessions plus unstructured but extensive presence of police officers during the course of its delivery. Dare operates in 500 schools.

DARE continues to focus on the life skills education approach providing the youngsters with the skills to make their own decisions. But with the decision making so comes the need for awareness about consequences of actions, risks - good or bad - and making choices. The DARE programme in the UK has continued to grow in stature to a position where it is now embedded firmly into participating schools' PSHE programmes and very much part of the individual school's policies. The issue of appropriate drug education is never far from the headlines. Through our trained DARE officers we seek to teach children in close partnership with their teacher to achieve their personal best by helping them to develop the skills and confidence to resist involvement in the misuse of alcohol, tobacco and other drugs (Goad and Griffith, DARE, 2001:4).

Organisations like Drugscope and Roehampton are antagonistic towards the DARE prevention programme. On the other hand, the police in participating forces have long-established links with DARE and their schools liaison officers. There is a continuing tussle between the two factions.

One organisation, Mentor UK, claims not to be solely committed to any one particular philosophy or approach, but

to help the helpers by identifying the most promising and proven approaches to substance abuse prevention and then helping to disseminate them to those organisations working directly with young people at risk. The Mentor Foundation was established in 1994 by a group of prominent

international personalities to address the issue of substance abuse by striving towards reducing the demand for drugs amongst the world's young people. The foundation is independent, privately funded and apolitical (Mentor 1999).

It is a growing force in the drug education field in the United Kingdom, with a strong international parent body.

Some organisations have changed their approach in response to social changes and identification of best-practice, where possible within their philosophical or moral standpoints, and some have even moved from one umbrella organisation to another.

Where funding agencies signify a preference for harm reduction, other than prevention or for acquiescence rather than abstinence, applicants are pressured into shifting their ground. Examples of this include two large and long-standing charities Hope UK and Life Education Centres both of which have moved to have one foot either side of the fence.

Life Education Centres (UK) have traditionally held a preventive posture towards drugs, but in recent times the pressures within the field have caused them to adjust the tone of their approach to 'healthy choices'- which has been criticised as equivocal- and they now tend to focus on education to help young people make healthy decisions. Their 'marketing mix' has therefore altered to a 'morally neutral' education on a wider basis across the whole range of personal and social health education.

Hope (UK), a large organisation with roots over 100 years old in the temperance movement, has moved in a similar way to LEC, striving for a 'middle road' position.

The national and voluntary organisations operate according to their own aims and ideologies and with largely independent funding but most of them – ‘in furtherance of their aims’ (as permitted by the Charity Commissioners) - attempt to influence Government policy; they are in turn influenced by it, and are in some cases grant-aided as a result of it.

The role of Government and Government policy

When one looks at government policy since the 1980s there are three distinct periods dominated by a particular paradigm, each with its own political and policy context and each with its own particular forms of intervention and with sectors of the drugs field most targeted.

Although there is something of a progression between the various different periods, each one has to be understood in terms of policies brought about as a result of particular pressures at the time.

The ACMD reports of 1987/1988 examined the problems of HIV /AIDS and proposed a particular approach which proved immensely successful and had an impact on the drugs field in that it enabled harm reductionist workers to introduce a range of new health interventions (e.g. needle exchange).

By the early 1990s the threat of AIDS seemed to be diminishing; with the public's increased belief in the link between drug use and crime, the public health paradigm began to diminish and the community safety and criminal justice paradigm became dominant. The former did not really cause the latter - it merely replaced it.

Looking at the different periods it is evident that only the first period had the welfare of users as the prime policy objective. In comparison to many other countries the United Kingdom had gone less far down the road of panic

about drugs, of having intensely hostile attitudes towards drug-users and of over-using the 'war on drugs' language. The policies in relation to drug use and misuse were more humane, pragmatic and tolerant, and had reasonable respect for human rights.

There was a degree of consensus of aims and attitudes between the Government and the field and among practitioners even if they came from different perspectives.

1987-1997 – The pragmatic public health orientated approach

The fairly tolerant attitudes continued to exist during the Conservative government led by Margaret Thatcher, which might have been expected to have taken a line stressing the moral principles, labelling and marginalising users. Instead it took a pragmatic public health approach with the broad aim, promoting healthy lives and limiting the damage drug-users might do to themselves or to others for this ten year period.

Drugs policy is now much more closely-related to the supposed link between drugs and crime and the emphasis is placed more on the impact which drug users have on other people and far less on that which they have on themselves. There is more of a trend toward the use of coercion and punishment than previously.

There have been two phases in the Labour Government's period of office:

1997- 1999 The movement from user orientated to community fear orientated approaches

It was based on the Government's view that there are strong links between drug use and crime and that crime can be reduced by more effective

treatment. As a result a range of methods must be used to persuade or coerce people into treatment. The goal is first and foremost crime reduction with resources going far more in this direction than in user health or public health directions.

1999 - 2005 Strengthening of the drugs and crime related approaches

Whilst Jack Straw was in charge at Queen Anne's Gate, the position of 'Drug Tsar' occupied by former Chief Constable Keith Hellawell seemed relatively unassailable, but with the appointment of David Blunkett to the Home Office things changed radically. Hellawell was sidelined and when Blunkett announced he "was minded to reclassify cannabis", Hellawell announced his resignation on national radio. Cannabis was reclassified, but the government had to invest one million pounds in a public information campaign to emphasise that the substance was still illegal; this is still a source of confusion. The role in all this of the Deputy Drug Tsar, Mike Trace will never be fully known, but he remains a prominent figure in the scene. Trace was later found to have been operating as a covert agent for a legalising lobby group (the Open Society, funded by George Soros), a disclosure which resulted in his resignation from a senior UN drug demand reduction post after the Drug Tsar's office closed.

As this period progressed, random drug testing in schools became an issue, at first unequivocally and equivocally supported by the Prime Minister. One state school – Abbey School in Kent - is running a pilot drug-testing scheme, whilst other schools have introduced sniffer dog visits to their premises, ostensibly to inform pupils but if something happens to turn up then a response follows.

The professional and public debate about drug testing in schools has sometimes generated more heat than light, but within the dialogue there is

much valid material, experience and observation. Indeed there are valid questions for which answers have already been offered but not always accepted so far. The dialogue continues.

Part of the understandable resistance to drug testing in schools stems from the earlier incarnation of the practice. In the past, drug testing was targeted by teachers to specific pupils and as such was open to abuse, and at the very least it damaged the teacher-pupil relationship. Moreover, testing systems were less sophisticated and less accurate. Responses were also often punitive, with instant expulsion being common. In its new form, testing is totally random, selected by computer; teachers are not involved; testing for a randomly selected pupil (or teacher!) will only proceed if they agree (and in the case of pupils, if parents agree); testing is done by outside specialist staff. Results are confidential, and in the case of a positive result the response will be referral to assistance, and possibly counselling if appropriate. Any expulsion is more likely to be related to repeated infractions or the discovery of dealing.

Experience in other countries shows significant gains; drug use prevalence falls and pupils utilise the existence of the system as a reason to refuse to use. In Britain there is only one State school piloting the system at present (the Abbey School in Faversham, Kent, under the headship of a former member of the ACMD) but several public schools use versions of the system. One variation utilised by Eton is to offer a pupil random-interval testing as an alternative to expulsion for possession of drugs.

There is an international committee exchanging practice, and some UK agencies are engaged with this.

It was made clear that the prime minister was becoming much more involved in drugs strategy and Blair made a number of statements in the media on

how drugs threaten families and communities and that there was a need for tough new powers. The phrase 'the war on drugs' was reused, albeit not by Mr Blair.

The proposals about drug testing for offenders showed how widespread they were going to be at various different points during the criminal process. Some organisations in the field protested that those involved in providing services for drug users would become more agents of the government and of the criminal-justice system. The proposals started to impinge upon the principle that it is not illegal to use drugs in the United Kingdom. Some sections of the media responded with panic headlines, others with human rights fears. Practitioners in the field became concerned about the degree to which funding would be available for those not supportive of the new trends. Some claimed that this was the start of an ostensibly moral crusade against drug use and drug users which was more about political positioning with future elections in mind. Against the background of the government being criticised in some quarters for its attitudes towards human rights there are fears that the latest drug policies move away from a previously humane approach to a much more punitive, coercive and marginalising one.

Whilst the broad position of state may perhaps be defined by the context of the current National Drugs Strategy, the actuality varies from day to day. There are understandably long gaps between parliamentary reviews of delivery on any given government strategy, and between these reviews there is scope for 'interpretation', the extent of which is often considerable.

As always the degree to which Parliament is engaged by a particular issue often depends on how many votes there are in it, its media profile, how close or far away the general or local elections are and so on. For these reasons there is considerable scope for enthusiasts on a subject to push the

boundaries, to the extent the state's position can become a function of those manipulating it.

An historical perspective on the position would have to look back at least as far as 1923, when an international conference in Egypt had a host delegate enunciate the harm resulting from chronic cannabis use. The conference delegates including the United States and Britain took note and included cannabis on a list of danger substances. It took another 50 years before a substantive Government position emerged - this was the Misuse of Drugs Act in 1971. The Act was supplemented by the schedule of controlled drugs which defined classifications of substances in relation to their harm as judged at that time.

Since that time several attempts have been made to liberalise the above position by the state, particularly in respect of cannabis. The Wootton report (1971) relied heavily on the La Guardia (1941) report from the USA which in turn was drawn substantially from the Indian Hemp Commission report (1894). All these recommended liberalisation and all were rejected by the government. More recently (2000) a report by the Police Foundation (actually nothing to do with the police and self-appointed) under the chairmanship of Lady Runciman made a further assault on government defences; the ramparts held but cracks were appearing despite there being a more integrated and partnership-based strategy in place.

The first integrated strategy - "Tackling Drugs Together"- emerged in 1995 under a Conservative administration but with all-party support. By 1998 a second strategy - "Tackling Drugs to Build a Better Britain" - was produced under a Labour government and this drew heavily on its predecessor in principle and in much detail. It still viewed drug misuse as something to be avoided and still relied on the 1971 Act. This was the time when a Drug Tsar (Keith Hellawell) was in post but the position it represented had already been

subjected to some four years of significant undermining starting with the Sunday Independent's 1994 campaign to legalise cannabis.

In the run-up to David Blunkett's term of office the combined efforts of the Sunday Independent, the Police Foundation, other sections of the media, and NGOs with liberalising agendas such as Drugscope, combined to apply intense pressure for more relaxation. Even the Conservatives inadvertently added to the pressures when Ann Widdecombe misjudged a 2001 conference speech, prompting several ministerial colleagues to disclose their past cannabis use. This past use was of no great tactical significance to the strategy stance, but it can now be seen to have added to the pressure for change.

The Home Affairs Select Committee and the Advisory Committee on the Misuse of Drugs both duly supported the reclassification of cannabis. The preventionist lobby claimed that the self-selecting make-up of both bodies led to a preponderance of liberalising members. Questions have been asked in the House about these structures with no apparent effect so far. Thus it was that the State's position on cannabis was significantly adjusted and far from appeasing the liberalising lobby, as Mr Blunkett had reportedly hoped, this merely inflamed the pressure for more concessions in respect of all other drugs.

The State has resisted these pressures, and in the face of much new evidence on cannabis harm they are now considering rescinding the reclassification. Former Home Secretary Jack Straw said as much, speaking in his constituency in early March, 2005.

Another significant shift by the State, and perhaps an even more telling one in the long run, was mooted by a junior minister, Bob Ainsworth, speaking to an international conference in Ashford, Kent in 2005. He said that the

government would “move harm reduction to the centre of its strategy”. This could be dismissed as playing to the gallery, since the attendees were almost all of the harm reduction persuasion but such statements are rarely lightly made.

It therefore seems sensible to conclude that the State’s position is subject not only to political expediencies, but also to constant pressure from well-resourced liberalising factions.

A study of government policy in the past ten years in particular reveals another drugs battle taking place.

In fact calling it a war at all has hampered responses to a complex issue to such a degree that every new initiative, every positive step forward is distorted to the point where it becomes nearly unworkable. Everything is reduced to good guys and bad guys, to a series of untenable stereotypes. Every idea is co-opted to support the fors and againsts. If this is a war then losing it we're all going to suffer for it (Cripps 1996: 1).

Politicians and policy makers avoid bold innovative measures for fear of being regarded as soft on drugs.

In every area of policy we have only been able to make progress incredibly slowly, always defining new initiatives in terms of the past or more commonly regurgitating old initiatives which have completely failed and this works at every level of decision-making from the Cabinet to the district health authority purchasers (Cripps 1997: 2).

Much of the reason why this is the case is due to the environment outside our country.

The international environment

There are collective mythologies which have become well-established in countries across the world over the years and they tend not to reflect the reality of drug taking. The scientific consensus of today is that the effects of drugs on an individual user are the result of a triangular interaction of a specific drug and a specific dosage plus a set of personality structures and expectations and the settings in which they are taken, such as the social context and culture. Such mythologies are corroborated or even consciously exploited by political market forces. It is argued that the allegation of causing damage to the health or the well-being of others is used to bring about a significant reduction in human rights. We have spoken elsewhere of how some political forces, anxious to exert and maintain control, use the hysteria which is often applied to drug-use as a means of strengthening the arguments for such control, intervention and intrusion.

The continuing domination by the United States of global drug policy has been argued as possibly being a substitute for the end of the cold war. That is why drug users and drug traffickers have to be controlled by more or less the same methods as communism with open and clandestine warfare, international and national secret services, all sorts of surveillance techniques and much else. The existence of this environment and these policies prevents the procedure of re-examination and reconsideration of the drugs situation in a neutral and sober way. Drug control has come to mean control of lifestyles and subcultures in the interest of retaining and increasing overall control and power; there is a tendency to define drugs as a risk to society which has to be fought by all means.

The drugs policy of the United States, however, was hardly mentioned in the 2004 Presidential Election – not because both candidates would agree on the broad principles, but because they opted to stay away from dangerous

ground. Both issued superficial sentiments to the effect that the global 'war on drugs' would need to go on, but the details would await entry to the White House. Since 1961 the US has used its power to persuade many countries into signing UN conventions to join this battle. One of the first foreign visits by President Bush after his re-election was to Colombia and his speeches there were full of 'drugs war' rhetoric.

The United Nations agencies involved have been similarly influenced. Polly Toynbee, writing in "The Guardian", said:

A drugs-free world - we can do it!" That is the official slogan of the UN's current 10-year war-on-drugs strategy. A drugs summit marking the halfway point in that 10-year plan ended in Vienna last week - and it has all been a triumphant success. Or so said the director of the UN office on drugs and crime in his breezy opening address. "Does drug control policy work?" he asked rhetorically. "This question can be answered in the affirmative and unanimously." Yes, the UN programme is "on target to reach its goals" - to eradicate drug abuse and the cultivation of coca, cannabis and opium by the year 2008. Yes, really.

It was a Comical Ali moment, a breathtaking lie which everyone in the hall knew was nonsense - and he knew they knew it. (Toynbee, P: 2003)

There is an international policy dimension in this as well. Much drugs policy has been greatly influenced by, if not dictated by, the prevailing transglobal drugs policy of the United States of America. But some countries - for example the Netherlands and Switzerland - have been moving away from this, having misgivings about the more fundamental and non-drug related aims underlying this policy.

Because of the (alleged) failure of the war on drugs, there has been a process taking place whereby policy is being pushed from the paradigm based on abstinence towards a paradigm based on acceptance – not so in

countries such as America, Japan, Sweden, or Italy – and the UK government would argue not in our backyard. This is brought about by several factors; there has been an increasing promotion of the alleged mythology in previous drug policy – and clearly there are areas where politics has influenced policy (and probably always will). There are also some people who feel that drug use is part of one's basic human rights and that there has to be some acceptance of recreational drugs used for pleasure in a similar way to other consumables. They argue that prohibition should be to some degree replaced and some form of guidance and restriction in order to minimise the amount of harm should be made available - harm reduction or harm minimisation.

The former Interpol chief Raymond Kendall, writing in "Le Monde" (September, 2004), said enforcement policies had failed to protect the world from drugs. It was time for harm reduction instead of the United Nations' 'obsolete international conventions'. He called for Europe to take the lead in an international movement to reform policy within the United Nations.

This view met with support in the UK press:

No American politician would find it easy to start a revolutionary re-think on the drugs war. But Europe can and should. Together the EU could move step-by-step to rationalise drug policy. It is just one example of what Europe could do together to offer another, non-US, liberal model of democracy. Drug prohibition has torn apart poor drug producing countries and wreaked drug-fuelled terror on the streets of every city in the world. It has created crazed addicts lurking in dark streets everywhere from Rio to Russia (Polly Toynbee, The Guardian, November 3, 2004).

In contrast to the US and UN approaches, almost all the member states of the European Union have by informal methods diminished punishment for the obtaining and possession of small amounts of illicit drugs.

A four-pronged approach to prevention is now becoming common across Europe, including the United Kingdom:

1. Primary prevention, which is realistic teaching about drugs and drug use and the associated risks.
2. Secondary prevention which is deterrence through the law of the supply of drugs and of the damage to communities through drug-related crime with some less stringent measures so far as users are concerned.
3. Harm reduction, which is an acceptance of some drug use with health and social messages and support, the degree varying across different categories of drugs.
4. Tertiary prevention which is providing treatment for those who are addicted, usually to class A drugs and who are experiencing serious anti-social problems as a result, in order to prevent serious consequences.

Each country has differing emphasis on each of these.

In Europe, under the aegis of bodies such as the WHO and INCB, there is frequent reference to the “three pillars” of drug policy - prevention, enforcement and treatment. Given that harm reduction is an intervention with known users as a route to abstinence, these bodies see it as properly located within the third pillar – Treatment. That does not coincide with the stance of the libertarian movement who advance it as a fourth pillar and at the same time it is claimed some seek to remove the first pillar of prevention.

In the United Kingdom the largely international-environment-related policies of ten years ago contrast with the evident changes in emphasis and approach both in the recent policies adopted and in the recommendations recently made by the Home Affairs Select Committee, most but not all of which were adopted by the Government. We will review this transition and the effect, or lack of it, on the drug education and prevention field and on young people.

The Government departments and agencies

Before we can embark upon an analysis of UK drugs policy, legislation and initiatives we have to look at the fact that its implementation is via several different departments with attendant confusions and problems of evaluation. In 1995 there were three government departments, all with major responsibilities for drug education and prevention - the Home Office, the Department of Health and the Department for Education and Skills. Each of these Departments funds research and each Department has an advisory service to give information, support and advice on drug prevention and education.

This Government's anti-drugs strategy, and that of the previous Conservative Government, particularly stressed the need for genuine collaboration across government. The Cabinet sub-committee on Drug Misuse was set up in the Cabinet Office and another new body called the UK Anti-Drugs Co-ordination and Strategic Steering Group was set up under the Drugs Tsar. Certain responsibilities also lie within the Privy Council Office. All are supposed to be delivering the same strategy – the National Drugs Strategy with stated but not clear preventionist overtones (see below) – but each of them pursues its own often very different approach. Recently there has been a marked move by some governmental bodies away from a preventionist approach towards a multifaceted middle way approach (see

HEBS quote below) and most recently to the Government campaign 'Frank', which moved very significantly towards the harm reductionist perspective, despite protesting that it still espouses a prevention goal.

Another central government-directed body involved in the drug education scene is the police. Police constabularies across the United Kingdom play a considerable part in drug education. Again, there are differences in approach, style, role and degree of commitment in different parts of the country, which is in itself confusing. An example of considerable involvement and initiative is in the Grampian Police Force, where they have resource boxes of exercises and activities and a group of specially-trained police officers who actually deliver some of the drug education in schools. The Roehampton Institute has campaigned and put pressure on the Association of Chief Police Officers to change the role of police officers in schools to one in which they are supportive of teachers but the delivery of drug education messages is left to teachers alone (this has, in effect, been a focused campaign to get rid of the DARE programme). The Schools Inspectorate have said that teachers should always be present with an outside speaker. As well as that debate taking place, nowhere is the dichotomy between the two philosophical approaches more evident than in the police with the Association of Chief Police Officers recently adopting a more liberal harm reductionist approach and the representative body of the rank and file police officers, the Police Federation, still supporting a preventionist one.

In the United States the situation is much clearer at national government and local government levels (see later). One agency – the Office of National Drug Control Policy (ONDCP) - has overall responsibility for all issues to do with drugs, including prevention and education. Several other major agencies come under this umbrella, such as SAMHSA – (the Substance Abuse and Mental Health Services Administration), CSAP (the Center for

Substance Abuse Prevention), and the Demand Reduction Unit of the DEA (Drug Enforcement Agency).

Drugs policy in the United Kingdom

Prior to 1995 through the Home Office Drugs Prevention Initiative twenty local teams called Local Drugs Prevention Teams tried to provide resources and support for communities, partly through using existing networks and partly through creating new ones, by initiating training and funding action. But a report on their effectiveness showed crucially that they

had only limited success in influencing and informing policy made by local and regional agencies. Strengthening the policy dimension is essential for future programmes (Henderson 1995: 3).

The report also pointed out the insufficient resources available “for meaningful participation in projects and programmes” and stated that the lack of information about the actual levels of local drug use was inadequate to enable programmes to be effective.

In May 1995, the Conservative Government published a White Paper “Tackling Drugs Together”. This outlined plans to confront drugs misuse up until 1998. It had substantial cross-party support. Its three prime areas of focus were drug-related crime, drug use by young people and public health fears. It sought a reduction in drug-related crime, effective enforcement against drug suppliers and traffickers and the reduction of the public's fear of drug-related crime and the level of drug misuse in prisons. In respect of young people the aims were to discourage the taking of drugs by young people, ensuring that schools offer effective drug education (“providing facts, stating risks, and helping to develop skills to refuse drugs”), raising the awareness of school staff, governors and parents regarding the issues associated with drug misuse amongst young people, and providing services

for advice, counselling, treatment, rehabilitation and after-care for young people at risk or dependant on drugs. There were aims connected with public health fears. These were protecting communities from “the health risks and other damage associated with drug misuse, including the risk of spread of communicable diseases”, ensuring access to services for advice, counselling, treatment, rehabilitation and after-care services for individual drug-misusers and families.

In England and Wales, certain aspects of drug education were a statutory requirement as part of the National Curriculum Science Order. The Government brought in a new revised Order which came into effect on 1st August, 1995. It stated that pupils should be taught: at Key Stage 1 (5-7 year olds) about the role of drugs as medicines; at Key Stage 2 (7-11 year olds) that tobacco, alcohol and other drugs can have harmful effects; at Key Stage 3 (11-14 year olds) that the abuse of alcohol, solvents, tobacco and other drugs affects health, that the body's natural defence may be enhanced by immunisation and medicines, and how smoking affects lung structure and gas exchange; and at Key Stage 4 (14-16 year olds) about the effects of solvents, tobacco, alcohol and other drugs on body functions.

In the DFEE Circular 4/95 it was stressed that the requirements of the National Curriculum represented only the statutory minimum for schools. “It is for individual schools to consider whether, and if so how, they might wish to extend provision for drug education beyond this. Schools should also take account of the general requirement in the Education Reform Act 1988 that the curriculum in all maintained schools should promote

the spiritual, moral, cultural, mental and physical development of pupils at the school and of society” and should prepare them for “the opportunities, responsibilities and experiences of adult life.

We review and analyse the specific drugs education responses of the time in the next chapter.

In “Tackling Drugs Together” the Government recognised the need for increased collaboration between a wide range of services involved with drug misusers, and set up local Drug Action Teams (DATs) to facilitate this.

DATs were set up across the country. Each DAT brought together representatives of all the local agencies involved in tackling the misuse of drugs - the health authority, the local authority, police, probation, social services, education and youth services, and organisations from the voluntary sector. DATs were expected to adapt the national strategy to their local circumstances, and were advised to set up Drug Reference Groups, or DRGs, made up from professionals from various organisations involved with individuals affected by drugs. DRGs were to act as forums for the exchange of ideas. So in policy terms this was a move towards an approach based on partnership.

DATs are grouped in families on the basis of social, economic and demographic factors in the areas they cover. The family groupings are used as a basis for comparative analysis of DAT performance and to enable the sharing of ideas and good practice with other DATs facing similar local issues. DATs work with Crime and Disorder Reduction Partnerships (CDRPs) to help the police and communities tackle local drug problems and associated crime.

It was the latter that received the most attention. This was because crime, or the prospect of crime, generated the highest levels of fear and fantasy in communities and the media. The Government ensured that the greatest emphasis was in this direction, both in responding to these and because of the coercive agenda mentioned previously.

Significant progress had also been made in Scotland, Wales and Northern Ireland.

Scotland's "Drugs in Scotland: meeting the challenge" strategy was launched in 1995 and has been implemented alongside the Scotland Against Drugs campaign and a Scottish Drugs Challenge Fund. Their emphasis has been on an integrated approach to service provision, the development of a national information base and strong partnership links with the private and voluntary sectors.

The Welsh drugs and alcohol strategy in 1996 was called "Forward Together" and was overseen by the Welsh Drug and Alcohol Unit. It concentrated upon developing a national prevention campaign, action on treatment and rehabilitation, and support for field workers.

Northern Ireland had established the Central Coordinating Group for Action Against Drugs in 1995, to oversee coherent efforts against drug misuse within a clearly defined policy statement. Their key action areas were education and prevention, treatment and rehabilitation, law enforcement, information and research - including a major publicity campaign - and greater concentration on monitoring and evaluation.

In all spheres of public life there had been a desire to increase monitoring, to bring in new evaluation techniques and to have greater control over the outcomes of policies. At the same time there was a movement towards much more interdisciplinary operation and the bringing to bear of other perspectives on a problem than were previously employed before - and this was having a considerable effect on policy.

These new regional strategies and "Tackling Drugs Together, which was the first genuinely strategic response in England, certainly did make a start down the road of better co-ordination of drug education and prevention in the UK. But they focused on structures rather than results. As a consequence the general public were insufficiently engaged. They treated drug misuse largely

in isolation from other social and environmental factors. Although partnerships were advocated there were insufficient resources and structures to sustain them. The time scales set down were too short-term. It did not bring together information about relevant research, information and measures of performance.

At the same time in the wider environment changes were taking place. There had been a strategic review of international drugs activity involving the law enforcement, intelligence and diplomatic agencies aimed at reducing the flow of illicit drugs to the UK. The links between a wide range of national agencies had been strengthened in an attempt to achieve collaboration on drug prevention and education and on enforcement.

There had been some increased collaboration on resources between the statutory, private and voluntary sectors - for example, the £2 million drugs Challenge Fund in 1996/7 and 1997/8 respectively had generated a total of over £2.5 million resources from those sectors.

The Drug Action Teams and their Drugs Reference Groups had started to bring about greater cohesion of effort and sharing of resources amongst health and local authorities and police and voluntary groups. They had agreed on action plans and better prioritisation of local needs. But the concentration was on users of hard drugs, perceived associated dangers to communities and criminal justice responses felt necessary.

There were significant changes in young people's attitudes to drugs, drug use and drug users – the so-called normalisation which we discussed in chapter one.

Those working in the field were contrasting the changes taking place in young people's drug use:

when I was a youth worker, the most common criminal activity and drug use among the young people I worked with was breaking into off-licences and social clubs to steal legal cigarettes and alcohol (Cripps 1996: 14).

So far as drug education was concerned, there was a lot of talking but a great resistance from many schools to any major change, or in some cases to any major input. Many professionals in the drug education field and indeed many educationalists in general had been expressing these misgivings about the quality and effectiveness of drug education in the United Kingdom, and saw no great improvements taking place. The tide of change in the attitudes of young people and some sections of society was moving forward, reflecting the international changes.

In 1997 a Labour Government was elected and put a revision of drugs policies high on its list of priorities.

In October 1997 the Government appointed a National Anti Drugs Unit Co-ordinator, Keith Hellowell, who was commonly known as "the Drugs Tsar". Aided by his Deputy, Mike Trace, Hellowell consulted over 2,000 people and organisations before publishing a national strategy "Tackling Drugs to Build a Better Britain" in April 1998. This strategy was still being pursued after Hellowell left his post through disagreements with the Government in July 2002 over their plans to reclassify cannabis.

In his first report he seemed to be reiterating the draconian danger message

Drugs are a very serious problem in the UK. No one has any illusions about that. Illegal drugs are now more widely available than ever before and children are increasingly exposed to them. Drugs are a threat to health, a

threat on the streets and a serious threat to communities because of drug-related crime.

But he followed this with an important myth-reducing statement:

But there are many misconceptions. All young people do not take drugs; all drug takers are not addicts; all drugs do not kill; all drug takers do not commit crime; illegal drugs are not the unique preserve of people from particular social or ethnic backgrounds. The majority of people in this country do not nor have ever taken an illegal substance; and the majority of those who have are experimenters or casual users (Hellowell 1998: 3).

In "Tackling Drugs to Build a Better Britain" the Government expressed its view that:

Some progress has been made. The last Government's strategy for England "Tackling Drugs Together" was an important step in the right direction. It has been implemented with some success. For the first time, Drug Action Teams set up partnerships to tackle the problem. We will build on that valuable work. But a fresh long-term approach is now needed (TDTBABB 1998: 1).

The approach to young people in this strategy was predominantly still generalistic rather than specific, unlike the trend which was to follow, although it did hint at the later concentration on those considered to be 'at high risk':

Young people, and those responsible for them, need to be prepared both to resist drugs and, as necessary, to handle drug-related problems. Information, skills and support need to be provided in ways which are sensitive to age and circumstances, and particular efforts need to be made

to reach and help those groups at high risk of developing very serious problems (TDBBB 1998: 4).

It highlighted the role of services other than schools and the need for proper integration with them, a factor much complained about by the Youth and Community Education Service:

Prevention should start early, with broad life-skills approaches at primary school, and built on over time with appropriate programmes for young people as they grow older via youth work, peer approaches, training and wider community support. The aim is for approaches to be better integrated nationally and locally (TDBBB 1998: 4).

So the Government was expressing its intention of ensuring that schools and youth services teach young people from the age of five upwards - both in and out of formal education settings - the skills needed to resist pressure to misuse drugs. This includes a more integrated approach to Personal Social and Health Education in schools, and with particular reference to the guidance, which the DFEE was about to send to educational institutions in 1998.

The Government was still talking about “a formidable drugs problem”, citing:

the record levels of drug seizures reveal the increasing threat of a widening range of trafficking routes to the UK, against a background of expanding global production (TDBBB 1998: 5).

It raised alarm by highlighting the increase in the number of offenders dealt with under the Misuse of Drugs Act 1971 from 86,000 in 1994 to 95,000 in 1996 - the vast majority of whom were charged for possessing small

quantities of cannabis.

It highlighted the statistic “48% of 16-24 year olds questioned in 1996 had ever used illegal drugs compared with 45% in 1994 (and 18% had used in the last month, compared with 17% in 1994). It failed to mention that in the overwhelming majority of cases the illegal drug used was cannabis. This looked even more alarming when the words ‘young people’ were substituted for the actual age range.

The Government said that to support the TDBBB objectives they would make use of the best available sources of information and plan as a priority to commission additional research. This was to include comprehensive surveys of young people (age 5 upwards) on drugs misuse, qualitative studies of patterns of misuse by regular young users, long-term evaluations of the effectiveness of prevention and education programmes and qualitative and long-term assessment of impact on drug misuse of wider social factors.

“Tackling Drugs Together” and “Tackling Drugs to Build a Better Britain” go beyond the political rhetoric and its war on drugs of the previous decade. They are policies both complex and multi-dimensional. They go some way to trying to find some features which meet the approval of preventionist and harm reductionists. This new politically driven policy had to find consensus between a large number of different interest groups and also to deal with the differences in public opinion between younger and older people. However, some people have argued that the diversity of this new policy has allowed contradictions to persist.

There was to be an operational summary of effective prevention and education. There were plans to inform young people, parents, and those who advise them or work with them about the risks and consequences of drug misuse, linked to other substances – including alcohol, tobacco and solvents

– where appropriate.

The Home Office introduced the Drugs Prevention Advisory Service which replaced the Drugs Prevention Initiative. The intention was that they would work with the Drugs Action Teams in order to deliver aspects of the National Drugs Strategy. Of these one was

helping the young people resist drug misuse in order to achieve their full potential.

These institutional arrangements represent the new human science approach of drug education, where the language of business and the market operates the principles of drug education. The dominant image of the new drug education is its priority on the individual and self responsibility, putting forward a new approach to human relations (Blackman 2004: 155).

Some have responded that this represents “not education but abdication” by those with a duty of care; they see a more constructive model being a balance of individual and society.

This change was received with varying attitudes across the prevention community, which included hostility from hard right prohibitionists but guarded welcome from moderate groups such as NDPA. The main concern has been and continues to be to achieve a rational balance between the rights of the individual and the rights of society as a whole; between users and non-users and between State central and local self-determination. For preventionists, the notion that harm reduction could somehow be subverted from its original noble purpose (mitigating damage whilst transitioning into treatment) into a major element of libertarian policy, was not only unjustified but also deeply unsound.

The theory of demand reduction is that while there is a demand there will always be a supply, regardless of the measures taken to prevent the supply. Hence there should be concentration on a variety of measures aimed at reducing demand. These can range from prohibition and penalties to providing information and education, examining some of the underlying causes which encourage people to use drugs such as deprivation, problem-solving, and hedonism. In short, it is to look at the whole spectrum of reasons why people turn to drugs and to deal with these issues.

In spite of the strategy and the Tsar, the serious criticisms of the drugs education component of Government drugs policy continued and these came from widely-differing standpoints. Government inspectors were very critical such as in the OFSTED report in 1997. Researchers such as O'Connor (1998), umbrella organisations such as the NDPA (1999), religious groups such as the Christian Research Group (1999) all produced critical material.

In September 1999 the Government announced that it would give additional powers to police to impose mandatory drug tests on people arrested for criminal offences. There was considerable reaction to the announcement from the drugs field and many saw it as a significant hardening of the Government's already tough stance on drugs. John Wadham, the director of the civil rights group Liberty, said the proposals were wrong in principle and potentially in breach of the European Commission on Human Rights. He said that the link between drugs and crime is problematic and needs to be broken, but that this was not the way to do it. He felt that eroding rights would not crack crime and that this approach misses the point of stopping people becoming problematic drug users and the first place. He felt that the government should drop the "superficial macho rhetoric" and establish a Royal Commission to undertake a radical review of drugs policy.

The situation was well summed up by the Health Education Board for Scotland Research Centre (2000):

The past two decades have seen considerable emphasis placed on the development of drug education interventions as a means of preventing drug misuse among young people. The consensus from several key reviews of published evaluations however is that some of the evidence for the effectiveness of the range of approaches to drug education is equivocal. Despite the emphasis placed on drug education and law enforcement, it is notable that the use of illicit drugs appears to be increasingly accepted by young people (users and non-users alike) as a taken-for-granted facet of youth culture. Among academics, professionals and policy makers there is debate as to the value of established approaches to drug education with some arguing that it should be radically overhauled and based on a policy of harm reduction. A key lesson to be drawn is to avoid being dogmatic in the way one approaches drug education by placing undue reliance on any single approach (HEBS 2000:1).

In 1999 a further and much more independent revision of the situation came about. The Home Affairs Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Home Office and the Lord Chancellor's Department, and their associated public bodies. In 2001 it announced "The Home Affairs Committee has decided to undertake its first major inquiry of the new parliament with the following terms of reference:

The Committee expects to address these issues among others:

Does existing drugs policy work?

What would be the effect of decriminalisation on (a) the availability of and demand for drugs (b) drug-related deaths and (c) crime?

Is decriminalisation desirable and, if not, what are the practical alternatives?

(SCHA 2001:2)

It said that the inquiry would examine the effectiveness of the ten year National Strategy on drug misuse launched in 1998 and the preliminary results of the three year research programme costing £6 million started in 1999/2000. It will look at the revised role of the UK Anti-drugs Co-ordinator and assess the effectiveness of Drug Treatment and Testing Orders (DTTOs).

Organisations and individuals wishing to submit written evidence were invited to do so. Oral evidence was also taken in considerable quantities from a wide range of witnesses.

Its report was of great significance for the entire drug education and prevention field.

It commented on the fact that the Home Office had outlined a whole range of approaches designed to prevent young people from using drugs. These included the PSHE curriculum, the National Healthy School Standard, the National Drugs Helpline, the new Children and Young People's Unit which is organised across various different government departments, "Positive Features", "Connexions", Health Action Zones projects and young people's substance misuse plans. Then the Committee made the damning statement: "However, the Home Office has not presented us with any evidence of the effectiveness of this work".

The Department for Health in its evidence had admitted:

most initiatives and innovations in the drug education prevention field are not evidence based and have not been subject to evidence-based evaluation. There are very few systematic reviews of drug education and prevention activity (2002 :108).

In February 2000 William Hague, then the leader of the Conservative Party, aimed at making drugs a major political issue at the next general election when he unveiled proposals for prison sentences for anybody in possession of cannabis within a quarter-mile of a school. He called for a tough crackdown on illegal drugs and accused the Government of turning a blind eye to soft drugs.

It is time for a stronger, firmer, harder attack on drugs than we have ever seen before. That is the commonsense solution which Britain wants and will get under the next Conservative government. (Hague 2000: press release 08.02)

The Liberal Democrats have for a long time called for a Royal Commission for an open, honest and thorough discussion on the drugs issue.

The problems concerning the coordination of drugs policy between departments and ministers came to the surface during the tenancy of the Cabinet Office by Mo Mowlam, who in this position had a strategic overview. The Home Office have been responsible for a wide range of government initiatives, the Department of Education deals with drug education in schools and youth and community services, the Department of Health monitors general drug abuse and funds drug treatment centres. A report in 2000 from the Performance and Innovation Unit of the Cabinet Office said that it was very necessary for there to be more cohesion at the centre to provide an example for the field so as not to send mixed signals to the field. Attempting to get co-operation at a local level is a difficult task and is likely to be made more difficult if there is not cooperation, co-ordination and cohesion at the centre.

On the issue of the content of drug education and prevention programmes,

Drugscope had stated that young people should be given balanced and accurate information about drugs.

A Just Say No approach or shock tactics do not connect with young people's reality; they are not credible with young people who may think the message, in their experience, does not reflect the whole truth. The approach may also make young people seek information elsewhere, from friends, for example, which may not be accurate (2002 evidence to SCHA, para 204).

Lifeline had spoken to them of the education versus prevention debate:

Education and prevention are often confused, an assumption is made that drugs education prevents people from taking drugs. There is no evidence that will stand up to serious scrutiny that supports this from anywhere in the world (Lifeline 2002 evidence SCHA, para 206).

The Select Committee accepted the need to provide realistic drug education relevant to young people but castigated the Lifeline organisation so far as its own publications for young people were concerned for what the Committee saw as crossing the line between providing accurate information and encouraging young people to experiment with illegal drugs.

We believe that all drugs education material should be based on the premise that any drug use can be harmful and should be discouraged (2002 evidence SCHA, para 201).

Also, they touched on those legal drugs which some in the field felt were receiving insufficient attention – tobacco and alcohol.

We should invest in a programme of education addressing all forms of drug abuse including cigarettes and alcohol to make young people aware of the damage they can effect upon them and others. To be effective however such programmes must be realistic, honest, targeted and preferably delivered by somebody with a "street credibility" - recovered addicts, for example (SCHA 2002 para 272).

The Select Committee in its conclusions and recommendations went for the targeted option – they felt drugs policy should be primarily addressed to dealing with problematic drug users.

They did not recommend legalising or regulating any currently illegal drugs, as they felt that this would send the wrong message to young people. They did not agree with the argument that intent to supply should be based upon the amount of drugs found on a particular person and therefore did not wish to alter current legislation in this respect.

Many sensible and thoughtful people have argued that we should go a step further and embrace legalisation and regulation of all or most presently illegal drugs. We acknowledge there are some attractive arguments. However those who urged this course upon us are inviting us to take a step into the unknown. To tread where no other society has yet trod. They are asking us to gamble the undoubted potential gains against the inevitability of a significant increase in the number of users, especially amongst the very young. They are overlooking the fact that the overwhelming majority of young people do not use drugs and that many are deterred by the prospect of breaking the law. We therefore decline to support legalisation and regulation (SCHA 2002 para 275).

They did, however, support the proposal to reclassify cannabis from class B to class C. They also recommended that ecstasy should be reclassified as a

class B drug. They also made a substantial number of recommendations so far as the treatment of users of hard drugs is concerned.

In the battle of the competing philosophical discourses, the Committee recommended that the primary focus of government policy towards users of illegal drugs should be one based on harm reduction rather than on retribution and that law-enforcement should focus more on those manufacturing and importing hard drugs.

We have to recognise that however much advice they are offered, many young people will continue to use drugs. In those cases this is a passing phase which they will grow out of and while such use should never be condoned it rarely results in any long-term harm. It therefore makes sense to give priority to educating young people in harm minimisation rather than prosecuting them. The Government's recent advice to users of so-called "recreational drugs" "Safer Clubbing" is a welcome step in this direction (SCHA 2002 para 273).

Although the pressure for the harm reduction approach is still strong and is employed in many settings, certainly the government had not proceeded far down this line. The forces of abstinence and prevention had ensured that by the time there was a review by the Home Office Select Committee of the progress to date, the Committee not only noted that the government had only taken tentative steps along this line, which they welcomed, but also noted that the primary message was still one of abstinence and indeed recommended that it should continue to be so. The message was that it was acceptable to go some way down the harm reductionist line but not too far down, and indeed in dealing with the Lifeline publications issue they actually spoke of a line which must not be crossed.

There are no easy answers to the problems posed by drug abuse but it seemed to that certain trends are unmistakable. If there is any single lesson from the experience of the last 30 years it is that policies based wholly or mainly on enforcement are destined to fail (SCHA 2002 paragraph 268).

The Committee concluded:

It may well be that in years to come a future generation will take a different view. Drugs policy should not be set in stone. It will evolve like any other. For the foreseeable future however we believe the path is clear (SCHA 2002 para 276).

But a path clear of obstacles it certainly was not going to be, as the reaction to some of its recommendations by the Government and some sections of the field demonstrated.

The Government replied to the Third Report from the Home Affairs Select Committee in the publication "The Government's drug policy: is it working?" in July 2002.

It pointed out that while there is a United Kingdom-wide drugs strategy there are also strategies in Scotland, Wales and Northern Ireland to deal with drug-related problems specific to them.

All young people will continue to be targeted through education and advice to warn them of the dangers of drugs. More emphasis will be placed on any interventions with vulnerable young people who are almost at risk of starting down a road of substance misuse to becoming problematic drug users (GDP 2002:3).

The question is, how will such vulnerable young people be identified? As expressed by many teachers, in the absence of real knowledge concerning the drug use of young people at schools, how will all those who are particularly vulnerable in this respect be found?

The government included some statistics which again give rise to ambiguity.

In 2001 around 29 per cent of 16-24 year-olds used an illicit drug in the last year.

This is the statistic that the media quoted widely. But the quote continues:

of which five per cent use powder cocaine, six per cent used Ecstasy and less than one per cent used heroin or crack.

Even if we assume that all those who used cocaine, ecstasy and heroin also used cannabis, the figure for cannabis use would be 29%. Even if we assume that none of them also used cannabis, the figure for cannabis use would be 17%. This means that when you look at the statistic that suggests that 29% of 16 to 24 year-olds have used an illicit drug, 17-29% of those would be using cannabis. The number using class A drugs is very small indeed.

And they follow up with:

many of those who use illicit drugs do so only once or infrequently. However according to the Youth Lifestyles Survey in 1998/9 18 per cent of 16-24 year-olds had used them more than twice a month in the last year.

Used what? What is 'them'? If it is cannabis it is very likely that it has been used more than twice a month.

Despite much evidence to the contrary the government maintains:

Drugs education works. Credible drug education information helps young people understand risks and dangers of drug misuse and develop the confidence to protect themselves. It plays an essential part in preventing young people from becoming problematic drug users (2002: 3).

But still they provided no evidence of this.

The Government has always recognised that drug misuse does not occur in isolation and is associated with the misuse of alcohol and tobacco and with issues such as youth offending, truancy, social exclusion, family problems and living in crime-ridden and deprived communities. And therefore an inter-agency approach is necessary to address the whole problem. There does seem to be some evidence to suggest that that approach is producing some results. The Drugs Action Teams in each area have been giving increasing support to young people - the figure increased from 16,939 to 35,503 (Stat Returns, April 2002).

The Government makes much of the fact that drugs information is available through the Connexions Service. It has to be pointed out that the Connexions Service is not necessarily proactive in this respect. On its website it says that such advice is available, but the on-site material is very limited.

The message is clear. All drugs are harmful and illegal (GDP 2002:6).

No, they are not. There is one drug that is certainly harmful but which is used legally by young people at any age and also purchased legally by them. That is tobacco and its highly-addictive drug nicotine. Contrary to popular belief, and indeed to the belief of 99% of young people interviewed in our survey

who believe that smoking tobacco is illegal under 16, there are no the laws in the UK making smoking tobacco illegal for young people at any age, unlike in some other countries.

The Government made it clear that there was to be a toughening of the criminal justice approach in some responses to drug use and supply issues:

We will take every opportunity within the prison criminal justice process to get offenders into treatment (GDP 2002: 8).

The Government therefore proposes to introduce a separate criminal offence of supplying drugs to young people. A new offence will attract higher maximum sentences than are currently available to the courts for supply cases. It is proposed that this new offence would cover the supply of drugs to young people of 16 years of age or under (GDP 2002: 11).

The Government spelt out its stand on drug legalisation and classification:

It is vital that the message to young people is open, honest and credible. Drug laws have to accurately reflect the relative harms of drugs if they are going to be effective and credible to try to persuade young people in particular of the dangers of misusing drugs (GDP 2002: 11).

But the evidence on the relative harm of some drugs is disputed or not available. The government itself has asked the Standing Committee on Tobacco and Health to work together with the Advisory Council on misuse of drugs to produce joint advice on the public health issues surrounding the smoking of cannabis and tobacco.

The Government did not accept the recommendation of both the Select Committee and the Police Foundation that ecstasy should be reclassified as a class B drug, on the grounds that it can and does kill unpredictably.

Furthermore, the government rejected large sections of the Police Foundation report on future British drug policy for fear of being seen to be 'soft'. The key areas that were rejected were making the possession of cannabis a non-imprisonable offence, allowing people to defend themselves against charges of supplying drugs such as ecstasy if they prove it was for use by a small circle of friends, reducing the sentences for those convicted of offences involving class A drugs such as heroin, making more sentences involving softer drugs community-based rather than prison-based, ensuring that people prosecuted for cultivating a small number of cannabis plants did not face prison and the reclassification of ecstasy. In regard to the ongoing concerns for more than a decade as to the most appropriate and effective forms of drugs education and prevention, the response was:

The Government has asked OFSTED to review the quality and effectiveness of drugs education in English schools and will be considering revised guidelines in 2003 to ensure young people are aware of the risks of substance misuse and where to get help (GDP 2002: 21).

The Government will be investing £7.5 million over the five years from 2002-2007 to determine the most effective approach to delivering drug education in English schools. They say the programme will lead to reducing the proportion of young people using drugs and the age of first use of cannabis, alcohol, tobacco, solvents and other drugs. It will be a programme developed on the best available evidence. A considerable proportion of the drugs field practitioners were very sceptical about these outcomes.

It sought a stronger focus on users and suppliers of class A drugs and on education, prevention, enforcement and treatment to prevent and tackle problematic drug use.

Successive Governments have made very considerable resources available for dealing with drugs issues. There was to be another very substantial increase and more specific targeting of resources:

Planned direct annual expenditure for tackling drugs will rise from £1026 million in this financial year to £1244 million in the next financial year, £1344 million in the year starting April 2004 to a total annual spend of nearly £1.5 billion in the year starting April 2005 – an increase of 44%. New areas of spending include: More support for parents, carers and families so they can easily access advice, help, counselling and mutual support, a new education campaign for young people based on credible information about the harm which drugs cause, increased outreach and community treatment for vulnerable young people and expanded testing and referrals into treatment within the youth justice system so that by 2006 we will be able to provide support to 40-50,000 vulnerable young people a year (GDP 2002: 22).

There would be a further expansion of treatment services which it was claimed would be appropriate for individual need. It said new aftercare and throughcare services would be introduced to improve community access to treatment. There would be better targeting by focusing on “the communities with the greatest need”. But there were no clear criteria as to how they would be assessed as such, except for those communities affected by crack.

There was to be a major expansion of services within the criminal justice system “using every opportunity from arrest, to court, to sentence, to get drug-misusing offenders into treatment - including expanded testing, improved referrals, and new and expanded community sentences. By March

2005, we will have doubled the number of Drug Treatment and Testing Orders”.

Significantly the more draconian measures were that the most persistent offenders would be targeted through new pre-arrest initiatives to steer them into treatment. Drug misusing offenders in the community were to be identified and engaged in treatment and support at every opportunity via the criminal justice system. There was to be an extension of drug testing in police custody.

Extra resources are to be made available so that everyone arrested who appears to have a drug problem will be referred to an arrest referral worker. A new initiative will come on stream to allow drug-misusing offenders to be given the choice by the courts of entering treatment where appropriate, or being denied bail – a “presumption against bail”. The extension of availability of Drug Testing and Treatment Orders will ensure that everyone whom the authorities thought would benefit will have these available.

By contrast and in response to field pressures, in an attempt to differentiate between use of drugs considered to be less harmful to society (and secondarily to individuals):

The vast majority of people with drug-related problems, committing less serious offences, will be subject to new community sentences with treatment conditions. More drug-misusing offenders will be taken out of the criminal justice system and provided with the treatment and support they need – when they need it (GDP 2002: 31).

In December 2002 the Government followed this statement of response by publishing, through the Drugs Strategy Directorate, the “Updated Drugs Strategy”. This lacked the trendy jargon title of other policy announcements

by the Government but was intended as an interim measure to deal with specific problems causing concern. It was the issue of the generalised versus the specific, the blanket approach or the targeted, the concentration on all young people or a selected category, on drugs as a whole or on specific drugs.

This updated national strategy sets out a range of policies and interventions which concentrate on the most dangerous drugs, the most damaged communities and the individuals whose addiction and chaotic lifestyles are most harmful, both to themselves and others (UDS 2002: 6).

The Government said that in 1998 it had introduced the first cross-cutting strategy to tackle drugs in an integrated way and that this update was to build on the foundations laid and lessons learned, to “sharpen the Drugs Strategy and improve its focus and effectiveness”. It claimed to have taken account of the findings and recommendations of the Home Affairs Committee and the work of the Audit Commission, the Advisory Council for the Misuse of Drugs, the Health Advisory Service and the Police Foundation.

It made one important statement to make it clear to those campaigning for the legalisation or at least decriminalisation of certain or all drugs:

We have no intention of legalising any illicit drug. All controlled drugs are dangerous and nobody should take them (UDS 2002: 6).

The most effective way of reducing the harm drugs cause is to persuade all potential users, but particularly the young, not to use drugs. Success will only be achieved if we stop young people from developing drug problems, reduce the prevalence of drugs on our streets and reduce the numbers of those with existing drug problems by getting them into effective treatment.

In 2002/3 public safety was a prime concern among the electorate with a background of world terrorism, increases in street crime, some of which was drug-related, and a spread of hooliganism, much of which was alcohol inspired in town and country areas alike. The Government was determined that the tough on crime, tough on the causes of crime approach should not be associated more with the Conservatives than them.

Speaking ahead of his speech to the Association of Chief Police Officers' annual conference in 2003, Home Secretary David Blunkett called on police chiefs to renew efforts to tackle "the menace of drug abuse". He said that the police and the government have achieved a lot, but "the law abiding citizen expects us to do more".

He urged police chiefs to redouble their efforts and make sure that new measures and resources were being used. He cited the Criminal Justice Interventions Programme which targets offenders who commit crimes to fund their drug habit and which is receiving £447m funding over three years.

Similar dramatic fear-inspiring messages were coming from international organisations:

Illicit drugs have profound effects on individuals and societies worldwide... illicit drug markets know no borders and their trans-national nature puts them beyond the reach of any single government. The misery caused by drug misuse must never be underestimated. It damages the health and ruins the lives of individuals; it undermines family life; it turns law-abiding citizens into thieves, including from their own parents and wider family. The costs to society are enormous. Tackling drug misuse is both a challenge worldwide and at a local community level. It is a complex problem and requires integrated solutions and co-ordinated delivery of services involving education, health and social care, intelligence and enforcement, and economic policy (United Nations Office on Drugs and Crime, 2004 World Drug Report: 2).

Against this background the Government produced yet another policy document in November 2004: "Tackling Drugs, Changing Lives", launched by the Prime Minister and the Home Secretary. The publication highlights what it maintained was the considerable progress made since the Updated Drug Strategy was published in December 2002.

Yet again it admitted there has been a "lack of quality drug education". It did point to actions already taken to address this such as making Drug Education part of the National Curriculum with a certificate for teachers, the Healthy Schools programme and the 'Frank' information campaign which it claimed was providing 'credible advice' to young people and their families.

It stressed the need for early interventions "for young people most at risk". It pointed out that 50,000 such young people experienced the Positive Futures programme introduced in 2002 and it specifies the aim of achieving by 2008: that

Every child receives the help and support they need to not take drugs (TDCL 2004:6).

To help to achieve this there were to be improved drug education programmes in schools as part of the National Curriculum, supported by comprehensive guidance for schools. There would also be the Personal, Social and Health Education Certificate for teachers from which up to 3,000 teachers would benefit in 2004 and 2005.

It claimed that Blueprint, the biggest drug education research programme ever run in this country, is

finding out what works in educating 11-13 year olds about drugs (TDCL 2004:7).

It says support will be given to all schools “in the most disadvantaged areas” (without specifying what they are) to become a Healthy School by 2006 and all schools by 2009/10. The criteria for this include that all schools should have a drug prevention policy and member of staff and a governor responsible for drug education.

Through schools and building on the success of FRANK, we will do more to provide information about drugs to young people, including younger teenagers. We will also do more to provide parents with information they can trust about drugs (TDCL 2004:8).

It made it very clear that there is now a Government expectation that people working with children and young people will be expected to gain the skills they need to “identify drug problems early, alongside other risk factors”, as part of their core professional training.

Again it turns from advice and support to coercion: In listing the successes it says that drug-related crime, and the fear of crime, have fallen substantially. But it mainly cites as responsible the renamed Drug Interventions Programme, formerly known as the Criminal Justice Interventions Programme. This it claims has begun to provide

a route out of crime and into treatment for the chaotic drug users who are responsible for most volume crime.

And it says

with end-to-end case management a key feature of the programme.(TCDL 2004: 9)

The language used is more prescriptive:

Preventing people from using drugs: stopping young people and others from taking drugs, through a range of measures including prohibition, education, support and targeted interventions for them and their families. In particular, help will be made available early for those young people most at risk of developing long-term drug misuse. (TDCL 2004: 5)

This was against a background of reaction from the field that enforcement activity had had little impact on drugs in communities and that drug treatment services had long waiting times for access to structured care.

The Government said there would be the creation of the Serious Organised Crime Agency, that the police would use the new powers introduced in the Anti-Social Behaviour Act 2003 to close drug dens and crack houses, target dealers and seize assets and firearms.

It said there was a need to ensure that effective universal services are provided and focus on early intervention and support for the key risk groups and now it specified these in detail – the children of drug-misusing parents; school excludees and truants; young people who are looked after by social services; and young offenders. It said this meant not only developing specialist drugs provision but ensuring that generic children and young people's services were fully committed to identifying and intervening (using the criminal justice system where necessary), in order to tackle drug misuse problems before they become acute.

There would be what was described as 'better support' for young people at risk of getting involved in serious drug use. This included more specialist drug workers in the youth justice system with £18 million in 2004/05 being made available to Drug Action Teams specifically for young people's drug treatment, as part of the Young People Substance Misuse Grant.

There was to be improved identification and assessment of

children and young people's substance misuse related needs, especially for young people in known risk groups.

Great concern had been coming from some quarters of the drug education and prevention field for some time about the ongoing trend towards coercion in these Government policy initiatives over ten years. Neil Hunter and Alec Stevens have taken this argument further in an article in "Social policy in Society" (2004: 3: 4, 333 -342) entitled "Whose harm? Harm reduction and the shift to coercion into UK drug policy". They noted the statement that was made in 2003 by the Shadow Home Secretary Oliver Letwin stating that the Conservative Party was proposing a policy which would take this further with an increase in the number of intensive residential drug treatment places and saying that each young person will be given the choice between undergoing treatment and facing criminal proceedings. They noted that because of the broad definition of harm reduction theory as originally proposed by Newcombe in 1992 - that harm reduction could mean harm suffered by drug-users and non-users by individuals and by the community - initiatives called harm reduction initiatives could emphasise reducing the harm to everybody else in preference to the harm of the user.

This has problems for those concerned with education and drug treatment and counselling, in that encouragement is being given to consider the harm

to others rather than to the people themselves. This is evident in the issue of smoking and alcohol use among young people. In the latter there is a considerable increase in the anti-crime on-the-spot penalty measures being taken against young people with alcohol problems rather than treatment ones, similarly there is more emphasis on limiting the damage to others through passive inhalation of smoke rather than harm reduction initiatives for young smokers themselves.

It underlines change that is claimed to be taking place from informing and empowering the individual to one increasingly based on prescription and coercion.

The most recent measures

a. Rethinking the reclassification of cannabis

The one measure taken by the Government of a seemingly liberal nature, but which was actually to free up resources for more substantial assaults on other drug use, is the downward classification of cannabis, and is causing the Government problems. Assistant Commissioner Tariq Ghafur of the Metropolitan Police said that demand for cannabis has very greatly increased in the wake of the reclassification and that there has been a significant shifting of organised crime towards cannabis importation.

On February 24th Michael Howard said that the Conservative Party would move cannabis back to class B status if elected.

So in mid-March 2005 Charles Clarke the Home Secretary wrote to the Advisory Committee on Misuse of Drugs requesting that they review the position of the classification of cannabis in the light of fresh medical evidence. Whether Mr Clarke's intention was to prepare the way for a

change in policy or to neutralise cannabis reclassification as an election issue by providing an answer to Conservative criticism we shall have to wait and see. But the reactions have been predictable.

The Shadow Home Secretary David Davies said:

We welcome the Government's recognition that they got this wrong. The downgrading of cannabis was a dreadful decision which sends out mixed messages about the dangers of drugs. (Press statement 19.03.05)

By contrast Danny Kushlik of Transform, a drugs policy campaign group, said that the reclassification recognised that cannabis was less harmful than cocaine and heroin and that the International Narcotics Control Board, the UN agency which monitors the legislation of member states, had criticised the downgrading of cannabis.

We're talking about a legal framework that dates back to 1950s. There is a culture clash with the reality of the 21st century.

Martin Barnes, chief executive of Drugscope said that the ACMD recommended reclassification and had fully considered the evidence available at the time that cannabis can trigger mental health problems. It is right that the classification of cannabis, as with all drugs, is closely monitored on an ongoing basis but that we must ensure that such knowledge takes place on rigorously scientific bases and is not motivated by political factors

b. Drug testing of prisoners and pupils

Among other measures, there is to be a further expansion of the intensive Drug Interventions Programme to around 30 more areas from April 2005,

there will be greater restrictions on bail and new legislation requiring drug testing on arrest and to require drug assessments for those who test positive. There will also be the introduction of a new civil order that will run alongside Anti-Social Behaviour Orders (ASBOs) to tackle drug issues. In December 2004 there was the launch of five pilot schemes requiring young offenders to attend drug treatment as part of a community sentence.

In addition, a feature which could further complicate the drug education scene has recently gained prominence. In the last two years a new major player has entered the education arena. Random drug testing in schools, which is being advanced by its advocates as a key tool for prevention, is often described as fascism by liberalisers. Prime Minister Blair and Opposition Leader Howard seem to concur with testing but Liberal Democrat Leader Kennedy does not agree with it. It is early days yet for this initiative, but in its new form (random selection of the person to be tested and no test without consensus and a non-punitive helping response supported by better equipment) it might be seen as a great advance from the earlier versions. It remains to be seen whether dispassionate observation or passionate lobbying will prevail.

The implications for treatment

Treatment is the section of the drugs education field which does not feature greatly in this dissertation as this study is of drug education and prevention, whereas field workers are primarily concerned with the counselling and treatment of drug users. In fact, many in the field criticise compartmentalisation, the separation of the various different aspects of the drugs strategy each within their own themed areas. They also disagree with similar structures of management to those in the Health Service and in local authorities being brought in with similar concentration upon targets,

outcomes and performance. It is claimed that in these circumstances the amount of user involvement is diminishing.

Within the treatment sphere of the drugs field, there are particularly distinct organisations such as the Drugs Policy Alliance, Transform and Release who represent strongly hostile views towards prohibition internationally and the impact that they believe it has on their clients and others across the world.

Those involved in treatment claim that there is a growing tide of prejudice and discrimination against users and that their services are having difficulties in maintaining their existing approaches. Two wings of the harm reduction movement, as it is manifested in treatment circles, are those actively in favour of normalisation and those willing to work pragmatically within existing constraints. Both claim to be suffering from particular problems as a result of recent legislation and other moves by the Government.

Local policy

The policy problems are compounded at a local level. Drug prevention and education is provided through schools, youth organisations, health centres, community projects of one sort or another, parents, and so forth. Support is provided by drug action teams, local authority drug prevention and education teams, health authority drug prevention and education teams, schools influenced by their governing bodies and by the police. They deal with issues of line management, conflicting responsibilities, demarcation, co-ordination, reporting, funding and evaluation.

There are Local Education Authority drugs education teams – but only in some places. These were once widespread, with every LEA having a Drug Education Advisor, but in recent times, arguably rooted in cost-cutting, these

have been severely reduced in number. The question has been posed as to what philosophical motivations were behind such reductions, and whether funding is merely the scapegoat for some other agenda.

The 1998 national drug strategy stated that at local level there were to be Drug Action Teams, and these teams were to be

the principal mechanism by which agencies would develop the resource partnerships outlined and will assess regularly whether the spending plans and projected outcomes of all agencies represented are aligned explicitly to the new strategy. (*TDTBBB 1998: resource doc*)

There was an undertaking that there would be consultation and engagement with people in schools, clubs, at parents' meetings and with users. There is no mention of the involvement of young people in this strategy, in the representative bodies or in the consultations or even in the project planning. Equally, involvement by the voluntary sector is patchy at best.

Each of these structures and agencies, whilst having to broadly comply with Government policy, modifies its application in local circumstances. Sometimes this is to meet local needs, and sometimes it is to avoid the implementation of Government policy because of conflict with local institution policies. There is a continuing role for OFSTED in monitoring and assessing how schools implement guidelines, but this supervision is patchy.

In 2004 a new "Drugs Guidance for Schools" was issued by DFES; this supersedes all previous guidance and instruction, and provides the framework that LEA support is based upon. Its impact is yet to be judged.

The official position for schools is that they all must have a drug education policy and a drug related incident policy. Many LEAs are providing draft

policies for schools to use or are providing training as to what to include. Drug Education is one of only two compulsory elements of PSHE and will be inspected specifically by OFSTED. Drug Education provision is however the responsibility of each school's own leadership and governing body.

The problem is that if the LEA is influenced by an individual or group promoting a HR stance, this will be reflected in many of the schools in that authority.

The opinion of a teacher currently acting as the head of PSHE in an inner city school in the Midlands, and with significant expertise in drugs matters, is uncompromising:

Teachers have lots to do and PSHE is often given a low priority. If a resource is presented to a school, the majority of schools take it in and use it – nobody has the time to look around to see if there is a better resource to use.

Drug Education is often left to year six teachers to do in the last couple of months (after the SAT tests in May). Many schools consider a visit from a guest speaker or LEC to be adequate drug education. Teachers do not feel skilled in delivery of the subject and therefore avoid doing more than they need to. Provision from school to school is wildly different and there are even different levels of provision within different classes, within a single school.

The Healthwise packs are found in most schools' stockrooms and are a point of reference for staff.

In my experience (of four different *LEAs*) the support that is offered to schools is poor. LEA staff remain vague about what should and should not

be covered. Drugscope appears to be used as a place for finding resources and people such as Julian Cohen are widely recommended.

As schools do not generally invest a lot of time in drug education they generally base work on one key resource – often the Healthwise pack. If Cohen or another individual works within an LEA, their work is generally adopted by schools as for inspection purposes schools can say they are following that.

However, when I have entered into conversation with teachers they are clearly unaware of the covert harm reduction messages that exist in these packs. Two situations appear to be the norm.

1- schools purchase a pack, leave it in a stockroom and do one or two ‘drug awareness’ lessons each year.

2 – teachers use resources from the packs but put it into their own lesson structure – i.e. HR resources in a preventative lesson (without knowing it the vast majority of teachers would put themselves into the prevention paradigm. (name withheld)

As one comparison – and indicator of what might be resourced – the USA operates to a much higher level of funding. As well as the Department of Education’s multi-million dollar funding (‘Drug Free Schools money’), the DARE programme is the largest drug prevention programme in the world, reaching 26 million pupils every year. Government departments NIDA (National Institute on Drug Abuse) and CSAP (Center for Substance Abuse Prevention) generate a lot of input and resources. Other departments not only address ‘enforcement’ but also see themselves as needing to deliver services in the prevention area, for example the DEA (Drug Enforcement Administration) Demand Reduction Bureau, which provides the following description:

In each of the DEA's 22 field divisions, one special agent is designated as the Demand Reduction Coordinator (DRC), whose role is to provide leadership and support to local agencies and organizations as they develop drug prevention and education programs involving young people. As special agents, the DRCs bring a unique perspective to the drug prevention arena. They have a clear understanding of the overall drug situation and a broad range of experience in working with other law enforcement agencies, community leaders, educators, and employers. It is this expertise that makes the DEA Demand Reduction Program stand out from other federal agency programs that address substance abuse. The DEA's demand reduction program is also unique because it provides not funding, but people - special agents and support staff with experience, commitment, and credibility - to promote drug prevention and education within the community. The work of the DRCs is guided by a national strategy developed by DEA headquarters staff and a DRC Advisory Committee (USDEA 2003 website).

The contrast with the local support structure in the United Kingdom is telling.

School policies and problems

The main providers of drug education in schools are the police, teachers, parents, peers and invited guests, who deliver it within a multi-agency framework which emphasizes evidence-based practice, developing a whole school approach (Blackman 2004, 150).

Yes, that is the ideal, that is what the Government specified and it would be acceptable to most in the drugs education field. But in many instances nationwide it is just not happening.

The principal place for drug education is of course the school. There is a limited amount of work also being done in the youth and community education service, and some possibilities exist through voluntary organisations and then the workplace, but it is school which has to be the main vehicle for the imparting of information and where interventional prevention strategies have to take place. No matter what the policies of central government or even of the local authority, the situation in schools - and particularly in grant-maintained schools - is that these policy guidelines will be ignored or interpreted in ways suited to the school's perceived need to maintain its image in the locality. The difficulties which were experienced by the researcher in attempting to undertake research in schools (see Chapter 4) highlighted the current issues. These influence to an even greater extent the degree to which drug education is provided in schools and the nature of it when it is provided. Much of what is provided is largely at the school's discretion. The Department for Education's Circular 4/95 is for guidance only and any drug education schools are obliged to provide is laid down in the National Curriculum. OFSTED inspectors report on the degree and quality of drug education provided by a school, but this is not powerful enough to persuade head teachers to go down a road on which they would prefer not to tread.

That is just the issue of the amount of drug education provided, notwithstanding the content and the method of delivery. Even though current trends in policy at national and local levels are encouraging new methods of approaching the subject in schools, these are being firmly resisted in many cases.

In 2002 OFSTED inspectors produced a report on their examination of the provision of drug education in schools. There was much about which they were concerned, to the extent that they recommended that every school

should ensure that they have a teacher and a governor with specific responsibilities relating to the provision of drug education. In those secondary schools who use all or several teachers to teach about drugs, they felt there should be careful evaluation of the quality of their teaching. All secondary and special schools were asked to consider involving specialist drug and youth workers in teaching about drugs. Schools were asked to ensure that pupils have access to up-to-date information on local and national helplines and other drug services.

It was noted that because of the pressures on the curriculum in recent times, many schools have reduced the scope of drug education available to that which is prescribed by the National Curriculum and in many cases supplemented only by the talks given by teams of police officers. Where additional drug education does take place it is often with the use of materials and/or speakers from those organisations which are mainly in the voluntary sector. Some of these organisations receive funding from the Government, some are represented on coordinating bodies inspired by the Government, some structures been set up to advise politicians, civil servants and educators and some - like the NDPA and the UKHRA – have been formed to support and provide services to the field from a particular perspective.

The usual pattern, by no means standard, is that the head teacher of a school will appoint one of the staff to act as the co-ordinator for drug education within the school. The role of the co-ordinator involves co-ordination with all those other members of staff who in various ways deal with aspects of drugs education. Such a multi-faceted delivery across different levels of the school curriculum is cited by the Inspectorate as being the most effective. In many schools the co-ordinator merely ensures that there is some drug education content on the school curriculum in addition to that demanded by the National Curriculum. The routes which different drug education co-ordinators can take are diverse, complicated and can be

hazardous in that they can involve areas about which they are ill-informed and naive.

Teachers sometimes attend training sessions, meetings and conferences where there is a display or discussion of what is on offer from various organisations. In addition, some materials are actually mailed directly to schools. There will be references to various programmes and organisations in teachers' magazines, educational magazines and recommendations among schools.

In these circumstances schools and teachers tend to favour brand loyalty, in that once they have discovered a programme which seems to have the general approval of governors, parents, local drugs advisory structures, etc. they tend to stick to it. This approach has been criticised as, to be at its most effective, drug education should be as comprehensive as possible and involve a number of different types of approach. Some of the programmes come with outside input in the setting up of programmes or ongoing input into the actual delivery from outside officers. These people have often had far more training in the subject than teachers do, in fact the average amount of training in drug education for a teacher is half a day or less.

It is very rare for individual schools to produce their own drug education programme, rather they import a ready-made package from one of the agencies or authorities. As the institution focused study shows, most of these agencies, rather than providing a balance across the board and not being committed to one particular philosophy, have their own very distinct philosophical standpoint which pervades their programmes.

The final progress report of the Drugs Prevention Initiative said (in "Guidelines on Good Practice"):

Schools need and value assistance and support in formulating and delivering drugs education policies and programmes and in finding ways to give drugs education clarity. (1998:3)

The report also said that

consideration should be given to the evaluation of other life skills programmes especially those based on a shorter curriculum, with a view to offering to British schools a choice of drug abuse prevention programmes (1998:30)

The provision of choice of drug prevention and education programmes has proved to be a great problem for schools. If they seek advice from local drug action teams or from borough-based drug advisory services or from any other source they almost certainly find that these will be dominated by a people who feel that one approach is either far more appropriate or is appropriate to a degree that excludes the others.

Parental involvement and participation policies

Parental involvement policies often become a further complication. Non-involvement of parents by professionals who resist their involvement has become more difficult in recent years. In the past, in the researcher's own experience, in the youth and community education service it was possible to talk with young people on a wide range of issues of concern to them without any reference to parents or to authority figures. This is now almost impossible. To carry out any sort of survey amongst young people even in controlled circumstances without parental knowledge and approval is totally impossible. Here the variety of parental backgrounds comes into the picture as it makes it difficult to judge what a parental reaction might be.

Policies of parental involvement and participation which are prevalent in education and health are causing some of them to be involved to a far greater degree. Schools' policies usually incorporate a direct channel of information passing from teachers to managers or head teachers then to governors and to parents. In these circumstances any confidential dialogue with young people is almost impossible, and the whole new ethos surrounding drug education therefore mitigates against some young people's real needs being addressed. Educators do not know and cannot find out and because young people know this, such information is no longer likely to be confidential.

Aside from the parents' involvement in organisations and initiatives, there are indications both here and in the USA and other countries of decreasing interest and involvement among parents in general.

In its 17th annual study of parents' attitudes toward drugs and teen drug use (2004), the Partnership for a Drug-Free America reported that the current generation of parents - the most drug-experienced group in history - sees less risk in a wide variety of illicit drugs, and are significantly less likely to be talking with their teens about drug abuse, compared to parents just a few years ago. In the UK those who have been involved in drug prevention since the mid-1980s, when community-based parent prevention organisations were effectively driving the drug prevention education effort in the UK and the US, concur that today's parents are less knowledgeable and less concerned about the drugs their children are using, and thus less involved in drug prevention and education efforts.

Today's parents see less risk in drugs like cannabis, cocaine and even inhalants, compared to parents just a few years ago. The number of parents who report never talking with their child about drugs has doubled in the past six years, from 6% in 1998 to 12% in 2004. 51% of parents said they would be upset if their child experimented with cannabis. While most parents said

it is important that parents discuss drugs with their children, fewer than one in three said they had learned a lot about the risks of drugs at home. Today's parents significantly underestimate the presence of drugs in their teens' lives.

One in five parents (21%) believes their teenager has friends who use cannabis. Yet 62% of teens report having friends who use the drug. Fewer than one in five parents (18%) believe their children have used cannabis, yet many more (39%) already are experimenting with the drug. This perception is even more pronounced when it comes to drugs that were not available when today's parents were students. Only one in every 100 parents - one percent - believes their children may have used ecstasy. The reality is quite different: Some nine percent of all young people in their teens - 2.1 million in America - used ecstasy for the first time last year. Pasierb noted that the drug scene in America is vastly different today than it was back in the late '70s and '80s.

Many of today's parents were students themselves during the late '70s and early '80s - a period when drug use by young people reached its high point. In fact, when compared to those of secondary school age today, drug use rates by young people were significantly higher in the late '70s and early '80s. Steve Pasierb, President and CEO of the Partnership said:

To be clear, parents don't want their kids using drugs - any drugs. But the data tell us today's parents don't regard drug use as seriously as past generations of parents. Our challenge is getting parents to look at this issue anew, and in ways that penetrate their current beliefs and attitudes... It's not all that uncommon today to come across teenagers who've never used drugs who have parents who have (Pasierb, S 2004:16).

These views and the report's findings have been echoed by drugs workers in the UK.

Pupil involvement and peer education policies

Over the last decade there has been considerable growth in the use of peer education projects in response to a wide range of issues concerning young people and new policies favouring experimentation with this approach.

There have been some peer drugs education attempts in some schools, often those where the young people concerned have taken part in cascade training provided by an external agency.

Steve Parkin and Neil McKeganey of the Centre for Drug Misuse Research in the University of Glasgow (2002) studied the proliferation of peer education projects and found it has not been commensurate with the limited evidence available as to the effectiveness of such approaches. Equally the impact upon peer educators themselves has not been sufficiently taken into account. They said there is a need to develop a model of peer education evaluation, which while being true to the nature of such projects can also identify the effectiveness of peer education so far as its initial impact effect and its longer term effects are concerned. We will examine this in greater detail in the next chapter.

It is argued that it is difficult to theorise when the whole context wherein theorising takes place is changeable and one has to take account of great greed and rational and irrational fears, economic and political power and popular myth rather than insight, rationality and properly grounded science (Dorn and Jamieson 2000: 12).

Drug consumption has been accounted for as an ordinary feature of social life, a dysfunction for the individual and society, an example of mental deficiency, personality failure and social stigma, an expression of symbolic refusal and a sign of informed consumer choice and identity formation (Blackman 2002: 126).

The Government's drugs policy, and as part of it, its drug education policy, depends on a number of assumptions. But the assumptions are only partly supported by statistics and by other evidence and even where this exists it is often confusing and ambiguous and it has been claimed that the confusion is engineered in order that a particular message will prevail. We speak elsewhere in this research about the tendency to talk about drugs as a whole rather than to look at each one individually, at the use of the phrase 'young people' to mean young people across a very wide age range without distinguishing between those at school and others who have just left school and those who have left school for some considerable time. In this way statements are made about the percentage of young people who have used or are using drugs, which give a false impression of the extent of drug use amongst young people and ignore the fact that the majority of young people - however one defines them - do not regularly use illicit drugs.

Very little attempt had been made to distinguish between spasmodic use, regular use and problematic use. Undoubtedly the problems caused to society and to communities by a small minority of older 'young people' regularly using class A or class B drugs and engaging in criminal activities to support their use is used as a blanket approach to demonise drug use as a whole. Our own research has shown that among young people in their last years of compulsory schooling the amount of illicit drug use is very small indeed, let alone the use of class A or class B drugs which is miniscule if not non-existent. On the other hand, our research does show that there is for a significant proportion of young people already a problem so far as addiction

to smoking is concerned and to high levels of cigarette consumption, and that some are already demonstrating a problematic use of alcohol. However research also shows that these particular issues are not being addressed whereas concentration on other drugs is disproportionate. Furthermore, young people know this and are saying so and their opinion of the drug education they are receiving is that it is inadequate in content, delivery, relevance, targeting and effectiveness - in fact in practically every possible way. Even many of the teachers are aware of this but are constrained by school policies, community attitudes, their own lack of training and knowledge both of the subject and of the extent and nature of attitudes and use amongst the pupils. The message being communicated is that this is very unlikely to change.

This is accompanied by further new legislation and new measures as yet unspecified:

My Government will introduce legislation to tackle the problem of drug abuse and the crime that flows from it, and will tackle the disorder and violence that can arise from the abuse of alcohol (HM Queen Elizabeth II, Queen's Speech to Parliament, November 2004).

In 2005 yet another organisation will be emerging. Under the sponsorship of the Royal Society of Arts, Professor Anthony King will chair a Commission to "assess the current status of the use and misuse of illegal drugs in the UK and the implications for public policy" (RSA 2004). The commission will have a full-time Director and it will take evidence, conduct research and make recommendations to government and other interested bodies over an 18 month period.

Apart from the reclassification of cannabis and the mixed messages which are delivered to the community and in particular to young people, these

approaches seem to be more draconian. Although they are aimed specifically at suppliers and users of class A and class B drugs, the knock-on effect is felt in the maintenance if not strengthening of policies at local level and in schools.

We have reviewed recent government policy in order to provide the political context for the factors we have discussed concerning young people's drug use. We will show that although the wording used in messages communicated by governments suggests that they seek comprehensive, relevant and effective drug education for young people, what has actually been delivered has in very many cases fallen far short of this.

In short, we have demonstrated the extent to which the drug education and prevention environment is complex, diverse and hazardous in terms of competing philosophies, ambiguities in definition of terms, disparate lines of policy, control and communication at governmental, national and local levels. The assortment of voluntary organisations and quasi-governmental agencies with hugely varying degrees of resources and influence all compound acute sensitivities and professional, parental and youth issues and restrictions and limitations at delivery level.

This is the setting in which the research took place, of which it took account and upon which it is hoped to have some influence.

In the review of the literature we examined the very many and diverse theories which have tried to shed light on the immensely complex subject of drugs use, drugs prevention and drugs education.

In this chapter we have tried to look at the very complicated environment, how it impinges upon government policy and how government policy

impinges upon it and we have touched on the implications that there are for drug education and prevention.

In the next chapter we will look in detail at the drug education and prevention that is delivered as a result of the theory and the environment. In particular we examine young people's reactions to it and the degree to which it affects their attitudes and use.

Drug taking and attitudes towards drug taking illustrate a fundamental shift in societal attitudes. While in the past there were strong pressures toward conformity to a perceived and usually widely accepted norm and there were great fears of non-conformity, and limited choice or restriction of choice by moral or societal or governmental forces, now there is a much greater freedom of choice and the supremacy of the consumer. This has been fuelled by the advent of a multicultural society, as it has brought about a great variety of difference which initially was greatly feared (and by some people still is), but many others have realised that it is not a threat and that the diversity has added much to the nation.

The growth of consumerism and choice together with a substantial marginalisation of authority figures such as teachers, police and some religious figures, and the fact that there is less categorisation and limitation and predetermination of life patterns, has resulted in considerable diversity. All this poses major problems for government. If the norm for a particular social behaviour is subject to change, if there is therefore a difficulty in defining the norm, and therefore what is abnormal, this makes even more difficult the government's task of seeking consensus and of achieving public support for enforcing conformity to the norm. There are still tendencies amongst certain parts of the media, society and the preventionists in the drugs field to point to normalisation of drug use, as Parker defined it, as a threat.

Normalisation thesis is an untidy concept. It has problems in relation to over-generalisation, it lacks the ability to distinguish between different drugs and different drug users and it also supports the ambiguous distinction between soft and hard drugs. This idea is not the answer to understanding drug use but it does represent a small advance away from the dominant pathological and moralistic approaches (Blackman 2004: 147).

After a long history of one predominant approach to drug education and prevention and prohibition we now have a situation which is complicated with diverse views and standpoints, with difficulties in almost every respect, with inconsistencies between the key players and with contradictory messages from the media and from the representatives of divisions from almost every aspect. Hence it is difficult to maintain drug education with the security that most governors and teachers want. They seek to deliver or not deliver, to the extent and with the method which they consider appropriate to the ethos of their school. At the same time they have to undertake the basic drug education and prevention work laid down by the National Curriculum. Yet even this does not conform to a national standard which is almost identical nationwide.

We are in the position where opportunities for young people are such that, unlike some previous generations, the degree to which drugs prevention messages are communicated conflicts with the increased experience by young people - both of their own drug use and/or the cascaded experiences of other peers.

Hence it is not surprising that report after report from the Government and elsewhere has criticised the appropriateness and effectiveness of drug education in schools. It is a very hazardous, complicated, difficult and

sensitive task in a hazardous, complicated, difficult and sensitive environment.

We have discussed in the previous chapter the theories relating to the causes of drug use, and that most of the drug education approaches used in schools, youth services and the programmes provided by independent voluntary organisations are based on assumptions about causes which have been challenged in many quarters.

This is the environment in which those concerned with drug education and prevention operate and by which they are influenced, supported, restricted and prescriptive in their approach and delivery. It was in this difficult environment that our research project took place.

Summary and conclusions

In our assessment of the drugs education and prevention environment we have identified the main philosophical approaches, the rivalry and the conflict and the schism in the field which exists between protagonists of these. We looked at the role of the considerable number of voluntary organisations involved and the benefits and disadvantages of their contributions. We demonstrated the complex and often fraught relationship and the pressures between the Government, the field, the media and pressure groups and how this has resulted in a succession of rapidly-changing government policies and initiatives. We examined the implications and ramifications of these. To which we added the further complications of the deficiencies of co-ordination and the unclear division of responsibilities between government departments. We noted also how the problems of this environment in the United Kingdom are compounded by the influences of the international environment and globalisation.

In particular we demonstrated the effect which this environment has on those attempting to deliver at the coalface - teachers and youth workers - and this will be examined further in later chapters.

After a long history of one predominant approach to drug education and prevention and prohibition we now have a situation which is complicated with diverse fears and standpoints, with difficulties in almost every respect, with inconsistencies between the key players and with contradictory messages from the media and from the representatives of positions of almost every nuance.

Hence it is difficult to maintain drug education with the security that most governors and teachers want. They seek to deliver or not deliver, to the extent, and with the methods, which they consider appropriate to the ethos of this school. At the same time they have to undertake a basic drugs education and prevention work laid down by the National Curriculum. Yet even this does not conform to a national standard which is almost identical nationwide.

We are in the position where opportunities for young people are such that, unlike with some previous generations, the degree to which drug prevention messages are communicated conflicts with the increased experience by young people - both of their own drug use and /or the cascaded experiences of other peers.

In the previous chapter we have discussed the theories relating to the causes of drug use and that most of the education approaches used in schools, youth services and the programmes provided by independent voluntary organisations are based on assumptions about causes which have been challenged in many quarters. In this chapter we have illustrated that the shaky theoretical and philosophical foundations are set in environment

which is complex and challenging. Hence it is not surprising that report after report from the government and elsewhere has criticised the appropriateness and effectiveness of drug education in schools. It is a very hazardous, complicated, difficult and sensitive task in a hazardous, complicated, difficult and sensitive environment.

This, then, is the environment in which those concerned with drugs education and prevention operate and by which they were influenced, supported, restricted and prescriptive in their approach and delivery. It was in this difficult environment that our research project took place. Consequently it is not surprising that the research tasks and methodology, which we now pass on to describe, had particularly difficult challenges to address.

3

The Research Task

3. THE RESEARCH TASK

1. *Research Area and Topic*

The drugs use or non-use by young people and the drugs education programmes designed for them.

2. *Statement of aims*

The aims, which are considered to have been achieved, were:

- To collect and accumulate a new body of information and data for initial analysis during the research programme and subsequently to a greater extent.
- To obtain greater knowledge of the factors influencing young people's use or non-use of drugs, particularly:
 - from the perspective of non-users.
 - among those young people in one year group in seven schools who are contemplating further preventative drug education intervention.
 - in relation to cannabis use or non-use as the drug most in the spotlight at present.
 - from those young people claiming already to be addicted to drug use.

in order to:

- better inform drugs education in general.
- enable specifically tailored drugs education intervention in the participant schools in particular.

- enable a comparative longitudinal study to be carried out in the participant schools at a later date.
- To make a contribution to the discussion of particular issues involved in research methods, in that major chapters relating to:
 - the ethical issues encountered,
 - the consequent difficulties experienced in obtaining uninfluenced data from young people, and
 - the implications of funded research have been included.

Research classification

Based on the criteria of the Education and Scientific Research Council, this research is of the orientated basic type in that it seeks to produce knowledge with some orientation towards practical applications that may have social benefits.

Research hypotheses

Since this research is of the sort which is not testing predetermined theories but is gathering data from which theories may emerge – theory generation as opposed to theory verification – there are no research hypotheses, but instead a general research question and within it a number of specific research questions.

Research question

What are the factors influencing young people's choice not to use drugs?

The definition of drugs being used here is that of so-called 'recreational' or 'street' drugs including tobacco, alcohol, cannabis, opiates, amphetamines, hallucinogens, etc.

Specific questions

1. What percentage of the young people taking part in this research are using or not using drugs?
2. Of those who use drugs, which drugs do they use?
What are the correlations between these: for example, of those who use cannabis, how many use tobacco and alcohol as well?
3. What are young people's reasons for using or not using cannabis?
4. What are young people's feelings about the drugs education they have received?
5. What are the experiences of those young people who state they are already addicted to a drug?
6. What do non-users feel are the reasons why they do not use drugs?

From these emerged the appropriate data collection questions.

So the research question proposed is certainly not one which has been thoroughly worked and reworked:

- concentrating on the reasons for the non-use of the majority
- based on data gathered from young people themselves
- studying one school or a group of schools with a view to influencing subsequent drugs education.

Epistemology and Methodology

All researchers are influenced by their philosophy of how they come to know the world and the group of methods by which they try to understand it better.

The aim of methodology is to help us understand not the product of scientific enquiry but the process and hence its suitability for the specific purpose (Cohen and Manion 1990: 8).

There is current argument concerning whether there is too much emphasis on establishing to which school one belongs rather than adopting a pragmatic approach to a set of problems that need solving. If the researcher has to identify one, the closest would be that of a post-positivist critical realist. While there is no external reality and we each construct our reality, there is a need to attempt to define the details of our shared realities as much as possible, while realising that all attempts are fallible and revisable but nonetheless using multiple ways of examining a situation to get as close as one can.

Methods

A. Design - strategy and framework

Combined qualitative and quantitative approaches

The most appropriate strategy for obtaining the data required by the research questions was felt to be a combination of quantitative and qualitative approaches and for these to be integrated to a considerable degree. There are many ways of combining qualitative and quantitative steps of analysis:

- the program for the computer-aided analysis of qualitative data which this research employed offered various combinations
- our use of categories in qualitative content and thematic analysis facilitated combining both

- the inductive generalisation of individual interview data enabled proceeding from individual case material to quantitative generalisations
- the self-completion survey questionnaires sought primarily quantitative data but with some questions producing qualitative material
- there were semi-structured interviews of some of those young people involved in questionnaire completion and unstructured dialogue involving others, producing qualitative material but checking on the quantitative responses in greater depth by asking similar questions.

The specific work on this subject done by Philipp Mayring (2001) identifies ways of combining qualitative and quantitative steps of analysis on five levels of data analysis.

Much is spoken about triangulation and we are well aware of its limitations but multiple perspectives are required in order to reflect the richness of the complexities of this particular subject. Quantitative design attempts to control for bias so that facts can be understood in an objective way while qualitative approaches tend to try to understand the perspective of the participants and look to their first hand experience to provide meaningful data. Quantitative approaches look to identify and isolate specific variables whereas qualitative design focuses on an holistic view of what is being studied. One is conducted under controlled conditions the other is conducted within the context of their natural occurrence.

By combining methods, the advantages of each methodology complement the other making a stronger research design with resulting more valid and reliable findings. The inadequacies of individual methods are minimized

and more threats to Internal Validity are realized and addressed. Bowen (1996: 11).

The balance to be struck between qualitative and quantitative approaches to the collection of data has been discussed in a drugs education research context by Daly and others (1992) and by Richards and Richards (1991). This research endeavours to honour this approach.

B. Data collection

1. The quantitative approach

The quantitative research approach is a formal, predominantly objective, systematic process in which numerical data are utilised to obtain information about the world.

The features of this approach which determined its choice as ideal to meet the aims of this research are that we were able to:

- learn how many people in a population have a particular characteristic or group of characteristics
- produce reliable measurements that permit statistical analysis
- measure attributes, attitudes and behaviour
- profile a group of people based on shared characteristics

Of the different quantitative designs – experimental, quasi-experimental, correlative and descriptive – the latter was chosen. The descriptive design attempts to gain more information about particular characteristics within a particular field of study. Descriptive studies were an ideal fit with the aims and purpose of this research because they may be used to develop theory,

identify problems with current practice, justify current practice, make judgements or identify what others in similar situations may be doing.

There was no manipulation of variables and no attempt to establish causality. However, there was an intention in this research to attempt to determine some correlations, some relationships between some variables. We are aware that with this design causality cannot be established and that correlation does not prove causation. So while we have been interested to see how many cannabis users also smoke tobacco and/or use alcohol there is no attempt to claim one causes or leads to the other.

Within this design we chose to use the correlative survey method because this is particularly useful in collecting data on aspects of behaviour that are too difficult to observe directly, when it is desirable to sample a large number of respondents and on a range of inter-related issues, all of which factors were certainly the case in this study. Our questionnaire included an assortment of forced-choice, multiple choice and open-ended questions. This self-report type of data collection is almost the only possibility in the subject area which itself dictates a non-experimental descriptive approach. We are however well aware of the limitations of self-reporting surveys, particularly among young people and particularly on this subject and in the settings in which the surveys are conducted. There can be a tendency for intentional deception and inaccurate answers through fear of disclosure or misunderstanding of the question, and also just plain malicious misreporting. This method is descriptive not explanatory, and we do not intend to claim any insights into cause and effect relationships.

1. The instrument

A substantial self-completion survey questionnaire

2. The sample and problems of access

The issues of sampling, random selection and random assignment were problematic in this study. Ideally, in the quantitative exercise we would have preferred to have random selection. It is this that would have governed our sample size of 1,000. Using the Creative Research Systems Sample Size Calculator, we would expect a confidence level of 95 per cent, a confidence interval of 3.1, the population of young people in the age group is about 500,000 and therefore the sample size would be 999.

However, because of the sensitivity of drug education in schools, access was a considerable problem. In the end it was decided that access can only be obtained to schools where the researcher or the funding body had contacts and where the head teacher and governors would be tolerant of conducting such a survey within their school. Although within each school we asked for all those in the relevant age group (year 10) to be given the opportunity to take part and we expected a response rate of nearly 100 per cent, we have no evidence for, and make no claim that, these young people are representative of any wider populations about which we could generalise. However this will in fact give us a completion rate of an almost identical number –about 1000. Of course, this gave us a remarkable view of the 1000 which are in fact the population we examined. Confidence level calculations are reliable without a random sample. Our sample is therefore purposive instead of random in that we had a specific pre-defined group in mind, that is young people in a particular age group (the year group comprising the majority of young people aged 15), in particular schools and we have verified that all respondents do indeed meet the criteria for being in

the age-related sample. Purposive sampling is very useful in situations such as this and, as sampling for proportionality is not our primary concern, we feel this is acceptable. It is an example of heterogeneity sampling where we tried to include all opinions and views which young people in a particular age group in particular schools might wish to express and we were not concerned about representing these views proportionately across a wider population.

The respondents were spread across a wide variety of different types of school - each of the seven schools is different in style and composition and in a different area from the others and this should add to their interest. Multi-sited field work can be beneficial for comparative purposes.

The choice of schools is determined by existing links between the researcher and/or the funding body and the schools and therefore is determined by ease of accessibility and an existing situation of trust. Negotiation over entry is a key issue as is the parental consent to all the research, particularly to the subsequent work with individuals.

The participant schools

(N.B. The names of the schools were provided for the benefit of the examiners only and have been replaced by code letters in the final text and some detail has been removed from the descriptions – in order to safeguard the confidentiality of the schools.)

The seven schools in which the research was undertaken cover a wide spectrum of different types of education provision. The descriptions which follow are taken from the latest Ofsted or Independent Schools Inspectorate reports and have been edited.

School C is a selective school for boys aged 11 to 18 years in the Home Counties north of London. It is a specialist science college. There are over 1200 boys on roll, making the school larger than average. Its pupils come from a large area in the surrounding county and beyond and have attended over 50 primary schools. Attainment of pupils on entry to the school is well above average. The school is very popular and is heavily over-subscribed. Most pupils come from homes with well above average socio-economic circumstances. The number of pupils eligible for free school meals is very low. Around a fifth of pupils are from minority ethnic backgrounds, though very few have English as an additional language. The number of pupils with special educational needs is very low, and no pupil has a statement of special educational needs. Almost all pupils remain in the sixth form on completion of compulsory schooling and almost all then proceed to higher education.

School A is a mixed 11-18 comprehensive in the East Midlands and, with over 1,100 pupils, is larger than average. Most pupils are Roman Catholic, almost all are white and the number with English as an additional language is very small. The overall attainment of pupils on entry to the school is above average. The number of pupils with special educational needs is below average. Few pupils have statements of special educational needs, reflecting the County policy. The school is very popular and pupils travel to it from considerable distances.

School S is a mixed grammar school located near the centre of a large town in the Home Counties but it serves a very much wider area, drawing its pupils and students from almost 70 primary schools. There are over 700 pupils in the main school, an average size; the sixth form is much larger than average, with 369 male and female students. The area served by the school is a culturally diverse one, and has wide variations in economic profile. The main heritage groups represented in the school are Asian or Asian-British of

Indian (37 per cent) or Pakistani (19 per cent) descent, and white British (25 per cent). The standards at entry to the main school are above average overall. There are 33 pupils and students on the school's register of special education needs, of whom 8 have a Statement of Special Educational Needs. These are below average figures.

School G is a Roman Catholic 11-18 secondary school for girls. Some boys are taught in the sixth form. The school is larger than average with 1110 pupils on roll. It accepts pupils on the grounds of religious affiliation from a wide area of the large conurbation of which it is part. The attainment of pupils on entry is above the national average, although a wide range of ability is represented. About 11% of pupils are eligible for free school meals, which is in line with the national average. The proportion of pupils from homes where English is an additional language is high at 15%,
The percentage of pupils with special educational needs is 13.5%, below the national average. Over 85% continue education after 16; half of them continue into the sixth form of this school.

School X is an independent mixed day and boarding school. A large part of the student body comes from the surrounding community of people with a particular belief system though the school does not teach the principles of this; it is a non-denominational school and welcomes pupils from all ethnic and religious backgrounds. The school is non-selective and is attended by 178 pupils. There are 39 boarders (15 female and 24 male). Fifteen pupils have minority ethnic backgrounds. Approximately half of Year 11 pupils stay into the sixth form; the remainder continue their education elsewhere. Two pupils have been identified as gifted and five pupils receive extra educational help. Most pupils are of below average ability when they join the school. If pupils are performing in line with their abilities their results will be below the average for all maintained secondary schools.

(Researcher's note: this school was included to demonstrate contrast because of the particular community-based drug prevention programme used in the school and in the community. Because of the small sample the school's results do not appear in the tables and other diagrams later.)

School B is a 13 to 18 comprehensive school serving an urban area of the East Midlands. About 75% of the pupils come from the two contributory schools in the catchment area and 25% from about eight schools beyond that area. The school has nearly 900 pupils on roll, including over 180 in the sixth form, and 2% of them come from ethnic minority backgrounds. The intake is fully comprehensive and represents a full range of attainment and socioeconomic backgrounds. The number of pupils with special educational needs is lower than local and national averages. Some 10% of pupils are on the register of those in need of special educational support. At about 12%, the proportion of pupils entitled to free school meals is broadly average for all secondary schools nationally.

School W is a co-educational, modern, non-selective school of about average size. It has recently been recognised by the DfES as one of the most improved schools in England. It is in a suburban area to the west of London which has a very diverse multicultural population. It has over 650 pupils aged 11 to 16. There are significantly more boys than girls in the school. The proportion of pupils from minority ethnic groups, mostly with Asian backgrounds, is well above the national average. Those who speak English as an additional language, at 27 per cent, is well above the national average. 16 per cent of pupils have special educational needs, which is above the national average. Of these, 42 have a statement of special educational needs. The school makes special provision for those with emotional and behavioural difficulty. Pupils learn alongside their mainstream peers for the majority of their time in school. 18 per cent are eligible for free school meals, which is above the national average. When pupils start at the

school, their attainment is below average and overall the numbers of higher attaining pupils joining the school are very low.

The quantitative research is being undertaken not primarily in order to produce percentages (although the specific percentage results for each school will be given to them and should be of considerable value) but to produce some information as to trends which exist among this particular group of young people.

Questionnaire construction and piloting

Both of the two prime objectives in questionnaire design - obtaining a high response rate and accurate relevant information- were absolutely crucial to us and therefore much time was spent in the design and piloting of a questionnaire which would meet these objectives and would achieve the highest possible levels of validity and reliability.

a. Validity and reliability.

Since a perfect example of a questionnaire that may have high reliability, but poor validity is a standardised questionnaire that has been used in other circumstances we were anxious that ours should be as tailor-made as possible. Validity refers to whether the questionnaire or survey measures what it intends to measure. The overriding principle of validity is that it focuses on how a questionnaire is used. Reliability is a characteristic of the instrument itself, but validity comes from the way the instrument is employed. A reliable questionnaire is one that that would give identical results if you used it again with the same group of respondents. A questionnaire which is likely to have high validity and reliability is one which is as specifically related to the respondents, their nature and their environment as possible, one that is tailor-made to the specific

circumstances and where issues which could affect the nature of the response of the respondents have been minimised; and where, as nearly as possible, the data gathering matches the decisions you need to make, such as, in our case, providing drugs education and prevention programmes which are relevant to the needs of the respondents.

Young people constitute a special population for research, involving both constraints and challenges. Traditional survey instruments or interviewing techniques often require reassessment when the focus shifts from adults to children as respondents. Perceptions of respondent burden and co-operation may also differ. Special consents must be granted when children are involved as survey subjects. How we obtained these, and their effect on our research, is discussed in the chapter on special issues.

Particularly we had to bear in mind that these questionnaires were going to be completed by young people on a sensitive subject and we wanted responses to be personal and accurate and honest. Therefore it was necessary to produce a written and verbal introduction which would communicate to potential respondents that confidentiality was absolutely assured and that their responses would be of great value to young people in general, to their school and to others. Details of this are included in the qualitative and quantitative schedule in the appendices.

b. Preparation, piloting and improving

Piloting a questionnaire is always of the greatest importance but in this case for the reasons outlined above it was particularly so. We needed to have the opportunity subsequently of discussing with young people their reaction to it and any problems they had with it and amending it accordingly. We had an excellent opportunity for doing this. All the young people who were respondents to the questionnaire were pupils of the seven schools who had

experienced a preventative type of drugs education approach. Some of these were about to take part either in a workshop or in a residential weekend as part of the Teenex youth drugs prevention and education programme. These weekends had previously involved the completion of a questionnaire both at the beginning of the workshop or weekend and following it and subsequently the results were compared. So the Teenex organisers were happy to accommodate us. We had the advantage of seeing questionnaires they had used previously. It proved to be an excellent exercise from two points of view. Our pilot, into which we had put much thought and effort anyway was discussed with young people after completion and improved as a result. It enabled us to test its likely validity and reliability in the context of the way we had approached sensitive questioning of young people. It gave some young people experience of reading and completing a questionnaire and they were asked to talk about it to their fellow pupils with whom they would be completing the improved version later. The exercise and the responses to the pilot were useful to Teenex. The improved version was made available to them to influence the construction of future questionnaires of their own.

c. Components of post-pilot questionnaire

Below we detail the components of the questionnaire which resulted from our pilot and the improvements made to it.

We provided open-ended questions that gave young people the opportunity of expressing themselves in their own words on the subject. But we appreciated that it was difficult for some young people to do this adequately and a totally open-ended situation does not always enable a valid response. So we adopted in addition a multiple-choice format between a number of statements which had been made by young people involved in drugs education exercises of one sort or another previously in order to give some

sort of prompt. We provided an equal number of positive responses as negative ones to choose from and were anxious to ensure that no particular theme or bias was being communicated.

It was important that the questionnaire should not be too lengthy. Because we wanted to optimise on the rare opportunity to collect large quantities of the dependent variables in which we were most interested, it was necessary to concentrate on this rather than obtaining independent variables or any confounding variables, much as this additional information would have been very interesting. The questionnaire therefore had to be highly structured, although it was our decision to also collect some qualitative information through providing unstructured opportunities as well. In obtaining the dependent variables there was particular concentration on wording which would ensure the validity of the answers. We gave considerable consideration to the likely sources of error in the survey data and the precautions which could be taken to minimise them. For the dependent variables we chose a closed, and in some cases, a forced choice, format which was quicker and easier for young people to complete. It was important to us to minimise any discrimination in the case of those young people who were not so skilful in form-filling and questionnaire completing. Equally we wanted to take into account the fact that some young people would be less articulate in their responses to the qualitative opportunities provided so we used the introduction to reassure them about this, for example that spelling was of no significance at all, as it was just the meaning that we were attempting to obtain. As it had been decided from the beginning that the results would be processed by an external organisation it was necessary for the questionnaire to be easy to code and to input. Hence we tried to make questions short and succinct and simple and requiring one aspect of information at a time, and in some cases making questions quite precise in order to avoid misunderstanding of meaning or ambiguity. We were anxious to address the issues relating to the level of knowledge of the respondents. It

was stressed that we appreciated that some young people would not be able to answer some questions because of lack of knowledge and that that was a very positive point since we were as keen to know about lack of knowledge or information about certain drugs as we were to know of possession of information about drugs. Hence "don't know" answers were as important to us as the other answers. In some cases where knowledge needed to be very specific we used a Likert scale and explained to young people how to use this.

We employed contingency questions which enabled the young people to avoid answering questions which did not apply to them, thus shortening their task. Wherever we could, we used dichotomous questions requiring a simple yes or no answer. We also included an opportunity for respondents to supply their own answers without being limited by a predetermined list of possible responses.

We ensured that the vocabulary and grammar used were appropriate to the population to be surveyed, hence we were at pains to avoid unfamiliar language, technical or specialised jargon. Our aim was to employ simple wording, short sentences, and clear meaning. We constantly took into account the needs of subsequent data analysis techniques.

The questions flow from more general to more specific ones and least sensitive to most sensitive. They also move from the factual and behavioural to attitudinal and opinion based questions. Since we were aware that people, and in particular some young people, tend to answer questions in the way that they perceive to be either socially desirable, or likely to be expected by the questioner (and they often look for clues in the questions) it was particularly stressed in the introduction that there were no "right" answers and that we wanted their answers. We also made it clear that the teachers were not involved in the process to avoid those answers intended to shock

or mislead teachers. This would also minimise at the other extreme those responses known as “halo effect” where students try to provide answers to suit those whom they respect or admire.

We decided against any interview-administered questions as we were assured that there were no young people in the school groups who could not satisfactorily complete a self-administered questionnaire.

The aim was to provide multiple choices so that the selection of answers was easy but the drawback is that this extended the length of the questionnaire considerably. By contrast, there were questions which gave the young people the opportunity to say in their own words why they had used or not used. There were multiple choice questions requesting a selection from a wide range of reasons commonly given by young people as to why they do not use drugs. Participants were invited to select from these any that they felt applied to them, but also to add options of their own. The questionnaire concentrated on cannabis for the reason that, apart from alcohol and tobacco, all surveys had shown that the drug most commonly used by young people was cannabis and that knowledge of it and its effects was limited, and in any case argumentative. For those young people who had stated that they were users of cannabis a series of self-selection options was given of those reasons most commonly put forward by young people as to why they use cannabis. Again it was possible to select multiple answers and also to provide answers of one's own. Finally there were questions about the drugs education that they had experienced in the school and how they felt about it. We also decided to deal with each drug separately and asked the same questions pertaining to each one before moving on to the next drug, even though again this added length to the questionnaire. We were guided in this by the views expressed in the DPAS report "Drug crime and drug use across adolescence":

"the advantage of asking all questions of one drug before moving on to the next is that this allows respondents to hold the "memory referent" of only one drug's use in mind before all questions about that drug are exhausted. The standard approach has been to require respondents to switch memory reference between each drug in order to answer each question" (Aldridge, Parker and Measham, 1999: 14)

Gender and ethnicity

It is acknowledged that a gender and ethnicity-based analysis would have been valuable. And even if this analysis did not take place in this limited research it would have been better to have attempted to collect the information so that at least it would have been available for subsequent analysis.

Details about gender were collected from all respondents and in all the qualitative material which has been included in the dissertation reference has been made to the sex of the person from whom the quote comes.

In the analysis of the quantitative material a decision had to be made about whether the data accumulated should be further analysed on a gender-related basis. It was decided not to proceed along this road because of the cost involved bearing in mind that all the data is available for subsequent further examination later. Instructions were given to the external data processing organisation about how they should approach the initial categorisation of the data. The primary objective was to achieve an overall picture and then comparisons between schools. Certain data about use by girls and boys separately emerged from those single-sex schools which were included in the survey.

Reference has been made to some of the work that has been done on gender and drugs and, while this research does not specifically examine this aspect in detail, data is there for subsequent use in this respect later.

Nonetheless, to have gathered these data would have been very valuable and the decision not to do so is now regretted.

3. Methods

Questionnaire administration

Teachers were asked to give out one questionnaire to every member of one class or one particular year (year 11). We had noted that some researchers favoured questionnaires being given out by the researchers themselves and only after teachers had withdrawn, and that they should be collected by the researchers and taken away with them so that young people could be reassured that their teachers would not see them. We did not follow this, because it is accepted that while small variations in the data as a result of young people dishonest answers are crucial in certain surveys, the nature of our survey did not demand this degree of accuracy. We felt young people were sufficiently assured that no questionnaire could be attributed to any particular respondent. There was a written message to participants on the front of the questionnaire which informed young people of the purpose of the questionnaire, how its results would be used, what results in broad terms would be fed back to the schools and how individual confidentiality was assured.

The response rate in all cases was over 95% and unlike in other surveys where every effort is made to try and obtain responses from absentees, this was not necessary for our survey and so these attempts were not made. The idea was to obtain broad information to be fed back to the school rather than

very specific information to give an indication of exact levels of use and prevalence.

Equally we did not have to address problems of attrition which should be addressed in longitudinal studies (young people lost from one questionnaire to the next). The question of seeking individual details of background and in particular the ethnicity of the young people was a very difficult one. We have made reference elsewhere to the needs in drugs research in general to ascertain whether young people from differing backgrounds have any different needs. On the other hand we had noted that results from previous surveys had shown that there was little correlation between the racial backgrounds of young people and patterns of drug use.

We therefore did not include a question on ethnicity among our demographic questions. However we did ask each school to provide details of the ethnic breakdown of each class completing questionnaires, based on the wording of the ethnic question in the most recent census, so that the results could be viewed in the light of that information.

There were similar debates in consideration of including a question about the religious background of young participants. Again this was decided against, as it was not appropriate to our type of survey. In one particular case the young people concerned all attended a Catholic grant-maintained school.

We do not consider it appropriate to look at the employment backgrounds of parents. However, it really depends on the degree of refinement of the tailor-made provision that is sought whether any of these questions should be included or not. It is felt that where procedures have already been set up for some organisation to be able to handle the complexity of the data sets which would result and the correlations between them, then of course greater refinement and perhaps a more appropriate match of drug education delivery

could be achieved. For the purposes of our type of quasi-experimental survey, this was not necessary nor was it technically possible with the resources available.

2. The qualitative approach

Three methods were employed: opportunities for unstructured qualitative comments in the questionnaire, informal conversational semi-structured interviews and open-ended dialogue.

Qualitative data

It is acknowledged that the quantity and scope of the qualitative data in this project does not fully compensate for the small number of in-depth interviews.

Since the opportunity for qualitative comments was provided in the questionnaire and because the young people concerned had had experience of providing qualitative comments in the pilot and previous questionnaires, the response was very considerable and the amount of qualitative data obtained by this method was great. It was therefore felt that in-depth qualitative interviews need not be extensive and in fact 10 of these were carried out and a further interview in even greater depth involving a dialogue between two young people was also undertaken. The extensive recorded material thus obtained was then transcribed. The information obtained from these interviews and from the great amount of qualitative material in the questionnaires was entered into the Q5 Nud*ist software and categorised and analysed at the first level.

The positivist approach to interview data seeks facts about behaviour and attitudes and employs random samples, standard questions and tabulations.

The interactionist approach seeks authentic experiences through unstructured open-ended interviews. We sought a combination of the two approaches; since we have a predominantly positivist approach in our correlative surveys, we sought a more interactionist approach in the interviews – these were largely unstructured but with some standard questions and some reactive ones.

Qualitative research interviews are "attempts to understand the world from the subjects' point of view, to unfold the meaning of people's experiences, to uncover their lived world prior to scientific explanations" (Kvale, 1996).

Qualitative interviews may be used as an exploratory step before the design of more quantitative structured questionnaires to help to determine the appropriate questions and categories. Conversely interviews may be used after results of more standardised measures are analysed to gain insights into interesting or unexpected findings. We took the latter route.

Patton (1990) outlines three basic types of qualitative interview:

- the informal conversational interview,
- the interview guide approach
- the standardised open-ended interview.

It was finally decided to adopt an approach that was our own slightly different version of the informal conversational interview. This was because usually there would be an outline of topics and issues to be covered and normally there would be an interviewer who would work to this list but would also be free to vary the wording and the order of the questions to some extent. It was decided that there would not initially be any formal questions, the range and scope of the subject under research having been explained to participants in the introductory session. In the informal conversational interview the wording

of questions and even the topics are not pre-determined and this has the huge advantage that the interview is highly individualised and relevant to the respondent, which was what we were seeking. It allows the participant to describe what is meaningful and important to him or her using his or her own words rather than being restricted to predetermined categories. In fact it produced information and insight that even the researchers and the funding body did not anticipate. Also we felt there were distinct advantages from the point of view of the special consideration that should be given to young people and particularly to those from ethnic minority backgrounds responding to questions couched in particular terms.

This open-ended and unstructured approach facilitated responses which were most natural to those young people taking part. However there was much prior concern about the risks involved in completely unstructured interviews, and the quality and relevance of the resulting data, so some questions were included in the second part of the interviews. These questions were meant further explore what had already been said and to link to the questionnaire questions and topics where these had not yet been covered.

a. individual

1. instrument: 10 semi-structured interviews, individual, in observed but confidential situations in schools or homes
2. sample: for individual interviews: 10 young people from those who completed the questionnaires, self-volunteering and claiming to be non-users of drugs (other than limited social drinking)
3. technique: prearranged introduction, based on the questionnaire topics, given to all participants, with follow-up questions appropriate to individual responses, tape-recorded and transcribed

b. dialogue

1. instrument: 1 unstructured dialogue between two young people with some researcher involvement

2. sample: two young people claiming to be long-term addicted heavy cigarette smokers

There were several reasons for this choice:

- Of the two recreational drugs most used by young people – alcohol and tobacco – tobacco is the only one which can be legally bought and used by young people.
- The problems for the interviewer in conducting an in-depth interview and for the young participants are far fewer than where the activity is illegal.
- The responses from young people were likely to be more honest.
- Tobacco use by young people has by far the most serious consequences so far as addiction and long term use and risk of serious illness are concerned.
- The immediate and short-term effects of nicotine addiction on the health and behaviour of young people (particularly as related by young people themselves) are insufficiently realised and publicised.
- This was done with partial researcher participation and was unstructured so that the young people involved could initially talk about what is most significant to them uninfluenced by the researcher.

3. technique: tape-recorded, transcribed and with subsequent comments by the researcher

C. Data processing

Involvement of data processing service

The decision to pass the number-crunching of the quantitative data (only) to an external professional data processing organisation was taken in full consultation with the research supervisor at the time, and the implications of this and the necessary conditions which would have to pertain were discussed and agreed. It was made clear to the data processing organisation that we only required their services to input the vast amount of data from the questionnaires, which was completely beyond the resources of a researcher and his helpers but which could be handled efficiently, accurately and quickly by an organisation with the staff resources and technology necessary to deal with this. It was stressed that the data inputting and production of results had to be carried out in ways which were specified by the researcher. The ways in which the data were initially categorised and tabulated were also specified by the researcher.

The drawbacks of using an external agency were taken into account. These concern ethical and data protection issues, as the data are physically out of the possession and control of the researcher for a time. Control of the issue of the checking of the accuracy of inputting was important. The risk of the accidental non-keying of some questionnaires was dealt with by the numbered batching process. Overall in this case the drawbacks were neutralised or minimised and the advantages of the involvement of an external data processing company outweighed the disadvantages and contributed significantly to the research project.

D. Data Analysis

While the processing of quantitative response input was primarily undertaken by Independent Data Analysis Ltd, according to the researcher's instructions it was subsequently interpreted by the researcher.

Processing, analysis and interpretation of the qualitative aspects of the questionnaire were undertaken by the researcher.

In traditional positivist research, data gathering and data analysis have been regarded as distinctly separate functions and it has been felt that issues of different tests of validity and reliability demand their separation

On the other hand, Marshall and Rossman (1999) say

In qualitative studies the data collection and analysis typically go hand in hand to build a coherent interpretation of the data.

The process of qualitative data analysis takes many forms, but it is fundamentally a non-mathematical analytical procedure that involves examining the meaning of people's words and actions. Qualitative research findings are inductively derived from this data (Maykut and Morehouse, 1994 : 4).

Strauss and Corbin (1990) have described three approaches to analysing qualitative data. They range from data organising for coherent reading but not so systematically analysed, to a process resulting in theory that is "inductively derived from a study of the phenomenon it represents" which requires the highest level of interpretation from the data in order to arrive at theories. The approach of this research was midway - it is descriptive but recognising that some interpretation is necessary. It required some selection and interpretation of the data and some quotations from the text moulded into a rich and believable descriptive narrative.

This research wished to identify themes, to organise the data so that evidence for these themes could be found and these themes illustrated by providing quotable material in the words of young people themselves.

A classic study of drug use by adolescents was carried out by Glassner and Loughlin in 1987. It was a major interview study of American adolescents' perceptions of and use of drugs. They used structured interviews with pre-tested scheduled questions and computer-assisted data analysis. But their approach to the data analysis was very different from the positivist one. They stressed that their goal had been to retain good access to the words of the subject.

Ours used the inductive rather than the deductive approach to data analysis in that data was collected that related to our focus of inquiry and hypotheses were not generated and thus the relevant variables from data collection were not predetermined. What became important was to analyse what comes out of the data itself, to search the data set for themes, to develop analytical categories and to index the data accordingly.

There are strong arguments being made at present for Narrative Analysis.

There is an increasing recognition of the importance and usefulness of narrative analysis... most social science and human disciplines have recently turned to a narrative analysis for the human involvement in reporting and evaluating experience (Cortazzi 2001: 1).

While this method seemed ideal for ethnographic studies it was not appropriate for this research. There are important differences between narrative analysis, which involves some coding type procedures, and

conventional thematic coding. The latter seeks segments of transcribed speech that can be lifted out of their original context to be compared with other segments similarly obtained. This is exactly what we require in our research. Whereas coding in narrative analysis is indicative of narrative functions, we are not (since this is not an ethnographic study) so concerned with this.

For the interviews we initially took a performance text analysis approach. For the dialogue sessions between the young people we followed the conversational analysis model, based on the work of Sacks. With the storied or performance approach to narrative analysis, the researcher seeks to understand a group of people within a given historical moment. As Denzin argues:

The performance model is the most powerful way to recover and interrogate the meanings of lived experience [but] this means that the cultural meanings of the original performance of a narrative cannot entirely be captured by most analyses (Denzin 1997:42).

Having decided upon the most appropriate data analysis method, we employed information technology assistance to facilitate this method. "Computer-assisted qualitative data analysis software has ceased to be a novelty and has become a palpable presence" Fielding and Lee (1998). It facilitated identifying thematic material and data reduction through identification of redundant or irrelevant data.

The software program we chose as most appropriate to our needs is Qualitative Solutions and Research Nud*ist v.5 (2002). Of the alternatives, Atlas is particularly geared to a grounded theory approach which was not what we were employing. Ethnograph is particularly suited to the analysis of texts produced through ethnographic research.

So our analysis of the qualitative data was thematic, employing the Nud*ist 5 software program, as appropriate in the various ways recommended by Udo Kelle (1995), uncovering thematic aspects and isolating thematic statements.

It may be possible to return to the data for other types of more interpretative analysis such as collaborative analysis ideally involving young people (respondent validation), but this would be outside the main research programme.

There was examination of the data and learning from it after each data gathering session. This influenced subsequent data collection. It involved the noting of the patterns, connections, similarities or contrasting points in the data and this influenced the interviewer questions in the second part of subsequent interviews in order to address new issues which have emerged.

Correlations

The decision was taken in consultation with the research supervisor at the time not to proceed down a statistical correlational analysis path. In retrospect it is accepted that such correlational work in this project would have produced valuable additional insights had the resources been available.

While there is general agreement as to what correlation is - a statistical technique which can show whether and how strongly pairs of variables are related- some of the most fervent arguments in the social and natural sciences are about correlations. Yet it is often said that correlation analysis can be the most important work anyone does with a data set because such analysis can help define trends, make predictions and uncover causes for certain phenomena. But it can be a contentious process.

In correlation research every effort is made not to influence variables but only measure them and look for relationships between some sets of variables. In experimental research some variables are manipulated and the effect of this and the manipulation of other variables is measured, and it is only the experimental data that can conclusively demonstrate causal relationships between variables. Causation can only be postulated from correlative research based on some theories that have been put forward. Correlative data cannot conclusively prove causality. Furthermore bivariate correlations - correlations between two variables - cannot take account of any other types of variables such as intervening, mediating variables. And unless some sorts of controls are brought in to compensate for such confounding relationships, spurious correlation may well arise. So in the absence of knowledge of all possible confounding variables the researcher cannot be sure that the apparent relationship is true. If the apparent relationship cannot be proven then the whole truth cannot be known.

Against this can be argued that if the subject matter is important we need to continue to improve our understanding of it albeit imperfectly.

Furthermore one has to say that it is possible to demonstrate the strength of associations between two variables by using tried and tested statistical methods. The Correlation Coefficient for example is a formula which quantifies the strength of such an association and illustrates it in a way which is often more useful than graphical representations.

Moreover the use of regression analysis techniques can prove particularly useful in this respect. For example, linear regression analysis attempts to model the relationship between two variables by seeing whether a linear equation can be fitted to observed data. This does not necessarily suggest a causal relationship but it can be important to be able to demonstrate at least a significant association between two (or more) variables. The particular

advantage of this method is where there is a range of possible correlations available. This method can distinguish those that have real significance.

Data quality and reliability

The basis of all research and reporting is the quality, reliability, validity and accuracy of the results themselves and we have been anxious to address all the issues involved in this.

We were particularly aware that managing both small and large volumes of numerical data acquired is a very time-consuming and laborious task, and errors are prone to be introduced at any stage of the operation. That was one of the reasons for deciding that the initial processing of massive amounts of data should be undertaken by an organisation which has error trapping and data validation systems. Errors can be detected by the data quality error checking capability of user-defined rigorous data checking, validation and quality control procedures. This was applied to all the incoming data before they were placed into the database. This ensured that the results stored in the database were reliable and consistent, and eliminated many errors that are often overlooked in manual systems. So we believe our results to have a greater validity than otherwise.

Reliability is concerned with the stability of results. In particular the reliability of an interview revolves around such questions as to whether, if a survey is conducted repeatedly, it will yield the same results or whether, if the survey is conducted by different interviewers, it will still produce the same results. The survey here meets those criteria because of the qualitative interview schedule which was produced and consistently applied. However we were aware that reliability is particularly enhanced by specifying the exact wording of the questions to be asked in the interview using multiple questions rather than single questions for the measurement of each concept. We did not wish to do this as we did not want young people's responses to

be too restricted or interviewer-led. So in this respect this is a limitation of our material.

Reliability and validity are closely related to each other. We were aware that if we were consistently and systematically measuring the wrong value for all respondents then this measure would have been reliable, but not valid. It would have been consistent but wrong. We were also anxious to avoid getting the right answer for the group but losing accuracy in the case of individuals which results in a valid group estimate, but we would have had inconsistency and unreliability. So reliability is directly related to the validity of the measure being used.

We can evaluate our study for its validity in a number of ways. First there is the evaluation of the validity of the measuring tool, in our case our questionnaire. Second is the evaluation of the validity of the procedure of a study.

Face or surface validity, whose usefulness is controversial, refers to the extent to which a measure appears on the surface to measure what it is supposed to measure. We feel ours does because we obtained informed, expert opinion before the administration of the instrument and subsequently.

However we accept that because of the limitations of our survey we could not employ the other ways of assessing validity such as criterion validity, as we could not compare the results with another measure. Nor could we use construct validity, which is assessing validity by investigating if the measure really is measuring the theoretical construct it is supposed to be.

So far as the validity of our procedure is concerned, internal validity is concerned with the extent to which the explanation of an issue or event offered by the research is sustained by the data themselves. We hold that our procedure ensured a high standard of internal validity. External validity refers to whether the findings of a study really can be generalised beyond the present study and falls

into two categories. Population validity refers to the extent to which the findings can be generalised to other populations of people. We do not claim that our findings are capable of generalisation to any other population. Nor does ecological validity, which refers to the extent to which the findings can be generalised beyond the present situation, apply either. While this could be considered to be a limitation we feel the unusually-large size of our sample (one can increase precision and reliability by increasing the study sample size), the precautions we took, particularly with the instrument to obtain valid and accurate and reliable and precise measurement, and the degree of rigour we employed within our limitations enable us to claim that our findings are of significance and worthy of attention and make a significant contribution to knowledge of the subject.

Cross-national comparisons of data and material

The concept of drug normalisation was held by Parker and his colleagues to be not just a phenomenon in the United Kingdom but also across the world. This was one of the reasons which encouraged the researcher to examine material available from other cultures. In particular, because the researcher is fluent in French, it was felt that this provided an opportunity for material in another language to be incorporated too.

However, no two countries, even within the Old Commonwealth or the European Union, are perfectly comparable or permit an unambiguous quantitative or qualitative comparison of aspects of the countries' life. All phases of survey research can be affected by methodological differences which exist in different countries which can endanger comparability. Then there are issues of identity versus similarity. It is necessary to make it clear in which respects similarity is being claimed. There are differing views among researchers as to whether there is a basic concept of equivalence in cross-cultural research or whether there are various definitions of

equivalence and types of equivalence in terms of indicators, translation, formulation of questions and other criteria.

In this research we do not claim procedural equivalence but we do make comparisons on a procedural basis. Equally we do not claim interpretive equivalence but we have made many interpretative comparisons. The countries with which comparison is made are Australia, Canada and New Zealand, chosen because they are Commonwealth countries with many similarities to the UK. France, Germany, the Netherlands and Sweden were chosen because they are those countries in the European Union that have made a particular contribution to drug education research. Also it is the case that the European Union has made attempts for some years to aim at international data collection in the drugs field on a procedural equivalence basis and there are some common drugs limitation procedures on a commonly agreed basis in the EU. The choice of the United States was made because there is more academic work on drug use by young people and drugs education there than any other country in the world. Hence we feel there is value in comparing and contrasting aspects of drug use and education in these countries where there is the likelihood of fewer problematic comparison issues, whilst also recognising the limits to realistic comparison. Because of the rather different content of the published data and the societal differences mentioned, these comparisons serve only as general indicators of an order of magnitude or of an existing or a developing policy.

However, there are strong arguments for such international comparisons in spite of their limitations. It is often claimed that globalisation is an important factor in drugs issues. Growing economic globalisation and competition, along with the European Union's increasing economic integration, mean that the EU is increasingly tending to compare itself in many aspects with the world's other largest economies.

Conclusions

As the research task was set in a particularly complicated environment, which we have previously described, it required approaches which had to be very carefully selected and difficult choices had to be made. These choices were in fact complicated by the availability of substantial funding.

This funding could be used for the initial input and processing of a huge amount of data by an external professional data processing service giving us both greater and wider opportunity. But it also presented us with more difficult decision-making processes, between a wider range of choices.

Within data collection were the complexities of the questionnaire, its construction, its piloting, its administration in the wide-ranging participant schools and particularly the choices as to what data was to be collected, and what not, and why. Once collected there were the difficult issues of processing to be faced such as the extent of use of external processing, the internal use of computer-assisted data processing and analysis, the arguments about correlations and all the time remembering issues of quality, reliability and validity were paramount. Decisions also had to be made about the amount of comparison we attempted with other findings and particularly those from other cultures and the relevance of this.

So in this chapter we have outlined some of the decisions we made and the reasons for them, accepting that some criticisms could be made of some of them but believing that they were the correct ones in the prevailing circumstances, environment and availability of resources.

But there were other factors which influenced these decisions, and they were the particularly unusual and special issues which pertain in a study of young

people on the sensitive subjects such as drugs in a fraught environment such as the drugs education and prevention scene. These special issues and their implications for methodology are examined in detail in the next chapter.

4

The Special Issues

THE SPECIAL ISSUES

Due to the sensitive and politically-charged nature of the research subject, combined with the questioning of young people and the involvement of a funding body working in the fraught drugs education environment, there were special considerations, dangers and potential pitfalls which had to be taken into account.

A. Ethical considerations

Special ethical considerations applied to this project in two respects:

1. All the research was carried out among young people and in a highly sensitive research area which involves major issues:

Essential codes and strategies had to be employed to ensure:

- the protection of young participants/respondents
- the informed consent of participants and their parents
- the minimisation of risks involved to those carrying out research
- the confidentiality of the information supplied and the anonymity of the respondents
- the total clarity and honesty to research staff and participants and parents about the purpose, methods and intended and possible uses of the research
- the representation of gender and ethnic background and provision of specific data about the participants in these respects.

Hence the research was carried out strictly in accordance with the latest BERA/BSA guidelines relating to such research, and took into account the ethical guidelines of the University, the Youth and Community Education Service and the educational institutions involved.

Since these issues are of particular magnitude in this research they will be amplified in an ethical considerations chapter of the dissertation. This is examined in depth in the chapter on Issues.

2. This is partly sponsored research and there could have been tensions between the requirements of the sponsoring body and the ethical codes of the researcher.

The National Drugs Prevention Alliance (NDPA) is the umbrella organisation representing those voluntary organisations and individuals concerned with the drug education of young people through improving good practice in primary prevention – of which education is an integral part. This organisation will be meeting some of the costs. Those met by NDPA will include 50% of the principal university fees, some limited clerical staffing assistance, questionnaire production, data processing (50%), report production and dissemination. The researcher will meet the costs of the remaining university fees, travel, consumables, software, equipment, transcription and data processing (50%).

Since the implications of external funding can be considerable, they too will be dealt with in greater detail in an 'External Funding' sub-section of the 'Issues' section in Chapter 4.

In summary the inherent potential conflicts of interest are:

- Inexperienced funding bodies with expectations of too much too soon
- Lack of involvement, or over-involvement, in objective setting
- The ownership of intellectual capital
- The extent of influence and impact on the researcher
- The need to attend committees, briefings, reporting back

- Mid-term alterations to meet changing requirements of the funding body
- The limitations or lack of control of dissemination
- Issues of selectivity
- Short order commissioning
- Cessation of funding mid-term
- Dangers of aggregation and generalisation

There is an in-depth detailed study of the above in the section on Issues.

Significance

The significance of this research is:

1. In itself, because it:

- concentrates unusually upon young people who are not using drugs
- provides original knowledge about young people in a particular setting
- adds to existing knowledge on the subject
- provides information for the participant schools which they could not as easily or as accurately obtain (while maintaining confidentiality)
- is a rare piece of work in carrying out research in order to facilitate feedback to participating schools, so as to assist their tailor-made application of preventive drugs education
- provides experience for practitioners at these schools and others of all aspects involved in an approach of this sort which will be of value in applying the same elsewhere
- increases the researcher's professional capabilities and enables him to be of greater benefit to the field in the future

2. As part of a larger research project to be undertaken by the funding body if and when further resources can be obtained, as it is hoped, that:

- this research will be carried out again with the same young people following their completion of the preventionist drugs education programme according to their needs and for the two to be compared.
- further techniques can be employed such as respondent validation
- the data can be revisited and explored further
- some wider form of dissemination to the field and the public

User engagement

There was involvement of non-academic users of research - for example voluntary organisations who form part of the umbrella organisation the National Drugs Prevention Alliance - during the research and subsequently.

Presentation of results and dissemination

Distribution will be to:

- participants in the research who have requested a copy
- participant schools and youth organisations
- groups and individuals in the NDPA
- professionals and organisations in the drug education field.

Issues and special considerations

Due to the sensitive and politically-charged nature of the research subject, combined with the questioning of young people and the involvement of a funding body working in the fraught drugs education environment, there were special considerations, dangers and potential pitfalls which had to be taken into account.

Ethical considerations

Special ethical considerations applied to this project in two respects:

1. Nearly all the research was carried out among young people and in a highly sensitive research area which involves major issues. Essential codes and strategies had to be employed to ensure:

- the protection of young participants/respondents
- the informed consent of participants and their parents
- the minimisation of risks involved to those carrying out research
- the confidentiality of the information supplied and the anonymity of the respondents
- the total clarity and honesty to staff and participants and parents about the purpose, methods and intended and possible uses of the research
- the representation of gender and ethnic background and provision of specific data about the participants in these respects

Hence the research was carried out strictly in accordance with the latest BERA/BSA guidelines relating to such research and took into account ethical guidelines of the University, the Youth and Community Education Service and the educational institutions involved.

The issues connected with the sponsorship by a funding body.

The funding environment

There has been a dramatic increase in research links between higher education and the commercial and charitable sectors.

As the 1998 research report of the Higher Education Funding Council for England noted:

There has been spectacular growth in recent years across the United Kingdom in the scale, number and variety of linkages between higher education and industry. These linkages are manifested in research collaboration, provision of consultancy services, market transactions in the commercialisation of research, and industry's growing involvement as an interactive user of all types of research... Research funding by industry has grown by 30% over the past three years ...The significant investment being made in securing intellectual property rights suggests that larger income streams are anticipated in the future. There is increased competition among HEIs for industrial resources, driven partly by the matching-funds requirements of many public initiatives. HEIs also have a more competitive relationship with industry through the desire to raise revenue from the knowledge they generate. But it will take some time before there is universal acceptance of a market for a previously free commodity (Howells, Nedeva and Georghiou: 1998: key findings:1).

Alongside this there is an increasing number of grants being made to charitable bodies conditional upon relevant research being undertaken, or for specific research. In the case of some smaller charities their future existence in terms of the total funding of their organisation has become dependent on their being able to underpin their work with research.

The current finance-driven and results- driven environment

Concurrent with these developments is the prevailing climate within nearly every aspect of our national life which is causing the intensification of financial- and results-driven pressures. This exacerbates the relationship

between research, learning and the market as a means of allocating resources.

Voluntary organisations now have businessmen on the committee talking in terms of 'value add', 'outcomes', 'return on investment', and many charities operate in a results-driven environment.

Market forces are replacing other means of resource allocation in research and independent esoteric research is diminishing and the previous role of research coordinating bodies is changing. James Tooley (1996) maintained that the market itself will decide research priorities and that there is not therefore a need for an overarching body. But the marketplace forces that impinge upon research because of competitive bidding can result in very specific specialisations in order to serve a niche in the market, or in very broad generalisations.

The close-scrutiny climate

In addition to the above discussion there is prevailing close scrutiny of every aspect of work, particularly conduct. Ethical considerations - always important - are even more rigorously examined, while on the other hand they are under pressure from the financial- and results-driven environment which can result in attempts by sponsors to curtail, shortcut or manipulate these. This is a hazardous area for the researcher.

The prevailing drug education scene

In the case of this particular research there is another complicated environment. This is the highly sensitive, high-profile and highly political field of drug education with considerable levels of public expenditure on it. Also the Government prefers a wide range and number of research projects to be

carried out in this area primarily via voluntary drug education organisations. Within this are the two distinct and competing philosophies as to the most appropriate approach in this field – prevention or harm reduction. In fact, there is a virtual war in progress between the two and there is intense competition for resources between the opposing organisations. This is dealt with in detail in the section on the drug prevention and education environment. Funded research in this environment makes the issues and principles involved in independent research even more starkly evident.

So there is a considerable amount of educational research for sale, and people who want to offer funds for it, but recent developments and current contexts are making the implications for the management and organisation of a research project much more complicated than previously. Obtaining funding often seems to be a great achievement but it can be accompanied by such major problems that Howard and Sharp (1990) warn that students short of resources are often tempted by such offers but that acceptance of them can put the completion of their project in jeopardy.

The issues affecting management and organisation of a funded project.

Within these complex and hazardous environments for the researcher the issues involved and the inherent potential conflicts of interest are highlighted to a greater extent than previously.

1. Maintaining control

A fundamental issue in a funded research situation is the degree to which a researcher can lose control of the research to a funding body.

There is a great danger in saying “I want to do an EdD, I want it to be useful, I want it to be about young people as I have been a youth and community

education officer most of my life, I want it to be in the area of drugs education because this is so hugely significant among young people but I need funding” and to then head for an organisation in the drugs field and say “Can I do some research for you?” This means the chances of funding are indeed relatively high but so too are the chances of losing control.

Alternatively, one can propose a particular research question and methodology and ask a funding body if they will be willing to fund this. The chances of achieving funding in this case are low but, if achieved, the chances of losing control are also low.

The real danger is that the funding body will say, “We want some research to support our view that....” The answer is proscribed before the research is done which runs counter to the whole concept of scholarship – the taking of existing knowledge and reconceptualising it, the independent search for new knowledge. This was not the case with this project; there were no preconditions.

2. Programming, timetabling and extent

Researchers have often found with bodies relatively new to funding research that they have an inexperienced sponsor with unrealistic expectations.

Funding bodies often expect too much too soon. Clients can regard researchers as the equivalent of a commercial consultant. Scott, Skea, Robinson and Shrove (1999) say

academics make contributions distinctive from those of consultants who are generally hired where the commissioning organisation knows what it wants and they can deliver to tight timetables. Academics are more often hired where the answer is not known, or when organisations are under

pressure and need to demonstrate that their actions are supported by evidence. (1999: i)

The difference needs to be made crystal clear from the beginning of the research.

The need to attend committees, briefings, and to report back has to be quantified. Mid-term alterations to meet changing requirements of the funding body can present huge problems and the possible withdrawal of resources mid-term could be fatal to the project. In the worst scenario, funding bodies can exert financial and time pressures to ensure the quick delivery of 'appropriate' findings (Ayre, 1999). Short order commissioning, which is now very common, can bring about considerable security or insecurity depending on its nature. The necessity of ascertaining just what is covered by funding and support and what is not is crucial. Establishing all this is very time-consuming. There are strong arguments for these to be embodied in a contractual agreement or at least some written terms of reference at the outset.

This was the case with this project and the NDPA and the researcher and the original supervisor from the university all met together.

3. Collaboration and involvement

Commissioning bodies are also prone to keeping the research under their sole control and the involvement of the university and other agencies, let alone participants and mediator, is often unwelcome. There has been considerable reaction to this and demands for greater collaboration between the funding body, the researcher and the university. In the early days of this project there was such collaboration with the supervisor meeting the funding body.

Maximising this collaboration is likely to be an important part of the developing research strategy. Above all there will be questions about the mechanisms for ensuring that all parties are kept well-informed at all stages.

The funding body imposed no conditions or constraints.

4. Intellectual property(IP)

Inexperienced researchers may well be unaware or unsure of the extent and detail of prior agreement necessary at the start of a sponsored research project.

The ownership of intellectual property (the outputs of creative endeavour which can be protected under legislation which in the University context can be considered broadly as research results) must be formally established from the outset.

It has become a very fraught issue in research relationships between research students and industry, charities and other funding bodies. Many companies and bodies feel that IP is for sale and that they can, should and are purchasing it by giving funding and that the IP of the research becomes their property rather than the researcher's. The Association of University teachers regards the matter so seriously that it has an IP Helpline.

An example from the funding body's viewpoint: "Input from universities, researchers, consultants and others can add considerably to that knowledge base and are a vital source of innovation and development. However, many companies find that their knowledge base is actually being devalued by these relationships due to a lack of understanding of the ownership and

exploitation issues involved when commissioning external projects” (Protec, 2000).

Effective intellectual property management in universities and research-based organisations is an important factor in the successful commercialisation of innovative research activities. From an individual researcher’s point of view there are two main justifications for wishing to retain control of the IP; it allows the holder to control the use of the research and it gives the holder the chance to be rewarded financially.

Punch (1984) argues that the academic researcher should never sign away the right to publish, “however benign the sponsor might appear”.

With this research the right to publish remains with the researcher in consultation with the university.

The researcher’s intellectual copyright has been respected throughout.

5. Data collection and access

The limitations on the type of data which can be collected, and how, and the subsequent use of that data have to be defined and agreed. It must be stated in what circumstances the name of the sponsors and the university and the researcher can be used by any of those involved. To what extent can and should the sponsors be involved in the detailed process of the data collection? In this case, the funding body (NDPA) were able to contribute their experience in market research and questionnaire design; from their previous experience of such surveys they were able to suggest the setting in which it was conducted, and the range of participants by whom it was completed.

So far as access is concerned, the funding body itself has status in the community, which improves access. There is also the access that the

funding body can provide, such as introductions and in my case interviews at the Department of Health, links with United States, links with the Drugs Tsar and his staff. It gave a certain authority to the research and it was available to provide back-up.

NDPA were at pains not to prejudice either their integrity or that of the survey and the researcher.

6. Originality of research and contribution to knowledge

Studies at doctorate level are supposed to make a significant contribution to knowledge. But whose knowledge? Researchers hope that there will be an opportunity to make a real difference, and one has to be realistic as to what the extent of this might be. In order to express an opinion as to the originality of research you have to finalise the forces impinging upon it.

Policy-makers pick and choose those aspects of research relevant to what they want. Some are not very concerned about the impact on users or professionals.

The extent of influence and impact of the research has to be clearly defined and the research must be of value to practitioners and promote a self-interrogating ethos.

This research satisfies the criteria of originality and contribution, with no undue influence on the researcher.

7. Supervision

In all circumstances the research student needs to establish whether supervision - from whichever quarters it is received - is in nature advising, supervising or directing. With a funding body it can sometimes be the latter. Equally there can be problems with lack of involvement, as well as with over-involvement, particularly in objective setting.

All the main aspects of the planning, management and organisation of a research project such as the objectives, the research questions, the research design and methodological approaches, the selection and justification and detailed planning of the project and the literature searching, gathering of data, the analysing of data and the producing of research results were agreed beforehand with the funding body.

The funding body itself had to seek the approval of their committee, some of the members of which had to explain it to their organisation and to those sources from which they receive funds. The time scales and deadlines were agreed and modified as required.

Since this is in addition to the usual requirements of the university, the question arises as to how do they coincide or conflict?

On the positive side, some funding bodies are not over-dominant and there is some sort of exchange relationship with the researcher. Moreover, the true cost of the research is revealed - a feature which is often not the case with non-funded projects. The researcher had the benefit of knowing that somebody cared about what he was doing and that they might in due course even do something useful with it!

This was conducted satisfactorily, as described in the paragraphs above.

8. Ethics and professional integrity

In these contexts and particularly the 'close scrutiny' environment, ethics and integrity in research are under the spotlight. Research ethics committees are being set up (for example the Royal College of Nursing has recently set up regional research ethics committees across the country) or existing ones strengthened and statements of ethical policy are being made or reviewed. In a funded situation, where the funding body is under the considerable pressures mentioned above, the question of ethics underpinning the organisation and management of a research project can become much more complicated and fraught.

We see educational research as an ethical and political act that is strongly connected to the conflict over knowledge, resources and power outside as well as inside education even when its practitioners wish otherwise (Roman and Apple 1990: 12).

As it is essential to observe ethical codes and working practices, then the question is - whose? In my case, is it the BERA Ethical Guidelines? Those of the environment in which one is working? Those of the Youth and Community Education Service? Those of the funding body? Those of Brunel University? A combination of all of these?

Due to the unclear state of ethics, in that they differ due to the different views of individuals, professional bodies, companies and countries, it is often both difficult and complex to define ethical guidelines for an area of research. In research, it is therefore entrusted to the researcher to follow the appropriate ethical guidelines of their field of study and in "grey", unclear areas of the ethics of their research, to use their own personal ethical code; as to the 'rightness' or 'wrongness' of their research (University of Sunderland Ethics Unit 1999: 2).

The principle of obtaining the informed consent of those studied is paramount. The ethics of consent in research has become the hot topic of the 1990's. A quote from the Guidelines accompanying the British Sociological Association Statement of Ethical Practice (2005) (Relationships with, and responsibilities towards, research respondents section):

Those who carry out research enter into personal and moral relationships with those they study. Although researchers are committed to the advancement of knowledge that does not... provide an entitlement to override the rights of others. Discharging that responsibility may be difficult ...where there is unanticipated use of research by third parties. (2005: paras 1 and 2)

There is a responsibility on the part of the researcher to fully explain, in terms meaningful to participants, what the research is about, who is undertaking and financing it, why it is being undertaken, and how any research findings are to be disseminated and used. The researcher must also make it clear that participants have the right to refuse permission whenever and for whatever reason they wish and they should be informed about how far they will be afforded anonymity and confidentiality. This researcher feels that it is very important that sponsors should consider the possibility of discussing research findings with participants and those who are the subject of the research. All this was faithfully carried out throughout this research.

“Where ethical considerations arise in the design or conduct of the proposed research, applicants are asked to address these explicitly in their proposal. These considerations are taken to include, at the minimum: honesty to research staff and subjects about the purpose, methods, intended and possible uses of the research, and any risks involved;

confidentiality of information supplied by research subjects and anonymity of respondents; independence and impartiality of researchers to the subject of the research” (ESRC 2000).

There have been examples of funding body pressures to attempt research in any way which might produce results – such as covert rather than overt research or encouraging the avoidance of giving participants full information, regardless of the ethical issues involved. Conversely, payments to participants in recognition of their time and contribution may be misunderstood and/or influence findings, albeit that many researchers and some public bodies (for example the Disability Rights Commission: 2005) have recommended such payments in the interests of the respondents and the research.

This aspect was satisfied without concerns being raised.

9. Objectivity

Objectivity is one of the most cherished ideals of the educational research community.

It highlights even further the questions of subjectivity compared with objectivity and of naturalism compared with positivism.

As Eisner (1990) says, it has always been thought important for the researcher to strive to diminish or to eliminate bias and to disassociate as much as possible from himself and the funding body, to be fair, to be open to all sides of the argument, to have a methodology which is objective, to try and neutralise ourselves.

But how did this match with the NDPA’s declared objectives in funding research? These included extending professional knowledge in the field of drug education among young people - and in particular to find out how young

people perceive and value the drug education they receive, and how they respond to it. Then, to using the findings to help influence the nature, content and delivery of prevention education and particularly to help increase the profile and acceptability of prevention-oriented approaches.

It may well be that, as Robson (1993) says, those who are aware who is funding the research may have misgivings that the researcher is not as objective as he should be. Equally, if they are not made aware of the commissioning body this may be construed as a violation of the principle of informed consent (Homan 1991).

The purpose of developing this section of the research was to verify the scrupulous informing of all participants as to the role of the NDPA in the work.

10. Selectivity

There can be many issues of selectivity. The funding body might wish to be selective as to which parts of the research as are given prominence and those which are not. In the aspects of organisation of a research project such as preparation and design work, piloting and arranging access, data collection and data analysis, the funding body might be able to assist with providing people for interviews, suggesting designs for questionnaires, and often help with the data analysis etc, but there are issues of selective influence and manipulation taking place.

There may be arguments pertaining to qualitative and quantitative approaches. Most funding bodies will seek the production of statistics and things that are measurable. This is where the dangers of the small size of the sample, which is as large as is practicable in an EdD, can lead to their being extrapolated as being representative of the situation in general.

Assurances have been given that this will not be the case.

11. Research findings and dissemination

Sadly there are many examples of funding bodies challenging and suppressing findings – and blaming the researcher – for results not in keeping with their expectations and beliefs. “Having paid the piper they may want copyright on the tune” (Punch 1986). As Becker says “Institutions are refractory. They do not perform as society would like them to and officials develop ways of denying failure and explaining failures which cannot be hidden”. The problem is that this often emerges late in the day when sponsors realise various aspects of the research findings.

In fact the NDPA is commissioning research not only among young people but also agreeing to an investigation into the drug education battlefield in which it is one of the principal protagonists. It is one of the trickiest areas in funded research that as well as those who are intended participants in the research it is the case that the funding body itself is also one focus of the research.

So the limitation, or lack of control, of dissemination could have been a very likely hazard.

To whom should the results be disseminated? Ideally there should be a full report which addresses the main aims and objectives of the research accompanied by a summary and recommendations for informing future practice. Distribution would usually be to professionals and possibly to journals. This will take place. The researcher’s view was that there should be some easily accessible version to the young people who participated themselves. This has been offered to all participants and was accepted by some. There is always the concern that if the research produces results the

funding body does not like, it might suppress some or all of the research. But this did not occur. There are very real dangers of aggregation and generalisation, which is particularly inappropriate with much qualitative material, although Schofield has done quite a lot of work on how it is possible to increase the generalisability of qualitative research. There could be a distinct danger that the responsible researcher's usual caveats will be ignored and/or omitted. The inclusion of this chapter, agreed with NDPA, precludes this.

Satisfactory resolution of these considerations has been achieved.

12. Current new models

New models for the organisation and management of research are being developed to meet the new circumstances, and are widely welcomed as a way forward through this minefield of issues within a context of complicated environments and conflicting pressures.

The arrangements described in a Sussex University ESRC-funded project on 'interactive research' are becoming widely adopted (Scott, Skee, Robinson and Shrove, 1999). This was developed in the environmental research sphere but it can be relevant to educational research. The research agenda is developed by all those involved, there are mediators who maintain this interaction and a steering group which meets regularly to discuss issues. The ad hoc relationships between sponsors, researchers, universities, participants and users are clarified and formalised. The principal research issues, particularly those of ethics and integrity, are identified and contractualised. Other issues of management and organisation such as programming - "Conducting research in response to short-term imperatives compromises quality" – are agreed in advance but are subject to interactive

consultation as the project develops. Ongoing mechanisms are agreed for continuing interaction and monitoring between all involved.

In any scenario of education research and particularly in the present context and especially in the environments in which my sponsors operate, it is crucial for the organisation and management of a funded research project that the position on all these issues is categorically agreed and stated from the outset. In the case of the NDPA this was readily and amicably done and agreed.

C. Problems and limitations

It is important in any piece of research to point to the particular problems experienced, the ways in which these were addressed in order to minimise them, and the limitations of the research and of the findings in spite of these efforts.

Validity

1. Approximation

Our aim has been to obtain an insight as accurate as possible into young people's actual thoughts on drugs and drug use. It has to be said that one just cannot arrive at anybody's actual thinking on any subject, only at an approximation - nevertheless we have made concerted efforts to get as near to this as possible. We wanted to find out young people's views on the drug education they had received, to get some insight into the level of the knowledge of drugs and drugs issues or lack of it, and above all record this as they expressed it in their own words.

2. Honesty of respondents

We sought the greatest degree of honesty in a very sensitive activity where young people were being asked to comment in some cases upon their actual use of substances which are illegal or which they might feel to be illegal. So it was essential to pay special attention to the following issues.

3. Confidentiality

Young people were assured of confidentiality - that there was absolutely no way in which either researchers or teachers or anyone else could ascertain who had completed a questionnaire, that rigorous procedures had been introduced to ensure that this was the case and that it could be seen to be the case. In the cases of those who were interviewed in depth they were assured and that it would not be possible from the transcripts to attribute them to any particular person or school, and that if there were any words in the text that would compromise this then these would be removed and a note put in their place to that effect.

4. Motivation

It is important that the motivation of young people encourages them to give the exercise their support and if possible undivided attention. Procedures were introduced to attempt to maximise this. It was pointed out to all participants individually and/or in writing by the researcher that they were taking part in an exercise which would involve 1000 young people and could be of considerable significance and would enable them to make a personal confidential contribution to an important study in this area of relevance to young people. The questionnaire was long - nine pages - and young people

had to be convinced it was important for them to complete it fully; nearly all did. The circumstances in which this was carried out so far as the interviews were concerned were according to the wishes of the participants, not withstanding ethical issues which had to be adhered to above everything else.

5. Influence of researcher

Attempts were made to a high degree, and in fact to a degree which encountered criticism from some in academia, to ensure that young people were led as little as possible. Although in the questionnaire there were leading questions or multiple choice questions, there were others where young people had the opportunity to respond in an open-ended way or to add their own comments. In the interviews the leading of the interviewee was minimal - some people have felt these could have been more influenced than they were. As well as attempting to increase validity by the careful design of the techniques and procedures, establishing a good relationship with participants is essential and every effort was made to do this.

6. Partnership in Education

We are totally committed to the principles of partnership between those involved in educational exercises, that young people should be fully and honestly informed and involved and that the objectives of the exercise should be made clear at all stages. Participants were offered copies of the findings and access to the full research report if they and those who were interviewees were offered transcripts of what they had said.

7. Prior Exploration

There can be some advantages in providing potential participants with an opportunity to undertake some exploration of the topic prior to the interviews or the completion of the questionnaires. This was found to be very beneficial in the case of the Science Processes and Concepts Exploration Project which investigated children's ideas on a number of scientific topics. But there are disadvantages in that unless the exploration can be conducted by the researcher, and this was practicably impossible, it could be that young people's responses were being moulded in some way by others during the exploration process.

8. Gender and Background of Participants

We have been particularly conscious of gender and background issues which, because they had not been adequately taken into account, have adversely influenced some previous studies of this sort. As a result the Project Charlie evaluation carried out by McGurk and Hurry in 1995 took pains to pay attention both to gender issues and the language of questionnaires and also the names given to drugs and to the avoidance of jargon. We did likewise.

9. Generalisability

We accept that although the sample undertaking the questionnaires is quite large, the data provided cannot be extrapolated or generalised to a wider population.

10. Access

As with so many other attempts to carry out research into drug education, use and knowledge by young people, there were difficulties with access to schools because of the sensitivity of the subject, attitudes of governing bodies, issues to do with the image of the school, potential concerns among parents and so on. This resulted, as with so many other research projects, in the sample of schools being largely self-selecting - those schools who were willing to take part. However, all our schools do meet one set of criteria which is that they had all attempted one particular type of drug education programme - the preventative type. Four of the seven schools had some degree of contact with the funding organisation - the NDPA - whilst the other three had similar contacts with charities in NDPA's network of contacts. This helped establish a relationship of trust, and therefore willingness to take part, because of the likelihood and assurance that they could trust this research.

However, we have tried to compensate by establishing through our quantitative questionnaire that the young people concerned were largely similar to national norms rather than being an exceptional group, and that there were not any major differences between each of the schools except in minor respects. Given the existing rapport the head teachers and governing bodies were able to accept our assurance that ethical issues had been clearly identified and understood and would be closely observed, including parents being informed and involved though not of course party to young people's responses.

11. Implications for methodology

All the above issues affected the selection of the appropriate methodology both in terms of the purpose and in terms of the nature of the respondents. The choice was also affected by the usual limitations of resources of both

time and money but was influenced positively by the study of such methods as have been used before and an assessment of their advantages and limitations (Wyville and Ives 2000; Blackman 1996; McGurk and Hurry 1995).

Given the age group that we have chosen and the resulting ability of the participants to read and understand questionnaires and to be able to respond in reasonable depth to interviews, this meant our task was simpler than if younger people had been involved, but we still had to take account of the backgrounds from which our respondents came.

The issues relating to the schools meant that there were a number of institutional constraints and sensitive issues and for this reason it was essential that consultation with appropriate people within the school was maintained throughout the exercise at all stages and since. This proved to be a very time-consuming aspect of the exercise but a sound investment of time.

Summary and conclusions

So we have examined in great detail what we have called special issues as a generic term to cover three types of factors with very, very considerable implications for this research. We have shown how sponsorship by a funding body can have its advantages but that it is accompanied by many issues such as maintaining control of all aspects, ensuring collaboration and involvement, safeguarding intellectual property, eliminating any influence on any aspect of the research and determining the ways in which the results will be handled and disseminated.

In the interests of the fundamental integrity of the research these had to be resolved or minimised, as we have done. Then we looked at the rules of

engagement, so to speak, which govern any research for the protection of the researcher and participants. We then examined how work with young people necessitates additional ethical and protection dimensions which have to be scrupulously observed. Finally we saw how all these issues are heightened by the sensitivity of the subject and the nature of the environment.

There was rigid adherence to the rules and procedures which we introduced following our consideration of all of these in order to ensure that the validity of the research -which we detailed-was not compromised.

So we feel that the field research findings which are outlined in the following chapter have been gathered in such a way as to ensure the maximum validity and reliability possible within the parameters of the research project.

5

The Field Research Findings

THE FIELD RESEARCH FINDINGS

In presenting the findings of both the qualitative and quantitative aspects of this research, which have been combined because one reinforces the other, an attempt has been made to link them, to compare them and to contrast them with the findings of other very recent research. In many cases this provides support and corroborative evidence for the findings of the other research but in some respects it does not and our findings suggest otherwise.

Throughout the text are direct quotations from the young people who participated in the research. These are clearly identifiable in that they are in a unique font - *Comic Sans MS* - with the age and sex of the unidentified young people in brackets afterwards. Some of the material is presented in graphic form. These graphs have been designed and produced by the researcher himself.

The findings have been divided into those relating to the drugs education and prevention strategies which young people have experienced and about drug use in general and then those relating to three drugs about which their views were particularly sought - tobacco, alcohol and cannabis.

On the positive side, the research demonstrated that the percentage of young people regularly using illegal drugs was lower than the media and folklore suggest and that there still are community, parental and social forces of significance to young people which - if mobilised - can aid drug education and prevention. The majority of young people still at school do not regularly use drugs, even when alcohol and tobacco are included in the definition.

On the negative side, the findings showed that there are serious deficiencies in drugs education and prevention and in responses to drug users with problems - and in particular to the twenty per cent of respondents with nicotine addiction difficulties. Also, a significant minority are regular users of one or more drugs, and the likelihood of their use increasing in the post school years is very high.

This commentary which follows this chapter deals in depth with the most significant shortcomings.

TOBACCO

Teenage smoking is a slow-burning health tragedy. Many of these youngsters will be the cancer and heart patients of the future. And as their nicotine addiction sets in they find it harder to shake off smoking (Clive Bates, ASH:Press release 26.07.01)

Most of the tobacco prevention programmes have missed the mark. For one thing overburdened teachers don't have time to teach cigarette prevention; the question of tobacco is not a priority in schools. They tell us they have more urgent questions like violence and drugs (Quebec section of Canadian Cancer Society: Press release 2002).

The French Government research found that the most frequently used psychoactive substance was alcohol, but that it attained the status because it was used irregularly by very many people. However the psychoactive substance that is regularly used most is tobacco.

(Researcher's translation): Alcohol is the psychoactive product which is the most frequently tried and used on an occasional basis. On the level of

regular use it is overtaken by tobacco (European School Survey Project on Alcohol and Drugs: ESPAD) (2000 OFDT)

80 per cent of teenagers who start to smoke continue into adulthood (Health Education Board for Scotland: Media release 2003).

The folklore

The folklore of smoking is surprisingly similar to the actuality, unlike with other drugs. Young people are almost universally well informed about the dangers of smoking although they tend to dismiss them as not applying to them at their age. They are almost universally inaccurate as to the law relating to the use of tobacco and they frequently overestimate the number and proportion of young people who smoke, particularly if they are in a group of friends who do. Surprisingly even those who are not in a smoking circle tend to overestimate the degree of smoking that there is.

Even the folklore about the extent and nature of the black market is remarkably close to the truth, surprising though the truth is.

There was one aspect of the folklore that we could not however corroborate in our surveys and interviews. That was the association of smoking with weight control. It was mainly girls who believed this, but also increasingly boys. In the folklore we obtained several interesting examples of girls whom others reported to have started smoking, particularly if they were already on the heavy side, but we could now find no corroboration from the people we actually interviewed. However, we had examples of young people of both sexes who believed the folklore that when you give up smoking you automatically put on weight.

Most people smoke.

*In fact loads of people smoke in our year.

#It's worse in year 7 now, it is worse compared to us last year.

Our age group, most of them smoke apart from like the little ones.

But nowadays everyone does smoke like all my boyfriends have smoked and all my friends have smoked, everything. (15 F)

There's about 32 in the class and I'd say out of my class only about 8 don't actually smoke, some obviously are regularly and others just do it when they go out or every now and then. (16 F)

But now everyone, literally everyone I know does it - I would say 90 per cent of the people I know. (15 F)

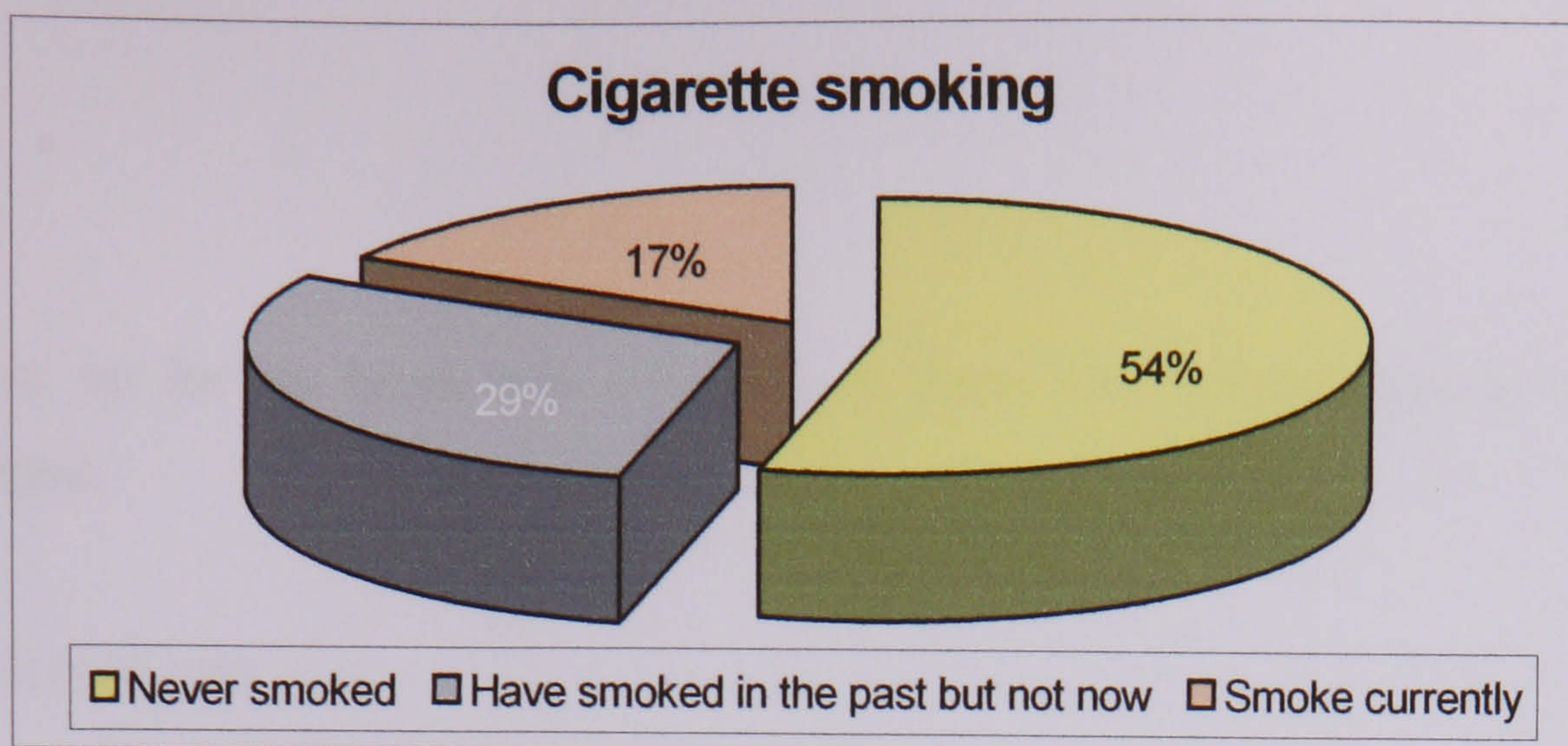
Most of my friends smoke. I don't smoke but some of my friends don't but most people do. (16 M)

About half the people in my class smoke. The girls mainly smoke more than the boys. (15 M)

The actual situation

Overall percentage of young smokers

A recent report by the Schools Health Education Unit found that 40% of 12-13 year-olds and 60% of 14-15 year-olds admitted trying cigarettes. This compares to 30% of 12 to 13 year-olds and 57% of 14-15 year-olds in 1990. Of the 300,000 young people questioned, more than half lived in a home where at least one person smoked. Of the 14-15 year-old girls interviewed 22% were smoking regularly as were around 6% of the 12-13 year-old girls. And David Regis of the SHEU pointed out that the rise in those experimenting with smoking had been matched by an increase in regular smokers as well. (Regis, D, SHEU, 2003).



In our survey 17% of the respondents are smoking currently, 29% used to smoke in the past and 54% never smoked.

(Fig T1)

A National Assembly of Wales Press Release in 2001 said,

"Sixty-seven per cent of 15 year-olds have experimented with smoking. It is estimated that more than a quarter of 15 year-olds smoke at least weekly."

In Scotland 21.8% of 15 year-olds smoke daily compared to 23.6% in Germany and 18.1% in Denmark. In step-families in Scotland it was 35.8% and 24.7% in single parent families (Edinburgh University/NHS 2002).

These trends were confirmed by the data obtained from our quantitative and qualitative studies.

Gender issues

Our survey observed that the percentage of people at the all-girls school which participated in the survey produced higher levels so far as smoking tobacco or/and cannabis were concerned: 34% of the girls at the school said they smoke regularly.

Although there has been research on gender issues particularly concentrating on girls and young women there are nonetheless gender

factors so far as boys are concerned. Boys are more likely to be heavy smokers.

Age of first use

The age of smoking initiation has been dropping in Western Europe and North America. In spite of the substantial anti-tobacco campaign in Canada, the North West Territories Epidemiology Newsletter, volume 10 issue 1, showed that it was between five and nine years of age. It has also been observed that in the 10 to 14 year-old age group the number of occasional smokers is being rapidly overtaken by the number of regular smokers.

We have found much evidence to corroborate this in the research that we did with the smokers with whom we carried out our in-depth interviews. All of them started smoking in primary-school, one at the age of only eight and became a regular smoker by the age of nine. The age of first use was also clearly demonstrated in the responses in our quantitative survey from those who have ever smoked - 25% started under 12 years of age, a further 19% joined them the year after and then 23% at 13 and 24% at 14.

I started smoking properly when I was about 8. I started smoking regularly when I was about 9, something like that. (13 M)

I started properly at 10 roughly. (13 M)

When I was at halfway through year six so I must have been about 11. (15 F)

It's that half of them start smoking at the age of 12 or something because they think it's cool to smoke or whatever because at an age like that you can mess up yourself easily, isn't it. (16 M)

However, one of the very interesting factors that emerged was that some young people who have not started smoking at school and who have not

even tried smoking during their secondary schooling take up smoking after leaving. We have interviewed some of these and the reasons given in all cases were that there was encouragement to try a cigarette by their friends in the social setting of a pub or at other places where young people are drinking socially, that the initial experience which has often been described as distasteful and off-putting by young people is made less unpleasant in conjunction with a drink and is sometimes even pleasurable. They then experience the double enjoyment which is often mentioned and some talk of the triple satisfaction (a drink and a cigarette in an accepting social situation usually with people who are behaving in exactly the same way) as being very powerful.

When I was at school I was hostile to smoking and in particular to my mother smoking and I even used to hide her cigarettes from time to time. But after I had left and started going to the pub regularly I tried smoking in a pub with a drink - I was encouraged by others - and once I had tried it I just did not stop, I just kept going and at the moment it seems unlikely that there is going to be much change in this. (M 19)

There was a longitudinal study following a cohort of 106 young people from the spring of their final compulsory year at school which took place on the east coast of Scotland and it identified that there was a considerable increase in the number of regular smokers during the transition from school to employment training and further education. Regular smokers amongst males increased to 47% and amongst females to 33%. (Bell, R, Pavis, S, Amos A, Cunningham-Burley, S 1999)

The transitions which take place in young people's lives, particularly occupational transitions which lead to new social situations and friendship groups, are of key importance in facilitating their becoming regular smokers.

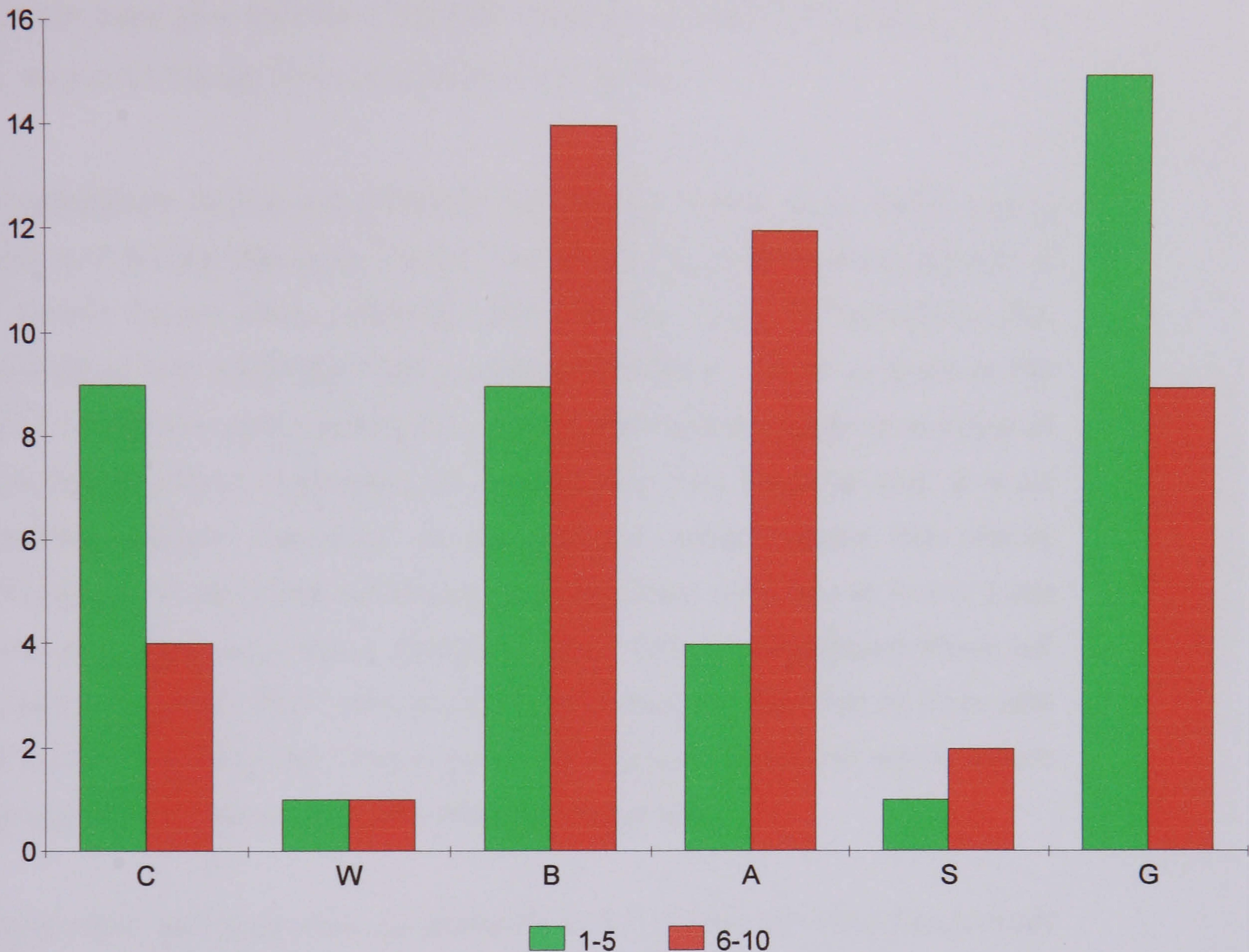
They make decisions within specific social contexts about the level of continuity or change smoking status, and this closely related to contextual factors. The study also suggests that becoming a smoker is not a straightforward progressive process but is more dynamic and relational.

Quantity smoked

Chart T2 graphically illustrates the fact that the majority of young people even at the age of 15 who claimed to be regular smokers are in fact only smoking between one and five cigarettes a day but it also shows that the number smoking six or more cigarettes a day is considerably high and is spread across all schools. This confirms the national figures and the national trend.

Use of tobacco 2

By school, low and high use contrasted



Yet another major factor which emerged from both aspects of the survey both qualitative and quantitative was the number of heavy smokers among young people. Of those who smoke, 60% smoke more than six per day at the weekends, 12% more than 20 a day and 10% more than 30 a day. Of those 10%, nearly all (9%) smoke 30 a day during the week as well in spite of the difficulties of smoking at school, demonstrating the high level of addiction.

More than I usually smoke; at least 40 a day, because I've been twoing them for the past two days. (13 M)

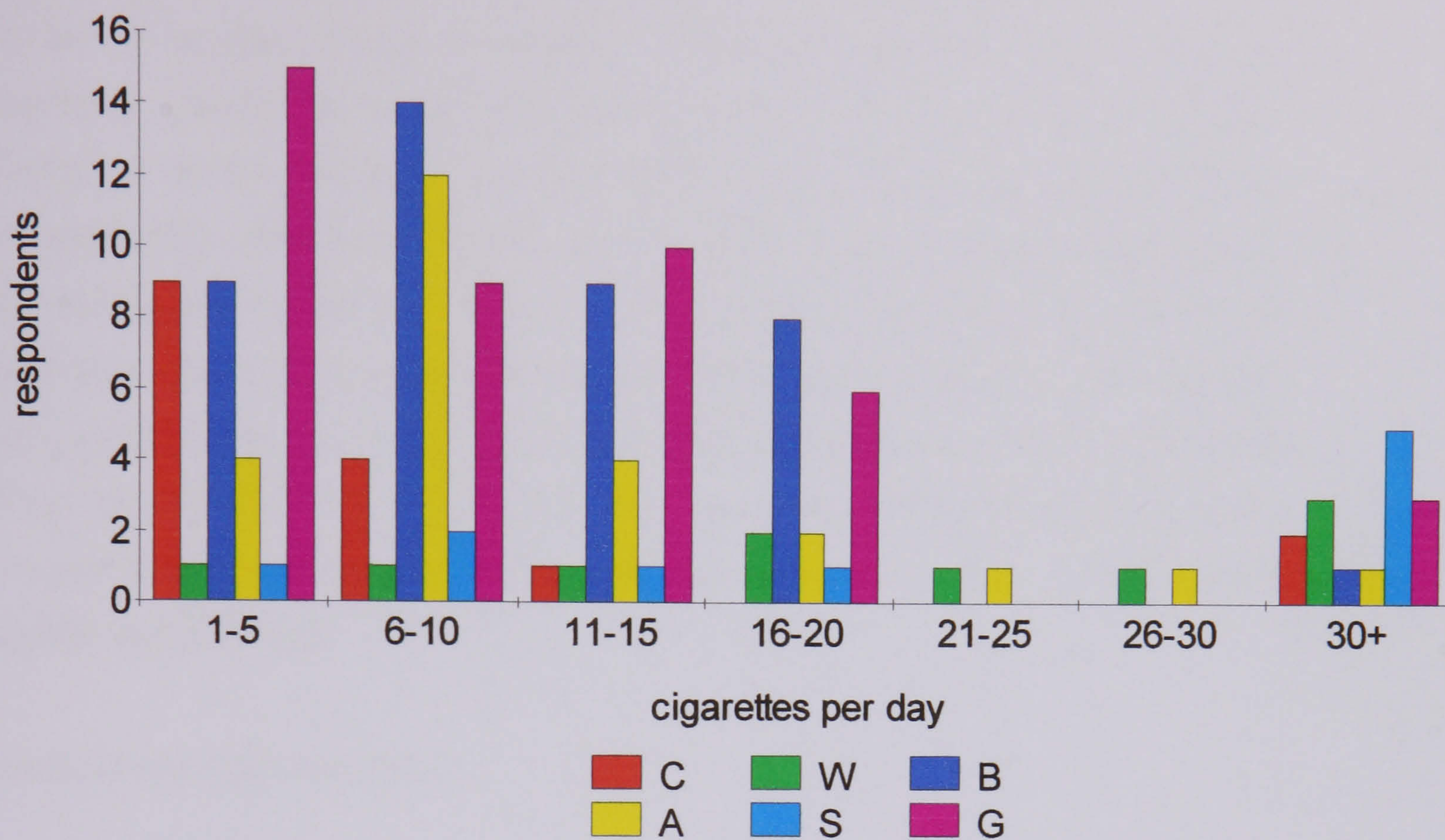
(Girl's name) smokes about 20 a day. There have been some days when I've been with her when she smoked 40 a day, that is the God's honest truth. (15 F)

She must have gone through 2 packets in a day, and that's 2 packs of 10, I'd say. And at 16 I'd say 20 a day is quite a lot. (16 F)

We specifically carried out checking procedures, speaking to some young people and finding this to be correct. There are a number of young people in our survey cohort which, although small in this study (in fact about 20), nonetheless had adult-type heavy-smoker addictions - some of them at the age of 14 - which were causing them very considerable problems in terms of difficulties at school, availability of supplies and their financial cost. It is an interesting feature that even at the all-boys school where the overall consumption of cigarettes was below average there were one or two in each school who were very heavy smokers. When further investigated these fell into two categories: those who were under-achieving, regarded as drop-outs and misfits and those who had a social life beyond the school, which meant they operated in association with older young people.

Among other young smoker respondents in our survey one also has to note that the consumption levels are quite high: 25% smoke more than 10 a day and 55% more than 5 a day.

Tobacco use 3 cigarette consumption



In School G those who smoke as a proportion of respondents is much higher than in the others and the number of heavy smokers is higher too. This suggests that at the school there is a particular culture of smoking and we examined this further in the qualitative interviews and found it to be the case. This is a girls' comprehensive school, and although the school takes steps against smoking on the premises, it is stated by pupils that it is relatively easy so to do and many young people do smoke at school. The graphics also illustrate that there is not a very great difference in consumption among those who are heavy smokers during the week compared to at the weekend. As with the other smoking respondents, who in nearly all cases smoke more at the weekends, the responses from addicted young people show that their high weekend levels are in their case only slightly reduced during the week, as one would expect from young addicts with a confirmed smoking pattern. This means that there is bound to be conflict in school because the heavy

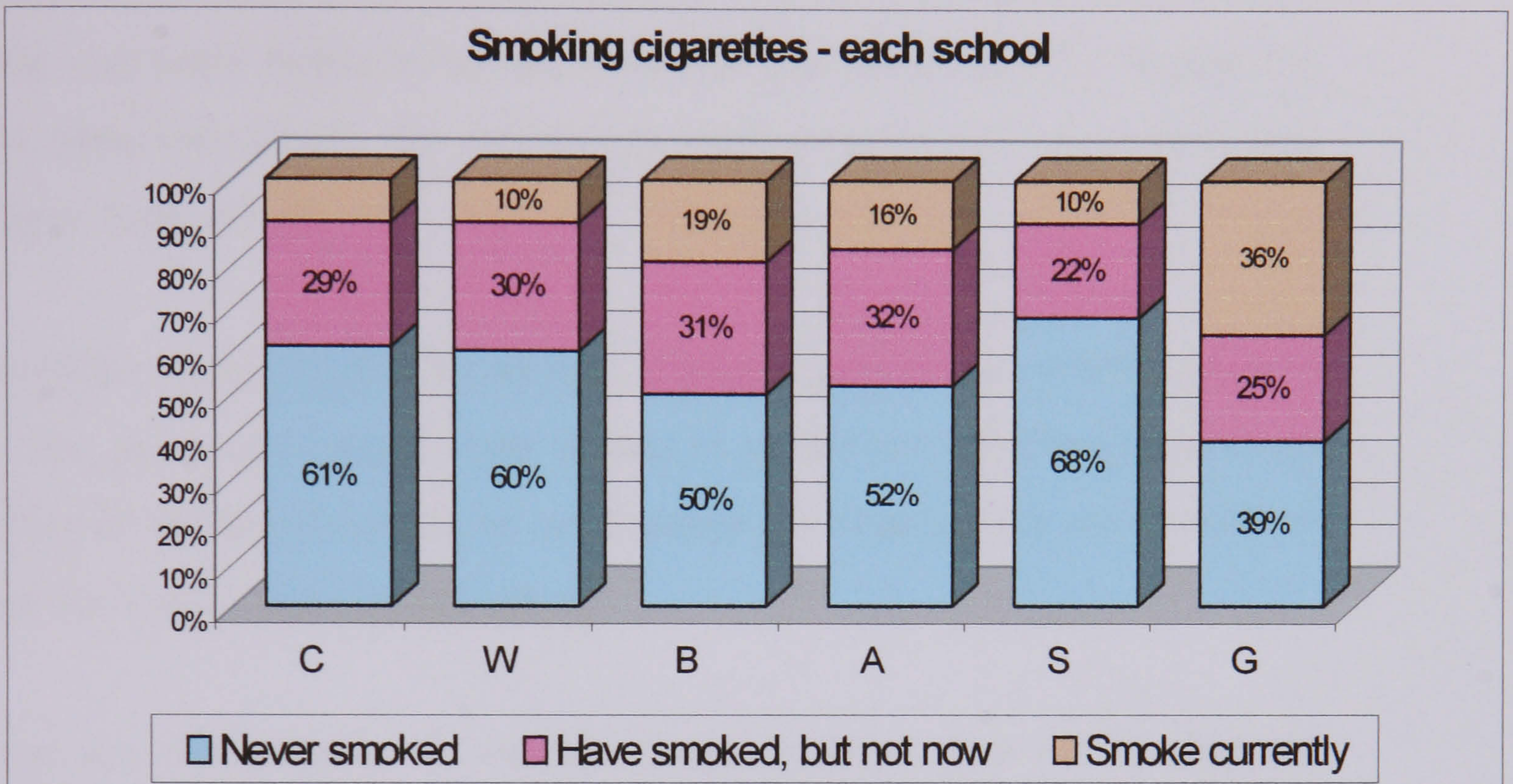
smoker will be seeking every possible way of smoking during the school day, almost certainly clashing with those in authority as a result. Even in those schools where there is a very different set of circumstances, where the number of young people smoking is below the average of the smokers elsewhere, nonetheless what still does occur in those schools is a small number of heavy smokers. The qualitative surveys show that these tend to fall within two categories. There are those who have a considerable social life outside the school and who are often mixing with young people much older than they are and also it is significant that they also appear among those who are consuming alcohol as well during the week. At the other end of the spectrum there are the drop-outs who are smoking for reasons such as consolation, rebellion and other factors; these are often cannabis and alcohol users as well.

Levels of nicotine addiction

A very major finding of our research was the number of young people addicted to smoking and the proportion that were addicted to the extent that it had very considerable implications for their lives and their education:

Levels of Cigarette use

Overall, 54% of students answering say they have never smoked cigarettes. Smoking is less prevalent at S, and most common at G.



There is a strong correlation between cigarette smoking and cannabis use: 82% of current cannabis users also currently smoke cigarettes.

Among those who have given up smoking, the most common starting age is 13 years old, when 44% started smoking. 26% of lapsed smokers started when they were twelve. More than half smoked for less than a month, two thirds had given up after 2-3 months, and three quarters after 3-6 months, irrespective of working.

Current smokers average nearly 12 cigarettes per day at the weekend and nearly 10 a day on weekdays – those working smoke slightly more than students who do not work, and numbers increase with age.

I mean, I like fags after I've had lessons in school, 'cos it just helps us get through school usually. I don't go that much to school any more, 'cos every time I have a lesson I usually go up to the back of the field and have a fag, then go to my next lesson, and I'm always late for my other lessons, 'cos I need a fag, and that's damaging me education 'cos I'm always late for lessons and that. Sometimes I light up in lessons and I get in trouble for it because I need a fag so much. (13 M)

The pocket money I get from my mam, I usually have to buy other things with it. She usually gives me a couple of quid to go and get something to eat, but instead of getting something to eat I always buy fags instead and go without food 'cos I need fags so much. (13 M)

I was out with someone for example, shopping, and I came out to shop and every 5 minutes this girl was going out for a cigarette, it was ridiculous, so in the end I said "look, I'm going to go on up and I'll meet you down here again when you've finished having your cigarette". (16 F)

Researchers at the University of Minnesota (e.g. Mason, J and Hatsukami, D 2004) reported that their research shows that it is harder for women than men to give up smoking once they have started. The women experienced greater cravings than men and suffered more intense withdrawal symptoms than did the male participants. We found similar responses from girls interviewed:

I had absolutely no money to buy any cigarettes and I was just poncing off other people literally I just walked down the street and said to people have you got a spare cigarette. (15 F)

I remember being so desperate for a cigarette that you know the tobacco packets the Golden Virginia ones I just remember getting some Rizla and I rolled just a cigarette and I just smoked it because I didn't have any. I just literally did that. (15 F)

It affects my concentration a lot.

Yes it frustrates me.

I'm tapping pens away and that agitates the teacher and I'm biting my fingernails, I'm drinking in class because I get really dry mouth because I'm needing a cigarette and coughing when I'm completely dying for one. If the school gives us a little bit they'll get back more from us.

Especially with exams coming up and everything I think. (15 Fs)

Yeah it's little things like that it does for you. When you get nervous and you have one it calms you down. When you need a fag and you know you need a fag because you get sort of little signals to tell you I need a fag - like my friend gets cross a lot and I get really a dry mouth and once I've had a fag I'm back to normal or some people get really depressed and like have to touch things and get agitated and stuff like that. (15 Fs)

I spend my dinner money on getting fags in the mornings. (15 F)

They smoke before school, at break, lunch-time and sometimes they skip class just to have a fag, that type of thing. (15 F)

One of the methods of measuring addiction to nicotine is how long after waking a person smokes the first cigarette of the day. In the case of the young male people we interviewed it was less than ten minutes after waking. With the young women interviewed it was less than half an hour:

Usually I wake up at about half six, have a fag, go back to sleep, then wake up about half an hour later, then everyone's up for work and that, then I have something to eat, then I have another one. (13 M)

Well, I've got an ashtray under my bed and the first thing I do when I wake up, I get out my emergency fag and spark it and smoke it and like no-one comes in my bedroom that early in the morning. (15 M)

The degree of addiction amongst young people is often underestimated particularly by non-smoking teachers.

The evidence is quite compelling that nicotine is on a par with heroin and cocaine in terms of its ability to form a dependency in the user.

The Royal College of Physicians in 2000 said that nicotine should be treated as a powerfully addictive drug similar to heroin and cocaine and that there should be much tougher regulation of tobacco products (Alberti, G, RCP 2000).

Researchers at the University of Massachusetts Medical School (De Firenza et al., 2002) said that teenagers appear to be more vulnerable than adults to the addictive effects of nicotine because their brains are still developing. They found that girls became addicted much more quickly than boys and that teenage girls took an average of only three weeks from when they started to smoke occasionally to become addicted. For boys, half became addicted within six months. It had been previously thought that young smokers only became addicted when they were smoking 10 or more cigarettes a day but this research found that even teenagers who were smoking as few as 2 cigarettes per week were showing signs of addiction and two thirds showed symptoms even before they had started smoking

every day. The researchers said that it was necessary for a new term - "juvenile onset nicotine dependence" - to describe the phenomenon. They believe the chemical has a stronger and longer-lasting effect on teenagers' brains.

Youths can lose their autonomy over tobacco use, that is they can get hooked, very quickly and at very low levels of nicotine exposure (DiFranza, J et al. 2002: 46).

Teenagers typically underestimate the power of nicotine possibly because tobacco is a legal drug and is not perceived to be as dangerous as many illegal substances (Sandford, A 2002: 2) (ASH press release).

In our survey, of those who had smoked in the past but do not now, very few had smoked for more than six months, which reinforces the claim that the longer you smoke the more difficult it is to give up and the more unlikely it is that you want to do so.

Combination with other drugs

Smoking, drinking and other drug use are all interrelated behaviours. Pupils who smoke are more likely to drink and pupils who drink are more likely to smoke and similarly pupils who either drink or smoke are more likely to take drugs. There is a stronger relationship between smoking and drug taking than there is between smoking and drinking or between drinking and drug use.

The link between teenage use of alcohol and tobacco is one which needs further exploration. The study undertaken by St. George's Medical School in 1998 claimed that girls who drank alcohol were about seven times more likely to be smokers than those who didn't (Crisp, A., 1998). Those older

teenagers in our study who were using alcohol regularly and smoking reported that the combination of the two was powerful and increased addiction.

The increasing health concerns

I want to be healthy again unlike the other one as far as I used to be. You don't get tired. Now, because I smoke and I run and I get tired, I cough up loads of phlegm and that and I cough and get a stitch very easily and stuff like that. (13 M)

I can't run as far as I used to, I can't play football as much, stuff like that. (13 M)

I get a wheezy chest from smoking. (15 M)

My brother gets coughs and stuff and runs out of breath doing games. (16 M)

I mean I used to be able to play football and that, but the fags made us unhealthy and that, you know. That's why I stopped the paper round. I didn't have the energy to get up for it. (13 M)

Yesterday when I got home my brothers were playing tennis outside and they were practising their serves and it just went miles and after running around I felt like I was going to collapse. (15 F)

Maybe if I do running at school then I find that I am out of breath. My voice has become a bit deeper like with singing and that I can't hit the notes that I used to be able to hit. (15 F)

Teenage smokers suffer from shortness of breath almost three times as often as teens who don't smoke and they produce phlegm more than twice as often as teens who don't smoke. Many people have remarked on the increasingly common sight of young people spitting in the streets particularly if they are smokers.

The Center for Disease Control and Prevention (CDC) published the 1994 report of the Surgeon-General –“Preventing tobacco use among young people”. In it there was reference to the here-and-now effects of smoking on young people:

Smoking reduces the rate of lung growth and it hurts young people's physical fitness in terms of both performance and endurance even among young people trained in competitive running (CDC: 1994 reproduced as NCCDPHP: 2005 Tobacco Information and Prevention Source (TIPS) 3 and 5)

The Department of Psychiatry at New York's Columbia University and New York State Psychiatric Institute found that smoking may increase the risk of some anxiety disorders for teens and young adults. They carried out a study of young people from the age of 5 years whom they continued to observe until they were 22 years of age. At the age of 16, 6% of the sample were smoking 20 cigarettes a day or more and, at the age of 22, 15% were smoking 20 cigarettes a day or more. The researchers established that young people smoking these numbers of cigarettes were at a greatly elevated risk for anxiety disorders in early adulthood. They were 15 times more likely to have a panic attack or panic disorders and more than five times as likely to have generalised anxiety disorder and agoraphobia. Since the researchers controlled statistically for original anxiety levels this would seem to provide fairly strong evidence that cigarette smoking during adolescence contributes to an increased risk for the onset of anxiety disorders by early adulthood.

Motivation

The reasons usually put forward by researchers why young people smoke are peer pressure from friends, the need to gain acceptance in a group, to project a particular image (i.e. sexy and cool as seen through the media or through role models), to look and feel like an adult, to demonstrate one's independence and maturity, the influence of parents and other family members, living in surroundings where most people smoke, sheer curiosity, to deal with stress, to rebel against those who say not to smoke.

Our research found much material to support nearly all of these:

Group acceptance

The research undertaken by Dr. Susan Woodruff and her colleagues at San Diego University said

the offer of cigarettes from friends and classmates was the strongest predictor of smoking but it is unclear whether this is because offers of cigarettes led to smoking or whether those who had tried smoking are more likely to associate with other smokers (Woodruff, S et al. 2002: 7)

At least a third of those people I know smoke regularly -it's the popular people where they all hang around in groups so they all want to be like each other then they all copy each other so they all smoke and they take other things it just leads on and on and on. (15 F)

I was just hanging around with some kids and they were all smoking, and they said did I want a fag, and I said yeah, and I was trying to smoke it but I didn't

know how to, and they said you can hang around with us if you learn how to smoke, smoke properly like, and that's what got me into it. (15 M)

Me and my friend started in our primary school because we thought we'd be cool and we'd be the girls that starts off a trend and stuff like that and it did start off a couple of other people smoking but it was nothing to be proud of and you look back now but you can't turn back the clock and if I could I would and I would stop smoking. (15 F)

*Yeah. Because I started through peer pressure I suppose because like all my mates smoked and they're going "go on, go on" so I did it and then I just sort of carried on from there. (13 M)

I think it's why I started off because I thought it was cool and hard but now I really don't, it's just more of a habit and needing to do it now. (15 F)

It is mostly the popular ones actually, the people that's well known, that smoke. You've got other people who are just led into it to be like the friends of the populars. (15 F)

My brother's 19. He smokes cigarettes. It had a lot to do with his peers as well because he said it was hard if other people are and you're not it's hard to socialise with people. It's like you all have to be at sort of the same level to be able to socialise with one another. (16 F)

Regular smoking is associated with respondents' perceptions of their friends' levels of smoking. Over two-thirds of regular smokers said that the majority of their friends smoked. This research work reflects the findings of other

studies which found that those who smoke are more likely to have friends who smoke.

Relief of boredom

And it is also boredom as well and because don't you find whenever you're bored you think I'll light up a cigarette. It makes me feel better if I'm in a stress it will calm me it will actually make me feel better and if I feel sick as well it will stop me being sick for some reason, and when I'm hungry as well it will fill me up. I don't why. (15 F)

Relief of stress

The Minnesota research referred to previously also confirmed that women were more likely to use cigarettes as an emotional prop to help deal with daily crises, as did our survey cohort:

*When my mum and dad split up that's when it (*smoking*) really, really did get heavy for me because I had my three younger brothers and sisters and I had my mum and dad to sort out and myself and I had to go to a counsellor as well because I was being played tug-of-war with between my mum and dad. (15 F)

We're all changing, we're going through difficult times, we need something we can rely on, because you can sit there in your bedroom doing your homework with a cigarette because it doesn't talk back and it doesn't wind you up, and it just calms you down, mellows. (15 F)

10 probably or more it depends on the stress level that day. (15 F)

Girls are

"more likely to use cigarettes for comfort in stressful situations and often identify them as their only source of pleasure during the day." (Hudson, E, Quitline, 2003; website).

We did find some evidence that young males are using smoking as a stress relief tool to a greater extent.

When you're stressed and that. I always need a fag after I've had like tests and that in school, exams. (13 M)

It's hard to explain but I'll give it a go. First thing in the morning, it's just like on my list of the day, I've got to have a fag and if I don't have a fag, it just confuses everything, like, I don't want to get up and I'm all moody and I get stressed easy and a fag sort of calms me down. First thing in the morning, I wake up, my mum starts shouting at me, off in the bedroom, smoking a fag, then I go back downstairs and she has another go at me. I just get stressed up and just have a fag. (15 M)

Then I quit, and then I started again 'cos when I come back from foster care things were just like rattly and all that, it was hard to deal with so I just had a fag and then I smoked. (15 M)

I feel happy. In the morning when I have a fag, I feel all relaxed and that. Yeah and relieved. I can sort my head out, remember what I've got to do and that, sort myself out what I've got to do in the day. (13 M)

In fact it brings us to the additional feature which came out very much in the qualitative material. In the 'build-up' process involved in the analysis using Nud*ist 5 software, the anxieties and indecisiveness of the young smokers was revealed as acute. Recent research has shown that far from calming people and making them feel more relaxed smoking has the opposite effect in some young people and this continues into adulthood. Certainly there is a trend of removing filters in order to achieve a greater hit, smoking two or more at once – "twoing" or "multiples" – and then there is the combination of smoking, drinking and cannabis which has been mentioned elsewhere.

The evidence that smoking relieves stress is weak, rather the reverse is true.

The public should be made aware of the association between smoking and negative mood states (Scientific Committee on Tobacco and Health 1998: pt 6, 1:10).

In spite of widespread perceptions to the contrary, stress and anxiety are reduced rather than increased after giving up smoking.

Adult/mature/sexy image or feeling

When I smoke it makes us feel a bit more grown up as well, 'cos usually it's just grown ups that smoke but when I smoke it makes us feel a bit more grown up and that, and stuff like that. (13 M)

'Teenage girls view smoking as a badge of maturity. Smoking is seen as rebellious or hard which are seen as fashionable traits. There is a complex relationship between sexual maturity and smoking. Sexually mature boys are more likely to smoke than immature boys of any age between 11 and 16 but from the age of 14 sexually immature girls are more likely to start

smoking earlier than their sexually mature friends. (Scientific Committee on Tobacco and Health 1998 pt4, 4.23)

who take it up later as image enhancing rather than an image deficiency substitution.

Other research suggests that while hardly any women take up smoking a high proportion of girls do and this appears to be because of self-esteem in that it seems to help them socially because it makes them appear more mature (Sandford, A, 2003). We found many examples of this:

I think girls smoke because they want be typical Barbie girls and look their best.

I think girls are a lot more insecure than boys.

And their hair has to be right and their make-up has to be perfect what they're wearing has to be great and the fag in the hand they think sets it all off.

It's a clothing thing - with the long nails and a cigarette in between. (15 Fs)

The University of Sussex studied 3500 young people in 1998 and found that teenage girls were particularly susceptible to the perception that smoking is a sign of sexual maturity. And that it was attractive to boyfriends (Lucas, K 1998).

There is a considerable amount of evidence that smoking is considered by both some young people and some adults to be fashionable or sexy to a high degree. This is demonstrated by the very large number of websites devoted to "smoking glamour". Girls are aware that there is a considerable proportion of boys who think that girls look sexy if they smoke. Conversely many girls admire boys who smoke and find it attractive.

"When I first saw him smoking it was awesome" and "it even made my dorky brother look like a pretty cool dude" - quotes from young people in the USA.

Weight control

Research in the United States, published in April of this year in the journal Tobacco Control, suggested that teenage girls concerned about their weight are four times more likely to become established smokers than those who are not bothered about how much they weigh. They say that there is a teen obsession with the ultra slim and the myth that thinness equals attractiveness and success.

There has been much discussion and debate as to whether also use smoking to control appetite and a study into "Body image tied to smoking in kids" (Marcus, A 1999) maintains that boys aged 9-14 who think they are overweight are 65% more likely to try smoking than their peers and that boys who work out every day in order to lose weight are twice as likely to experiment with tobacco. We could find no evidence for this in our study.

The weight issue is another big one which comes up all the time. They think as soon as they stop smoking they start piling on the pounds and it definitely puts people off quitting (Hudson, E, Quitline, 2003, website).

The Sussex report said that concerns about thinness were minor factors so far as teenage girls were concerned – a contradiction of the popular belief that girls use smoking to lose weight (Lucas, K, 998).

It has also been said that the initial impetus for the increase in smoking among girls and young women was the introduction of brands particularly

targeted at women and employing such names as "Slims" and "Thins" and subsequently using particularly female names such as "Satin" and "Misty" and "Eve". It was claimed that this played on the desire of young women who seek slimness and equate this with glamour.

The results we found only add to the controversy as to whether teenage girls use smoking as a form of weight control because this was only partially supported by the responses that we had. Although several of the girls who are regular smokers did say they thought that they would put on weight if they gave up and this was a reason put forward to us as one of the reasons why they were not considering giving up at present (although this could really be an excuse for not giving up an activity they find enjoyable and satisfying in other respects, and giving themselves permission to continue), we could not find a single example of a girl who had started smoking because she thought it would help her lose weight.

This counters the research undertaken by St. George's Medical School among 3000 British and Canadian schoolgirls (Crisp, A 1998). They found some girls who claimed to be using cigarettes to control their weight – a feature which was very important to them.

Enjoyment

Our research highlights that although for most young smokers there are a number of combined reasons why they smoke, above all once they have started smoking regularly they often experience it as a very enjoyable and rewarding activity. While the other factors that are mentioned such as image and sexiness and relief of stress and so on are important, as many young people have said to us, "well we just enjoy it and it is something that a group of us enjoy doing together". The pro-smoking group Forest said "what the anti-smokers cannot accept is that a great many smokers actually enjoy

smoking and get a great deal of pleasure from it". This is a feature that is often underestimated when approaching the problem of smoking in young people:

The thing I like about smoking, it calms us down and that, and I like the taste of it. I didn't when I first started, but since I've been smoking through the years, I've started to get the hang of it and I just like the taste of it in the morning, it wakes us up and I like to have a fag after I've had something to eat, 'cos the taste is just good. (13 M)

The thing I like about fags is, like I say, it relieves me when I'm stressed. The taste, I didn't like it at first, but, like you get used to it and I like a fag after dinner, like after every meal I have or with a drink, a soft drink, Coca Cola or something like that. That's why I like fags. (15 M)

Right, the way that the fag makes me feel when I have a fag, yeah, this is more to do with the morning, and I feel it going into me body, yeah, and I like the taste of it and I like it going in and I just like to watch all the smoke and that, I blow smoke rings and stuff like that in the morning. (13 M)

Self-confidence

I'd smoke the whole time because it made me feel better, it made me feel confident and just like you can stand on your own, and if your on your own people tend to look at you but if you've got a cigarette in your hand, it's fine. Just a bit of a confidence boost. (15 F)

Stimulation

#What Joseph and I used to do like before every tournament we had a fag and it used to boost my energy somehow, it used to keep me going.

*Because you can feel the nicotine running through your body when you're running - it gives you more adrenalin. (*15 F #13 M)

Curiosity

Most people would say that the common idea is peer pressure is the reason that many children take a drug or any form of drugs. That's true to a certain extent because when you're with your friends there is a certain sense of peer pressure but I think more than anything with most people it's just a want to experiment because even if you have the intelligence of an ant you do still want to try something new and what form this takes as to whether you try something new is different between people. (16 M)

Media influence

There is particular concern because although the amount of cigarette advertising in the United Kingdom has now been reduced to almost nil and the abolition of sports sponsorship by tobacco companies is imminent that nonetheless this does not seem to be having a significant effect on young people. It was always claimed that tobacco advertising concentrated on the insecurities of young males breaking away from childhood, forging their own identities and becoming men and that they associated smoking with positive messages about masculinity based on success, confident, sophistication, coolness, athletic ability, sexual attractiveness, independence, rebellion, adventure, risk-taking and self-fulfilment. This was why tobacco companies

concentrated on dramatic, risky sports such as motor racing. There were examples in our survey of young people who could remember which brands of cigarette were associated with particular sports but hardly any could remember the last cigarette advertisement they had seen.

There has been much criticism however of the fact that celebrities in the media who smoke communicate a positive image about smoking to young people. Among those whom we interviewed many could remember and cite celebrities whom they know to be smokers such as Leonardo DiCaprio, John Travolta, Britney Spears, Charlotte Church, Kevin in EastEnders, and others.

There also seems to be an effect on Asian young people in the UK and around the world by the increase in the impact of Film and Television produced by "Bollywood" in which the principal stars smoke.

Availability

Extensive black market

A survey carried out at Bournville School in Birmingham provided information over four years into the tobacco trade in schools. An example was that when older girls are made up to look even older at the weekend they buy them and sell them individually for profit during the week.

"just recently a mother told me she had found £30 on her son and he admitted he made it by selling cigarettes at 25p each" (Croghan C, et al 2003: 70).

**It's (young people selling to others) similar at school really is but it's a lot tighter at school like its 50 p - people at our school sell them for 50 p.*

#They should only be 20 p by rights.

*It's just cheaper to go out and buy some.

#Sometimes if I have like got 200 Marlboro I sold a packet of 20 for £2 to £2.50 but I make a profit because everyone wants to buy them but when I go out to France I'm going to cut down and bring loads back.

Sell them and you'll be making loads of money. You will be like Andrew. He brought back some and sold them for three quid each at school and he used to bring in five packets in a day and they'd be gone by break time. (*15F#13 M)

When my mum came home she brought me 200 back so that was all right. (15 F)

Yes I bring about like a 1000 back with me as well because you're allowed to bring back about 1300 now but you can't buy them from duty free any more, I don't think, only in the country. When me and my mum went on holiday she brought back eight hundred and I bought back 300 and I bought some for my friends as well- Catherine I bought her some, they're good presents. (15 F)

It's all right now because I can walk into any shop and just get served but before about a year ago I'd never have done that- like even my mum used to ask me to buy her some she give me the money and I'd have run down the shop but I wouldn't get served because I was really young but I'm so happy now that I can actually just walk in and get served because before it was just such a hassle. I've been asked like by random people off the street to go in and buy cigarettes for them and I feel bad doing it but at the same time I know what it's like. (15 F)

This one man that I like round here from the caff round the corner he stands outside the shop in the mornings because the Indian man there won't serve any (*name of school*) girl or sixth formers from (*name of school*) so he stands outside the shop and goes in for us in the mornings and gets them for us

because I think he's been there and he knows what it's like dying for a fag and not being able to get them. (15 F)

"And they're quite brazen about this trading. One boy in year 10, who says he doesn't smoke himself, opened his blazer and showed me all the cigarettes he has for sale in all his inside pockets" (learning support assistant)

When between 1980 and 1993 Canada doubled its tax on cigarettes the Royal Canadian Mounted Police gave evidence that not only did under-age smoking fail to decrease but it is estimated that 40% of Canada's cigarettes are now sold on the black market and this led to violence and organised crime. Being able to get cigarettes on the black market rather than being turned down in legitimate stores increased smoking by young people (RCMP 2000).

The UK experience is that the black market supply of tobacco and alcohol is proving more attractive because of the greater profit and lower penalties than with some illegal drugs.

Supply by parents and other adults

We encountered several examples of parents who not only allowed their children to smoke at home but who partly supply or wholly supply them with cigarettes or with sufficient money to buy them. There was one example of a parent who had introduced her son to smoking and other young people could quote similar circumstances from among their friends. This ties in with the findings of Professor Woodruff and her colleagues San Diego State University who studied 500 12-15 year-old young people.

More in-depth studies and formative research are needed to better understand the dynamics of adult and parent provision of cigarettes to adolescents ... although it is important to continue to reduce commercial availability to minors, these results suggest it is essential to develop strategies to decrease social availability, particularly from parents and other adults. (Woodruff, S et al 2002: 12)

This leads to the vexed issue of restriction, acquiescence or encouragement overall.

Restriction or Acquiescence

There is an exchange theory of teenage smoking. It is that less popular students who begin smoking validate a risk-taking behaviour of existing teenage smokers who in exchange provide friendship to the newcomers and membership of the group. This interacts with another theory, that of the counter-productiveness of moderate regulation and enforcement. This says that teenage smoking bans, unless very vigorously and comprehensively enforced, increased teenage smoking participation because the enforcement itself provides the impetus and it becomes the glue which holds the group together (Smetters and Gravelle, National Bureau of Economic Research, 2001: 14).

Parents

Our research confirmed that parental influence remains a significant factor. However, it can be negative as well as positive. It has been shown that children whose parents smoke are twice as likely to take up smoking. Our research has also shown that there are many parents who do not show great opposition to their children smoking and in some cases actually encourage them. In examples where young people have substantial smoking

consumption and addiction problems it has been found that cigarettes are being supplied by the parents.

Of my friends the only boy who doesn't smoke but who smokes gear he is 14 he only smokes gear, he doesn't smoke fags and his mum knows. (13 M)

I was expecting a good old row with my mum but it didn't come and I was expecting it to be worse with my dad as well but my dad used to smoke 60 a day but he quit and then he started again and then he quitted again and I was expecting a really huge row with him but that didn't come either. He goes to me "if you want to smoke go and smoke in the garden!" (15 F)

*(child's name) is 11 and he was smoking with his mum.

It's all right for me because I'm allowed to go home and smoke in my own house like I'm allowed to sit in bed and watch telly with a cigarette in my hand because my mum knows I smoke and she was bothered about it at first but she's all right about that now. (15 F)

You have to be over 16 to smoke but still everyone still does it because they all look older and you can't tell the difference and because a lot of their parents don't mind them smoking. (16 F)

My mum never gives me fags. She knows I smoke but I'm not allowed to smoke in front of her. I can go up in my room and have a fag and she can smell it, but she wouldn't care, right. She wouldn't say nothing. (15 M)

Some of the children surveyed got the cigarettes from parents or older siblings and others shared the cost of a packet.

Step parents and disadvantaged homes

Researchers at Edinburgh University, in conjunction with the information and statistics division of the National Health Service, produced a report in 2002 following a study of the adolescent smoking habits of 10,500 15 year-olds in seven North European countries and they found that young people were most likely to smoke if they lived with a step parent or with a single parent and this applied to all countries. The findings also reinforced the link between teenage smoking and having a parent who smokes - in four out of the seven countries surveyed, smoking rates were more than double in young people who had at least one smoking parent.

In Scotland 21.8% of 15 year-olds smoke daily... In step families in Scotland it was 35.8% and 24.7% in single parent families (Edinburgh University/NHS 2002).

In spite of the cost it was found that those young people who came from disadvantaged backgrounds are much more likely to smoke than those who did not, and those who had played truant or had been excluded from school were very much more likely to smoke and drink and take drugs.

It has been possible in this research of ours to conduct a longitudinal study of a young person who was a heavy smoker when interviewed at the age of 13 and to interview him again three years later. He started smoking at the age of 7, was smoking regularly by the age of 9 and was a committed smoker at the age of 11. He came from a disrupted background where in his final years of primary school his parents had divorced and split up. His mother had remarried and moved south, taking her son with her. He now had a stepfather to whom he had great difficulty relating. The school in this area had adopted punitive measures to his smoking and he was already having difficulty in funding his addiction and was stealing some cigarettes.

He was under the care of social services and there had been numerous examples of petty theft from shops. He had received no counselling or assistance during his secondary schooling and practically no support of the sort that he needed. At the time of the first interview the researcher strongly felt that unless this sort of support was made available, there would be an almost inevitable progression to the use of other drugs. The second interview has shown this to be the case in that he now smokes very heavily, uses cannabis regularly, alcohol to quite a degree, and sometimes ecstasy. Yet he is a very intelligent young man who is now experiencing the additional stresses of being unemployed as well.

Teachers

Do you know (one of the teachers) he caught me smoking down the front and he goes "I won't tell anyone but make sure you get into lessons" (13 M)

My school's like, they're all right about it. They don't let you smoke on the school premises but they say you can smoke off, if we go outside the gates and have a fag, that's all right. There should be like a smoking unit for people. (15 M)

Most teachers just joke about it, like with some of my friends they just walk past and they smell of smoke, they stink of smoke and then the teachers just laugh and just go "you shouldn't be smoking". (15 F)

I think the school knows we smoke and they think they don't like it in schools so they should be somewhere where we can smoke where the upper school can smoke, shall I say, because most of us are legal to buy them or are nearly legal to buy them so they should let us stand at the gates and have a cigarette or go to the sixth-form area and have a cigarette and stuff like that. (15 F)

*The more they kick up a fuss about smoking the more people want to disobey it and do the wrong thing. I reckon that if they weren't so bothered about it we wouldn't make such a fuss out of it.

#I think that's completely true. I think that because the girls that do smoke are the sort of girls that don't care what really happens over smoking. I think most of the girls that are heavy smokers and that the teachers know about have been smoking for years and the girls think they are bad like a group of girls in our school that smoke just do it because they think they're bad and not because they need to. (15 Fs)

Youth workers

I was in the army cadet force for 4 and a half years where there's a really big culture of smoking, every cadet I have ever seen, every cadet smokes, you're the exception rather than the rule if you don't smoke, and I wouldn't say that was encouraged, like it's really good to smoke, not the leaders as such, but then the majority of them smoke as well, so it's not discouraged. (18 F)

It is a case where the youth service can bring to bear the special benefits of its group work techniques and of its ability to operate in an informal setting. Throughout the 25 years that the researcher was a youth and community education officer it was felt to be perfectly acceptable for young people to smoke in youth centres; after all it is a legal activity and young people were being encouraged to be open rather than clandestine so that staff could have a greater rapport with them. But young people report that in recent years the same sorts of restrictions common in schools have been imposed on youth centres. The result is that a lot of the smokers just do not go there any more.

Cessation and treatment strategies

Compared with other countries there has been little done in United Kingdom schools to assist existing smokers. But there are some signs of movement in this respect.

The Welsh Assembly Health and Social Services Minister said that £40,000 is available to fund pilot adolescent smoking cessation projects across Wales (National Assembly of Wales Press Release 2001).

67% of 15 year-olds have experimented with smoking. It is estimated that more than a quarter of 15 year-olds smoke at least weekly. Research suggests that half of 15 year-old smokers would like to give up.

A recent review commissioned by the National Assembly of Wales found that smoking cessation initiatives for young people are potentially very effective when they combine a certain number of elements such as group work peer-led support, one-to-one counselling and self-help materials.

Smoking rooms

My school's, like, they're alright about it. They don't let you smoke on the school premises but they say you can smoke off, if we go outside the gates and have a fag, that's all right. There should be like a smoking unit for people. (15 M)

There is pilot work being done in Wales where smoking rooms are being made available for heavy smokers in their final years at school with parental permission, and in the knowledge that this will identify those who are smoking rather than for them to be doing so in a clandestine fashion and it

will enable teachers and representatives of other agencies to provide counselling and nicotine replacement therapies to assist young people to give up or cut down.

Provision of quitting support

Adolescent smoking has increasingly become a topic of interest in research in the addiction field with nearly one quarter becoming addicted to cigarettes. While significant recent gains have been made in understanding and treating nicotine addiction among adults, similar gains have not been made in understanding and treating nicotine addiction among adolescents. Much work remains to be done on the developmental appropriateness and usefulness of conceptualisations, methods, and strategies which were initially developed for adult smoking (Wagner, E.F., *Journal of Child and Adolescent Substance Abuse* volume 9, number 4).

It is also very important to realise how young people think and how they see themselves, since this is in a very different way from adults. Curiosity and imitation lead young people's thinking and perceptions and they see themselves as invincible, able to do anything with little risk of injury to themselves and they will do things that will draw attention to themselves especially if it is a popularity issue. They also think on an emotional rather than a cerebral level.

So far as prevention techniques are concerned we received very mixed messages indeed, and again it seems to point to the need for different approaches to different identified groups.

Prevention and education strategies

In addition to the overall prevention and education strategies examined in the previous section there are some specific to smoking.

The law on tobacco in the UK

In several states in the United States smoking amongst young people is an illegal activity, in some right up to the age of 21; but it is not in the United Kingdom. Yet practically all young people in this country are unaware of the fact that smoking at their age, whatever their age, is a legal activity. In our surveys we found very few indeed who knew that it was perfectly legal for them to smoke and even to buy cigarettes in the UK (unlike with the purchase of alcohol), the only offence being that of a shopkeeper who sells to young people under the age of 16.

Tobacco isn't an illegal drug but I think that if you attempt to purchase tobacco under the age of 16 then it's illegal, yes (16 M)

Cigarettes- you have to be 16 to buy them. I didn't think it was illegal to smoke under 16, but some of my friends think so, so I'm not really sure (16 M)

I know buying cigarettes under 16 is illegal. I think it is. (16 M)

I believe 16, or maybe it might be older, but I think 16. Someone told me some sort of law where you can walk in, no, you can actually take something but it's a higher age to buy it, so probably 17 or 18 I think. Or maybe 16, but you can actually smoke under that, but to be able to sell it I think is 16, and buy it. (16 F)

Warning messages on cigarette packets

The responses to the warnings on cigarette packets were a case in point. In some cases, as in Australia which went down this line some time ago and

even misguidedly put skulls and crossbones on cigarette packets, by some young people they are regarded to as being even more dangerous and therefore exciting. Most of the messages they regard as not being applicable to the here-and-now. The exception to this is warnings about addiction, and there we encountered fascinating attitudes. In fact it was necessary to revisit some of the young people in order to explore further but we have definitely established that for some young people the whole idea of being addicted to something is attractive to particular personality types. In fact young some young people actually said that they tried stronger cigarettes and the 'longer pulls' in order to see if these choices both increased their satisfaction and enjoyment and also their addiction. Removing the filters is common. We found that to some young people being addicted is a buzz in itself. But there appear to be other factors at play here with some young people feeling that they deserve to be addicted and to remain addicted.

There was a boy in my class who was smoking and I thought it was disgusting that he would smoke at such a young age. I asked him if he knew what it does to him and he did and he said that's good and he didn't care which I found odd.
(16 M)

There is much need for further research here. As there is into the practice occurring among some young people and adults of smoking more than one cigarette at once –'multiples'.

However, to other young people some of the warnings on cigarette packets are having an effect and particularly in the case of girls and thinking about pregnancy:

It doesn't make me think about anything.

So with a heavy smoker it's just not going to put them off.

It's not going to put any smoker off.

*I don't like the things it says on the new fag packets, it scares me.

#The only one I'm going to keep is the helpline one; there's another one which says apparently it reduces your sperm count.

*I colour them in.

#It says it reduces blood flow and causes impotence.

*It's just like you memorised the fag packets!

#No I just read them.

*(child's name) is 11 and he was smoking with his mum.

#I don't like the one where it says "smoking harms your baby" lucky that I don't have to give birth. Apparently menthol reduces capability, well not capability but it can reduce your chances of having a baby.

*Yeah I know. That's why all gay men smoke them.

#Natasha's having a baby and she's still smoking. (*15 F #13 M)

They've been told it and they know it already and so it's not as though the label on a packet is going to make any difference. (15 F)

It is going to be fascinating to see the effects of the pictorial warnings which are likely to be introduced across Europe and which graphically show health conditions, some of which could occur for young people in the not-too-distant future.

Unpleasantness of first experience

Young people tell us that the factor which more than any other discourages them from smoking is the unpleasantness of the first experience. This can be capitalised upon in drug education and prevention.

I have been offered cigarettes on several occasions and that was the reason that I tried it - to see what it was like but I think it's the most revolting thing. Rather than anything else it is the taste that you're getting in your mouth. I tried it and I was coughing for about five minutes afterwards. To be honest I found it particularly revolting and don't see how they could do it. (16 M)

Increasing cost

Generally increasing the cost of smoking through taxation is one of the strategies employed by the Government. It is having only a minor effect on consumption and quitting among adults, similarly among young people. The Canadian experience in this respect was mentioned earlier.

There is much controversy as to whether mobile phone use has replaced some smoking in adolescence. The argument was that mobile phones may be competing successfully with cigarettes to meet certain important teenage needs such as adult style and aspiration, individuality, sociability, rebellion and peer-group bonding.

But researchers in Finland surveyed 9300 adolescents to test whether mobile phones are competing with cigarettes for the weekly spending money. Of the 6500 respondents, 24% smoke daily and 91% use mobile phones. In fact the amount of smoking increased in proportion to use of a mobile phone, even taking into account the amount of spending money. Our own research found a very similar situation. Nearly all the smokers interviewed had mobile phones as well, including the heavy smokers.

Undermining the attractive image

Almost half of all Kentucky teens smoke. Cigarettes have traditionally been considered cool. So they're trying to make it less popular by appealing to teenage vanity. Between bad breath, yellowed teeth and stinking clothes and hair teens are slowly getting the message that smoking isn't cool any more (WT VQ TV Lexington Kentucky 2003).

There are some education and prevention strategies which are common to all drugs but which have specific applications so far as tobacco is concerned.

Unpleasantness of video or media or school presentations

Because I think one thing that showed me more than anything else was in an advert that they show on Australian TV where instead of highlighting the long-term effects of smoking they showed the passage down the trachea and down into the lungs of one inhalation of cigarette smoke and what that showed was that it goes straight the way down right into your alveoli and your bronchi and to be honest it is really quite scary almost. (16 M)

Smoking causes lung cancer and heart disease and stuff like that. We've done a lot of smoking at school, as in studying it, not actually doing it! The cilia that line the trachea stop working immediately as soon as you start smoking and they try to prevent it and that's why you get a smoker's cough, because they're trying to get rid of the tar, and then the alveoli in the lungs will actually start breaking up which will stop the haemoglobin which prevents your muscles and stuff, everything in your body working properly. So then you'll slowly just

begin to break down and you can get cancer of the mouth or cancer of the lungs. (16 M)

Credible relevant messages

If you smoke while going through puberty you can actually stop very substantial growth. (16 M)

And I've got a point to make here. Smoking doesn't stunt your growth, like everyone says 'cos I started when I was six and I was about that high when I was six and have you seen the size of us now? (13 M)

#They say "It's a dirty habit you shouldn't do it; it kills you, it stunts your growth".

*Actually I have grown about three inches since I started smoking- three or four inches anyway.

#I was 5 ft 2 when I was 10, I'm 5 ft 6 now or 5 ft 7 coming on and I'm 13. (*15 F #13 M)

There was evidence from our study that credible health education did have an impact on young people, such as statements that smoking as few as five cigarettes a day can reduce lung function growth during adolescence.

There was considerable evidence from our interviews with young people that where a health education message is communicated by somebody who is credible and with a message that seems credible and related to the current or the near-term situation, this does have a deterrent effect on young people but it must be delivered at an early age.

Several young people were able to quote examples from one teacher who seemed to have above-average credibility and spoke of the effect currently on the development of young people's health; they were able to quote examples of this.

There is a very counter-productive effect if messages communicated or are perceived by young people to be more propaganda than fact such as "smoking cigarettes stunts your growth" or "smokers are likely to live on average 7 years less than non-smokers", because they are likely to maintain that they will have given up smoking long beforehand.

Increasing self-esteem and self-image

Some research has shown that strategies to bring about an increase in self-esteem and other non-smoking related qualities can undermine the process of trading off the use of image enhancing items and behaviour to compensate for deficiencies felt and this can help combat teenage smoking. The researchers suggest that "numerous pieces of empirical evidence culled from the empirical social psychology literature are consistent with all the key predictors of the model".

A hopeful footnote

The Health Education Board for Scotland has set up the Scottish Schools Adolescence Substance Use Survey which reported in 2002 a decrease in the smoking rates among 15 year-old boys down to 16%.

They have recommended a coordinated and integrated approach between the media schools and parents, that intervention techniques should address smokers and non-smokers differently, a different approach should be taken at the ages of 11, 13 and 15 as teenagers develop, young people

themselves should be involved in looking at constructive ways of reducing initiation of smoking, and any changes in smoking in younger age groups should be closely monitored.

The most comprehensive international report to date on the lifestyle habits of young people, "Young People's Health In Context," was published in 2004 by the World Health Organisation Regional Office for Europe.

This Health Behaviour in School-Aged Children Study (HBSC), co-ordinated by Dr. Candace Currie at The University of Edinburgh is the largest survey of its kind and covers over 162,000 young people aged 11-15 years across 35 countries in Europe and North America. The study highlights perceived health problems amongst adolescents and details levels of alcohol and drug use, patterns of sexual behaviour as well as eating habits, levels of physical activity and perceptions of body image. However, for the first time the study also takes into account the social context for this behaviour. The research reveals how families, friends and experiences in school can have a positive influence on young people's health behaviour.

One study has carried out an investigation into smoking decisions from a smoking behaviour and economic rationality perspective. The intention was to discover to what extent this decision-making is informed and follows the rational ways of thinking that one would hope to be present in any decision-making situation (Viscusi, W.K. 1992).

They examined three types of decision-making models. One was that some decisions whether to smoke or not would be fully rational both in terms of the perception individuals have of the risk and the extent to which they take these risks into account. In this scenario some people would make a rational decision to smoke on the grounds that the weight they place on the benefits to be achieved from smoking outweighs the possible loss.

The second model is that those making decisions are either ignorant of the risks or of the true risks or that if they are aware of the risks they ignore them when making the decision whether to smoke or not - this is frequently claimed to be the model most appropriate to young people.

The third model is that of somebody who does make decisions based on the risk information available to him or her, but the decision-making process is heavily influenced by preconceptions and biases.

The behaviour of the younger age group is particularly important within the context of debates over smoking addiction. The evidence here runs directly counter to popular beliefs but in a manner consistent with rational learning models. Younger individuals are particularly likely to perceive the risks of smoking as being high because their mix of information about smoking is composed predominantly of recent data about substantial smoking risks. These findings strongly contradict the models of individuals being lured into smoking at an early age without any cognisance of the risks (Viscusi 1992:143).

On the contrary, and this was clearly shown in the results of our own survey, they were very well-informed.

One of the reasons why substantial numbers of young people do make the decision to smoke, although they are well informed, can be related to current government policy and educational policy. Some would argue that the intention of education should be to provide accurate information concerning the variety of smoking hazards, their nature, their size and a realistic assessment as to what the impact might be on each individual.

Viscusi went further :

the promotion of more informed and more responsible smoking choices should become our policy objective (Viscusi 1992: 151).

In fact the policy objectives which have been current for some time have been to go much further than providing the information but manipulate it in order to have a deterrent effect. One argument is that this results in young people seeing that the dire messages being presented and the claims being made conflict with their experience to the extent to which they regard the information as being exaggerated, out of proportion and certainly not in tune with their assessment of the situation. Current campaigns do seem to have an effect on the older sections of the population but not on younger ones. One explanation that has previously been frequently put forward is that young people are aware that the risks of damage to themselves at their age are small, in fact practically non-existent, or that they relate to people who are considerably older. But there are far more complex issues and influences involved.

ALCOHOL

The Folklore

The widespread folklore which we heard from young people is that among adults nearly everybody drinks alcohol, nearly every social occasion is accompanied by alcohol and that this should be the same for young people. After all, they say, there is nothing wrong with it so long as you do not have too much of it, and even then the problem is only temporary, it helps you to be sociable and relaxed and makes you feel good. It is said that most young people drink regularly every week.

Alcohol - it's fine, I don't really have a problem, anything, with drink. There's this one guy I know at school who doesn't drink and I find that a bit weird. (16 M)

..they're all drinking and they try and make you drink.. (16F)

..in fact most people just have a drink socially and when they go out with friends and with meals and I would say that that's OK because if you're sensible with that it doesn't have to be particularly dangerous. There are there are long-term effects: liver damage and such but for some reason this drugs seems to be more socially acceptable. (16M)

The actual situation

Our findings were that overall this was not the case.

Overall percentage of young drinkers

In fact in our survey only 52% of 15 year-olds had drunk alcohol in the past week and in most cases this was no more than two units. This is similar to findings elsewhere. Even if one takes the current regular use figure – remembering that regular can mean as little as a glass of wine a fortnight – the figure is only 55% (pie chart A1). The figure of 26% represents those who have used spasmodically in the past. The big difference between schools where there are very low percentages of young people who said they have never consumed alcohol – 5% to 13% – and the high percentages at two other schools – 31% and 38% – can be explained by the high proportion of pupils at those schools who come from other ethnic backgrounds where the rules are no alcohol.

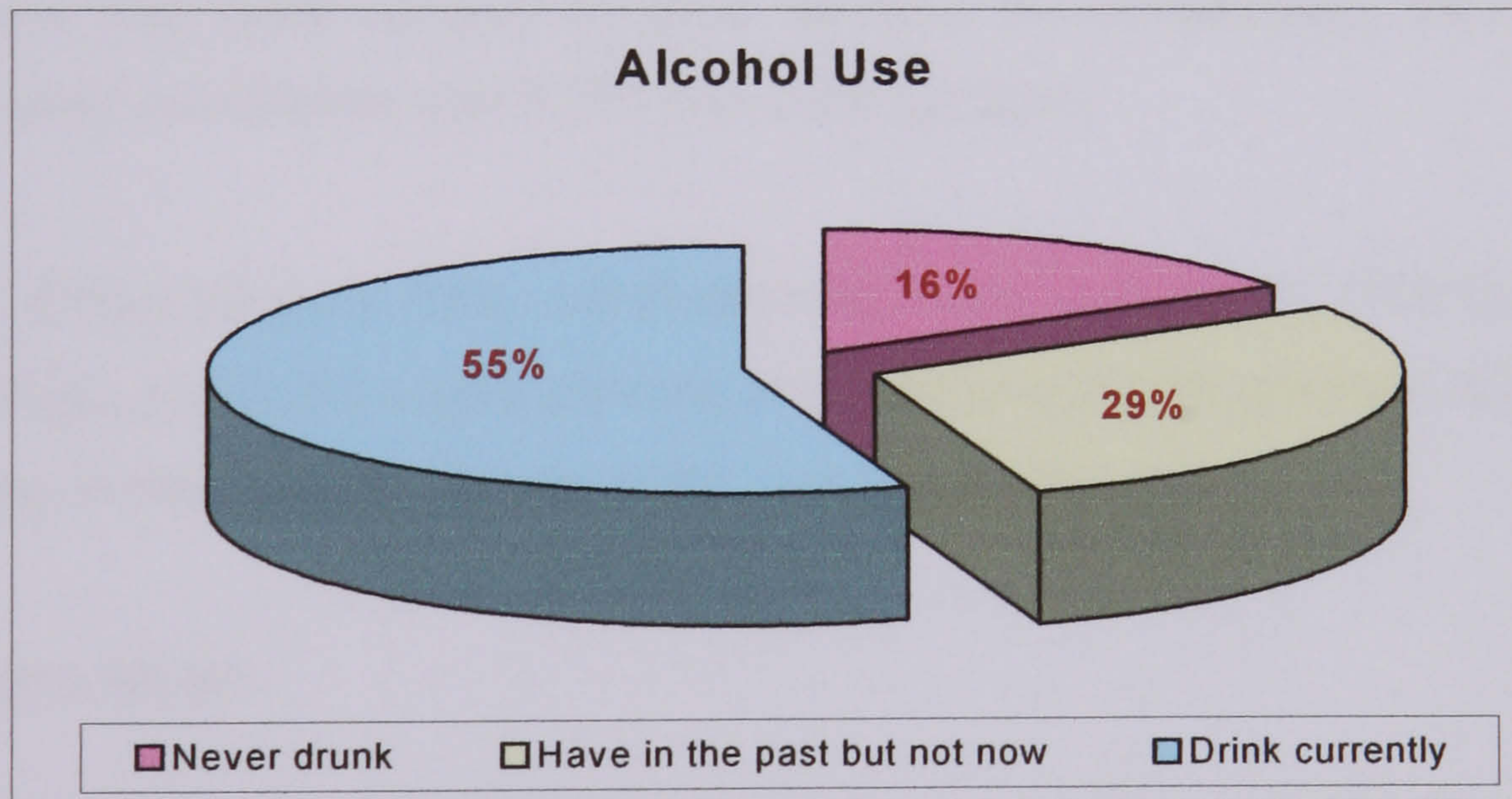


Fig A1 55% currently use alcohol

None of my family smokes or drinks because they think that's a bad thing and in their religion it's a bad thing to smoke or drink. (15 M)

United States high school students have been surveyed annually since 1975 (US Department of Education).

In 2002 the comment was:

It is important to note that although alcohol use is widespread, many young people either do not use alcohol, or drink very rarely. Nearly half of high school seniors and three fourths of eighth graders drink less often than once a month.

On the other hand the much cited figures for “those who have ever used” look alarming both in the United Kingdom and the USA and elsewhere:

Each year, alcohol has been the drug most used on a monthly basis, annual basis, or lifetime basis. In 1998, 81.4% of high school seniors had used alcohol in their lifetime. In comparison, 49.1% had used marijuana and 9.3% has used cocaine.

Among high school seniors, 52% report drinking in the last month, (identical with our findings) and 3.9% report drinking daily. Among eighth graders, 23% report drinking in the past month and 0.9% report drinking daily.

The Australians report:

Alcohol is one of the most commonly used drugs in Australia. Estimates suggest that half of the population over the age of 14 years drinks alcohol at least weekly. Adolescence is typically a time of experimentation, and around 80 per cent of teenagers try alcohol at least once (Government of Victoria: Betterhealth 2003).

The Canadian experience is similar too. The Ontario Student Drug Use Survey by the Centre for Addiction and Mental Health reported in 2000 that:

67.5% of all students said they had consumed alcohol during the previous 12 months and 72% reported drinking during their lifetime. Studies show 83% of high school students have used alcohol compared to 68% who have smoked cigarettes and 44% have used marijuana and only 7% have use of cocaine (Statistics Canada Report 2001).

But these statistics are global and do not relate to regular and recent use.

I would say that just about all my friends do as I do: we would have some kind of alcohol if we go up to a party. Not on a regular basis, I'd say about once or twice a month and that would be a fairly moderate amount.(16 M)

I have never been tempted to even drink a lot of alcohol (16 M)

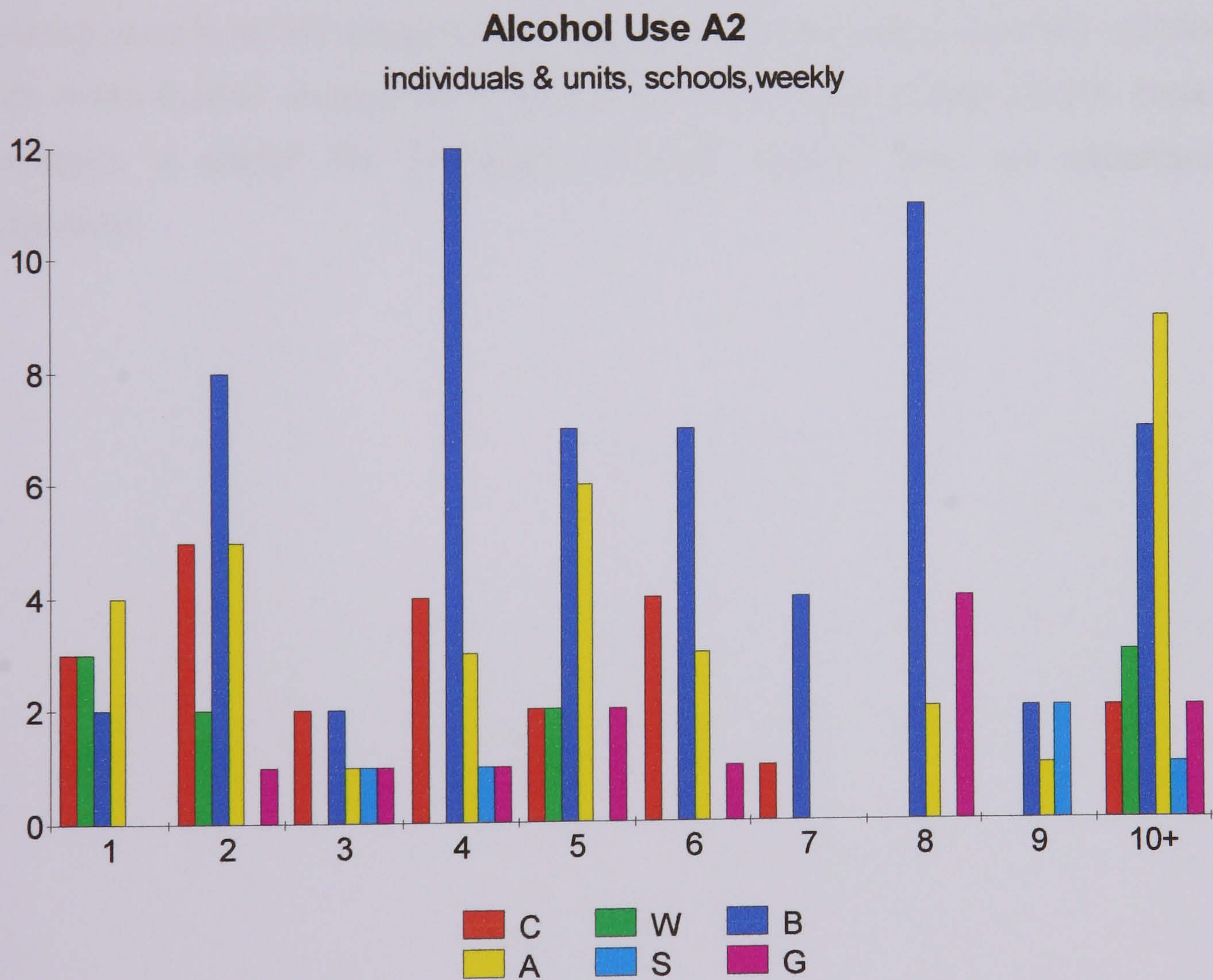
Quantity consumed

Close to 70% of students drink and of those who drink regularly - about half - close to 56% drink excessively (Toronto District School Board, 2000).

This Canadian finding leads us to another important aspect of young people's alcohol use revealed in our own findings. A small but sizeable proportion of these do use alcohol on a daily basis and/or drink quite heavily once or more each week. There is reason to have concern about several factors resulting from their regular alcohol consumption.

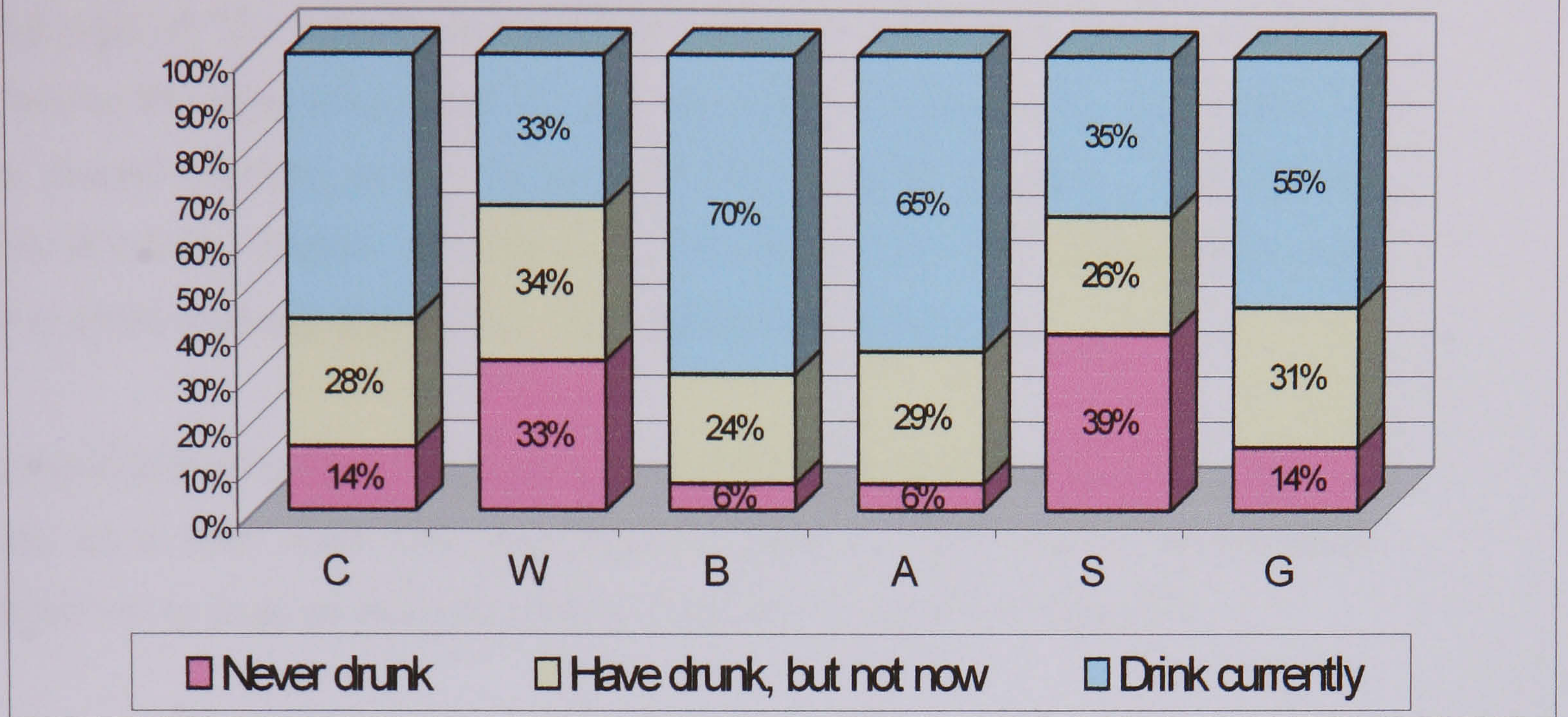
Five per cent of the young people we surveyed drink more than 10 units of alcohol per week and 10% more than 8 units. In addition to this, a significant current problem is that it lays the foundation for likely future commitment to alcohol and to marked increases in regular consumption.

Grant, B and Dawson, A (1997) maintain that young people who take up regular alcohol drinking before age 15 are four times as likely to become alcohol-dependent as those who begin drinking at age 21.



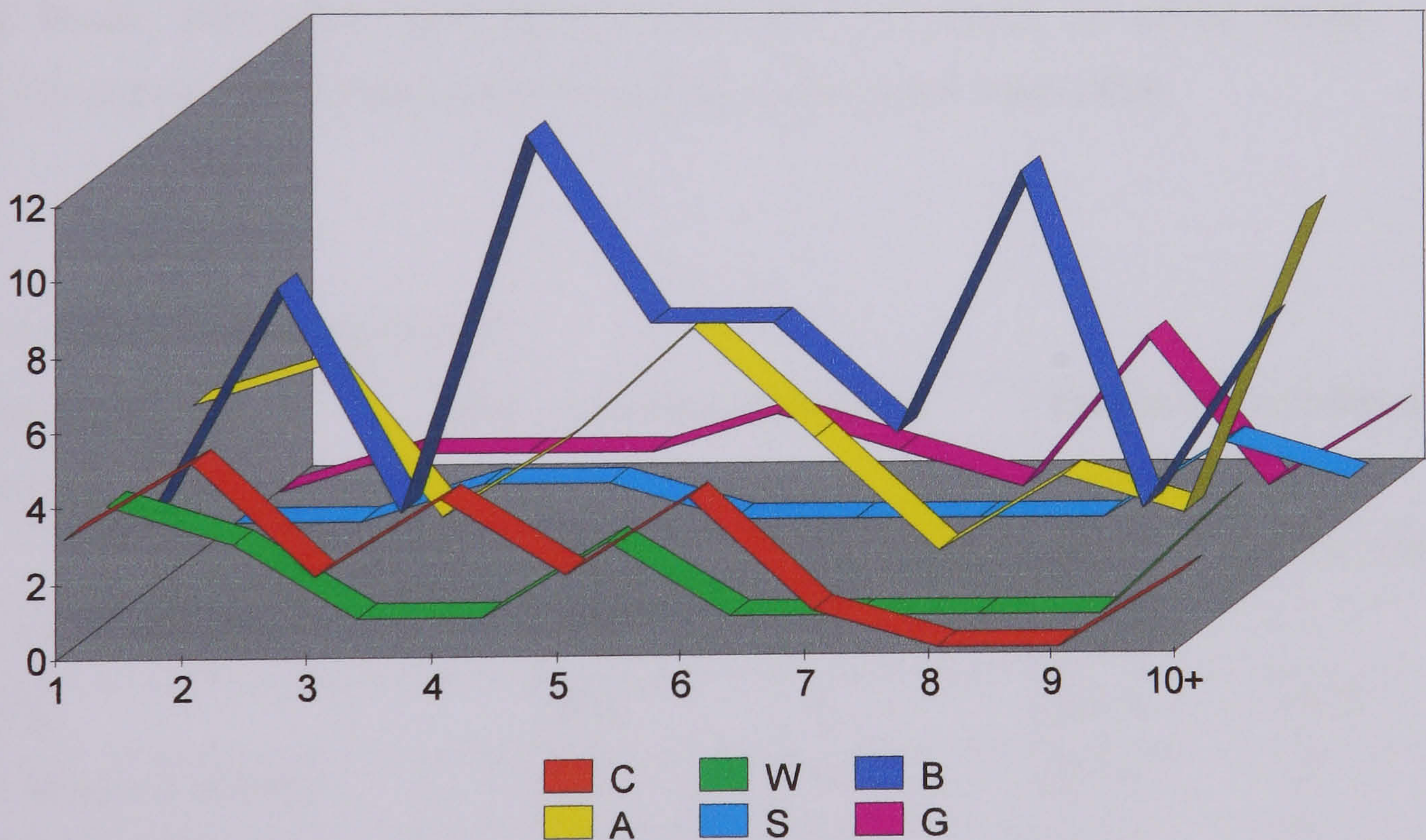
What can be easily seen in Graph A2 is that, while the number of young people who use a relatively reasonable numbers of units per week is not large, there are some in each and every school who claimed to be regularly consuming quite large amounts. There seem to be two schools in our survey where the numbers of regular drinkers and where the number of consumers of quite large quantities of units per week are also higher than in the others. These are schools A and B. The alcohol use graph A4 illustrates this even more dramatically because of its difference in presentational style. These two schools have both a higher percentage and a high number of individuals who are regularly consuming large numbers of units of alcohol and it is the figure at the far end of the graph which gives particular insight into a number of young people at all schools who are regular fairly heavy drinkers. When these were further examined it was found that these young people have developed a social life in which drinking alcohol was an important component.

Drinking alcohol - each school



Alcohol use A4

Individuals & units, schools, weekly; 2



These two figures illustrate in different ways – the second most strikingly- the comparison between the consumption levels of young people at different schools and the worryingly high levels of some.

Nearly three quarters of students questioned claim to have drunk alcohol first by the age of 13. Nearly half of those who still drink alcohol say that they started by the time they were 12: current alcohol drinkers are more likely to have stated drinking at a younger age than lapsed drinkers. The age at which students started drinking does not appear to vary significantly with their current working status, nor with cigarette smoking.

Among those who have stopped drinking alcohol, consumption averaged a period of a little over one year before ceasing. Half are (or were) only drinkers on special occasions, with an average number of units of 3.

Among those who drink alcohol currently, consumption is more frequent and at a higher number of units (average of just over 5).

Consistently among both lapsed or current drinkers, consumption is highest among those with jobs, and those who drink (or used to drink) more frequently did not drink more units than those who drank less often.

In summary, consumption is:

Frequency and consumption:	Lapsed Drinkers		Current Drinkers	
	%	Av. Units	%	Av. Units
Less than weekly	9%	2	14%	5
Weekly	9%	4	31%	5.5
Once every 2 weeks	9%	5	25%	5
Once a month	11%	4	17%	5
2-4 times a month	13%	4	10%	5.5
Only special occasions	49%	3	19%	5

These higher overall percentages reinforce our view that where there are some trends, customs and ways of life in the local area the same patterns are often reflected in the schools. For example in Scotland, and in particular in Glasgow, smokers are in a higher percentage than in other parts of the country and the Health Education Board for Scotland statistics show that this is mirrored in the schools there. Also in some parts of the country consumption of alcohol is higher than in others and this too is reflected amongst the local young people and in the statistics in the schools. Schools which are more aware of the trends and patterns of use amongst the pupils can better target the drugs education and prevention strategies to meet the specific needs.

Binge drinking

Quite a few of them have had recently wild parties where they've got drunk (16 M)

Well, I have heard of parties where people drink a lot, and one person even claimed that he'd passed out through drinking so much, but I haven't yet been to any of those kinds of parties (16 M)

Our data shows that a few young people drink a large quantity at one session. This broadly corroborates the findings of some recent research by the Schools Health Education Unit, Alcohol Concern and Drugscope. This concentrated only on the consumption of alcohol by young people. And, like with this research, it found that a considerable number of older young people were involved in binge drinking and that the overall use of alcohol by young people has increased. Across the world there is concern about the heavy and sometimes binge drinking of a minority of young people:

Binge drinking is one term for heavy drinking. A binge is an episode of steady continued drinking. It is generally defined as consuming five or more drinks in one sitting for an adult male, four or more drinks in one sitting for an adult female. Some people who binge drink may consume many more than four or five drinks. A binge may last for an hour, a day, or longer. A binge drinker may be noisy or quiet. A binge drinker may drink alone or with others. A binge drinker may or may not act intoxicated. Binge drinking may involve any alcoholic beverage such as beer, wine, wine coolers, or liquor.

Binge drinking means drinking more than six drinks at a time. Alcohol is a neurotoxin, which means it can poison the brain. One of its many effects is to interfere with vitamin B absorption, which inhibits proper brain functioning. Long term binge drinking can lead to a range of disorders, collectively known as alcohol related brain damage. Symptoms can include memory problems and difficulties with balance (Department of Human Services, Victoria, Australia, 2003; website).

In the United States:

A study of 47,000 public and private school students found that 9-16% of sixth, seventh, and eight-graders had consumed five or more drinks consecutively on one occasion.

Types of alcoholic drink

It was Smirnoff Ice, so we were just drinking that in the evening. The week before, New Year's Eve, we were drunk, on champagne and beer and stuff, but I wouldn't say I was very very drunk, just a bit drunk. That's about it. (16 M)

Things like Hooch and the little bottles of, like, vodka and lemon and that sort of thing and Schweppes and schnapps or whatever it's called, that sort of thing are drunk by the younger people. (15 F)

In the UK, beer, lager and cider are still the most common drinks drunk by 70% of young drinkers but the prevalence of the 'alcopops' has increased. The proportion of drinkers who had drunk spirits in the last week has also increased. The mean consumption of those who had had a drink in the last week had over the years risen constantly to a peak of 10.4 units and historically boys drink more units of alcohol than girls but there has also been a decline in the gap between boys and girls. The type of alcohol drunk has changed over time, and there is now a prevalence of alcopops in recent years and in the use of spirits, which had increased by over 20% between 1990 and 2001.

The findings reflect the fact that in spite of folklore and hype the majority of young people still at school do not use more than 4 units per week on a regular basis. But there are worrying examples in terms of both numbers of young people and percentages of participants of regular use of more than 5 units per week and in some cases very substantially more from mid-teens onwards. It is expected that these are indicators of those who will be substantial regular consumers of large amounts of alcohol post 18.

A new set of guidelines has been developed for schools by the SHEU called, "Alcohol: Support and guidance for schools".

I have heard it said that alcohol is actually the most commonly used drug but the thing with alcohol is that it is so socially allowed that for me it is harder to consider it as a drug because it is so socially allowed but I think it is because it

is also so highly abused with people that it is dangerous as well, so you have to consider that. (15 F)

Gender issues

Nearly all those interviewed were unaware of the gender differences so far as alcohol use is concerned.

With men up to four standard drinks a day is low risk for health problems five to six standard drinks is considerable risk, while seven or more standard drinks a day is considered high risk for developing health problems. But with women - up to two standard drinks a day is low risk for health problems and three to four standard drinks puts you at considerable risk, while five or more standard drinks a day is considered high risk for developing health problems (Victoria, Australia, health website for teenagers 2003).

Drug education should also include information on the special dangers for women who drink a lot, such as Fetal Alcohol Syndrome. Of our interview participants not a single person could confirm having received any such information.

But in terms of frequency of getting drunk our experience and that of other countries is that this is a male prerogative rather than a female one at all ages. For example, the French experience:

(Translation - researcher's): By the age of 17, 49.5% of young women stated that they had already been drunk at some time in their life as opposed to 63.3% of young men. In the case of the latter, drunkenness increases with age until it reaches 74.8% in the case of 19 year-olds.)

Age of first use

In our findings, of those who currently drink alcohol, a sizeable proportion (almost 1 in 5) had started consuming alcoholic drinks under the age of 10 with the biggest increase at age 13 by which time three quarters of young people who drink alcohol now had already started to do so. The figures for those who used alcohol in the past but do not do so now were very low indeed. Drinking often begins at an early age. In the USA, DPAS maintains that among teenage drinkers, the average age when regular drinking begins is 14.

The French experience is similar:

(Translation-researcher's): Young people experiment with alcohol at an earlier age than they do with any other product –13.6 years of age with girls and 13.1 years of age with boys. Their first experience of being drunk occurs about two years after their first use of alcohol, no matter what their age or sex ; it seems to be a relatively late stage in their familiarisation with alcohol. When girls state the age at which they first became drunk it is usually six months later than for boys of their age. So it should be noted that the earlier boys start drinking the earlier they will experience being drunk.
(OFDT 2002 : 34)

Levels of alcohol dependence

Physical and psychological dependence on alcohol occurs much more quickly for a teenager than for an adult. Young people who begin drinking before age fifteen are four times more likely to develop alcohol dependence - a disease that includes alcohol cravings and continued drinking despite repeated alcohol related problems - than those who begin drinking at age 21.

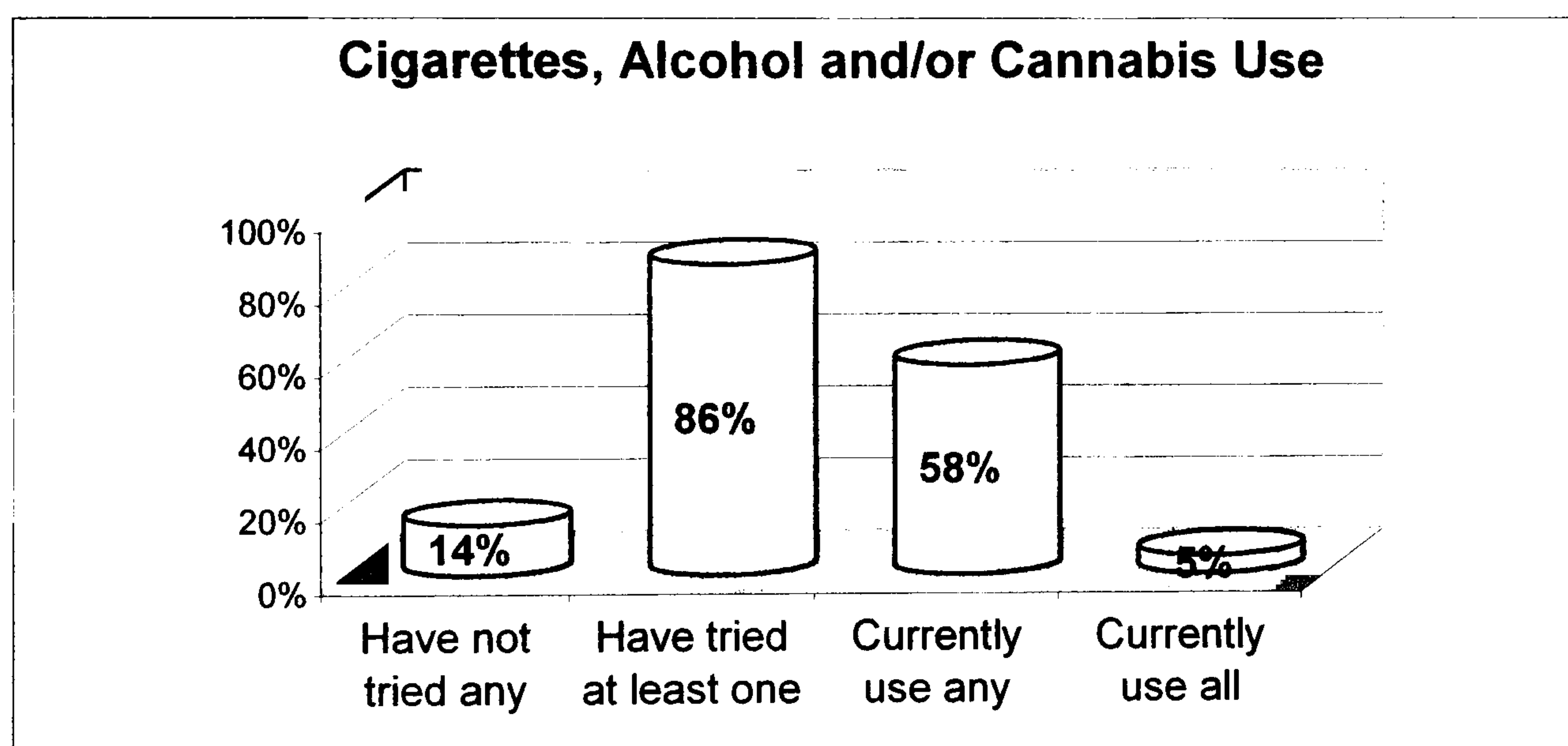
Combination with other drugs

Our survey confirmed a multiple use of drugs by most young people who regularly use alcohol.

Those using alcohol regularly are quite likely to be users of other drugs. At age 15, 81% of those who use alcohol regularly also smoke. Of those who use cannabis, 79% also use alcohol regularly.

86% have tried smoking, drinking or using cannabis by age 13

Only 14% of those answering indicated that they have never tried any of cigarettes, alcohol or cannabis.



Health concerns

The messages coming back from young people as to their concerns about alcohol and health are very mixed and in many cases ambivalent. Some messages about the dangers of alcohol are obviously getting through but they are usually then dismissed as applying to people who drink a lot over a very long period.

I may take alcohol, yes. I will take alcohol, like, when I'm older and that, I presume so. I hope so, really, because you can take it and not misuse it, you know, it's not like there's a grave danger, although a lot of people die from it, like the abuse of it and that sort of thing, but I don't think I would be, obviously I can't speak because I don't know what I'd be like, but I would like to think that I'd be responsible enough not to misuse it, so I think I do. (15 F)

I'd say that most of the knowledge about the common drugs like alcohol and tobacco has come from my biology lessons because you learn how the body copes and deals with alcohol, about how the liver has to try and deal with the amount of toxins in your bloodstream (16 M)

I sometimes have beers at the weekend. Other people, I've seen them be sick and act in a really stupid way, but..... alcoholic, people becoming alcoholic, I don't know..... (15 M)

I don't drink alcohol because I have seen what it's done to people where people have to get their stomachs pumped out of alcohol and it's the way that it affects them mentally and physically. (15 F)

...in fact quite recently our teacher gave us a talk about how she saw her own sister when she came home choking on her own sick because she was drunk and the way in which she described it, it made all the class think about what the effects are and how bad that is. (16 F)

Alcohol well everyone drinks these days but you can drink to a limit it can mess up your liver and it can mess you up inside so that you have to limit it. (15 M)

From the above examples it is clear that some young people know of the disadvantages but do not recognise or believe that use of alcohol has major risks. In their interviews young people were taken aback by the suggestion that alcohol is responsible for most drug related deaths in the teenage population and is associated with a variety of serious health risks, including unsafe sex, although on reflection they conceded that they could see this could be so.

It is also becoming accepted that high consumption of alcohol equals high calorific intake and resultant increase in weight over and above the fast-food, reduced exercise weight increase concerns in themselves.

Surveys have shown that an increase in perceived risk goes along with reduced use.

Unfortunately, alcohol is viewed as less risky than many other drugs, and perception of risk is less as young people grow older.

Less than half (47%) of high school seniors associated physical or psychological harm with drinking five or more drinks on one or two occasions each weekend.

Nearly a third of high school seniors believe there's no great risk in having four or five drinks at a time.

I've had encounters with alcohol, I've got drunk, but that's when I go out and stuff with friends, but I haven't really any concerns with that. (M 16)

Alcohol, we watched a video in science of the effects of alcohol, and this example was this guy and he was on a date and like he went back to her house

or his house or something like that and he went to the bathroom and because he'd been drinking a lot, something like your animal brain starts to take over and sort of like parts of your brain shut down, like because the cells have been killed off by the alcohol, and he was so drunk that he couldn't open the door properly and he ended up breaking the handle and by the time he got out she had gone, and he ended up unconscious on the street when he was trying to find where she lived when he woke up in the morning, and when he was laying on the street anyone could attack you or mug you or steal your keys or, like to your house and that, and raid your house while you're in this drunken stupor. I think long alcohol abuse, I think it can kill you, I don't know the actual things it causes, but it can, yes. (15 F)

Motivation

Our findings demonstrate the wide range of factors motivating young people to use alcohol. They are compared with similar recent findings in the United States (*figures in this font are from Michigan State Government Resource Center for Alcohol, Tobacco & Other Drug Information*) and Australia and Canada.

Group acceptance, peer pressure, peer networks

The peer pressure's terrible, but I don't respond to it. There's no point, I don't want to be part of a flock of sheep, I want to be an individual, I want to be who I am and people to like me for who I am, not what they're doing. When we go out, we go clubbing, they're all drinking and they try and make you drink, they buy you a drink or something, but if you decide not to do it, then that's your decision and you tend to stick by it, no matter how much people try to

persuade you, you're not going to change it if you've made your decision. Teenex helped me a lot to do this. (16 F)

But this is a rare response - alcohol was seen by most of our respondents to serve both relaxation and bonding functions with their group of friends.

I don't really see much wrong with drinking so long as it is not excessive like all the time but if I was at a party or something yes I would be drinking because you don't want to be the only one not drinking and I don't really have any problems with this, like with alcohol you can have a laugh and stuff like that. (15 M)

All previous research has confirmed that peer influence is the main influence on teenagers' substance use. Peer pressure to drink occurs early and increases as young people grow older. Some recent research by the National University of Ireland concentrated on the particularly powerful influence of interlocked egocentric peer networks. The findings stress the powerful social network effect on the teenagers' use of alcohol, cigarettes and drugs:

The particular pattern formed through the interlocking of the teenagers' egocentric networks is associated with the use of each of the three substances by the teenagers in those networks. This is so, although the patterns differ from network to network. The impact appears to be a chain reaction. Continuous chains of smokers, drinkers and drug users are identified throughout the networks which reflect the pattern of peer ties in those networks. Only rarely are there substance users in a network who are not connected to a chain of substance users. These findings enhance our understanding of the role of peer influence and peer networks in the diffusion of substance use among teenagers (Kirk, DM, 2002).

66% say peer pressure is the reason

Relief from problems

Some young people said it helped to relieve their anxiety, loneliness, rejection, depression and/or helped them ignore their problems.

67% say drinking helps them forget problems

41% drink when they are upset (among bingers, 58%)

Relief from boredom

47% say they drink because they have nothing better to do.

25% drink because they are bored (among bingers, 30%)

Relief of stress

Alcohol I think overrides the nervous system so kind of dulls other feelings, and once you've had that then you tend to get a hangover where you feel withdrawal symptoms, that can last for several hours and during that time you're not advised to drive because your senses are dulled. (M16)

Some cited it as providing relief from the stress at their home or at school. A mother found her son was getting wine from older boys after school, "He said it helped him cope with the constant pressures of school."

Adult/mature/sexy image or feeling

I think going to a pub makes you feel adult and you're pretty much expected to drink so most people around here would be drinking. But you don't have to get really drunk. (16 M)

Some said they think it makes them more attractive and popular and adult. The sheer fact that they believe drinking under 18 is illegal and therefore a forbidden adult pleasure adds to the attractiveness and also to their adult image.

Enjoyment

I have tried alcohol which is a drug but, though, it's misconceived as though it is not a drug, it is still a drug so I suppose I have to count that, yes. But it is not a serious frequent thing.

It's just a very enjoyable, pleasurable activity. (M16)

79% of teens say they drink to get drunk or because they like the feeling

Self-confidence

Some feel that it helps them to relax and fit in and gives them "Dutch courage"

I have a drink and feel like I can cope (F15)

Stimulation

25% drink to feel high (among bingers, 37%)

Media influence

Many claims are made that alcohol advertising and media portrayals encourage drinking.

56% of students in grades 5 to 12 say that alcohol advertising encourages them to drink.

Availability

Age limits

I think you're not allowed to drink in a public place under age. I don't think it's illegal to buy it. A lot of people have fake IDs that they got off the Internet and stuff. They often seem to work even though recognised cards are the only ones that should be accepted (16 M)

The laws here appear relaxed about buying alcohol and cigarettes but I think in America it's harder to drink and smoke under age - it's illegal to be smoking and drinking under age and like over here I think if laws are a bit more strict people would do it less, they would be discouraged. (16 M)

Nearly everybody was aware that they cannot legally buy alcohol under 18 and that they cannot legally be sold it under that age. As for whether it is legal for young people to drink it in public or not there was major confusion, most thinking you could not. Nobody knew that a fairly recent law (The Confiscation of Alcohol [Young Persons] Act, brought into force in the

summer of 1997), allows police to confiscate alcohol from underage drinkers in public places (streets, parks, etc) who are creating disorder. As for those occasions when young people over 14 can be in some parts of some pubs (which have been granted a 'children's certificate') if accompanied by an adult, and that those aged 16 and over may purchase and consume beer, cider or perry, with a meal, there was, understandably, almost total ignorance (and some disbelief).

Off-Licences and shops

In the United States:

Alcohol is easy to get. Students often have little trouble getting alcohol from stores friends, or at home. Students as young as 12 report buying alcoholic beverages in a store. In a recent study, underage youth were able to buy beer 80 to 97 times out of 100 attempts.

But our findings were very different from the USA example above. Our study found that nearly all young people stated there were huge difficulties in obtaining alcohol from stores and that their experience was that the law was rigorously followed. When shopkeepers were in any doubt they asked for ID or refused sale.

Alcohol is widely available, only it's more difficult to get than drugs, because, even though it's, I don't know, it's probably more commonly used, you know, often when people go in and try to buy alcohol and that sort of thing it's hard for them and they can't do it, because people are so strict on that, they just like say I don't believe you're this age, so I think it is more difficult to get it.

(F 15)

Extensive black market

The result has been that, as with tobacco, an extensive black market in alcohol has grown, with the older ones buying it and selling it to younger people.

Supply by parents and other adults

As with cigarettes, young people said some parents were willing to give their children alcohol and a few actively encouraged them. Some adults were also willing to respond to requests from young people outside shops to buy alcohol for them but it was said to be far less likely than with cigarettes.

Restriction or Acquiescence

Parents

Jokingly I'll ask my Dad for a bit of wine, but he never lets me because he thinks I'm going to turn into an alcoholic. But it's just really a joke (M16)

In Australia:

This (the permissiveness of many parents) reflects Australia's tolerant approach to alcohol use. There is some evidence to suggest that parents are so alarmed at the thought of their children using 'harder' drugs, that alcohol is considered a lesser and, therefore, more acceptable evil. (Gov. of Victoria: Betterhealth 2003; website)

In the United States:

Alcohol use is not treated seriously by some adults. Alcohol use by teens has occurred for decades. This history may lead some adults to accept alcohol consumption as normal and relatively harmless. Nothing could be further from the truth. Alcohol is an extremely dangerous drug for teens, partly because its use is not taken as seriously as it should be by many adults. (Michigan state gov. 2003)

Disadvantaged homes

We found that most of the young people from disadvantaged homes whom we interviewed were consuming either alcohol or tobacco or cannabis or all three, and for a variety of reasons usually in larger quantities than the norm.

Although alcohol abuse and alcoholism could strike any young person, poverty and physical or sexual abuse could also increase the odds of young people drinking alcohol. Those with a family history of alcohol problems – such as an alcoholic parent or grandparent – are at a greater risk of becoming alcoholic.

Some recent studies have suggested that alcoholism can be passed genetically from parents to their children. By comparing males with a family history of alcoholism to males with a history without alcoholism, an attempt is made to determine the relationship between genetics, alcoholism, and alcoholic children. While frequency and quantity of alcoholic consumption of children of alcoholics (COAs) and non-COAs were similar, COAs were more than twice as likely to be diagnostically determined alcoholics than were the non-COAs (Finn et al., 1997). This shows that someone can drink as much as an alcoholic, but not actually be an alcoholic. The common concept of an

alcoholic is someone who frequently drinks alcohol whereas it could be someone genetically predisposed to alcoholism or addiction.

Which teenagers are most likely to become alcohol abusers? Those who have a parent, sibling, or other blood relative who is an alcoholic, those teenagers who “fall in love” with alcohol from their first use and seek out every chance to use it, and those teenagers who grow up surrounded by hard-drinking role models in parents, relatives or siblings are at a greater risk than usual of becoming alcohol abusers (Pennsylvania Foundations 2003: 4).

Teachers, psychologists et al.

The different emphases of the harm reduction and prevention philosophies are in evidence here:

Based on years of study and expertise, the distinguished psychologists who authored this steadily selling book offer a systematic and realistic plan to help parents talk to and deal with their teenagers on the subject of problem drinking. Believing that simple messages to stop or control drinking are rarely helpful, they provide alternative means to combat the problem. Recognizing that abstinence is not always feasible or achievable, the authors suggest a plan for controlled drinking. (Vogler, RE and Bartz, WR 2001; intro)

Education is the key to alcohol prevention. To prevent teenagers from becoming involved with alcohol, they must first be informed about alcohol and taught basic principles and morals. Without strong beliefs about why they should not use alcohol, it will be harder for them to resist the temptation. In “What Shall We Tell Them?” we say young adults must know that alcohol acts as a depressant of the nervous system and brain. They need to be taught, when they are still very young, that alcohol is harmful to

their bodies and to their minds. (PIIETAA-Parents Involved in Educating Teenagers About Alcohol, USA 2002; website).

Youth Workers

Those participants who attend youth clubs said that most clubs and centres had strong no-alcohol policies and that members drank on the way there or on the way home and/or surreptitiously there. But as most centres and clubs did not admit them or ejected them, most regular drinkers did not go to centres or clubs but congregated in parks.

CANNABIS

It is when one enters the arena of cannabis use by young people that the issues involved in drug education and prevention are most acute.

Folklore

The common belief and message is that cannabis is widely and easily available, that it is widely and regularly used by a considerable proportion of young people and that its use is increasing.

There's probably about 25 who hang around in a gang and they do it all together and buy lots every day and that, every break time, lunchtime, before school and after school. (16 F)

But I would say that about 70-75 per cent of my friends smoke and generally of that I would say about 5 to 10 per cent take drugs. The drug they would generally take would only ever be cannabis really. (16 M)

But most 15 year olds and 14 year olds in the school use it a lot (16 F)

I think the most commonly used drug would be cannabis and most people have tried it. (16 M)

Skunk: I know that it's like a green leaf thing, well everyone does it that I know. (16 F)

The main thing is cannabis because it's easy to get hold of and everyone's doing it (15 M)

Insufficient or inaccurate knowledge

In our survey young people demonstrated that the majority have insufficient and often gravely inaccurate and misguided information about every aspect of cannabis. Most young people are seeking accurate and unbiased information, but there is no unbiased and accurate information to be imparted. Much more research needs to be done to provide sufficient evidence for there to be accurate knowledge of the impact of cannabis use. In the absence of this conclusive evidence, entering the field of battle between the preventionists and the harm reductionists are the forces of legalisation or decriminalisation or maintaining the legal status quo. The whole debate is exacerbated by disagreement about whether it is harmful to health or has therapeutic and recreational value.

Risks and dangers

The influence of cannabis lasts quite long, like when you're driving or something and, say, if you were driving it would still affect you two hours later. Even if you thought it had worn off your reflexes will be slower and so on. I don't really know much about the health risks of really prolonged use of cannabis but only the risk that you could go on to taking hard drugs. You can have accidents while under the influence of cannabis. (16 M)

Cannabis as well is a light drug. In some countries it's fine to have it but in England it's very sensible if you're a driver for instance and you're on it if something happens in front of you are going to react slower and you're not going to be able to stop or to turn or whatever in time; it takes longer for you to think what's going on. (15 M)

I think the most commonly used drug would be cannabis and most people have tried it. It is more freely available and is cheaper but some people have used it so much that they're sort of immune to it and then gone on to harder drugs such as cocaine to get a high like they used to get on cannabis. (16 M)

In our quantitative survey young people gave their views on the dangers of cannabis. 57 % (458) believed that use could lead to other drugs. 46% think that its use could affect school performance and 43% believe it can affect one's memory. However, –the survey observed the phenomenon of young people who smoke cannabis and not tobacco. Our investigation of this has shown that it is because they believe smoking cannabis to be harmless compared with tobacco and alcohol, and also that it is non-addictive compared with tobacco.

Legal situation

The issues have been greatly exacerbated by the recent government decision to re-examine the category into which cannabis should be put from a legal point of view and in consequence to recommend the adoption of different approaches by the police. Not a single young person in our surveys and interviews had accurate knowledge as to what the legal situation is so far as cannabis is concerned. Nor do most adults know.

The effect that this misunderstanding is having on young people and their increased use of cannabis has been particularly illustrated in North Wales where the chief constable has been making controversial public statements about decriminalisation or legalisation of cannabis and local agencies have reported an increased use of cannabis by young people.

Cannabis is one of the drugs that, I think it's the drug that they're trying to make legal, because it can have some medicinal properties, but it's addictive. (16 M)

You can't get arrested for marijuana any more can you? I don't think, I'm not sure. That's what I think, but they can take it off you (16 M)

Cannabis -I don't know much about it but I'll tell you what I do know. I think that before all this stuff started if you were caught with cannabis on you, you could be arrested and taken down to the police station and get a record, and they confiscate it, obviously, and now cannabis has become legal, you can carry it around with you, but if you're stopped and you're searched and you have it on you, they can confiscate it, but they can't arrest you. (16 M)

Cannabis- there was a sort of new law or something or there's a thinking about letting it be like be considered the same as cigarettes and alcohol I don't know what ever happened about that. (16 F)

I know the laws are changed about cannabis but I'm not exactly too sure what they are. I think if you're caught with them they just confiscate it I don't think that you can get arrested for it. I am not really too sure how the law stands about taking drugs and so on. (16 M)

The main problem is cannabis. I don't know whether they're trying to legalise it. I think they are. (15 M)

A lot of people have been saying it should be legalised because of like the medical treatment that it can help, but I heard, I don't know whether this is true but someone once said that this woman was using it because she had a medical thing, I think she had a medical problem, but it actually deteriorated her jaw bone or something, she had to have part of her like bones removed because of the use of cannabis, so that kind of, whether it's true or not it kind of scares you and makes you think, oh yeah, because it can even be misused by doctors and that, they give it out to people who don't need it and people break into chemists or anything, I don't think it should be legalised, no. (15 F)

Appearance

In spite of its claimed widespread use and the claimed breadth of knowledge about drugs by young people, our survey produced some responses which illustrate that there is confusion even about what it looks like..

Cannabis, it's like a mud kind of thing; it looks like a clog of something and you have to light it and crumble it or something. Or can you have it in tea or something like that? It's one of them you can. I don't know how they put it in tea - cannabis that is- but I do know that you can put it in tea and obviously people drink it and it is known to relax you or something. I think my knowledge about drugs is better than average as I have been telling my Mum and Dad about a few things like the side-effects of - what was it - cannabis, I think it was - and they didn't know. (15 F)

The cannabis leaf is quite well known, I think it comes in the form of a white powder, which I think you crush it and smell it, or something like that. (15 M)

I'm not sure about the names of drugs, I don't know. I might be getting it confused with something else, but... I'm not really sure whether it's marijuana or whether it's cocaine or anything, I don't know what it is. Some of my friends have had it. I know you have to... you smoke it, in "Lock, Stock" they were growing it so it's a plant, I know what the shape is, a five leaf... you have to mix it with tobacco, don't you, I think and then you roll it into a spliff. Don't really know anything else, I've never tried it. (16 M)

It's like a greeny, dirty colour, isn't it, I think, it's like a, you can get it in, I don't know whether it's that that you can get in rocks, but you can get things in rocks or like powdery things or in leaf forms and that sort of thing, or is that marijuana plant, I think? You can grow your own, sort of thing (15 F)

Effects

And certainly many lack information about the effects of using it are.

I know that weed or pot is a Class C drug which means that it is not so dangerous as such and I know that's very commonly used by a lot of people. I don't really know whether cannabis is that- I just know that it's called weed or pot. It's a white powdery substance/ I know it makes you feel very happy and like high; it gives you a false sort of feeling of being very confident about yourself. You smoke it, I don't think you can snort it but I'm not sure about that. (15 F)

Cannabis is like tobacco, it's smoked and it just dopes you; you go drowsy and it slows down your reaction times as well. It supposedly calms you down which it might do for a while and then once you're addicted you have to keep on getting it and then you have to get the money to actually get it so from getting addicted to a drug you might become a criminal. (15 M)

Skunk I know that it's like a green leaf thing, well everyone does it that I know. They will do it in front of me they have lots of giggles and that and they start laughing (15 M)

It relaxes you, like relaxes all your muscles from what I know, and sort of chills you out, makes you quiet, it might make people sleepy I think, maybe, a bit dozy, sort of thing, like, not aware of their surroundings. (15 F)

Cannabis which is known as Grass or Pot and a few people have that they said relaxes them and that. I have heard that the side-effect of it is it makes you hungry. (15 F)

I think cannabis relaxes your mind, gives you a high, makes you feel happy, mellows you out and I don't think it gives you cancer but I'm not sure but I know it's bad for you and that. (15 M)

The actual situation

There is no doubt that cannabis use is increasing steadily in many countries including the United Kingdom and that its use is most prevalent amongst young people.

The definition of “young people” is problematic so far as cannabis use is concerned. The use of cannabis by young people under the age of 16 is not very considerable, but there is a significant increase its use by them. As with tobacco, it is worrying that there is some use by very young teenagers and that there is regular use by a small number of young people in the final years at school. But the use of cannabis is highest among the 16-29 age group - a large age span - and these are referred to as “young people”, particularly by the press. Because of the coverage in the press and because of the folklore which has developed, young people, both users and non-users, constantly represent - as they did in responses to our research - that the number of young people who use cannabis is very considerable and some claim even that it is used by the majority.

There is of course a significant difference between ‘lifetime’ use (‘have ever used’), occasional use and regular use, and what is happening is that those young people who have used cannabis once or twice in the past and may use it spasmodically in the future are being counted into the statistics and into the folklore.

The most recent Home Office and British Crime Statistics data shows that 46% have ever used, 17% have used more than twice and 54% have never used.

The very significant recent research produced by the French government (ESPAD 2002 OFDT) contains much detailed information on the use of cannabis by young people and has been quoted extensively in this section for comparison. But there is the difficulty once again that the age groups do not quite compare and that as in the UK most use of cannabis by the young in France is after leaving school.

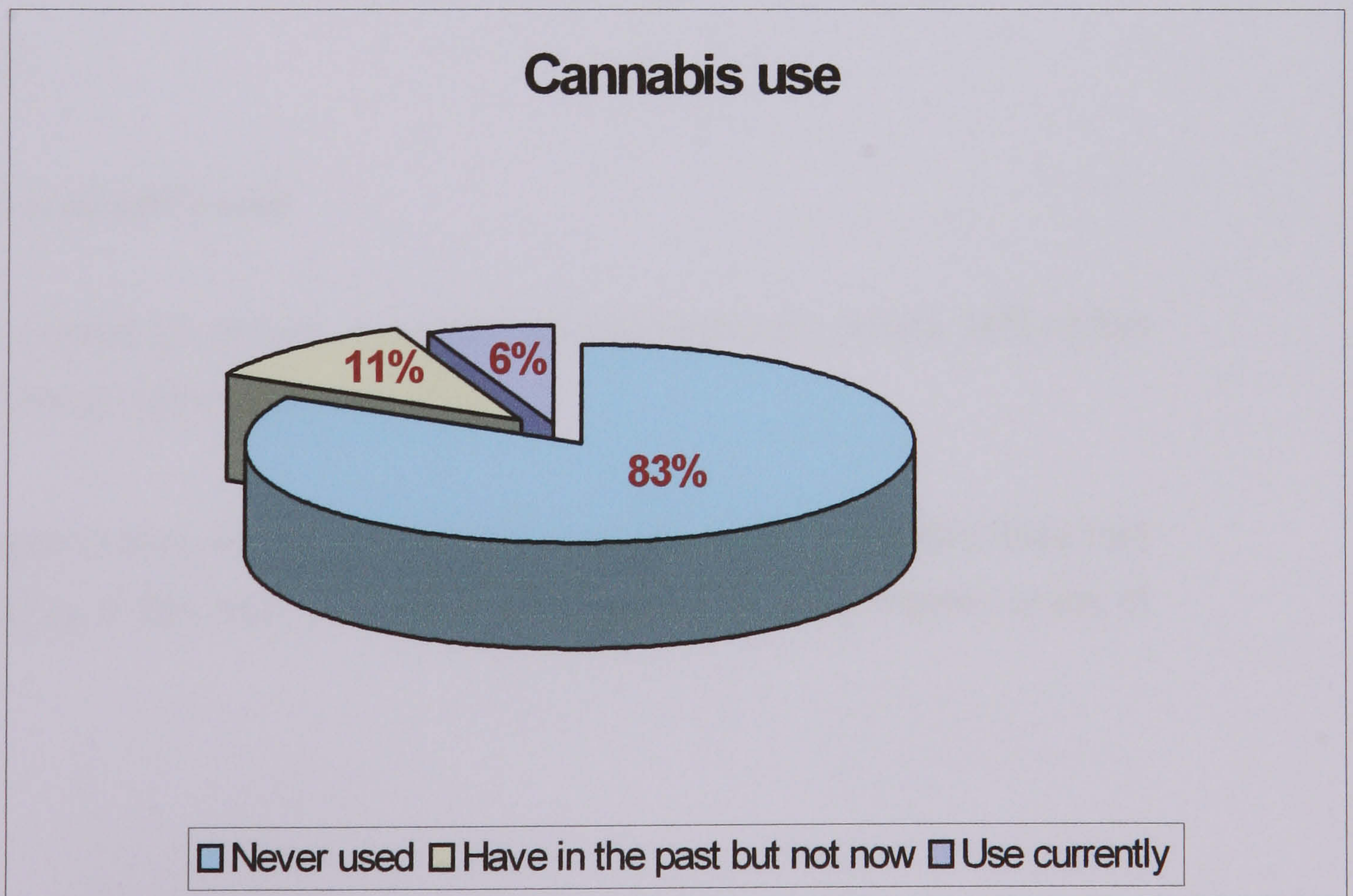
Overall percentage of young users

"Everyone does cannabis a bit" was stated by 21 young people and again just does not tie up with the facts.

In fact only 6% of respondents to our survey are current cannabis users, though 10% claimed that they had used it in the past. Again it was at our all-girls school where the rate was highest –17% of 137 users which is 23 people aged 14 and 15.

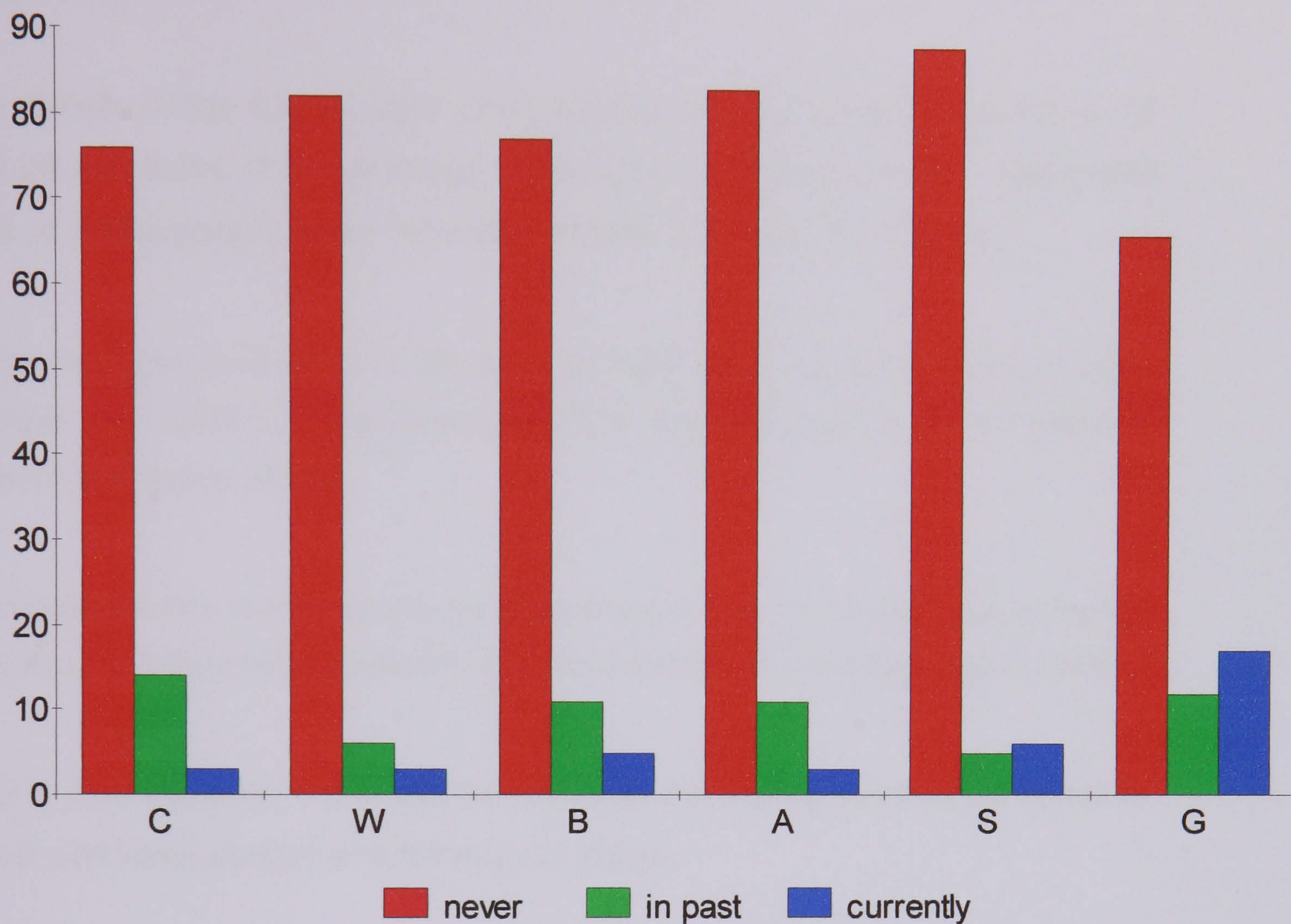
- **Fig C1 6% currently use cannabis**

Again it was at our all-girls school where the rate was highest -18 per cent of 137 users which is 23 people aged 14 and 15. (*Graph c2*)



Cannabis Use

By school



Graph C2

Levels of Cannabis use

G has the highest proportion of current cannabis smokers, where 18% of this year of students claim to use the drug.

The last DoH survey reported that 13% of pupils aged 11-15 said they had used the drug in the past year. 16% of 15 year-olds were regular users of cannabis.

There is very little use of cannabis amongst very young people - only four per cent used it before the age of 12, however four per cent is still a very worrying figure.

The British Crime Survey also concentrates on young people between 16 and 29 and looks at illegal drugs rather than drugs in general. It found that 49% of young people aged 16 to 20 had tried cannabis (BCS 2001).

“Forty-four per cent of 16 to 29 year-old have tried cannabis at some point in their lives. Half of them have used it in the last year” (BBC TV website: science hot topics 2003).

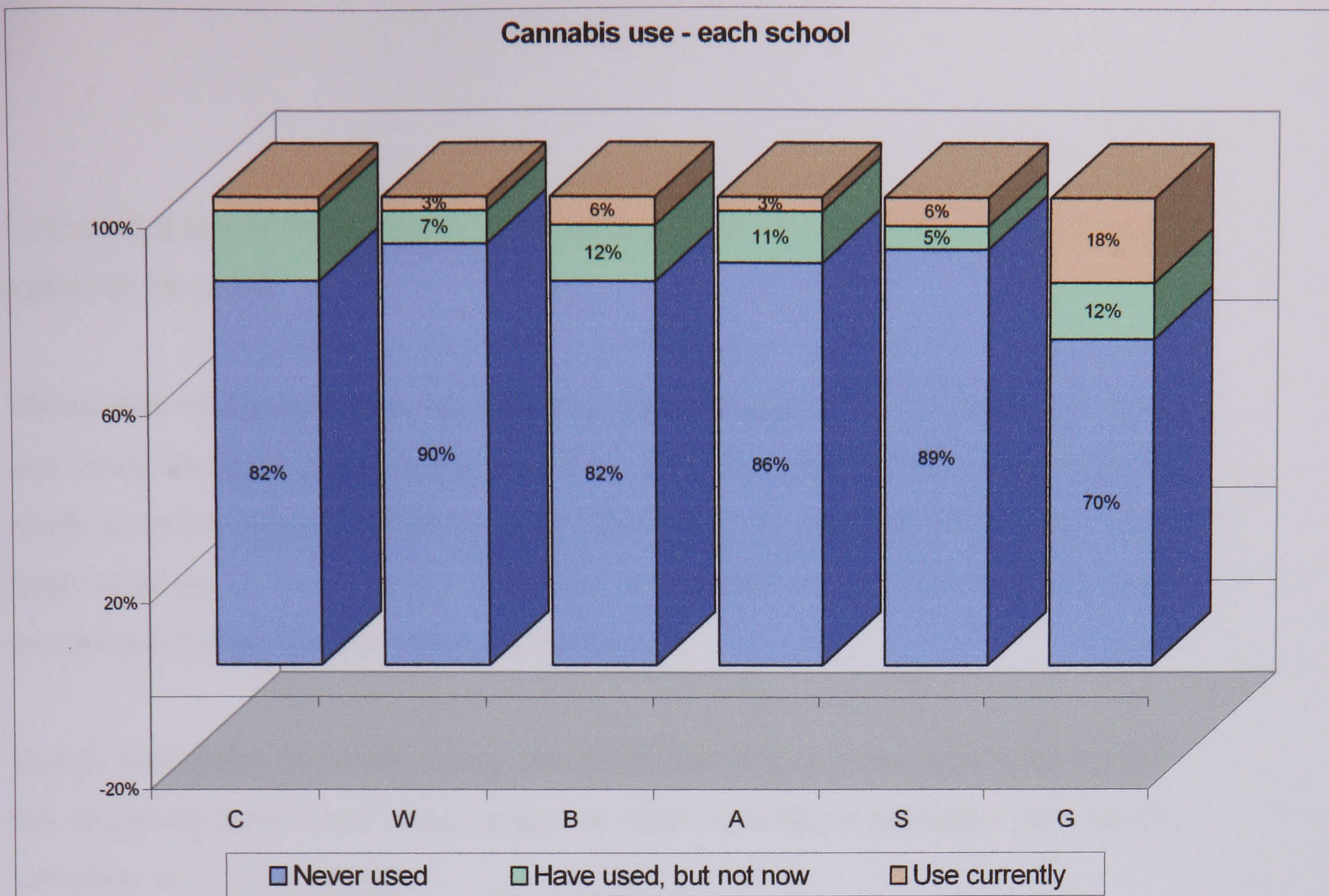
"Cannabis is the most commonly used drug in the 11-25 year-old category" (the Health Information website of Carmarthenshire County Council 2003)

This is only accurate if this means the most commonly used illegal drugs or that it discounts alcohol and tobacco as drugs.

(Researcher's Translation : Experimentation with cannabis takes place shortly before or at the same time as the eventual succession of rarer substances. At any given age, after alcohol and cigarettes, these are the inhaled products which are used at the earliest age- almost always before 15 years of age.)

Quantity and frequency

The daily use of cannabis tends to be low and the 25% of those who use it on a daily basis is only 13 people out of our cohort of 900. Forty-five per cent use it less than weekly and 21% very occasionally. Again girls featured so far as regular daily use of cannabis was concerned, as there was a higher proportion in the all-girls school.



A more worrying feature of those who currently use cannabis is that nearly half of them think that their consumption will increase and 42% do not know whether it will or not, that means that it is only the remaining 8% who feel that is likely to decrease.

(Researcher's Translation : So far as regular use of cannabis is concerned – at least ten times in the course of the last twelve months- an increase is evident at all ages and for both sexes. The surveys carried out in France among Parisian high school pupils confirm that the trend in the popularisation of cannabis use continues. (De Peretti et al.,1999)

(Researcher's translation : In other respects, less than a quarter of young men of 17 years of age state that they smoke cannabis regularly, by the age of 19 this has risen to a third.)

Among those who have used cannabis but now stopped, the average starting age was 13.5 years. Most had only used it once or twice, but 18%

had used it ten or more times. The average age for last using cannabis was just over 14 years.

Those still using cannabis started younger, averaging at 12 years old, and are more frequent consumers: just over half say they use the drug once a week or more often, including 25% who claim to use the drug daily. The large majority of those using cannabis now intend to continue using it, and most expect their consumption will increase.

Nearly half of the currently using cannabis (and 9% of those who have tried it but stopped) have tried other drugs, a clear correlation between the use of cannabis and other drugs.

Young people's attitudes to drugs

Students who are not currently using cannabis were asked to say which points from a list of 21 options they thought to be applicable to themselves in terms of reasons for not using drugs. They were then asked to state which are the three most important reasons for them in keeping them drug free.

The two most frequently stated reasons for not using cannabis were 'could be dangerous to my health' – mentioned by 88% of those giving any reasons, and 'drugs could kill me' – 83%. 74% said that they 'don't need drugs to have a good time'. A third thought that one of the most important reasons for not using cannabis was that it could affect school grades – after the two health concerns, this was given as the next *most important* reason for non-use.

Students who *are* currently using cannabis were asked to say which points from a list of 20 options they thought to be applicable to themselves in terms

of reasons for using cannabis. They were then asked to state the three most important reasons why they use the drug.

Current users of cannabis say they do so 'to relax' (mentioned by 78% of those giving any reason), 'to have a bit of fun' (74%), 'helps me laugh' (72%), and 'to get high' (66%) and that it 'isn't dangerous like heroin or crack' (66%). The three most important reasons for using cannabis are given as: 'helps me to relax' (37%), 'to get high' (35%) and helps me to laugh' (33%).

Main reasons for not using cannabis

The two most frequently stated reasons for not using cannabis (given by those who have never used the drug, or have tried it but stopped) were 'could be dangerous to my health' – mentioned by 88% of those giving any reasons, and 'drugs could kill me' – 83%. 74% said that they 'don't need drugs to have a good time'. A third thought that one of the most important reasons for not using cannabis was that it could affect school grades – after the two health concerns, this was given as the next **most important** reason for non-use.

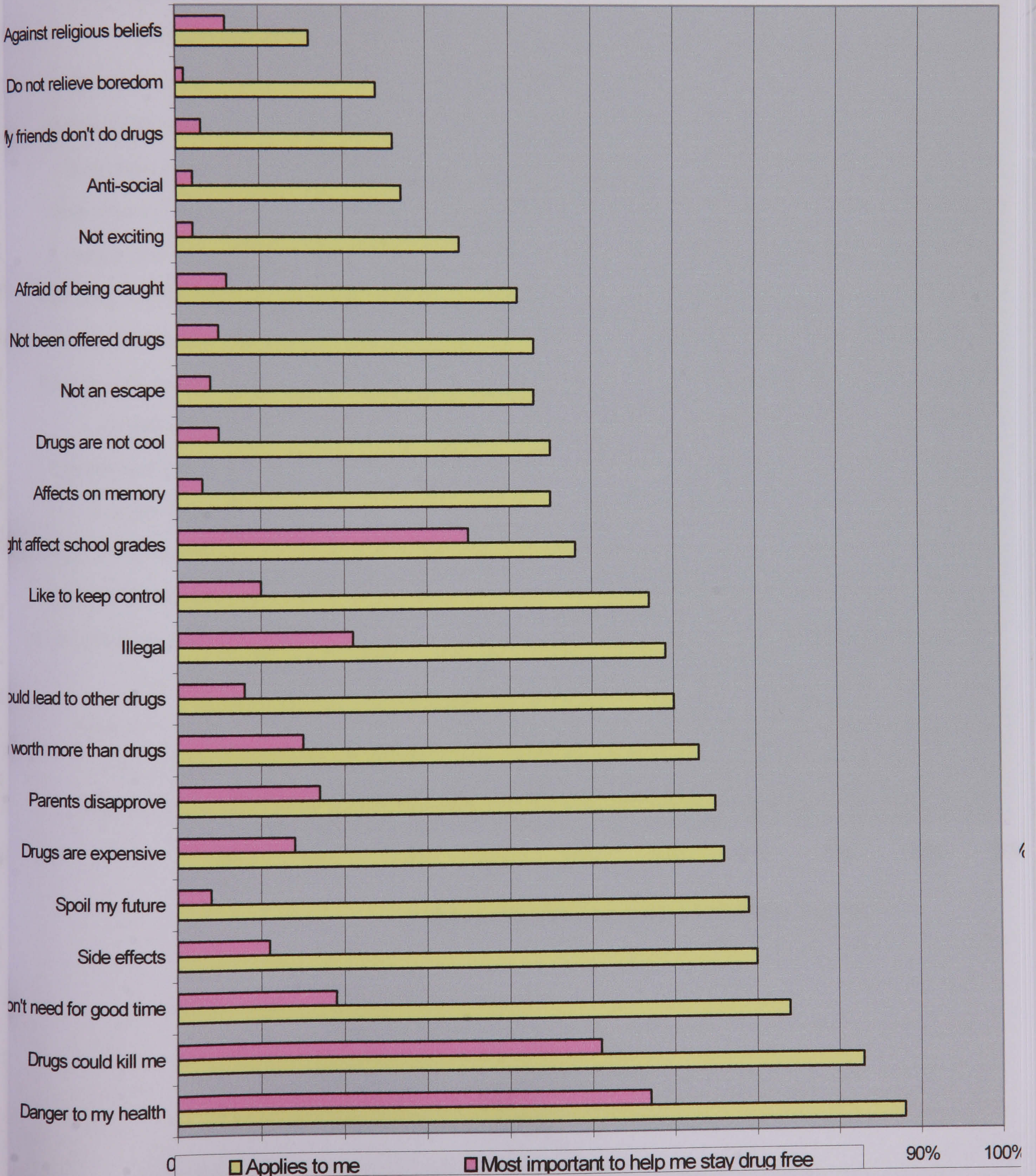
Main reasons FOR using cannabis

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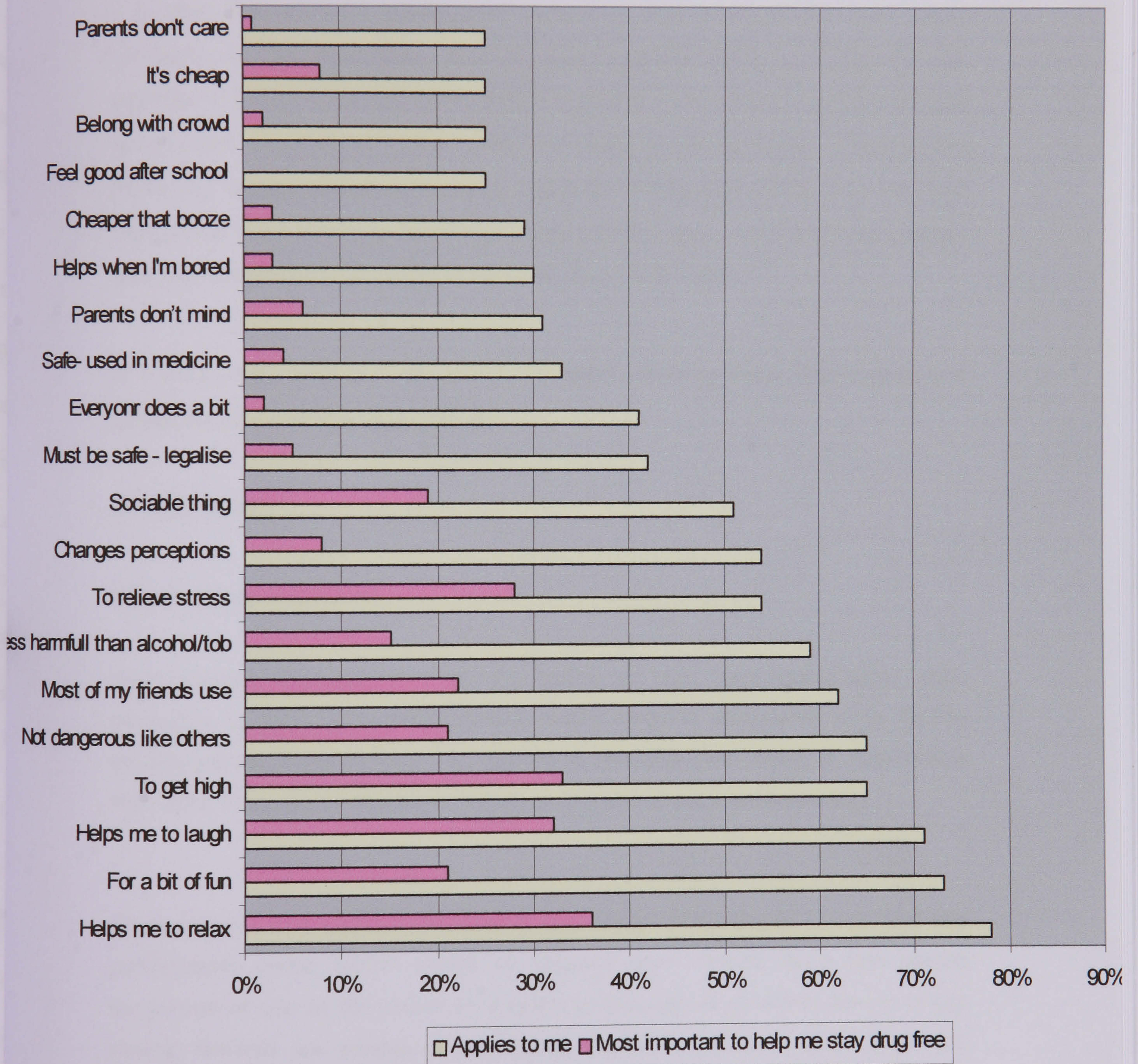
Which are graphically shown in the following charts:

Among young people who *do not* currently use cannabis

Reasons for not doing drugs



Among young people who *do* currently use cannabis:



Age of first use

It is after the years of mainstream schooling that most people start using cannabis for the first time. This is again largely because there are the settings in which it can be used and in which it is available – while perhaps not in pubs certainly in some clubs and other social settings - often where this could be one of the contributory reasons for the data which has emerged from our survey which shows that a high percentage of those young people who use cannabis also drink and usually smoke as well.

It's easy to get hold of. I see kids of 10 years old doing them. Mainly weed and cannabis and stuff like that. (15 M)

Gender issues

In France, as elsewhere:

(Researcher's Translation : At 17 years of age experimentation with cannabis is more prevalent among males –50.1% compared with 40.9% among young women) but the difference between the sexes is very much less than that which has been found with other illegal substances.)

(Researcher's Translation : Profiles of use are greatly related to age and sex particularly those which relate to regular use – more than ten stated occasions of use in the course of a year. At the age of 17 there are as many young women as young men among « weak » users – less than ten occasions of use per year. On the other hand there are far fewer women among regular users. So there are more young men of 17 who state that they have smoked cannabis more than forty times during the year (13.5%

compared with 11.7%) while there are three times less women in this respect (4.5% compared with 13.5%) So there are great differences between the profiles of cannabis use between young men and women.during the course of a year.)

(Researcher's translation : It appeared that to smoke on one's own is a behaviour which is rare among young women but not among young men)

Combination with other drugs

In a recent report (ESPAD 2002 OFDT), The French government was concerned that young adults were very frequently (57% of cannabis users at age 19) using a mixture of tobacco and cannabis and alcohol and they noted that it is very rare to have already used cannabis without having used tobacco and alcohol.

This was the case with all but two of our cannabis users.

Motivation

One has to point out that respondents were choosing categories which were given to them and, whilst they did have the opportunity for adding reasons of their own, very few did.

Those who use cannabis currently gave their reasons as to why they do.

Group acceptance, peer pressure and networks

A fifth said most of their friends used it - again this is a statement that one could call into question - that it wasn't dangerous like heroin or crack and that they "didn't see why they shouldn't have a bit of fun". Half of our user respondents felt that it was a social thing to do.

I don't really know anybody that does cannabis or anything like that because I stay away from people like that because I think it drugs is a bad thing because you can mess up your life with cannabis I know that it can mess you up and everything. (15 M)

(Researcher's translation : The number of cannabis using friends is greatly linked to the frequency of use of the respondent. So those whose use is at least regular always have at least a few user friends, while others rarely have user friends. At the age of 19 nearly half of young men have a majority of their friends who smoke cannabis.)

Belief in harmlessness

Half those responding said that it must be safe if some people want to legalise it. Nearly a fifth said that it was less harmful than alcohol or cigarettes.

Enjoyment and relaxation

A third of them said it helped them to relax and they liked to get high.

Cannabis, I thought it was a brilliant feeling, the world looks different, you just relax, brilliant. Yeah, it was good, sort of just being social. (15 F)

Getting high/ change of perception

A fifth of those who stated they are users said that they like the way it changes their perception of things.

Relief of stress and problems

A quarter of users said it helps them to laugh and it is a good way to relieve stress. Very interestingly, a few said that they didn't do well at school and that cannabis helped them to feel good and that it helped them to belong with the crowd.

Adult/mature/sexy image or feeling

It was interesting that there was not the same feeling expressed by young people that smoking cannabis made them look or feel adult in the same way as they expressed about drinking alcohol or smoking cigarettes. This is an area where it is suggested that more research be done.

Media influence

Very many young people said that they were aware of widespread coverage about cannabis in the media, and that the reduced classification and the arguments about decriminalisation or legalisation and the claimed medical benefits had had an effect on their view of it as being fairly positive, or at least not totally negative.

Availability

Cannabis is green, easy to get hold of and cheap. (15 M)

I'd say that alcohol is actually harder to get hold of than cannabis but some of my friends can get it because they look old enough and some people can get their brothers to get it for them and stuff like that and people don't really see it as dangerous as drugs but it probably is pretty dangerous to get into it.

Most people probably think it's worse to get caught smoking cannabis than drinking (16 M).

Extensive black market

Some user respondents cited as a reason for using cannabis that it is cheaper than alcohol and easier to obtain.

Supply by parents and other adults

We did not find a single example of actual supply by parents.

Most users however said supply came from older siblings, friends and older young people making a business out of it (and thereby running risks of police action).

Restriction or Acquiescence

Parents

Of my friends the only boy who doesn't smoke but who smokes gear he is 14 he only smokes gear, he doesn't smoke fags and his mum knows. (15 F)

Several user respondents said that their parents knew and did not really mind.

Disadvantaged homes

Also worryingly, one 15 year-old said that his parent didn't care very much what he did and that he smoked cannabis at home.

Teachers

The policy in every school is that cannabis remains an illegal substance and that any possession or use by pupils results in serious penalties. This is set down by Government guidelines for schools mentioned earlier in this research. While this may be the appropriate approach it is one which adds to the image of teachers in the eyes of pupils as being out of touch and out of date.

Youth workers

Use on premises is banned, possession is not usually checked and informal discussions reveal the dichotomy among youth workers as to their own attitude and the guidance that they give is often variable in quality, non-specific in advice and deficient in content.

DRUG EDUCATION AND PREVENTION

The Folklore

There is a widespread belief amongst a large section of the general public fuelled - or even perpetrated - by the media that large numbers of young people are taking drugs. There is a folklore among young people that this is the case and this folklore also contains much so-called knowledge about drug use, and communicates the message that most young people have a considerable knowledge about drugs.

But concerns have been expressed, including by young people themselves, that:

- this is not accurate,
- the extent of drug use is exaggerated,
- the knowledge that young people have about drugs is often limited, and/or misinformed,
- young people are generally resistant to any attempt to discourage them from drug taking.
- the whole trend in society and amongst today's young people is for a much freer environment in which drug use can increase and even that it has already become the norm.

This research sought to test this among young people and the results were very telling indeed.

The actual situation

Disparate definitions

First of all there is immense confusion among the general public and even amongst those involved in research and amongst educationalists let alone amongst young people as to just what is meant when one talks about drugs.

I wouldn't call cigarettes drugs really, or alcohol. (16 M)

Because although when you talk about drugs you generally talk about illegal drugs there are far more people who die from alcohol abuse and lung cancer from tobacco products than there are from other drugs (16 M)

Some studies of drugs amongst young people exclude tobacco and alcohol, some put them into a separate category such as reports on "drugs, tobacco and alcohol" some, as in our research, use the definition that all psychotropic substances are drugs - that any substance that has an effect on the mental state is a drug and therefore that alcohol and tobacco are drugs. This is a very important and fundamental basis of our research. We found that the majority of young people still do take into account the legal position of each type of drug. However, there will always be a small minority of young for whom a drugs illegality only enhances its appeal. Nonetheless the provision of accurate information in respect of the legal position to young people is essential.

Legal complexities

Even when the basic definition is agreed there is often still the argument whether to distinguish between "legal" and "illegal" drugs and how one

categorises drugs in that respect with such complicated rules as to legality. Does it mean a drug that is illegal in possession, or use, or purchase, or sale? Even once this has been decided there is considerable confusion as to exactly what the law is in relation to any one particular drug. So far as tobacco is concerned we found only a handful of young people who knew that smoking is a legal activity at any age. Our study confirmed that nearly all young people believe smoking by young people under 16 to be illegal, whereas it is not. There was also the unsure feeling among some that it was even illegal for young people to possess tobacco products. This is immensely complicated by a section of the Metropolitan Police Act giving police officers the power to confiscate tobacco products in the possession of those under 16, an extraordinary situation in view of the lack of other legislation. We found that very few young people believe that it is legal to attempt to buy them at any age (in contrast with alcohol); it is only illegal for shopkeepers to sell them to young people under 16.

There is similar confusion over alcohol. While nearly all young people surveyed knew that the sale of alcohol to young people under 18 is illegal and a majority knew they were also committing an offence in trying to buy it, most young people believe that you cannot drink alcohol in pubs or restaurants or in the street or even at home under certain ages but they are not too clear about what ages this is. Some believe that you can legally drink alcohol at any age but not legally buy it. As for cannabis the situation has become even more complex, even for those who work in the field. No single person interviewed could come up with the combination that the possession, purchase, sale and use of cannabis is illegal but that police are only issuing cautions for cannabis possession and use but enforce the law in the case of dealing or frequent cautions for use, that there is a power of arrest for “aggravated possession” and that maximum penalties for dealing have been increased.

Categorisation and Classification

Further confusion is caused by categorisation. Successive governments have in the past worked on this principle, putting drugs into various different categories. Again neither young people nor the general public are very clear at all as to which drug fits into which category. About a quarter said class A drugs were the worst but of that quarter, only half could name two drugs which were included in it.

I'd probably say the greatest misconception about drugs is the different categorisations that there are. (16M)

Nor are they sure as to what particular police or legal action use of the drugs in each category involves.

In an interview with Sir David Frost on BBC television on Sunday 21st September 2003, the Home Secretary said that it is the Government's policy to concentrate police effort on those drugs where there is risk of death or serious harm immediately rather than on those where damage is long term. Drug education and prevention has also been similarly directed in many schools, even though the percentages of use by young people of drugs which can cause immediate harm (other than use in exceptional quantity) are very small (with the exception of Ecstasy).

Statistical incomparability

The method of presentation of statistics can often add to the confusion, especially in their selective, non-contextual use by the media. For example, 'regular users' can mean those young people who use intermittently and spasmodically compared with those young people who are at least weekly if not daily users. There is also the concept of 'have ever used' for those who

have used as little as once in their lifetime. This leads to seemingly high percentages of young people who regularly use drugs. The next confusion comes in the use of age bands, which can have the effect of diminishing the size of the problem by taking a percentage which is spread over a wide age grouping such as 11 to 15 years of age which produces a drug use figure. This is most misleading since it does not take into account the fact that all surveys show drug use amongst young people to increase steadily according to their age.

For example, the Department for Health in 2002 published "Drug use, smoking and drinking among young people in England in 2001, a study of the reasons for taking or refusing drugs". But the statistics relate to a wide age group 11-15. Hence, they cannot be compared with ours obtained from a much narrower age band nearing the end of their secondary schooling. However, the key results are worth relating if only to demonstrate the difference (and that there is still in the lower years at school considerable concern about consequences of drug use):

Reasons for non-use: (percentages of non-users)

Trouble with parents: 85, with police: 79, fear of physical harm/ health problems: 80, fear of possibility of dying 78, leading to dangerous situations 78, cost 59 and the effect on school work 58.

Reasons for use: (percentages of users)

To see what it was like: 60, to get higher or feel good: 59, nothing better to do: 19, to forget problems 16.

The extent of drug taking

I think because there are a lot of things on TV about how the youth of today are really into it, I kind of get a bit upset because it kind of blacklists us as all drug users or something. (16 F)

A majority of young people still do not think it is acceptable to take drugs although there has been an increase in the proportion of those thinking drug taking is acceptable but the attitude towards smoking and drinking have remained the same. Young people thought that experimental use was more acceptable than regular use and they distinguish between them. Their attitude towards drug users was more tolerant (DfH 2002: 13).

In fact our survey showed that, excluding alcohol and tobacco and cannabis, only 9% of the respondents had tried any other sort of drug and this was spread among various drugs. This would be similar to the findings of the most recent DfH survey which said:

“every other drug had been taken by no more than 3% of pupils with a total of 4% taking any class A drug” (Department for Health 2002:11).

However, in our own sample this 9% represents 66 young people, whose drug education and prevention experience has not been sufficient to dissuade them from taking other drugs.

From our survey, 41% (326) young people said they had never been offered drugs. This suggests that nearly 60% have and this is similar to the DfH research which found that by the age of 15, 65% had been offered drugs with boys slightly more likely than girls to have been offered them.

Well, as yet I haven't really come into direct contact with drugs, nobody at school or elsewhere has ever offered to sell me any (15 M)

I haven't really come into contact with any, I haven't smoked, I haven't taken any yet, I don't know if I will in the future, but, I don't know. (16 M)

I don't know anyone that has taken drugs recently. (16 M)

The use of the volatile substances was highest amongst 13 and 14 year-olds and dropped off after that at 9%.

So the drugs of greatest use among young people are tobacco, alcohol and cannabis and so it is upon these we have concentrated. Smoking, drinking and drug use are all highly interrelated behaviours – pupils who smoke are more likely to drink and pupils who drink are more likely to smoke, and similarly people who either drank or smoke are more likely to take other drugs (DfH).

Accuracy of knowledge

The Department of Health study of young people's drug use published at the end of 2001 said there was a good deal of basic knowledge among older pupils but also a substantial degree of remaining ignorance. This was certainly our experience in our survey:

The people who don't really know about them are obviously seen as uncool. We all pretend to know about them but no-one really does. (16 M)

I know quite a bit about drugs I've seen them when they brought them into school and showed us a lot. (*But then.*) I don't really know all the details. I know what most of them do. I don't kind of know what each and every one does and I think they do much the same thing roughly. (16 F)

The cannabis leaf is quite well known, I think it comes in the form of a white powder, which I think you crush it and smell it, or something like that. (15 M)

Ecstasy- I think that's a white powder that you swallow (15 M)

I know there's lots of different drugs: LCD, angel dust, cannabis, crack....

I also don't know what LCD looks like. (16 M)

Ecstasy is in tablet form and people say that it's a pill, that's how I've heard it being used. That makes you love - it gives you the sort of feeling of love and makes you like want to hug everybody and be very laid back about things; that's all I know about that I think. (16 F)

As for the accuracy of young people's knowledge it is, on the whole, very limited. In some schools it is better than others. Obviously if the school does a lot of work on drugs the pupils will have a greater knowledge than those that have just had forty minutes, where it goes in one ear and out the other. One of my sons came home once and asked me what drug it was that not addictive. Is it cocaine? That shows that he had had a talk on drugs and some of it had not sunk in. So the accuracy of young people's drugs knowledge is I think very limited. Those young people who are using seem to have a lot of knowledge but a lot of it is wrong and because they seem to have so much more knowledge that their classmates are picking it up from them and, as I say, a lot of it is wrong. This is instead of proper accurate input from outside agencies. (police officer 2001)

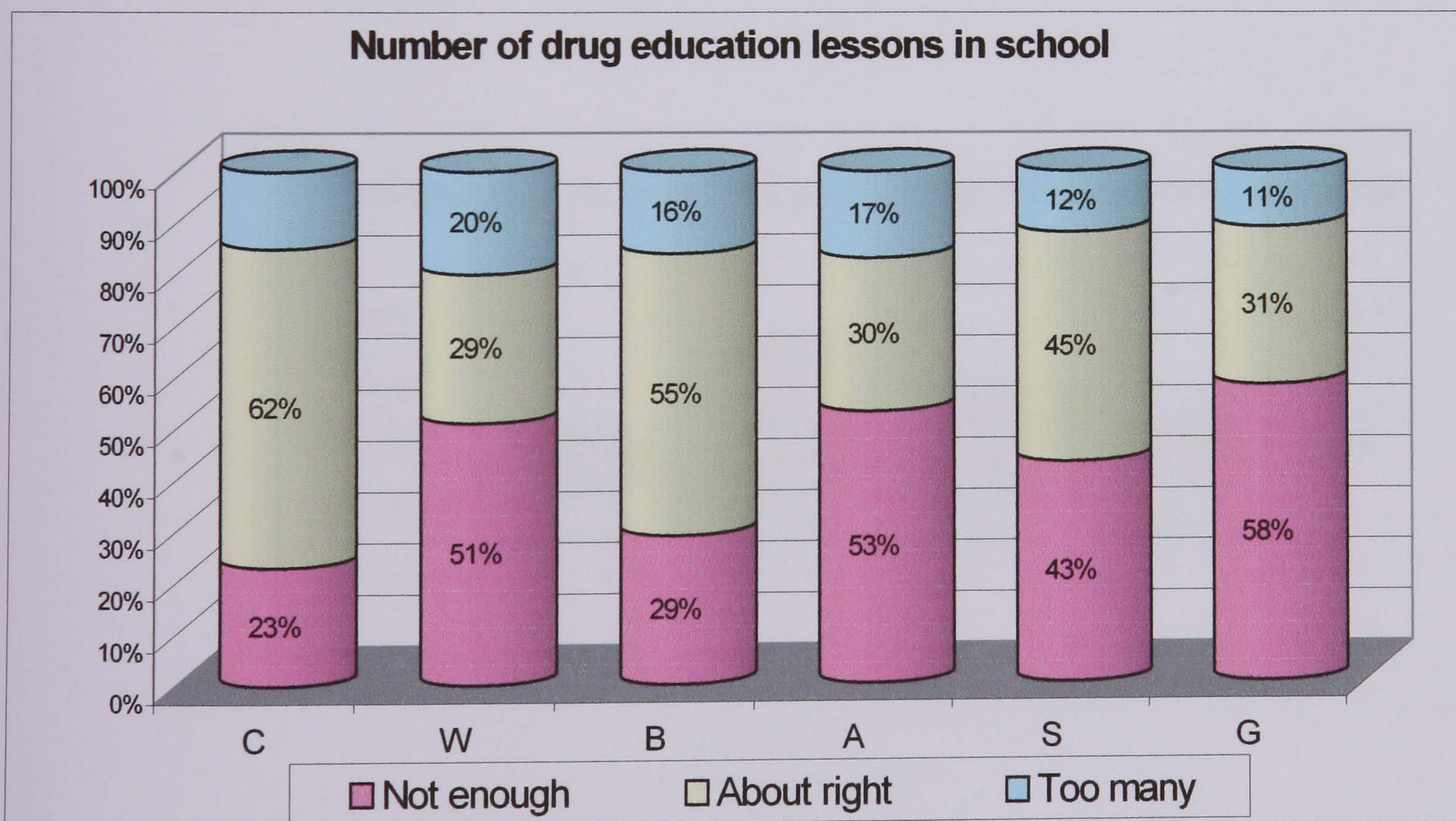
Current provision in schools

One message emerged very clearly and was stated by young people both in the qualitative and the quantitative survey, over and over again, more than anything else in the entire survey. It was that there is a very high level of

dissatisfaction with the drug education they are currently receiving. Only 9% of those who responded have found all the lectures interesting and this dropped to 7% of drug users of any sort - an appalling figure. Sixteen per cent found them all boring and, staggeringly, nearly 40% said they found them all not very interesting or rather boring. In spite of this nearly 40% felt that there had not been enough drug education but they communicated very strongly that while they wanted more drug education they did not want the same again.

Drug education about right in some schools but not enough in many

Overall, 45% of those responding said that they had about the right experience of drug education in their school. However, this varies significantly by school: the majority at G, A and W say there are not enough lessons on the subject, whilst overall, C and B appear to have the level about right.

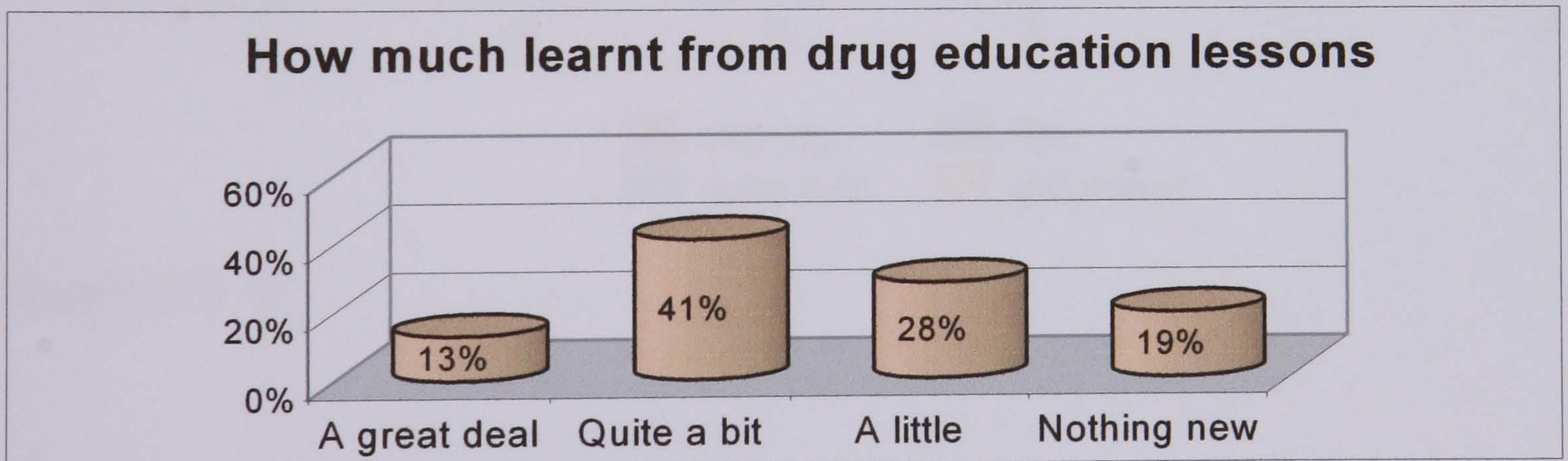


At G certainly, and possibly A, there is some correlation between the perceived need for more education and the fact those schools have the

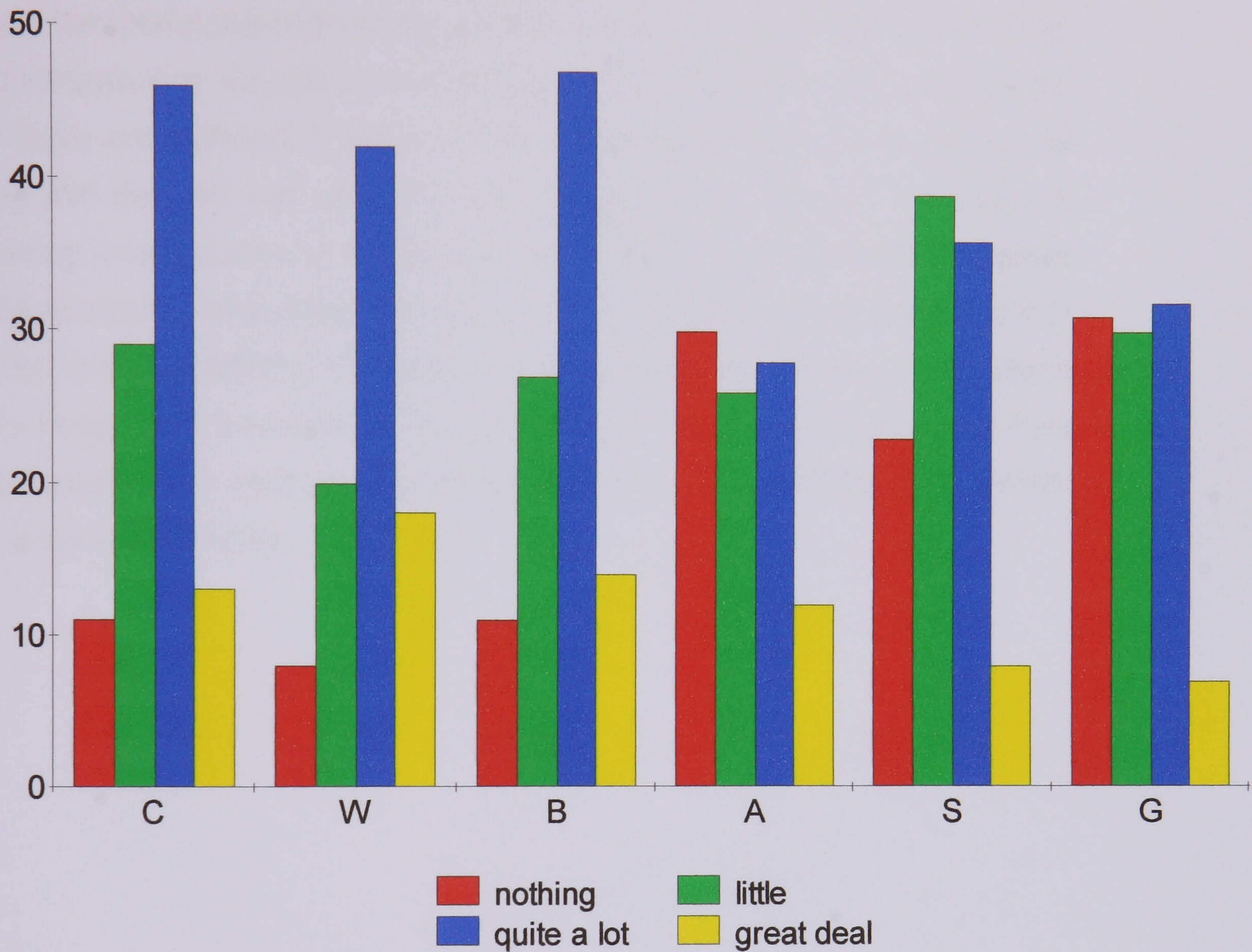
highest penetration (in the sample) of cannabis use. However, at other schools the correlation is not conclusive.

Fairly evenly across all schools, a third of respondents found the lessons generally interesting, but 40% found many of them generally not very interesting or plain boring. C and W had the best 'ratings' for interest of lessons – all schools with a relatively low level of use of cannabis. Students at A (especially), S and G had the lowest levels of satisfaction with their drug education lessons.

Fairly evenly across all schools a third of respondents found the lessons generally interesting, but 40% found many of them generally not very interesting or plain boring.



Drugs Education and Prevention Level of Learning



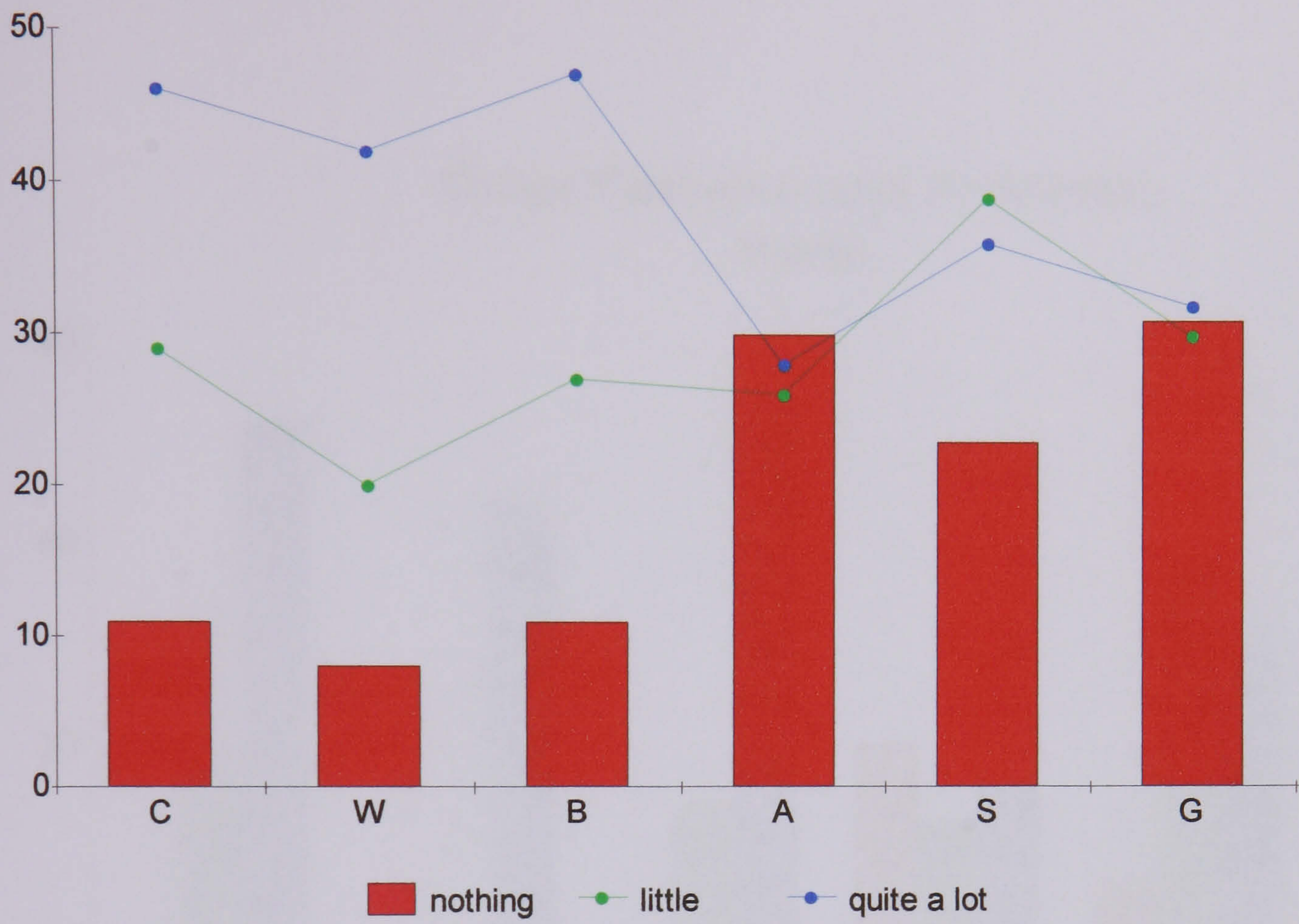
Graph DE 4

The graph DE 4 shows the various different proportions of young people and how they view the drug education they have received in their respective schools.

It should be noted that a high proportion in every school are dissatisfied with and disenchanted with the drug education that they are receiving. It also has to be noted - and this is shown very graphically - that the drug education delivered in some schools is particularly poorly regarded by the pupils and overall the total number of young people expressing dissatisfaction with their drug education is alarming. Even among those who stated that they did not feel there are sufficient numbers of drug education lessons, the point was made that they did not want more of the same, they are only interested in receiving more lessons of a type relevant to them. Again this was confirmed in the qualitative interviews, with some young people being very resentful of the fact that they felt that their needs in this very important area of education were being very unsatisfactorily met. There is a graph which particularly emphasises those who are dissatisfied and those who were reasonably satisfied. It is a damning display.

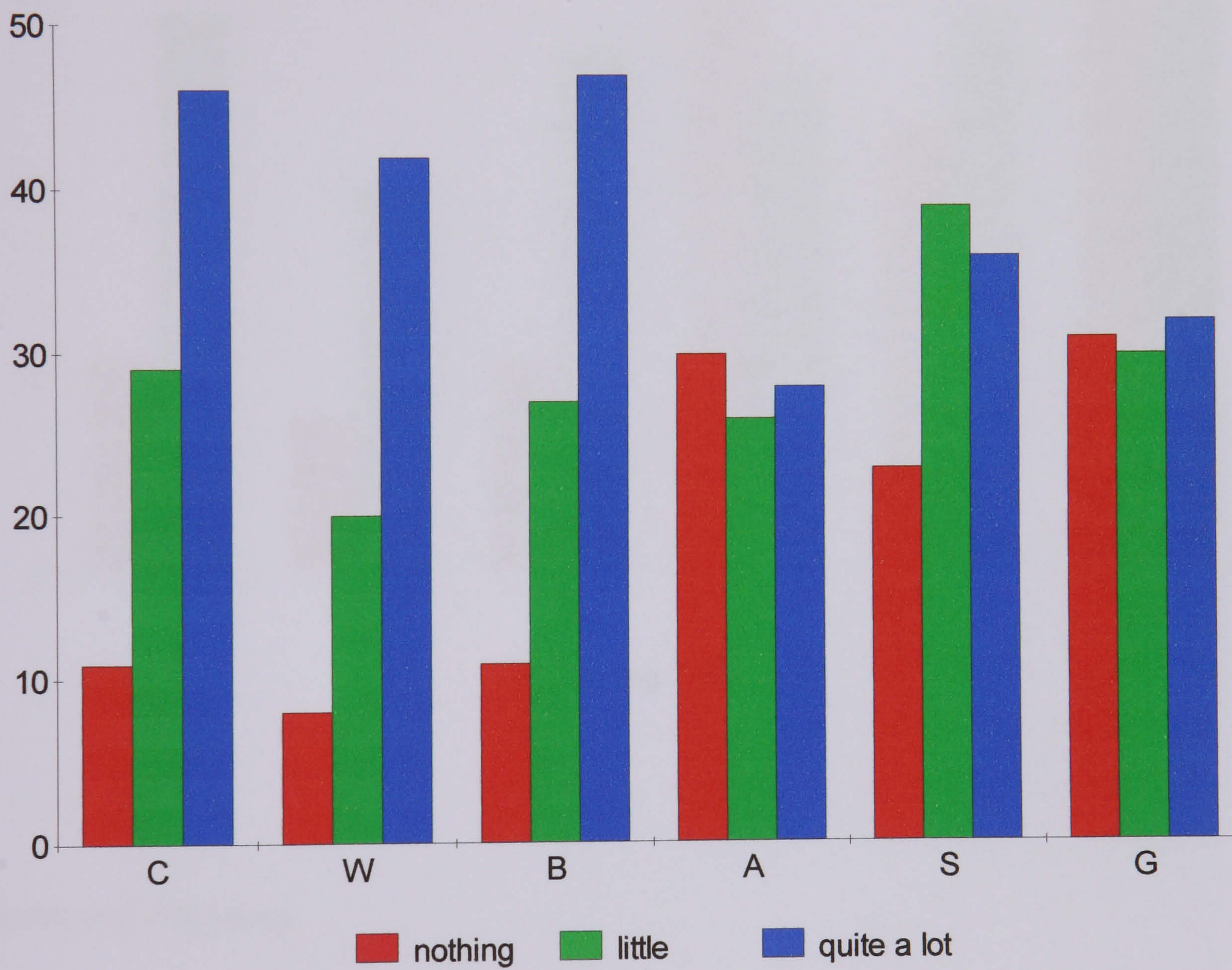
Drugs Education and Prevention

Insufficient



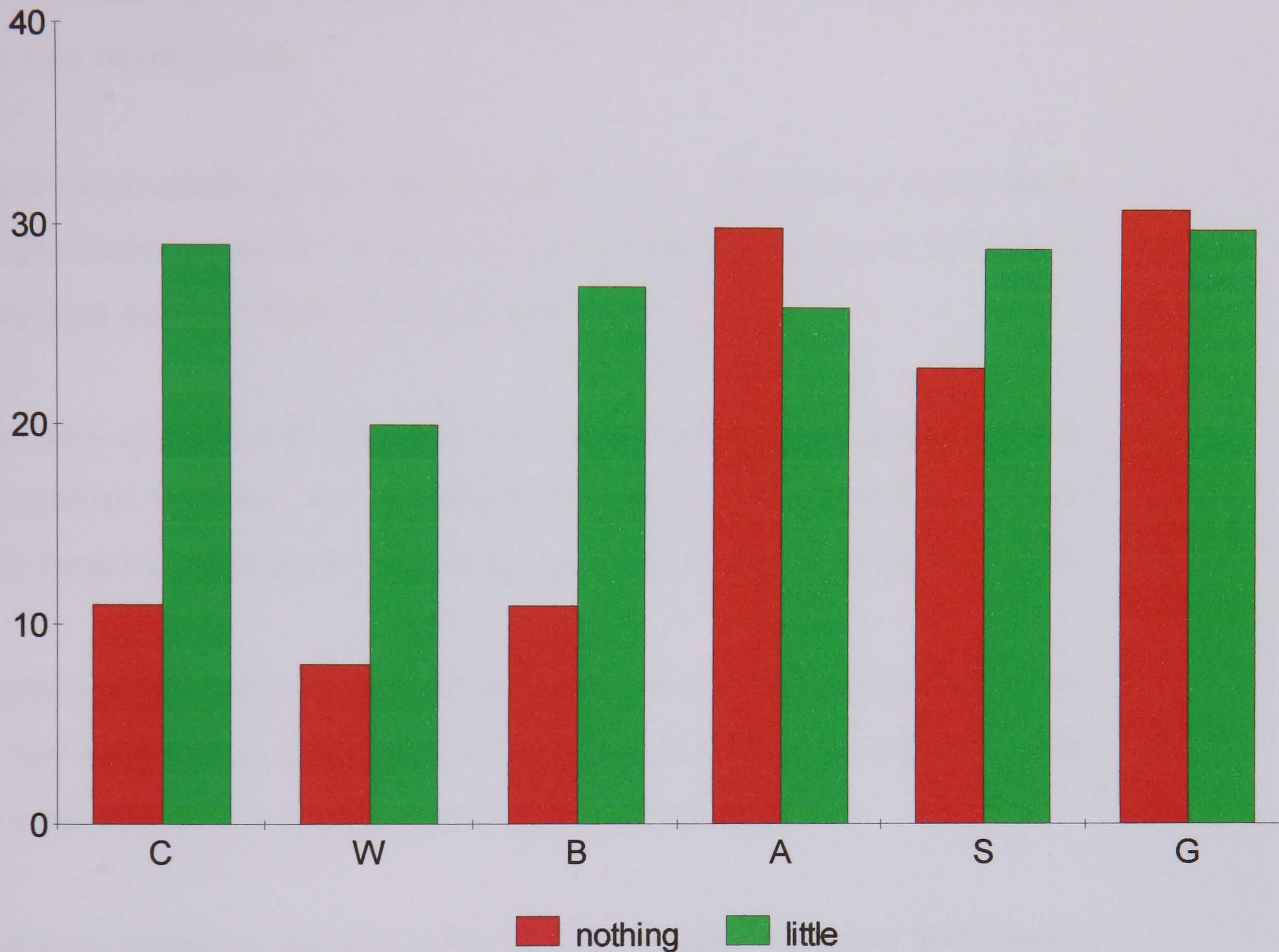
Drugs Education and Prevention

Quantity



Drugs Education and Prevention

Low level of learning 1



Quantity and Frequency

Far from there being a regular scheduled programme in all the schools we found a great deal of ad hoc arrangements.

We have about one lesson a year and it's almost random so that we don't know when we are going to have it. I think we had about three lessons on drugs and the causes and what they can do to you. (15 M)

I think drugs education in school is OK but I think it could be made better by more lessons on it. We had only about 4 to 5 in the whole four years. I think that we could improve it by having more. We need more knowledge of it and what they can do. (15 M)

I used to previously go to a school which was a public school and I don't actually remember any sort of drug lectures or anything given to us so I wasn't particularly aware of what drugs do or did. (16 F)

I did learn a lot about drugs in PSE but that was a long time ago and I've kind of forgotten that now. But you still need to keep it in your head but I have really forgotten what drugs it was that I saw and what effect it has on you. (16 F)

I really don't think I've had enough drugs education, if anything I've had one in the last 4 years. It was probably a PSE lesson, it didn't stick in my mind, it's not something that I'm going to ever turn to in a moment. (14 F)

In primary school we didn't have any, but in secondary school we had 3 hours devoted to it where we had a policewoman come in and talk to us. That wasn't very interesting, it just sort of faded off. Then we had a lecture from some woman, I didn't listen then either, then the last one we were given 2 booklets and told to read them for the hour. (15 F)

Moral messages or instructions

The opposition to "Just Say No" messages came out strongly.

I think it would have helped if they gave you facts about what drugs do and how they can change you and your personality and it can affect your whole

environment around you and how it can make other things in your life not work and not go right as opposed to being just told you shouldn't do drugs and you shouldn't drink and you shouldn't do that. (16 F)

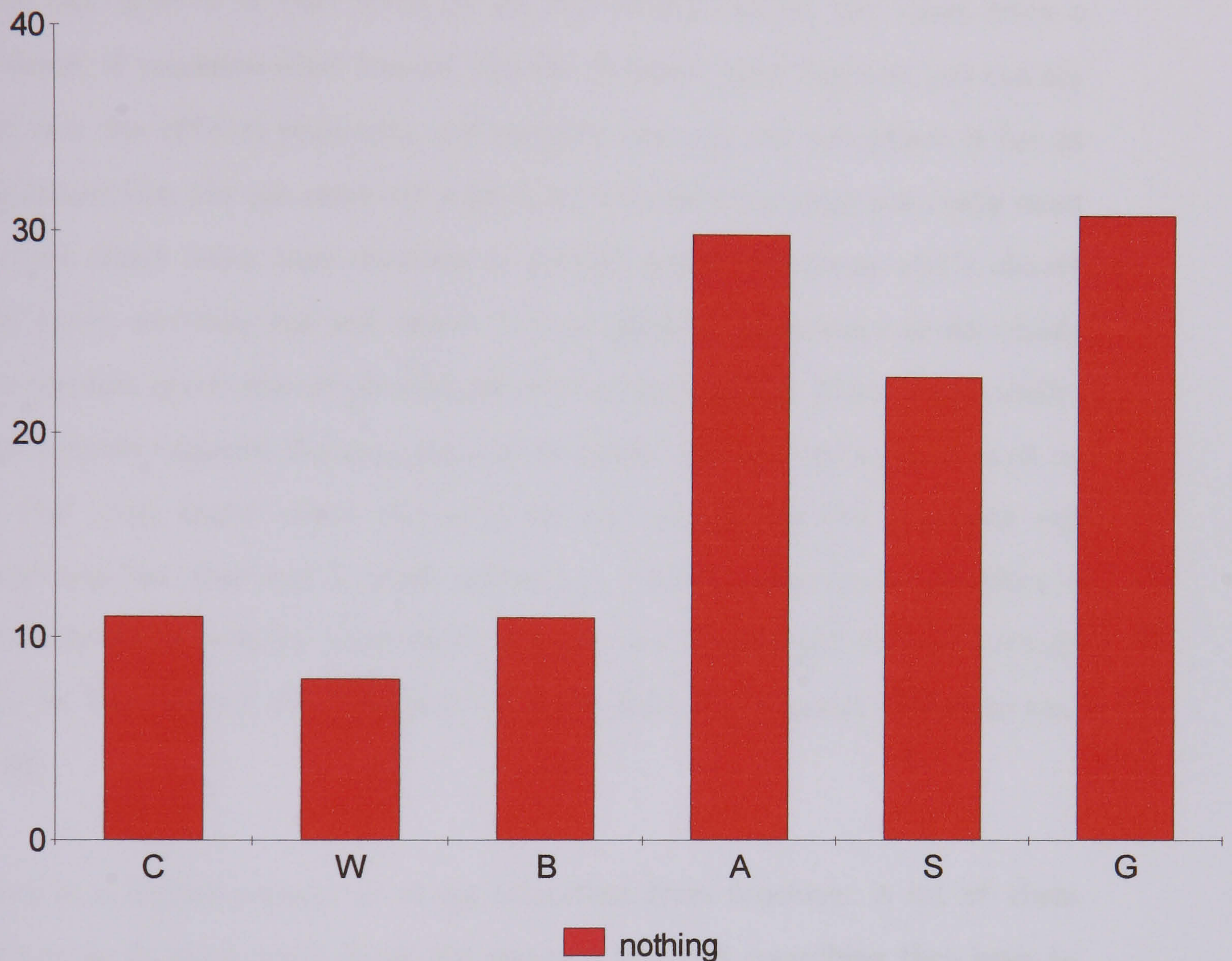
I think the way that they're taught about drugs isn't effective, I think bringing in teachers and people in authority doesn't necessarily work, because they're scared to ask questions, they're scared to talk about it, because they sit there and they think, well if I mention something, if I say that I smoke or something like that, the teacher or person in authority's going to pounce on them and say, you shouldn't be doing this, etc, etc, and I don't think necessarily saying no to the young people is the way to do it, they should be educated about the drugs and then given the decision on whether they want to do it or not (14 F)

Adequacy of teaching

There was massive criticism of teaching standards, techniques, knowledge, delivery and much else.

Drugs Education and Prevention

Low learning levels 2



The other sessions were PSE, where we'd have a 20 minute discussion about drugs, but my form teacher at that time, I don't think it was her priority and if people decided to mess about the session was abandoned, so drugs education there wasn't very strong. The other thing was in science, the facts, exactly what the drug is, and what it does to you, but nothing really more about it, not really thinking about the consequences or the effects on other people, that sort of thing. (18 F)

There has been some drug education that I've had at the school. I think there have been some valuable insights into drugs. But I think the two problems I would see with it is that first of all it's taught almost too much from a textbook, if you know what I mean. You can describe what happens, you can say what are the effects physically and mentally and you can talk about it for as long as you like. He can read off a piece of A4 paper but what you really need to think about more than anything is getting either somebody who's almost been there and they can talk about it from personal experience or somebody that can talk about the actual effects of it and go and talk about it personally, what actually happens. Because you can be taught and you can read as much as you like from books about the effects, the causes and the problems and everything like that but I think unless you actually experience and witness somebody who's actually been there and see the trauma and the differences made to their lives I don't think it will really have a very great effect on you.
(16 M)

There is a limited amount of drugs education from teachers. A lot of them don't seem to know much about the subject, it's just something they have to do. We also have some schools who seem to work on a tick box system. (police officer)

Peer education

A very high proportion of young people in both aspects of the survey said that they needed more outside speakers with their own experience of drug use and in particular they felt that peer education from young people who had also had experience was highly desirable.

I think that getting it from someone who has a bit more of reality on your age and what it's like to be in groups that do drugs and stuff as opposed to having it from like a teacher who any has it from a sort of one point of view and from someone who can understand it from your point of view and you feel comfortable with and you could trust as a person as opposed to just hearing it from an older person who may not have such reality on it with you. (16 F)

We need ex-users and ex-pupils who know about these things and I think it will be helpful if they came into school and talk to us about them. (15 M)

In Québec in Canada there is a province-wide coalition called "La Gang Allumée" that is a fast-growing network of teenagers who are trying to persuade other teens not to smoke and across the province groups of young people get federal funding to create plays, dances, videos, whatever they think might dissuade other young people from smoking and every programme is different. The teenagers, many of whom tried smoking themselves, are telling the younger children that they don't have to smoke to be part of the gang in high school but they are careful not to preach or tell the kids what to do because that could backfire.

"The kids want the freedom. By giving them a choice they feel free... Kids are more willing to listen to other kids than to adults or government authorities. When kids come up with the ideas it works - it's the world of their language and is not imposed." Québec section of Canadian Cancer Society (2002)

Police

We had drug education in I think it was about year 8, when we had a policewoman come into the school with a drugs case and did talks on the cases

and things, which we didn't really gain much knowledge on because people weren't paying attention, they were more interested in taking the mickey out of the police officer and trying to find things out about what was in the case, because she didn't actually open it up to start with, she just sort of brought it in and put in on the desk, and left it there, and people were more interested in taking the mickey, finding out about her job, finding out what was in the case than actually listening to the drug education. And then you weren't really educated about the drugs, you were told what their criminal status was and what would happen if you were caught in possession, things like that, and how many people get caught with them, etcetera, it wasn't actually anything about the drugs, you weren't told the effects or the influences that the drugs would actually have on you. (18 F)

We're told by our senior officers that we are only really supposed to address ourselves to matters of law and legal aspects such as if you're arrested what the penalties are. But we do not feel we can do that because we don't feel we can deal with the legal side without telling the young people why drugs are illegal, and what the dangers are.

We used to do this in conjunction with the Drugs Education Team of the borough. They would address issues like peer pressure etc and we would follow it up with drug recognition, which I felt was quite a good way of doing things. It's all very well knowing what drugs look like but if your friends are all taking them and they're trying to convince you to take them, the danger is always there. That has all stopped now; there is no drugs education in schools from the borough any more. We seem to be the only agency that is doing drugs education in schools. (Police officer 2001)

Drugs education and prevention agencies

We also had somebody from a company called Narconon that were very good with it. (16 M)

I went to a drug lecture called Narconon which gives you the exact truth about drugs it's actually titled "The truth about drugs" and it tells you the different facts of certain drugs, the drugs you can get on the streets, the drugs you use from pharmaceutical places and that for me definitely opened up a huge sort of awareness of what was going on and how big the drugs thing is because I really wasn't aware of that. (16 F)

Giving them the skills to be able to say no, like we're taught here (on Teenex), peer pressure reversal and things like that, I think that's the best way to educate because if you don't, you can educate kids as much as you want about drugs, that doesn't let them get out of the situation. I mean their friends could be smoking cannabis and drinking alcohol and they don't want to do it, but because they've been educated about it and chosen not to do it, but then they may be pushed into it by peer pressure, they may not be able to be, they may not know how to get out of the situation, so they are forced into doing it. I think people need to be educated about how to get out of situations and they need to be educated in the right way about the drugs as well. (18 F)

Drama groups

I think that's probably it, the drug education we've had at school, we certainly haven't had any higher up in the school, no we did actually, we had a drama group that came into school, it was a youth drama school that did a sketch on

drink driving. They had all these buggies and things and they were whizzing around and things like that, and it was a fun lecture sort of thing. I think that sunk into more people because it was visual and active rather than sitting down lecturing people. (18 F)

Targeting

I think the health education needs to be done a bit younger because I think that then people are less likely to have already taken drugs. (16 M)

Motivation not to use

Personal character and perspectives

Nearly three quarters of respondents (567 young people) felt that they did not need drugs to have a good time. Sixty per cent (477) said they felt their self-image was such that they did not need them. Interestingly 40% did not select this option.

Image of drugs

42% (340) said they did not regard drugs as cool, a third said they did not think they were exciting, 23% said they did not relieve boredom. These figures are not as high as one would hope.

Friendship group

The relationship between young people's drug taking and that of their friends is strong.

I'd say it was my friends who influence me really, because the people that I hang around with would not hang around with me if I smoked. And then I'd have to go into other circles that I don't really want to be in. They're not really people I'd like to be with. (16 M)

I haven't really been under pressure from my friends because none of my close friends have taken drugs. (16 M)

Family background

Sixty-one per cent (492) cited the fact that their parents' disapproval was a reason for not using drugs, a significant figure in itself, but also significant is that 39% did not select this as a reason.

When I think about drugs I probably think about the effect that it will have on myself and not only on myself but on the people that immediately surround me. If you think about it, if you think about your family and that in effect you almost betray them to leave them for a world of drugs. (16 M)

It's because of family reputation and stuff like that. If it comes from the Indian families it's usually worse because they say... well, because they stick it to you. Parents who have brought you up right just make you feel bad and so really I do want to make my family look bad so I just really keep away from stuff like that. (15 M)

I think what's changed my views is, like, having quite strict parents. They're not really strict so it's made me rebel loads, but they're, you know, I get along

with them, and I know a lot of friends who don't really have that good a home life so that makes them tend to go out more and mix with people who aren't, older people who are more into that sort of thing and do that sort of stuff, whereas I don't. (16 F)

In Hindu families I think we don't really know much about this stuff because we don't really go there but I think Sheikh and Muslim families - they are the main users in (place name) but I don't really know about that. (15 M)

The way it is, like, is that I've got a good family and everything and all straight and everything and if you got a good family it best to stay with the family. If I was doing drugs or smoke or whatever because I think about my family really and they aren't doing it, it will make them upset or anything. (16 F)

My brother (older, a regular smoker) has said to me that if I smoke ever, he's going to beat me up because he thinks it's really bad for me; because I'm asthmatic, he says it'll be even worse for me. I don't think he'd care if I wasn't asthmatic. (16 M)

The effect of siblings and friends is very great. Of those young people for whom half or more of their friends took drugs, 60% took drugs themselves. Only 4% of those who had no drug-using friends used them themselves. Those with siblings that took drugs were much more likely to do so – at 53% compared with 18% of those who have siblings who do not take drugs.

Religious background

Interestingly, 16% of young respondents in our survey said that taking drugs is against their religious beliefs.

I wouldn't say that their religion had a great effect on many people's decisions nowadays as to whether or whether not taking a form of drugs. There are several orthodox religions where they would be forbidden to smoke or take alcohol but these days I was just trying to think of anybody that I know who's very orthodox and one religion or the other and very often- I would say in the vast majority of cases- people would either take alcohol or smoke and in quite a few circumstances both. (16 M)

I feel that I'm a Christian as well and I don't think that the Bible really likes the use of addictive substances (15 M)

I'm also a Scientologist and that disagrees with drugs completely and it says artificial drugs are very bad for you and it gives you reasons as to why they are - different points. (16 M)

My dad drinks and that's about it and none of my family smokes or drinks because they think that's a bad thing and in their religion it's a bad thing to smoke or drink. (16 F)

I go to like Mass most weekends, so I know my religion and things. It's not like I go around praying to God every 5 minutes, I just know who Jesus is, I know what my religion is. (16 F)

Also I think with cannabis you can get it prescribed by a doctor. It's also to do with religion because some Rastafarians they smoke it as part of the religion. (15 M)

I think that it has influenced my decision not to take drugs, because I was brought up as a Christian, regularly till I was 15 went to church every week, and my parents don't smoke, they don't drink, they're also foster parents, so I get to see the effects that drugs have on children who come into care, or who have been through the care system, so I think that has probably been quite a discouraging factor in me not taking drugs, but I have got a sister who does smoke, she's nearly 17, she does smoke, she does drink, she does take illegal drugs as well, so I think maybe it can work both ways. I think it's actually a lot to do with the influence of friends and the people she was in a group with. I mean, we've both obviously lived in the same area, we've gone to the same school, but there was a group of friends that she got into were a particular group of friends who had, you know, were into smoking, were into smoking cannabis, were into smoking just normal cigarettes, who were into drinking, and even as young as when she was in junior school. (18 F)

Financial cost

Only a small proportion (37%) cited the cost of drugs as a deterrent.

Life goals

Nearly two-thirds (525) said they had ambitions and that drugs would spoil their future.

I found my purposes and goals. I have always had strong beliefs in myself that I wouldn't get involved in things like that because I had a bit more of a bigger goal to achieve. (16 F)

Illegality

Over half (458) stated that the fact that drugs were illegal was a reason for not taking them. This means that a considerable number of young people are not dissuaded by the fear of legal penalties. Only 39% were worried about the consequences of getting caught.

Fear of health risks

Eighty-three per cent of our respondents (668 young people) said they were concerned that drugs could be dangerous to their health and 79% (633 young people) felt that drugs could kill them. Two thirds (531) thought they could have unpleasant side effects. Over half (435) feared not being in control.

Personally I wouldn't really like to take drugs, simply because I wouldn't be in complete control and that kind of scares me, just for example, LSD is completely random and I don't feel comfortable with the fact that it's possible that it could have a terrible experience that I would remember for the rest of my life and that indeed would have repercussions for the rest of my life. (15 M)

I don't like putting chemical things into my body so I wouldn't use a drug, any kind of drug. (16 M)

I'm into like being healthy and I suppose looking after your health and treatments for that sort of thing like eating healthily and drinking enough water, I like that sort of thing. (16 F)

I think telling young people, don't take drugs because they'll kill you, is the complete wrong thing to do and to tell them, like show them some videos like we've seen on this camp (Teenex) which have really got to me, and show them every little detail, do whatever you can, don't hide anything from them, maybe if that's too gruesome, too graphic, or you could do a scare them out of doing it, maybe, because that's how it gets into people's heads because they're always going to have that image of something they didn't like. (14 F)

I have taken drugs in the past, about three years ago I was going through a 'who am I?' stage and came into decide I didn't like my figure, I didn't like anything, and got into a group of friends who were doing just cannabis basically. They didn't pressurise me into doing it, something I wanted to do, and 3 years on and off doing it. I actually got stoned Sunday morning before coming here and I've smoked 40 cigarettes while I was here (Teenex residential camp) but I stopped after watching a video and that was 3 days ago, I decided that I'm never going to do drugs or smoke again. (15 F)

Well, my new headmaster, (name), he said when he came that he was going to be very strict with drugs. (15 M)

I'm into like being healthy and I suppose looking after your health and treatments for that sort of thing like eating healthily and drinking enough water, I like that sort of thing. (16 F)

Fear of other consequences

As in our survey, in the most recent Department of Health survey young people were presented with a list of items that worry some people when they think about taking drugs and asked whether they were concerned about any

of them. Despite their many favourable reactions to taking drugs, there was still considerable concern about the consequences of drug use. These include trouble with parents 85%, trouble with police 79%, health problems 80%, possibility of dying 78%, the cost 59%, impact on school work 58%. These figures cannot be directly compared with ours because the DfH survey includes younger people and this tends to increase the percentages of those with worries since these diminish as young people get older, but the implication (of both studies) is that the vast majority of pupils are worried about both physical and social aspects of drug taking.

6

The Conclusions and Recommendations

CONCLUSIONS, DISCUSSION AND RECOMMENDATIONS

Normalisation or not?

Earlier in this research project we examined the work of Howard Parker, Judith Aldridge and Fiona Measham at SPARC at the University of Manchester. In particular we looked at their assertions in the late 1990s about what they called the normalisation of recreational drug use among young people. This has had a major impact worldwide. But the conclusions drawn from the findings have been criticised by many and other researchers have drawn different conclusions from their own findings. This has been the case with our research project and we demonstrate this by comparing our conclusions from our findings with those of Parker, Aldridge and Measham.

There are six dimensions of the normalisation thesis of Parker and his SPARC colleagues. These are quoted below (1998: 152-156):

Drugs availability

(There has been an) incremental rise in drug offer situations throughout adolescence, so that by the age of 15 a majority of our respondents had been in situations where drugs were available to try or buy and by 18 almost all had been in such situations.

Drug trying

At the beginning of the decade we were finding that one or two in ten young people, by the age of 18, had ever tried a drug. Prevalence has climbed with each adolescent cohort so that from five to six in ten young Britons are now disclosing drug trying by this age. The trend has been quite clear.

Drug use

We have shown how adolescent decision-making journeys have led around a quarter of our samples down the regular drug user pathways. Whilst drugs decisions will continue to be dynamic this is a remarkable proportion and a robust measure of normalisation.

Being drugwise

Although the notion of drugwise youth emerged from our surveys, particularly in the later years, the strongest sense that nearly all young people are drugwise comes from our interview data where abstainers demonstrated their considerable knowledge of the recreational drugs scene simply because they could not escape encounters with drugs and drug users.

Future intentions

... We can see that prospective drug use or future intentions to try or reuse particular drugs remain powerful. This open-mindedness about future drug use, often by young adults who went through their adolescence without taking illicit drugs, is a further dimension in our particular thesis of normalisation.

Cultural accommodation of the illicit

The drug use we have been describing in this study is quite different (to what was the case previously). It is largely recreational and is centred on less physically addictive drugs. It can be accommodated because most adolescents and young adult users merely fit their leisure into busy lives and then in turn fit their drug use into their leisure and 'time out'.

We will compare our findings with each of these categories of “normalisation”.

Throughout this research project we have pointed out the problems caused by the different use of terms such as “young people” or by their different interpretation. We have pointed out there is considerable distinction between young people still at school and of school-age and of those young people here who have left school. This study has concentrated on those in their last or penultimate year at school. So we have been examining the concept of normalisation of drug use among young people of school-age and based on the results of our research findings it does not apply in so many respects.

The use of the word “drugs” as a generic term is problematic because, as our research showed, young people make very specific distinctions between different sorts of drugs.

We did find evidence of normalisation of drug use among the young people we spoke to so far as their attitude towards alcohol was concerned. We found a trend among most young people to believe that consumption of alcohol and even consumption of alcohol in large quantities was a fairly normal activity. While the evidence from our data showed that those young people feel that binge drinking is problematic and something they would not wish to be associated with, a significant proportion do adopt a more accepting attitude even to this.

So far as tobacco was concerned we could find hardly any evidence of normalisation in that the attitude of all including users was the same as that currently held by the rest of society modified only by the feeling that it was an activity which young people could enjoy because they were young with the dangers of it not being experienced until they were much older.

Cannabis produced the interesting phenomenon of a large number of young people maintaining that either “everybody uses it” or that at least large numbers of young people were using it, whereas in fact the specific evidence from the questionnaires showed that they did not. If normalisation does exist so far as cannabis is concerned it is much to do with the widespread use of the phrase particularly by the media which has communicated to young people that its use is far more widespread than it actually is.

There is the very vexed question which was what Parker was principally criticised for - that of the frequency of use and the nature of use. With the exception of alcohol and nicotine the majority of those saying that they used drugs did not use them on a regular basis and yet when counted in terms of “ever used” or “used in the past year” or even if they had only used once in the past six months they would figure in the number count. But the actual drug use of many so counted tended to be spasmodic, infrequent and often insignificant in terms of total use over a whole year.

One also has to look at the two terms normalisation and normative in relation to young people because these two together produce interesting results. We found that young people are still largely affected by normative influences and normative education and in the main the majority subscribed to the societal norms as defined above. It is suggested that because of their cultural influences, peer pressures and peer influence that they normalise attitudes towards drugs to a greater degree than does the rest of society. We did find some evidence of this but more evidence that it was fashionable to claim that drug use was normal not only amongst those who were users but used little but also among those who did not use themselves at all. It would be interesting to see research among young people when they left school to see whether those non-users who claimed normalisation are more likely to use drugs post-school than others.

While there have been some researchers and many commentators and writers of articles in the media who have supported Parker's and his colleagues' theory of normalisation, some academics and in particular Michael Shiner and Tim Newburn (1997) have had major concerns about the theory. Shiner and Newburn criticised the theory because they felt it simplifies the choices that young people make and pays inadequate attention to the meaning that drugs have for them. They also maintained that Parker's reliance on larger scale survey data paid insufficient attention as to the normative context within which drug use occurs.

We go back to a subject to which we have referred earlier in this project, that of the use of the terms normal and normalcy and how the attitudes which underlie these terms are arrived at. It is part of the theory of deviance about which we have spoken in detail earlier. It is the audience or the society which determines whether an activity is normal or not and accordingly applies that label. Similarly it is the same audience and society which regards an activity which was previously regarded as deviant to have passed through a process of widespread acceptance and now to have become regarded as normal – the process of normalisation. There are many writers, professionals and politicians with liberalising views who have not only agreed with Parker's theory but have attempted to promulgate it in order to achieve its wider acceptance.

On the other hand there have been many who have pointed to the fact that whether drug-taking by young people has been, or is increasingly, regarded as having become a normal activity, it takes place in an environment which still does not consider it normal and which actively works, usually via normative education, for it not to be regarded as such.

Furthermore it is contended, and this is certainly our contention on the basis of the research we have carried out and the results obtained, that while a minority of young people claimed use of some drugs to be normal and of little harm and a source of enjoyment and that "everyone does it" there are a majority who do not use and there are a majority who do not regard use by their peers as normal. Although it has to be acknowledged that there is a substantial proportion of these who believe - erroneously according to our data - that the majority of their peers or at least substantial numbers of them do regularly use drugs.

The argument is further complicated by insufficient clarity as to which drugs are being spoken about. And there is much evidence to show that young people of school age do not regard class A drugs as either normal or free from danger or widely taken and our data confirms this. We also found that the use of volatile substances falls into these categories too.

So we are left with alcohol and tobacco and cannabis, and this was one of the reasons why our survey was designed to concentrate almost exclusively on these. There is no doubt that in society in general and amongst young people in particular, and our survey results confirm this, that there has been a considerable degree of normalisation so far as cannabis is concerned. And the recent reclassification of cannabis (although the Government is currently trying to backtrack from this) has added to this feeling and to the minimisation of its impact on health. However there has always been a sizeable body of opinion against a normalising attitude to it, particularly in view of very recent further medical evidence. So while our survey material confirms these attitudes and that they are held by a sizeable proportion of young people, it is still the case that the majority of young people of school age do not use cannabis and many of those who do use it do not use it on a regular basis.

Which brings since to another issue which we debated at considerable length earlier in this research - that of how you define drug use and its regularity. This is another feature of Parker's drug normalisation thesis which has been greatly criticised in that if you take broad terminology such as "used in the past year" or even "used in the past month" without further defining how many times used in those periods, the picture is very different and greatly diminishes evidence of normalisation. For we found that among cannabis users there were very few examples- a very small proportion- of regular weekly users and an even smaller proportion of daily users and even taking the two together this produced a very small minority of the one thousand young people among our respondents who were regular users of cannabis.

However, now to turn to the normalisation or otherwise of tobacco use. If anything, we encountered the beginnings of denormalisation. We also encountered an increasing use of the compensating process of accommodation among young tobacco users. Accommodation and neutralisation techniques are much used by young people to enable them to act in ways contrary to their beliefs, or the beliefs of others. And the result of this is the maintenance of levels of cigarette use among young people in spite of the prevailing climate. Throughout the whole of its history there has been a debate in society as to whether or not tobacco smoking is a normal activity, and there have been periods when the great majority of people in our society have regularly used the product on a daily basis and therefore it was a normalised activity. We produce evidence to show that the majority of young people within our age group do not use tobacco on a regular daily or even weekly basis. We also found evidence that attitudes towards smoking even among young people indicated that it was becoming less popular and is regarded as an unhealthy activity for young people with dangerous health implications in the future.

Against this, we found amongst our age group very considerable daily use and weekly use by a sizeable proportion of young people and high levels of addiction amongst many of those using it. They too were aware of the denormalisation taking place around them, even among their peers, and were resorting to a wide range of methods of accommodation to handle their use, primarily maintaining that there were considerable social and psychological benefits to be derived from its use, that the health claims were exaggerated and in the distant future that the calculated risk of current use was low and that they were addicted to its use.

Role models have always been important to young people and several of them referred to Prince Harry and his tobacco, alcohol and cannabis use. These three drugs fall into quite separate normalisation and normative situations, as we demonstrate. Prince Harry's tobacco use certainly is an interesting example of accommodation not only in a denormalising environment but in the intensely normative setting of a family in which his grandmother's father and uncle – two Kings: George VI and Edward VIII - had both died early from tobacco-use related diseases. With tobacco there can be no doubt that its use is within a framework which is now strongly normative - that society is making every effort to communicate that tobacco smoking is not now an acceptable "normal" activity.

However, when we turn to alcohol we found very considerable evidence of the fact that Parker's theory of normalisation does apply to alcohol use by young people and by young people of school age. Attitudes towards drinking, including towards drinking regularly and fairly heavily, show a majority of young people think that this is a normal, acceptable, socially valuable and psychologically useful behaviour. There is a far less normative context in that, while there are messages in society against alcohol use and particularly against binge drinking, these are not nearly substantial enough to combat the prevailing attitudes. Most of the young people in our studies use

alcohol on a weekly or daily basis. A particularly high proportion see regular drinking as part of their lives and a small proportion regularly consume large quantities of alcohol and indulge in binge drinking activities.

Parker and his colleagues also maintained that such use now belongs as much with females as males and to young people from all social backgrounds and this was definitely demonstrated in our findings.

It is often said that rational decisions by young people about consumption lie at the heart of the normalisation thesis. That young people make consumerist decision based on their perceived balance of risks and advantages and of cost-effectiveness. There is evidence of this and that this approach is increasing and we did find examples of this in our interviews.

When young people leave school and move into less normative or differently normative environments and make more consumerist decisions and have greater resources with which to make them, then there is more evidence for the normalisation theory – that for many young people, particularly post school age, some, but not all, drugs are regarded as merely consumer items in a consumerist way.

Although Shiner and Newman did not take particular issue over Parker's decision that all three of their major studies would be undertaken in the metropolitan north-west of England including Manchester (though both they and Parker express reservations about it) we feel we have to. The much higher than average use of drugs by young people there is likely to lead to a greater likelihood of their being regarded as normal than elsewhere in the country. The schools in our survey were purposely spread over a wide range of locations and parts of the country including metropolitan districts, suburbs and country areas. The fact that their normalisation thesis was derived from

the metropolitan north-west and then extrapolated to the rest of the country concerns us.

Parker and his colleagues do not distinguish between current and ex users. This is in our view very important, and in our survey we have particularly obtained such data and made this distinction. Nor in their global figures do they distinguish between one-off use and regular drug use; whereas again we have gathered this information and in great detail. They do not concentrate on the drug using processes of young people or their drug careers. Our research has attempted to shed light on this.

The SPARC studies concentrate more on what young people do rather than what they think which is another reason why their work has been criticised. Our survey has concentrated on young people's attitudes as well as their use. We have been at pains to find out what young people really think. This has led us into the theories relating to young people's thought processes some of which have considerable implications for the drug normalisation theory.

The crucial distinction which we would make (and which is not, in our view, adequately highlighted) is that young people frequently hold a view about an activity but then act in a way which is different from the view they hold. Our work on nicotine use has particularly demonstrated this. Young people use it because it is transgressive, because they believe it is illegal, because it is frowned upon, because it is risky and because it has perceived social benefits and attractiveness. Our own experience is that drug education workshops and programmes often do not alter young people's attitudes because the attitudes do not need fundamentally altering; it is their reasons for behaviour in spite of their beliefs and attitudes which need attention. Many young people act in ways which will do them harm, some do get into trouble. Others are just enjoying the risk of getting into trouble. With several

young people, when told that smoking is a legal activity at any age, the attraction of it diminished appreciably!

So we are again asserting that, discounting tobacco and alcohol, the evidence of all the research we have cited shows, and our own findings confirm this, that most young people do not use drugs regularly and that even if a majority of young people have “ever used” a drug, their attitudes to their drug use are very varied because of the individual meanings that their drug use has for them and we suggest that there is no norm. It has also been demonstrated that the majority do not regard drug use as normal but some who choose to use find ways to accommodate their own use, while often disapproving of it in others.

We can support the normalisation thesis in so far as young people in general do know more about drugs, but this is probably because it is more talked-about and much more known about. Whereas drug taking in the past was undertaken by fewer people and regarded with horror, now some drugs are taken by greater numbers of young people, but not the majority, on a regular basis and while this is regarded with more acceptance and less horror it is not still regarded as normal by most young people, at least not in our age group.

The use of the generic term “drugs” does not mean much to most young people. We have stressed the way in which young people distinguish between different sorts of drugs according to their knowledge of them and this knowledge is due to wider drug education rather than normalisation in our view. Furthermore the over concentration on hard drugs in drugs education in the past was irrelevant to young people and increased the contrast between hard drugs and soft drugs and made the latter seem less harmful. Furthermore for many young people the reclassification of cannabis has fuelled their belief that it is not harmful.

Drugs are more available but the extent is questionable. Young people in our surveys and interviews claimed that they knew where drugs can be obtained but often that this was anecdotal rather than actual. We found clear evidence of friendship polarisation based on the known drug use or non-use and only really the former knew about drug availability. However those in the cannabis user category seemed to have no supply problems but it has to be pointed out that often use was spasmodic and supplies were obtained from other users at school.

So while some of our findings support the normalisation theory of Parker and his colleagues many of our findings give us cause to challenge them, Our research also shed much light on that other popular contention – that of peer pressure.

Peer pressure - our findings

We said earlier that the claim has often been made, including by young people, that peer pressure is one of the main, if not the main, reasons why young people use drugs. It is said that peer pressure encourages, persuades or even forces young people into situations when they feel that they have to take drugs, sometimes against their better judgment. Or that they have to conform to the pressures from significant others they see as role models or they feel that in order to belong to a desired peer-group this is conduct that is required. We referred to social learning theory earlier in the literature review. Researchers from this perspective view spontaneous imitation as being a much more significant factor than direct peer pressure. The programmes which use resistance techniques and in particular RST-resistance skills training - which we have mentioned earlier do so because of their proponents' belief in this theory and they continue to provide such

programmes even though considerable evidence has been amassed to dispute this.

Peer pressure has been seen as less a push to conform than a desire to participate in experience that is relevant to group identity.

The phrase peer pressure is loaded with negative connotations almost wherever it is used, but it has a particular place in the sphere of use by young people of drugs. It is used by some to explain one of the reasons why young people take drugs and sometimes by young people themselves to explain or sometimes to excuse their use.

However peer pressure can be positive and it can be positive in the drugs sphere as well; indeed our results show, particularly in the in-depth interviews, that peer pressure is one of the factors discouraging young people from the use of certain substances.

It has a particular significance so far as drugs education is concerned in the vacuum that is left by young people's dissatisfaction with some of the drugs education that they receive. They have the feeling that it is so unrelated to their particular circumstances or delivered by people who do not understand either drugs themselves or who have little knowledge of drugs and less knowledge of these situations in which young people are using them and the degree of use and so on. So they turn to their peers for information instead. We found much evidence of this.

It is the case that as all pre-adolescents begin their rapid physical emotional and social changes they gather together with groups of their peers and begin to question adult standards and the need for parental guidance, and make comparisons with those who are in similar circumstances to themselves. To many parents, teachers and authority figures the worry is that this can

launch children into dangerous and destructive behaviour by discarding societal norms and values. But the other side has to be recognised; it can be a very positive force at a time when young people are seeking autonomy. This association with their peers and adopting peer norms can result in their membership of very positive groupings and organisations. However particularly in today's society young people encounter multiple peer subcultures with remarkably different norms and value systems. Among the young people from the six different schools and six different backgrounds in our survey we found a remarkable range of influences, activities, groupings and networks. This is contrary to the belief which some adults have of one youth culture in which intensive peer pressures bring about conformity to an anti-authority situation. This is not to say that there do not exist groupings of young people which are dangerous to society and to their members, such as gangs, religious sects and others.

In fact some research has suggested that direct peer pressure to drink or to use drugs is really a minor influence in the initiation into drug use. It has been found that spontaneous imitation is a much more significant factor and this ties in with concepts of social learning theory. Those programmes which are widespread in drugs education and prevention which believe in training young people in resistance skills to avoid peer pressure are therefore somewhat misguided, and indeed some young people regard them as naive and patronising.

Equally the argument put forward that those with low self-esteem are likely to be at greater risk of succumbing to negative peer pressure is countered by the belief of researchers like Coggans and McKellar who feel that drug use is more likely to reflect

the role of the individual in their own development without assuming that motivation for drug use arises solely out of personal or social inadequacy" (1994:15)

Groups can provide a sense of belonging, of feeling valued and an increased sense of self-confidence because its members are accepted by the group. There is a sense of security and of being understood by others who are going through the same experiences. It is often a safe place where young people can test values and ideas, achieve help in becoming independent, practice getting along with the opposite sex or the same sex, find ways of meeting new people, making friendships and practising and learning to give and take. Our research findings have particularly highlighted the existence of individuals or groups of young people who looked at the people they saw were members of the so called "cool" (or "kewl"!) groups of "popular" young people and have come to the conclusion that being part of, or being seen hanging out with, the "cool" crowd may not be as much fun as it looks and may have disadvantages. There has been research which has shown that although some teenage peer groups do encourage drug use and delinquent activities and poor school performance, others actually discourage deviant activity in favour of school achievement or an involvement in sport for extra-curricular achievement activities.

In an increasingly multicultural society in the United Kingdom there is much more cross-ethnic and cross-class peer interaction and teenagers learn to deal positively with cultural diversity and individual differences. There are far more diverse groupings and structures which exert very varying types of peer pressure.

But we need to know more about them. As Cotterell puts it :

Our present knowledge of social relations in adolescence is scattered like showers of gold across the shores and dry valleys of psychology sociology, criminology, youth work, social work and education (1996: 1)

On the other hand some have already come to a conclusion about peer pressure nowadays:

Today's teenagers have a completely different mindset from their forebears with an elastic 'live and let live' sense of morality that governs how they behave. Peer pressure as we know it is dead. Teens don't get into trouble because their friends put them up to it (Taffel, 2001:8)

But a fascinating feature that emerged from our interviews was how some young people are very anxious to maintain that they are not very affected by peer pressure and then go on to actually demonstrate in the interviews how affected by peer pressure they actually are.

One young person said that the only reason really that he did not start smoking was because his first experience was such an unpleasant one. Even though it was so unpleasant, even though he has had excellent drug education as to the immediate effects of it, he still wonders frequently - and expresses these thoughts - whether he has missed out on something, and he has been wondering whether it would be a good idea 'to fit in' (as he puts it) with the other 75% of his friends who do actually smoke. He goes on to demonstrate how the peer pressure and peer lifestyle has an effect on him to the extent that he uses alcohol when he goes to parties and is starting to take part in regular visits to pubs and regular consumption of alcohol there. He talks about other powerful influences such as not wanting to distress his parents; he says this is probably going to ensure, along with the drug education that he has received outside school, that use of other drugs does

not take place. Nonetheless this is because the drugs he is using at present are, as he puts it, more socially acceptable and their effects are longer term.

The danger comes when these criteria are applied to other drugs where young people's knowledge is such that they believe the drugs to be relatively harmless and therefore to fall almost in the same category as alcohol and tobacco. The recent mixed messages about cannabis have only served to reinforce this. The fact that cannabis may be used to relieve certain medical conditions also communicates the message that it is in fact in some ways actually beneficial.

We found that a large number of young people think smoking looks sexy and "cool" and that there can be considerable pressure placed on girlfriends from smoking boyfriends and, interestingly, pressure by smoking girlfriends on their boyfriends to start - "I only go out with boys who smoke". Since these are very major factors in why young people smoke and they are so powerful that they can override all other drug education and prevention interventions, much more research needs to be done on ways of undermining this.

We pass on now to highlight those other factors which emerged from our study.

Over-estimation of drug use

We found that the over-estimation of the amount of drug use by young people which is prevalent in our society was mirrored by young people themselves. The extent to which they felt that drugs were being used by their peers did not match the data provided by their peers - it was constantly over-estimated, again influenced by the media and folklore. On the other hand a very clear picture emerged of the extensive use of alcohol and tobacco.

Over-concentration on the minority

The media constantly talk about 'substantial increases in drug use' without being very specific as to which drugs are being referred to and the small percentages of increase involved. They foster the impression, which then goes on to be shared by young people and the general public at large, that there is a situation affecting the majority of our young people whereas in fact it does not apply to the majority of those still at school.

Furthermore, the large sums of money that have in the past been spent on drugs education and the very high profile that drugs education is given by politicians and the media only serve to reinforce this. This is due in no small part to the nature of this education – which has often been neutral rather than goal-focused, thus not seeking or measuring any specific outcomes.

Strangely and disproportionately, little attention is paid to the one variety of drug use where there has been a substantial increase in the use of the drug in question, on a regular basis, by young people, and which has resulted in addiction – smoking cigarettes.

This has also been exacerbated in the past by the fact that a large number of the surveys of young people have been about young users and have provided data from users only. It has therefore been an objective of this research that the interviews should be carried out amongst young people who do not use, except for the in-depth study of young nicotine addicts. The 1000 questionnaires, with their open-ended questions and opportunities for comment, were completed by users and non-users alike.

Lack of knowledge of youth culture

Furthermore there is a considerable disparity between how young people and adults perceive and define misuse. The contrast between street knowledge and actual experience and the information imparted by educators is often varied and is regarded by young people as ill-informed or unjustifiably biased or out-of-date or irrelevant - or any combination of these.

A high proportion of young people said that they know little about hard drugs but that a considerable amount of information had been given to them about such drugs in their drug education lectures but they did not assimilate it because they felt it was irrelevant to them.

There are also a wide variety of very strong social and cultural influences involved in determining whether a young person is likely to smoke, drink or use other drugs. Primarily issues of availability, price, advertising and restrictions on sales to young people play a part.

Several researchers have pointed out that even in those countries where the interventions have been well-developed, based on previous experience, involved young people, well-resourced and adopted the best practice and the findings of previous research, nonetheless the percentage of young people becoming smokers continues to be high.

Parental influence

Our research confirmed that parental influence remains a significant factor. However it can be negative as well as positive, as was mentioned earlier. It has been shown that children whose parents smoke are twice as likely to

take up smoking. Our research has also shown that there are many parents who do not show great opposition to their children smoking and in some cases actually encourage them. In those examples where young people at quite an early age have substantial consumption and addiction problems it has often been found that cigarettes are being supplied by the parents. In website chat rooms between smoking parents the viewpoint is often put that "it encourages bonding between parent and child". Much more research is needed into this complicated dynamic. Another related matter is the existence of websites which celebrate and encourage smoking by the very young, including what are – in some sense – soft porn pictures of young girls displaying their smoking behaviour.

We found that the influence of community groups and religious organisations still tends to have a significant influence on young people in the primary school but this diminishes as pupils progress through secondary school. There is also a diminution in parent influence though not so pronounced. However our research did confirm that some young people who had for themselves taken on board a religious or social standpoint and set of values and had retained this throughout the secondary school did cite this as a major reason for their non-use of substances.

We found confirmation that it is the risk factor, the opportunity cost which young people consciously or subconsciously take on board. It is also the relativity to other drugs that both they and their parents take into account. "At least it's not so bad as other drugs", say parents. So acquiescence or even encouragement by parents is a feature which did occur frequently. Then there is the phenomenon of young people from totally non-smoking families who start smoking and the complex factors often underlying that.

Influence of ethnic backgrounds

The responses we had from young people from ethnic minority backgrounds were mixed and showed that in most cases the ethnicity of their background had little effect on their attitudes compared with that of their peers. However, some young people with Asian backgrounds maintained that their family and community circumstances have a strong influence on them and that this virtually precludes them from taking drugs. On the other hand they speak of considerable drug taking amongst other sections of the Asian community and there seem to be orthodox or fundamentalist issues at work here. In addition it is likely that generational aspects also enter this situation because drug taking seems to be part and parcel of young people who are reacting strongly against the beliefs and value systems of their elders. The use of cannabis on the anti-Vietnam War picket lines - as a signal of rejection of Government authority - is one example of this.

While some minority ethnic groups may need approaches to meet their specific needs if prevention work is to be relevant and effective, there needs to be much more work into actual levels and types of drug use amongst minority groups. Misconceptions need to be challenged by actual evidence. Some of the work which has taken place in promoting health messages amongst minority groups may provide some models for drug education and prevention. Projects whose aim is to bring about attitude changes and changes in behaviour must be targeted and culturally appropriate for those receiving it. It is also vitally important that members of the communities concerned should be consulted about their needs - real or perceived. It should also be borne in mind that a blanket approach to the white male population is not appropriate either, in that it contains many diverse groups with particular cultural needs.

The actual materials which are used and particularly those which were taken “off the shelf” from the voluntary organisations do not always adequately reflect our multicultural society in its many aspects. Those who become involved in any minority cultural or religious group must have access to sufficient knowledge of, and grounding in, the specific cultural issues relevant to that group.

All activity must take into account both the very real diversity in the population in general but also as was found in our schools the considerable homogeneity that exists across ethnic origins.

Prevailing youth culture

There is also considerable misconception by young people of the actual situation so far as their youth culture is concerned. They use phrases like “cannabis is very widely used” and “most young people in this area use drugs” and yet when pressed they themselves often cannot produce any specific instances of use amongst friends or even people they have heard about in their immediate circle. One seminal finding of Parker’s research is that a high proportion of those who do not themselves use drugs do not actually care whether others do – even if they know them personally. This indicates a severe lack of positive peer pressure, and apathy/disinterest, which has significant implications for prevention practice.

Certainly these expressions in qualitative form do not agree with the results of the quantitative research which actually shows that the majority of people, leaving aside alcohol and tobacco, do not use drugs.

Information regarding alcohol and tobacco that reflects the situation found by the quantitative questionnaires has been produced. They frequently cite

examples of young people with very significant adult-type tobacco addictions resulting in their smoking considerable quantities everyday and this causes them major problems at school. For example, "he's always dying for a cigarette", "he comes into lessons reeking of smoke", and "he has to do a paper round to get the money."

DRUG EDUCATION AND PREVENTION

Poor and inaccurate knowledge of drugs

A considerable proportion of young people:

- had a poor knowledge of drugs
- complained that the drug education that they had received had been inadequate for their needs
- demonstrated a high degree of uncertainty on drug-related subjects

Particularly poor knowledge of cannabis was evident and it was felt that the knowledge or attitudes that young people had was largely informed and developed by their peers and their contact with others, rather than through their formal education.

One of the most disturbing features of the interviews has been the lack of anything other than very basic knowledge about drugs and that even this is sometimes worryingly inaccurate.

When one encounters highly intelligent and articulate young people from schools of high academic standing, in their penultimate year of school, who inaccurately respond to basic questions about the effects and risks of common drugs, it is disturbing.

There was an astonishing frequency of occurrence of the phrases, "I do not really know about..." and "I'm not really sure but I think...." and "we haven't learnt much about...". Of those 1000 young people in the survey and those interviewed (in depth), the responses show the error in the commonly-held view that all young people are well informed about drugs. Most of those we studied certainly are not, apart from a small number of young people who have some street knowledge.

It would be particularly interesting in the circumstances to be able to return to this group of young people after some sessions of effective drug education had taken place and do the questionnaires and interviews again.

Inadequacy of drug education

So far as drugs education is concerned it is widely thought to be inadequate and irrelevant by the young people interviewed. Perhaps the most outstanding findings from both the questionnaires and the interviews is that young people do not have a very high regard for either the quantity or quality of drug education they are receiving. In the main they do not feel it to be sufficient and even where they do state it is sufficient and adequate, in response to probing in interviews, they show that it is quite evidently not.

The view was frequently expressed that drugs education has just not been tailor-made to their needs in many different respects. It did not adequately concentrate on those drugs that there are most likely to use but spent much time on drugs that there are very unlikely to use or even to encounter.

The information on the drugs they were likely to use was felt to be either out of date, prejudiced or irrelevant and communicated to them by people whom they felt had very little or no actual knowledge.

There was very little peer education and many thought that this would be valuable.

Some of those addicted to nicotine would have been anxious to pass on to others an insight into the extent of their addiction, and the impact that it was already having on them.

It was expressed that input from knowledgeable people from an outside source would be beneficial and considered relevant and informed and would have considerable impact on young people. But in fact in nearly all cases the outside input had been limited to police officers coming in with boxes of drugs and sometimes talking about legal penalties.

When utilising outside speakers, their presentation should be age-appropriate and followed by a debriefing. Many young people say they would like to hear from ex-addicts, but if such presentations are given at too young an age and without debriefing, the impression left in their minds can be of someone who did exciting and risky things but is now a picture of health and commanding of respect – hence the invite to speak at the school. The implications speak for themselves.

Insufficient targeting of drug education

If drug education programmes are to be more effective, they will need to be more sensitive to young people's needs and more appropriate to their particular circumstances; they need to be much more finely targeted. This will involve an understanding of how young people view their situations, and how they react to their social and cultural contexts, which will enable working with, rather than against, these influences. Factors such as peer pressures and cultural pressures are often cited but these are often used in broad blanket approaches and do not take into account that for a variety of

complex reasons some young people react against the popular culture or only take on board some aspects of it. This was revealed in our research findings.

Appropriate timing and content

It has often been suggested that drug prevention interventions are most effective if delivered at the time of likely first use, however, this is not a view shared by some prevention specialists such as the NDPA, who seek to build a health-promoting attitude well before this. Of course the problem is that the age of onset varies not only from one country to another but also from one part of the country to another and among individual young people within a school. Also, such programmes need to be ongoing at different times of the year and adapted to the different stages of the young person's progression through the school but few schools are able to devote the curriculum time resources needed for this. The issue of appropriate timing is also crucial when providing opportunities for smoking cessation by young people. This is unlikely to be effective unless young people make the request themselves. The most prevalent time of young people seeking such assistance is at the time of transition from school to employment where the type of employment being undertaken may not be suitable for smokers or that young people know that the workplace into which they are going is a non-smoking environment.

Critical influences on drug use among young people are still not well understood from the perspective of young people, nor are the changes which take place at different age and developmental stages. Many reports have shown that there appear to be advantages in the commencement of drugs education in primary school. However, it is also necessary for there to be further drug education throughout the secondary school years, and for each intervention or programme to be modified and targeted appropriately

according to the changing circumstances of the young people ('spiral learning'). Deficiencies in young people's self-esteem and the desperate drives to be part of, and accepted by, particular groups have not been correctly assessed as a motivating factor of drug use. It could be that sometimes the reverse is the case - that none of these factors are present but that perhaps there is a prevailing recreational environment that can be different in focus in different areas. An obvious example would be the clubbing scene, where drug use has been promoted as 'de rigeur'.

One of the reasons that drug education has not in some cases been as effective as it might be is because it is only a very small proportion of those targeted who are likely to progress beyond basic experimentation with drugs or low levels of continuous recreational use. Those who go on to become heavy hard drug users are likely to have a combination of personal and environmental circumstances which in any case will be beyond the range and capability of most school-based drug education programmes.

This indicates the value of support systems such as 'mentoring', 'befrienders' and 'schools counsellors'.

As our research showed, it is only a minority of young people who use substances on a regular basis at all, yet statements even from such august bodies as the Health Education Board for Scotland say that drug use is taken for granted amongst young people. This kind of misconception is likely to generate inappropriate funding strategies.

Involvement of young people

The one social factor frequently claimed to have the greatest influence on young people is peer pressure, peer influence, peer bonding, peer prevalence, peer culture, and – not least – peer selection. As a result of this

it is often said that one of the best ways of delivering drug education is through the use of peer involvement and peer education. Our own research involved an example of this where in a youth service setting where, as part of the drug prevention programme Teenex, young people with appropriate training led the drug education exercises of those who attended with very positive results. It is essential that young people are properly trained before embarking upon such initiatives, and this should come from somebody who is expert in this subject and whom young people believe to be credible.

The most effective programmes we saw were those which involved young people in their creation, used peer participation in the actual delivery, ascertained the specific sub-groups which needed particular attention through focus groups and other methods beforehand and used a specifically-tailored approach to them. They were very time-consuming and very demanding on all resources (although the use of voluntary help greatly mitigated this). The bottom line is that they were effective, whereas blanket approaches were not.

Another part of the research undertaken is the limited survey which was carried out among young people attending a Teenex drugs education weekend who filled in the same questionnaire before and after the session. The results show dramatic increases in their levels of knowledge and understanding.

Moreover young people's experience of the addiction to smoking amongst their peers and having opportunities to discuss this was found to be very beneficial

Speakers from outside

Most young people portrayed drug education as being given by ill-informed teachers on an ad hoc basis to not a low standard and with not very much emotion.

They strongly expressed the view over and over again that what would make a difference would be to receive drugs education from people who have actually experienced these drugs. We have already expressed concerns that such speakers should work age-appropriately and with debriefing.

The ideal would be for these people to actually tour schools and be in their physical presence so that young people could question them or argue with them, but at the very least for them to see videos made by users followed by discussion with better informed teachers.

Specific techniques

There is some evidence that well-delivered health about the actual 'here and now' effects, other than the longer term effects of smoking and alcohol use, does have an effect and this was expressed in several ways. For example, the biology lessons given by a teacher in one of the schools are widely quoted and in some detail and show some knowledge of the effect that smoking has in the short term.

Equally, deterrents such as illegality, health risks and dangers and the possibilities of addiction will only serve to encourage certain sorts of young people because of risk, excitement, anti-social stances, rebelliousness and many other factors. However, information about immediate risks and

immediate consequences rather than long term ones often does have an effect. The programme of factual information about the short-term effects of smoking (as well as the long) given at one of the schools we studied was remarkably effective and was cited by several young people. Moreover young people's actual experience of their peers' addiction to smoking and having opportunities to discuss this was found to be very beneficial.

It is often said that scare tactics do not work particularly in the case of substance use where the effects are long-term rather than short-term. There is evidence that even scare tactics about short term more immediate effects are not effective if delivered by authority figures because they are not believed on grounds of inaccuracy or exaggeration; "They don't really know and they exaggerate anyway in order to put us off."

There was, however, evidence in our research that such messages communicated by young people or recent users would have an impact. Also, graphic advertisements on Australian television and an expert biology lesson by one of the teachers showing the immediate effects of the inhalation of tobacco smoke were heeded and these could be quoted in some detail. Tobacco cessation research has shown this initiative to be effective. Our research confirmed that in most cases the information about the short term effects of both alcohol and tobacco use are not drastic enough to prevent many young people from yielding to peer and social pressure.

Feedback to teachers

When details of the qualitative and quantitative findings were fed back to teachers in anonymous form they were surprised at various aspects. These were in particular the overall lack of knowledge, gaps in knowledge, misconceptions and the degree of use or non-use amongst their pupils.

The perceptions of both have been influenced by the prevailing preconceptions and perspectives around them - in the case of young people, it is peer folklore and the youth media; in the case of teachers it is the educationalist environment, the media, the needs of the governing body and the ethos of the school.

There are very few examples where drug education is tailor-made to the recipients' needs. The nearest approach to this was when drug education was provided by a local education authority drug education itinerant team professing to have knowledge of the scene in the area but not necessarily of individual schools.

The ideal seems to be pre-assessment in each school of the current degree of knowledge or lack of it, the misconceptions, the gaps and the attitudes and, much more problematic, the actual use in terms of degree, spread, nature and the types of drugs used.

This data is then used to create a tailor-made response to meet the needs. The problem with this is twofold, and it did emerge during our research. It is absolutely essential to obtain responses from young people that are as honest as possible. Something approaching this can be obtained if young people are absolutely convinced as to the anonymity of the exercise. They would also be concerned that even broad anonymous data should not be related to back to people whom they know and when it was realised that this data was going to be communicated back to schools some reticence was detected. This was because a particular young person with a unique drug problem could probably easily be identified from the data fed back to the school.

Therefore it is important in tailor-made responses for these to be provided by independent people outside the school who not do communicate other than

the very broadest outline back to the schools. The resources necessary for such an approach are probably not available. On the other hand, it must be stated that the limited resources used in present circumstances can be unproductive or even counter-productive.

It also raises this very difficult issue of the schools feeling that they do not have control over the type of drugs education provided in their schools. Many schools would rather provide limited basic drug education that conforms to the national curriculum - and little more - and is provided within the school by school staff. This way they are in total control, especially of immediate communication to the outside world. More than the most basic provision of drug education can be regarded outside the school as symptomatic of a problem within it.

A high proportion of young people said that they know little about hard drugs; a considerable amount of information had been given to them about such drugs in their drug education lectures but they did not assimilate it because they felt it was irrelevant to them.

While a significant proportion of young people say that the outside speakers who came to the school were interesting, further dialogue in the interviews reveals that they are often talking about one visit per school by police officers with their samples of drugs and information as to the penalties for possession and use of them.

In practically all cases across all schools there were no other outside speakers at all. Nearly everybody could recall drug education given as part of the National Curriculum but nearly all felt it did not meet their needs. It is definitely the case in the schools surveyed that apart from the very basic drug education which has been included in the National Curriculum any

other drugs education is very limited and highly questionable as to its effectiveness.

Inadequacies in schools

Researchers and reports have stressed time and time again the importance of teacher training in drug education and prevention. In all the schools that took part in our research the teachers have had very limited training in the subject, had all imported a generalistic programme from outside of a preventionist nature from an organisation with whom they had had contacts and with whom they had developed a trust. They themselves delivered this without pupil involvement in planning or delivery and no attempt was made to target any specific group. Indeed all the teachers confessed that they had little knowledge of what was the profile for drug use or risk of drug use amongst their pupils. All expressed surprise when they read the broad results of the research for their particular school. These could only provide information in very general terms so as not to affect the confidentiality of the exercise. The method that is most likely to be the most effective but it is also the most expensive one would be if research and focus groups were to be carried out by outside agencies who then came back and delivered tailor-made targeted drug education without revealing details of the information that they had gathered.

The principal criticism of the drug education and prevention approaches is that they are insufficiently targeted to meet the specific needs of the participants/ recipients. Young people and teachers stated that much of the drug education given simply does not meet young people's requirements or needs.

There are various suggestions of how teachers can conduct focus groups and other activities beforehand in order to gain a greater knowledge of

young people's attitudes towards drugs and their use of them and to be able to respond accordingly and appropriately. But young people are very reticent to speak to authority figures such as teachers, especially when they are obliged to be critical and reveal their real attitudes and actual use. Consequently, the best method of more accurately ascertaining what young people think, want, use and need is for exploratory work to be undertaken by people from outside stressing the confidentiality of the exercise. This confidentiality may not be trusted if young people know that the results of these explorations are being passed back to teachers. So the ideal next stage is for the data not to be given to teachers but to be used by outside drug education providers to tailor appropriate approaches and deliver them themselves. The next ideal stage is for evaluation of the effectiveness of these approaches to be undertaken by people other than the providers themselves.

Something approaching this ideal is achieved in those few areas where the local authority or drug action teams provide such a service but it is expensive and time-consuming and only sparsely available. Even if it were available some schools would not take advantage of it on grounds of surrendering control of an aspect of their education to people from outside, the cost and the time available on the curriculum.

What is happening in the majority of cases is that relatively untrained teachers with poor detailed knowledge of young people's attitudes, views and needs provide a blanket, untargeted, generalistic drug education approach. They often use a programme taken off the shelf from one of the voluntary agencies and deliver it to young people without evaluation. Some schools seem to feel that in doing this they have met the basic criteria for at least some drug education over and above that demanded by the National Curriculum. This attitude is known in some quarters as a 'tick box' attitude.

One of the objectives of this research was to explore a middle way which, while not the ideal, might nonetheless lead to a very significant improvement in the quality, relevance and effectiveness of drug education/prevention approaches. This approach involves questionnaires being produced by an outside organisation which would be administered by the teacher with assurances of confidentiality and that the study and analysis of them would be undertaken by the outside body and then broad results fed back to the school in a form which would mean individuals could not be identified at all. At least teachers would then have some idea of how to make their delivery and contents substantially more relevant and appropriate.

An ideal further stage would be for the outside organisation to undertake the initial exploratory exercise again, subsequent to the revised programme and/or to conduct other evaluation procedures. In this research project such an evaluation could not be accommodated within the resource limitations.

In addition, the research among these 1000 young people provides valuable insight into the attitudes of this sizeable number of young people, particularly because opportunities were being given for them to express themselves in their own words. Since the sample was not in any way a random or representative one, the results cannot be extrapolated to a wider population or claimed to be representative of young people in the UK as a whole. Nonetheless, it meets one of the needs stressed in the literature for more feedback from young people in their own words, and for more qualitative material to be obtained from them.

Greater use of websites

Most people in the drug education field believe that the only honest and effective way is to set before young people all the information we have and the details of the debate taking place. Even better still would be for this to be

done by their peers and in their own language. It is here that the growth of websites produced by young people or by young people in association with health authorities or government departments is coming about. Cascade is a site which describes itself as a "no moralising, just the truth" site and designed by teenagers in the United Kingdom – it claims to give accurate and balanced advice without judgment. It must be said that the notion of a 'value-free zone' is of itself a very value-laden concept, i.e. the values of this site shall be that there shall be no values. The Department of Education, in the shape of Minister Ivan Lewis, has disparaged this concept.

In Australia there is the Zombie site which has been developed by a group of young Australians in tandem with the government health department. It has been criticised for being thin on information and that it emphasises the negative health effects and legal consequences particularly of cannabis use. But it is definitely in the language of young people.

The NDPA website is partly concerned with the 'Teenex' peer prevention programme, and gives a wide range of supporting information. In the United States there is a site which is developed by parents but in consultation with young people called "Change the Climate". And of course there has been the very recent development in the UK of the government sponsored site called Frank which is supposed to put all the arguments and information about drug use in a frank and honest way and includes input from young people. This is one possible way forward.

Having spoken to young people about these sites and receiving a positive reaction we are strongly recommending that this method be examined, that more research be carried out as to the impact and perceived credibility of these sites and how they can be improved to be genuinely relevant, accessible and believable by young people.

TOBACCO

Considerable degree of nicotine addiction

Addiction to smoking was stated by a large number of young people to be proving very problematic for them from practical, financial, social, educational and health points of view. Nonetheless, if young people were knowledgeable to any degree about one drug in particular it was tobacco and its effects were well known. They had received the necessary factual material, which had been reinforced by messages on advertisements and cigarette packets and elsewhere.

Such knowledge does seem to have had an effect on many young people who were able to reiterate the information they had received and cite it as one of the reasons why they did not use tobacco products.

Of those young people who do use tobacco the majority were of the view that these major health effects are probably long-term and therefore at their age can be largely discounted.

One of the issues that they thought was not sufficiently discussed was the rapidity and nature of addiction and the associated financial cost as well as the immediate cost to health and in some cases to education and lifestyle.

Not enough attention is paid to the fact that young people believe that smoking drinking and using some fashionable substances is cool, sexy, attractive, adult, part of the experiencing of adult pleasures, and even assisting their difficult transition from childhood through adolescence to adulthood, which seems to be occurring at an earlier age for many young people.

The lack of cigarette advertising does not seem to have had any significant effects nor do the warnings on the packs. It would be interesting to see the effect on British young people of the lurid pictures on the packs of cigarettes sold in Australia and Canada.

In every school we surveyed, even the most common examples of drug use within them are treated with punitive measures rather than any other sort of approach because it is the easiest, simplest and above all the method which communicates the strongest anti-drug message to the outside world.

There are significant numbers of young people in schools, often throughout the whole age range of secondary schools, who have well-established addictions to tobacco use and who are quite heavy smokers. As was illustrated by our interviews with such young people this causes immense problems in schools. Their addiction compels them to smoke at school, particularly if they need to be able to concentrate on their work. The punitive measures imposed on young people found smoking at school result in otherwise conformist young people coming into conflict with authority at school, or even avoiding school.

Approaches used by some Scandinavian countries, where young people with the approval of their parents have some designated area in the school where they can smoke and where professionals can have access to them and specifically target addiction reduction strategies, would barely be considered by most schools because of the reaction of the right-wing press. Yet they have been proved to be hugely successful in reducing conflict between young people and the schools, in reducing rather than increasing tobacco use and in preventing tobacco addiction from ruining the education of young people, something which was commented upon over and over again by young people in our interviews.

The problem of the heavily addicted smokers still at school must be re-examined. At present such people are marginalised and penalised and as well as having the infliction of an addiction, and a very costly one at that, and one which is already having an effect on their health, their finances and their behaviour also has a considerable negative effect on their education. With these young people the prevention method has not worked, the harm reduction messages are of little help because they are unable to cut down and changing to low tar cigarettes has been shown to bring little reduction in the impact on health or on addiction. Whether punitive measures, harassment or health education messages are employed, all these just add to the neurosis which some young people have about their smoking but can do little about.

Several countries including Wales have recently risked a controversial experiment where smoking rooms are being made available for heavy smokers in their final years at school with parental permission. There is evidence that this strategy will identify smokers, rather than for them to smoke in a clandestine fashion, and enable counselling and nicotine replacement therapies which may enable young people to give up.

CANNABIS

More than with any other drug, the folklore about regular cannabis use among young people still at school is the most exaggerated.

Nonetheless there are a number of young people using it during their school years and for this reason, and because there is such a significant increase in cannabis use after leaving school, there is a need for proper drug education so far as cannabis is concerned, particularly in the run-up to the last year of school.

This is just not happening.

The cannabis debate has become over-simplified and the value of the debate on cannabis is seriously diminished by heated contributions that obstruct rational consideration of important public health policy issues (Strang, Witton and Hall 2000) (a joint report by Australian and British drugs research academics).

There is insufficient knowledge of the effects of the various different types of cannabis; there is dispute about the health effects of cannabis use on its own, let alone when used in combination with tobacco and alcohol. There is fierce debate about the psychological harm that could be caused by cannabis and the degree to which people develop dependence on or addiction to it and to what extent it affects short and long term mental capability and the longer term effect it has on driving and work. Recent research is even now filling these gaps, but it is already clear to any prudent person that cannabis use is something to be discouraged on health grounds alone. One does not 'weigh' pro- and anti- evidence of health impacts – one designs for the worst case envelope of harms.

Prevention: strengths, weaknesses and the future

Home Office Minister George Howarth addressing a Drugs Prevention Initiative conference in 1997 said:

There is frequently a tendency for discussion about prevention to fall into one camp or another - and there have been examples of this recently. People will say: "Just Say No" has failed", "primary prevention doesn't work", "young people will take drugs whatever you say and so there is no point trying to stop them; just limit the damage" or "harm reduction techniques are dangerous and condone drug-taking". Such polarisation

runs the risk of holding back practical progress. The value of the Drugs Prevention Initiative is that over the years a wide variety of approaches have been tried. Some may have failed. But because the D P I has consistently evaluated and learned from experience, building on what works and weeding out the less successful ventures, the current programme provides a wide-ranging and robust set of examples of different ways in which drug problems can be tackled.

We have discussed at length earlier the battle between the proponents of preventionist approaches on the one hand and harm reduction or harm minimisation approaches on the other. We had also looked at how in some cases these can be confused and in others they overlap and that policies in various countries have fluctuated between the two over the years.

Our own study of the literature and the findings from our surveys has found much which in some cases seems to support the preventionist perspective but in other cases seems not to do so.

We have shown that the critics of prevention usually start with the claim that, given the extensive use of drugs across the world, the goal of abstinence from drug use for young people is unobtainable. Some of them go further and say it is also unacceptable. We discussed the view of those who espouse a harm reduction or a harm minimisation approach that this is the only method likely to be successful. Some go even further and say that drug use has value and that it is not likely to go away and so we must try to accommodate it in the best possible ways and that to regard drug use as something which can and must be prevented is impossible. However this seems to not to take account of the findings of much research which shows, as do our findings, that the majority of young people do not regularly use drugs, with the exception of alcohol, and that many are aware of, and have responded, to preventionist messages.

The critics usually claim, often accurately, that preventionists maintain that drug use is the product of characteristics in young people such as low self-esteem, social incompetence, weak personality, peer group pressure and lack of moral standards. Whereas our own findings showed that the young people in our survey who claimed to be using drugs of some sort could certainly not easily be so labelled. In any case we examined labelling theory and theories of deviance and highlighted their weaknesses.

The proponents of harm reduction claim that rather than seeking abstinence it is both more practical and more acceptable to recognise what they call low-risk pleasurable drug use and find ways to accommodate this. However we have found in our own studies that there are young people still at school who have passed from a low-risk pleasurable use to high and expensive levels of consumption of tobacco and significant addiction to nicotine and regular heavy use of alcohol, including binge drinking.

Also it is often claimed as an argument against prevention that, from the perspective of young people themselves, warnings about future health risks have little relevance. Indeed it is said that warnings of any sort have little impact compared with the powerful, positive images that they see particularly so far as alcohol is concerned. However our findings demonstrated that while this was the case with some young people there was a large proportion who were very responsive to health education messages. Also we pointed out that it also depends on what sort of prevention is being attempted: in Canada where the pictures on cigarette packets show the damage from smoking which can occur in the relatively short term and which stress the non-glamorous sides of smoking, such prevention methods have been quite successful.

Anti-preventionists frequently point to the use by preventionists of gateway theories and messages. We have examined these and we have looked at

many examples of research into such theories and have noted that in most cases it has been found there is little substance in them. While we had no examples of escalation to hard drug use among any of our drug-using respondents it was the case that nearly all users of cannabis were previously, and in most cases were currently, users of tobacco and alcohol.

Our findings have suggested that the extent of use of drugs by young people is crucially dependent on the sort of social backgrounds in which they operate; on the social and cultural context of use. Preventionists claim that if more information was available about such contexts prevention could be much more effective. They do not concur with a view that there are no factors of personality and background which influence the nature of drug-taking by young people and indeed they are creating a new prevention science based on this.

The critics of prevention then point to the preventionist education programmes and to the quite considerable number of studies which have illustrated their ineffectiveness. They claim that this is because they are based on some of the pathological explanations mentioned above. They point to their concentration upon the teaching of social skills and the provision of social alternatives and their use of scare tactics and say this is all based on the false assumption that these will in some way neutralise young people's attitudes to the use of drugs. We found much evidence to support this from those young people who had experienced some of these programmes. However there was considerable enthusiasm among other young people for specific programmes of this sort which they had encountered.

Some of those opposed to preventionist approaches suggest that the focus should be taken away from this drug-specific message and that it should be replaced by discussions on risk-taking in general on improving young

people's ability to make decisions. Indeed we did find, as harm reductionists claim, that often young people were using drugs in a purely functional way, and had made decisions so to do which were both conscious and informed.

We examined the question which has been constantly posed as to whether school-based drug and alcohol prevention programmes have any effect on subsequent use of these substances by young people. 20 years ago the answer would have been a definite negative. In the 1960s and 1970s the most popular preventative approaches were giving young people factual information about drugs and/or trying to make them feel good about themselves ("affective" education) but there was no evidence that these were effective and in fact in the 1970s there was even discussion as to calling a halt to school-based prevention. Then in the 1980s came the introduction of the social influence approach based on the idea of teaching resistance skills to the pressures of peers and society. Then programmes were introduced based on social learning theory and problem behaviour theory. Evaluations of these seemed to show that they had some success in influencing alcohol and drug use. They also claimed to be science-based because at least they had some theoretical grounding and some evidential support. But these were not common in the field until the mid-1990s. In several countries there were demands that anyone using any programmes which were unsupported by scientific evaluation and research should not be recipients of funds. But the quality of the evaluation was often poor and without the rigorous hypothesis testing which has been an important feature of evaluation in recent times.

Our own research showed the very great degree to which the young people in our study of their attitudes to their drugs education felt they had not benefited from the preventative approaches which they had all experienced. Their criticism was that they felt the preventative message was far too prescriptive, absolute and not open to discussion. It was far too much along

the lines of all drugs are bad for you and do bad things to you - do not use any of them at all. The abstinence message was invariably total. They particularly resented their lack of involvement, which ranged from little to nil, but also said that they needed to have involvement with people other than authority figures whom they saw to be committed to the preventionist line, such as their teachers and the police. They wanted alternative views particularly from outside from people with “street cred”.

These reactions were typical of the widespread concerns being expressed about prevention approaches by users, practitioners and funding bodies.

In response to this growing criticism and pressure there have been two major reactions on the preventionist front – major improvements in content, style, consultation and delivery and major strengthening of science-related content and evaluation.

The new delivery must involve listening to young people, honestly assessing the evidence on the effectiveness of current prevention programmes, paying attention to which principles of youth development and socialization explain the failure of current approaches and which at the same time point to useful alternative prevention practices. It will be necessary to take into account the theory of normalisation at least in certain respects, to replace indoctrination with education, and abandon flawed theories about why young people use- such as because they have personal deficits and because peer pressure forces them to try. There are new findings from the behavioural and social sciences about youth development and socialisation which do not support current approaches to prevention education. It must take into account the cognitive ability of young people - that they think like adults- and how they construct their personal identity. Emphasis must be placed on participation and respect for young people and on a different kind of learning process involving interactive learning, connectedness and resilience. We deal with

these aspects in greater detail in the section on the limitations of drugs education.

Recently there has been particular pressure on prevention. In the United States programs have to be assessed and put on a list of approved projects. In the United Kingdom some £7 million has been allocated to the Blueprint Project, a seven-year project still in progress, which is intended to measure the effectiveness of school-based prevention and other forms of delivery of drugs education.

Preventionists claim that the evaluation criteria are too strict or are applied too strictly to prevention than to other sorts of approaches. They claim that there is a broad consensus in the field that proving causality of any behavioural change process requires longitudinal studies of at least five years' duration, ranging across sizeable cohorts and even being compared with a control group. Costs for such exercises are substantial and beyond the reach of most prevention budgets. In central and local government the politicians are concerned more about what can be achieved within their electoral cycle rather than some future period when they may no longer be in power. So such longitudinal studies are not popular.

Prevention has suffered from the existence of simplistic or cosmetic projects sometimes referred to as "apple-pie" prevention. Such simplistic approaches include diversionary tactics with an anti-drugs label almost as naive as a "playing tennis is better than taking drugs". Common targets listed under the apple pie heading are the two main American programmes: "Just Say No" and Dare (Drug Abuse Resistance Education). Despite the claim that these were largely cosmetic with few tangible results DARE continues to be the largest prevention programme in the world. For in the United States drug prevention has become a sacred cow and critics have encountered a fierceness of opposition and unwillingness to listen to the arguments that is

beyond that which one encounters in other areas of research. On the political left alternative programmes were suggested run by teachers and counsellors without the enforcement messages and the involvement of police and other enforcement agencies. It can be argued that often in the past the left have used the vocabulary of science to promote largely ineffective programmes. Or that the political right have kept in place programmes with little scientific evidence but much emotional appeal. The arguments from both sides are mitigated by funding bodies attempting to look at cost effectiveness and trying to be removed from emotional and political and philosophical influences.

On the other hand proponents of preventionist approaches claim there is evidence that properly resourced and sustained initiatives can and do succeed. They point to the work of American researcher Nancy Tobler (1988) who identified many successful prevention programmes.

The major reactive development in the United States has been for prevention to go at great speed down the road of "prevention science". It is claimed through bodies like the Society for Prevention Research that preventionist approaches will concentrate on the advancement of science-based prevention programmes and policies through empirical research and that they will seek effectiveness and dissemination in prevention research. A whole industry has developed based on the further development of so-called prevention science which is a very positivist approach which claims that knowledge of risk and protective factors in advance and development of appropriate methods of dealing with them can produce desired outcomes.

Universities such as the University of South Florida where they have a Prevention Science & Methodology Group are rapidly expanding this work.

The proponents of risk factors argue that there is a range of social, individual and environmental factors which collectively increase the risk of a young person becoming involved in problem behaviours, including problem drug use. And they believe in the existence of certain protective factors, which they claim lessen the risk or likelihood of engaging in problem behaviours.

Also important is the concept of bonding. Proponents of protective factors argue that bonding with positive family members, teachers or other significant adults and friends reduces young people's risk of behaviour problems.

So preventionist programmes are to be largely if not exclusively based on a commitment to concentrating upon the identification of these risk and protective factors, and gearing responses to them.

But the development of this "science" and the whole strategy of using risk and protective factors in prevention is being much criticised by her other academics and practitioners. They argue that it is not possible to take account of the complexities of each individual's own situation and the influences upon him or her and that in the case of one young person a circumstance could be classed as a risk factor, whereas the same circumstance with another young person could count as a protective factor. Nor, they claim, does this take account of important intervening factors such as resilience and coping skills which greatly modify or mitigate risk and protective factors and the subsequent outcomes. Furthermore, it is argued that the causal link between such factors and actual behaviour is tenuous and unreliable.

Opposed to this is the anti-science movement in health promotion which believes that applying scientific methods and hypothesis testing to social phenomena is wrong and misguided. David Buchanan (1990) maintains that approaches based on scientific methods such as risk and protective factors

and hypothesis testing view events from a cause and effect perspective which is of little use in understanding human behaviour. He and other adherents to this post-modernist health promotion standpoint go further in claiming that prevention science is part and parcel of an ideology concerned with control and power. They say that scientific approaches may be appropriate for natural processes but not for social ones because these cannot be understood in terms of cause-and-effect, they can only be described and from such a description might emerge a better understanding of the aims, beliefs, expectations, choices and intentions of those involved. So, the argument continues, as we cannot ever know what causes social processes to occur, there cannot therefore be preventionist programmes or policies intended to produce specific outcomes. It is also claimed that scientific knowledge produced by professionals is often at the expense of community knowledge produced by those actually affected by the policies.

The battle between the different paradigms, perspectives and approaches seems likely to continue. The claim that the value of preventionist approaches is very limited and that their programmes have severe limitations will, it seems, be as strongly voiced as ever.

Our research and findings have illustrated the strengths and weaknesses of the various approaches but have shown how aspects of them all can in the future contribute to the new holistic approaches. There is no doubt all approaches will continue albeit in modified form. There will be, to reiterate what George Howarth said, a wide-ranging and robust set of examples of different ways in which drug problems can be tackled.

Drugs Education and the future

We have shown throughout this study, in the literature review, in a detailed look at more recent research and in an examination of the mass of rapidly-

occurring government policies and initiatives that drugs education and prevention has been regarded as important and necessary, but it has also been widely held to have failed. That perceived failure has been based on the belief that drugs education and prevention is capable of preventing young people from using drugs in the first place. That it could bring about abstinence by informing, by scaring, by diverting, by moralising or by a combination of these. That this abstinence would be brought about by changing young people's attitudes towards drugs. We demonstrated that others maintained that even if drugs education and prevention did not deter young people from the use of drugs at least it could enable them to limit the harm that they cause to themselves or others. But we have shown in the study of the literature that the influences on young people through interaction with their peers, their culture, their parents, their home and their environment are complex, individualistic and vary hugely from community to community let alone from country to country and that the task of drugs education and prevention in influencing such a complex situation is a formidable one.

We then outlined the view which is being expressed more and more nowadays by those who believe that the role of drugs education should be to educate young people to understand and to deal with the issues of a drug-using society and to even be involved in the debates regarding drugs, including those about legalisation and decriminalisation.

One of the prime reasons for these changes of emphasis and style is that at last attention is being paid to the views which have long been held by young people.

In our own study this message of failure was expressed very clearly by young people both in the qualitative and the quantitative surveys, repeatedly and to a greater degree than anything else in the entire project. They showed a very high level of dissatisfaction with the drugs education they

were receiving. Moreover forty per cent felt that there had not been enough drug education but they communicated very strongly that, while they wanted more, they did not wish to experience the sort of drugs education they had been receiving. They were only interested in receiving an input which was relevant and appropriate to them. This was the case in every school in our survey and moreover what was being delivered in some of our schools was particularly poorly regarded by the pupils. Some young people were very resentful, saying that they felt that their needs in this very important area of education were being very unsatisfactorily catered for. Overall the total number of young people expressing dissatisfaction with their drug education was greatly disturbing.

So in what respects was it felt to be failing? Those taking part in the Scotland Against Drugs Education Sector Initiative training course for teachers in drugs education were asked to state what they considered were the aims of drugs education. They said that these included providing factual information, highlighting the effects of substance misuse, promoting informed decision-making, promoting healthy lifestyles and self-esteem in general and enabling young people to resist peer pressure (Lowden, Kevin: 2004).

Our findings show that young people felt that the failure was in every one of these aspects.

a. Providing factual information

We referred earlier to the Department of Health study of young people's drug use published at the end of 2001 which said there was a good deal of basic knowledge among older pupils but also a substantial degree of remaining ignorance. We also made reference to a number of other studies which reached the same conclusions. This was certainly our experience in our survey. In many cases we were taken aback by the lack of information or the

amount of misinformation, particularly about pharmacology and the legal situation, which we encountered.

Our survey and interviews found that there is considerable confusion among young people as to exactly what the law is in relation to any one particular drug, how to distinguish between “legal” and “illegal” drugs and whether a drug is illegal in possession, or use, or purchase, or sale. The confusion over cannabis which had always existed was found to be far worse following the Government’s reclassification.

Further confusion is caused by categorisation. Successive governments have in the past worked on this principle, putting drugs into various different categories. Again neither young people, nor the general public, are clear as to which drug fits into which category. Nor are they sure as to what particular police or legal action results from the use of the drugs in each category. Since over half the young people questioned stated that the fact that drugs were illegal was a reason for not taking them it is crucial that adequate and accurate information is provided in drugs education. Importantly, our findings show that if it is then it is likely to have an impact on drug use, at least by some.

b. Highlighting the effects of substance misuse

So many of our young respondents were poorly informed as to the effects of drugs and very often misinformed. We have quoted many examples of this, sometimes disturbingly inaccurate. Some young people confessed to pretending to know, so as not to seem un-cool. But we also found a great desire to know the truth, to be properly informed.

We showed that surveys and other research all over the world had come up with some broadly similar conclusions. While some would present the

pharmacological information in a harm reduction context and others in a preventionist one, nonetheless we outlined the considerable evidence to suggest that improving young people's knowledge of the pharmacology of drugs is indeed a realistic aim of drugs education.

c. Promoting informed decision-making

On the other hand, as we have shown, much of the evidence provided, so far at least, suggested that altering the majority of young people's attitudes or having an impact on their use of drugs was often not affected to any great degree, though in some cases this did occur. For example, the research carried out by Coggans and his colleagues in Scotland compared those schools which had a comprehensive drugs education and prevention programme or a partial programme or an ad hoc approach or no drugs education at all. Coggans found there was evidence of some positive effect on the amount of knowledge of drugs and of the drugs scene which young people had but there was little evidence that any of the programmes had any significant effect on attitudes towards drugs or on drug use.

Again, our findings provided some possible reasons for this.

There was great resistance expressed to moral messages or instructions. The opposition to "Just Say No" messages came out strongly. There was major criticism of teaching standards, techniques, knowledge of the subject, delivery and much else. In particular young people felt there was little understanding of their needs, let alone of their situation and environment. Consequently, in short, many young people felt that drugs education was being used primarily to tell them not to do something, based on prejudice, lack of knowledge and lack of understanding. They did not regard the input they were receiving as being intended to facilitate their informed reasoned decision-making.

d. promoting healthy lifestyles and self-esteem in general and enabling young people to resist peer pressure

We examined earlier several of the programmes provided by outside organisations, many of which are based on life-skills and self-esteem enhancement and peer-resistance technique building, such as DARE, Teexex, Life Education and Narconon and others. There was a wide range of views expressed by the young people we surveyed as to such imports from outside the school both in terms of their speakers and their programmes. It has to be said that some such as Teenex and Narconon received very favourable responses from young people, but others were unpopular. In the main there was a lack of enthusiasm for the imports, and particularly for the police input, as they were not the sort they would prefer. Moreover we have discussed the evidence of several assessments of DARE and similar programmes that there is no significant impact on drug use or attitudes and only limited increase in peer-resistance skills. We have examined the issue of peer pressure in a separate section of this chapter.

However the new Healthy Schools Initiative, the adoption of a more holistic approach and the involvement of health agencies might well positively effect drugs education. It is often argued that young people are not impressed by health messages. We are constantly told that young people pay little regard to shock messages and similar tactics about the health risks of drug use. But eighty-three per cent of our respondents said they were concerned that drugs could be dangerous to their health and nearly eighty per cent felt that drugs could kill them. Two thirds believed they could have unpleasant side effects. Over half were worried about not being in control. Nearly three quarters of respondents felt that they did not need drugs for recreational purposes. Sixty per cent said they felt their self-image was such that they did not need them for social reasons. But it is important to note that forty per

cent did not select this option. Forty-two per cent said they did not regard drugs as cool, a third said they did not think they were exciting, a quarter said they did not relieve boredom.

From these responses we deduce an important message for the future of drugs education as part of an holistic health education process. There is a considerable proportion of young people who are responsive to health and social messages when delivered convincingly and appropriately.

We have looked at how the aims of drugs education as expressed by teachers are in many cases not being fully achieved. Let us therefore examine some of the aspects of this lack of success which our findings and our study of the literature suggest could be addressed in order to improve the likelihood of success in the future.

a. Targeting

Our respondents felt that the drugs education they were receiving was not sufficiently targeted to them in terms of their age, needs and development. It seems that nobody had tried to find out what they wanted or needed, let alone what the local drug use situation and environment was. Furthermore they feared they were on the point of leaving school with insufficient preparation in this respect.

We have previously referred to the statistics from various studies and reports for those who have left mainstream schooling and are in the 16-25 age bracket. These show the levels of use of all types of drugs are much increased. We feel it is essential for there to be a final major drug education input in the last year of secondary school of a highly sophisticated and really relevant nature. It should be presented by people whom young people can respect so that they can carry these messages forward into those years

when the social pressures will be great, restrictions will be less, and financial limitations will be largely removed. The availability will be greater, yet the communication of drug education and prevention messages will be that much more difficult to achieve. In fact they will be very limited indeed.

While there is broad agreement as to effectiveness being improved by the gathering of information in advance and perhaps by specific targeting, some of the types of specific information sought have been the subject of debate. In the United States in particular what is now being called Prevention Science, based on the Social Development Model of establishing the existence of risk and protective factors is gaining wide support. In the United Kingdom such policies are advocated by some and the government are in favour of their implementation in some places but others in education claim that these approaches are seriously flawed in that there does not seem to be the causal relationship claimed between such factors and the behaviour of young people. It is often a complex interaction of various factors and some of those which seem risk factors in some young people are in fact protective factors in others and that the complicating features of coping strategies and tolerance skills are not yet taken fully into account. However this model does also strongly argue for the full involvement of all sections of the community and for all sorts of bonding mechanisms in order to improve relationships, albeit basing these on the identification of these factors and their interpretation. Also it does stress multi-agency, multidisciplinary and multi-faceted working.

We previously referred to the importance of drugs education and prevention policies being developmental so that they take account of the developments which young people make in various respects during their transition through school and subsequently. And that these should take account of the significant changes there can be in just one year. We saw how this was particularly reflected in the Government strategies of the late

nineties and since. It is now felt that the proposed interactive participative proactive challenging of young people's attitudes towards drugs should be also undertaken at an early stage in their school careers.

b. Knowledge of young people's needs and environment

Our respondents, those to other surveys and other reports we have cited have complained of the lack of knowledge on the part of professionals of young people's needs and of their environment. The most recent Government strategy stressed that a much greater knowledge and understanding of the cultural factors and processes and influences involved in young people's drug use is required. Adolescent drug use is influenced by a complicated set of social customs and traditions and also expectations on behalf of the young person as to what will be achieved by taking drugs in terms of enjoyment, relief, social acceptability, sexual attractiveness and all the other features that we have mentioned earlier.

Many researchers and educationalists believe that drugs education and prevention will not be totally effective, or not as effective as it could be, without a much deeper understanding of the cultural and social and psychological influences upon young people and their context, their culture, their views and their needs. To achieve this, the quantity and quality and depth and scope and range of drugs education and prevention research needs to be increased. There need to be more longitudinal studies, more projects focused on the context and environment and those which examine the interactive processes which take place in the classroom and in other settings when this topic is being discussed and the difference in the nature of those interactions according to the personnel involved. Firstly it is felt essential that programmes are client centred. A considerable amount of effort should be devoted to establishing the actual needs of the target pupils and to ascertaining the current local circumstances wherever possible, such

as local patterns of use and local attitudes so that the objectives are related to local and individual circumstances. This was a prime objective of our survey work in the six schools – to provide information to better inform and equip educators. For example our findings showed that the relationship between young people's drug taking and that of their friends is strong and needs taking into account. We found that it remains the case that substantial numbers of young people – in our survey sixty-one per cent – still say that their parents' disapproval was a reason for not using drugs. Interestingly, 16% of young respondents in our survey said that their decision not to take drugs was influenced by their religious beliefs. Nearly two-thirds said they had ambitions and that drugs would spoil their future.

Drugs education has been criticised for being over generalistic and adopting one approach for all young people. Equally it can be criticised for insufficient attention to them as young people even in general terms let alone in specific ones.

c. Multidisciplinary approaches and involvement of community

In both aspects of the surveys a very high proportion of young people said that they needed more outside speakers preferably with their own experience of drug use.

The Government has decided that drug education should be part of a multi-strand approach both within the school and in the community and involving as wide a range of professionals and parents and community members as possible.

This, it is hoped, will meet some of the views expressed by young people, as they did in our survey, that different people need to be involved. This is addressed in another section of this chapter.

d. Professional and volunteer training

A considerable number of the young people who took part in our study made reference to the shortcomings of drugs education by teachers.

So many studies we have mentioned have stressed that a fundamental feature is that whoever is imparting the drugs education must have a high quality of relationship with those to whom it is being communicated.

Those involved must have high-quality interpersonal skills and there should be a variety of methods of delivery such as group work, role plays, discussions and quizzes. While the skills necessary to undertake work with young people in these ways is the stock-in-trade of youth workers, extra training may be necessary for teachers and schools if they are to approach the subject using these non-didactic methods.

To implement new drugs education approaches, very extensive and intensive training is required for all involved. Recent evaluation of the new forms of training given to teachers and to others involved in drug education has been disturbing. Many educationalists feel that it makes only a small step towards the degree of training necessary if the new improved drug education approaches are to be effective. Adequate resources must be available for the appropriate training not only of teachers but of those others who will be involved such as parents, youth workers, people in the community and others. But this raises very many issues in relation to school policies and the fact that teachers remain the authority figures that respondents to our survey expressed problems with. Frankness on both sides will not be achieved against a background of authority and the policies of those in authority. This is why community approaches, particularly involving social education services such as the Youth Service and Connexions and others, are likely to have more success in some respects in

certain aspects of drugs education and prevention. The role of Drug Action Teams will also be crucial in advising and co-ordinating.

e. Involvement of young people

Many of those young people in our study who were unhappy about drugs education felt nobody really cared what they thought or felt or needed. In particular they felt that they would benefit from peer education from young people who had also had experience (or even those who did not have personal experience, but knowledge.) This too has been addressed by recent Government policies.

What has been felt by many to be a crucial feature but which is still resisted by many schools- is the view that the planning of drugs education and prevention should be done with the involvement of pupils. It should be interactive with pupils rather than didactic and should include some aspects of peer education.

The nature of the information imparted needs to be as comprehensive as possible, accurate and delivered in a meaningful and understandable way, free from the fear arousal and the purely factual approaches which have been found to be ineffective. It should not be delivered in a way which seems to suggest that it is imposed on young people from above. Tobler and Stratton (1997) found that such interactive and participative approaches did bring about a significant increase in young people's knowledge, had some effect upon their attitudes and seemed to bring about some changes in drug use or at least in the character of that drug use.

On the other hand we showed that there is disagreement as to the effectiveness of peer education. Some studies reported peer education

seemed to have been of value more to the peer educators themselves in terms of their own development than in the effects they had on their peers.

In drugs education the expectation has been that one strategy is all that is needed, unlike the multi-strategic approaches adopted to deal with other health issues. It is now recognised that what is needed is a number of strategies and that no single one will solve the problem. Drugs education in schools can only be a contribution to a total package which ought to be taking place in a variety of settings in the community, at work, in social clubs and other places and particularly in the youth service. If the new approaches and improved ways of working outlined above are followed and especially if the crucial criteria are met there may be significant improvements in the knowledge that young people gain about drug pharmacology and legality and there may even be some effect on attitudes and actual use. Otherwise we could see the continuation of major expenditure on a drugs education and prevention delivery which still does not produce any significant cost-effective outcomes and still falls far short of the expectations of its proponents.

Resolving delivery issues

Over very many years, as well as the widespread criticism of government drugs education and prevention policy and the content of drugs education programmes there has also been criticism of the performance of practitioners in delivering it. In the most recent legislation and directives, the government departments involved have all adopted an intensely reactive approach to rectifying the perceived shortcomings and failures, demanding multidisciplinary and community related approaches, the involvement of all possible agencies, local area teams, organising committees co-ordinating bodies - in fact one substantial government "juggernaut". This was often as a crisis response, such as in reaction to the Victoria Climbié report. This has

resulted in the danger of going to the extreme. So that where there were deficiencies in the past in different departments and professionals working together and people of different disciplines working together now there is a danger that the widespread multi-disciplinary flood could result in over-swamp if it is not managed properly.

There is an increasing tendency among those who provide funding for research to choose or to even specify those projects which involve multidisciplinary approaches. As the complexities of social situations increase it becomes more important that they be addressed by professionals from different disciplines and perspectives. The government is proposing a mass of policy initiatives with great expectations which demand evidence-based practice, and which stress that there should be a multidisciplinary approach.

Many training courses now contain modules on multidisciplinary working. The Government has specified that some aspects of the Education National Curriculum should be delivered in a multidisciplinary way. So far as individual casework is concerned there have long been approaches which have involved professionals from different disciplines.

We have shown that in other aspects of drugs education and prevention there is considerable disagreement as to definitions of terms. So it is with multidisciplinary working in this field. Often the terms cross- disciplinary, multidisciplinary and interdisciplinary are used as though they are interchangeable. In fact the commonly agreed view at present is that they represent significant differences and it is only when these differences are fully appreciated that the approaches to which they refer are likely to be fully successful. Cross-disciplinary is said to refer to the involvement of professionals from different disciplines but without specifying their relationship to the other disciplines involved. This is in fact in the drugs

education and prevention field the most common form of involvement of people from distinct disciplines. They meet together on a committee and share ideas and points of view sometimes to some advantage, sometimes not, and commonly refer to this as multidisciplinary working. But multidisciplinary refers to the co-ordinated and collaborative input of representatives of different disciplines, complementing each other but not necessarily integrating with each other.

The term interdisciplinary when used in its now commonly accepted definition refers to the integration in a very clearly specified way of professionals from different backgrounds in order to achieve an integrated outcome.

Both multidisciplinary and interdisciplinary working involves considerable training in understanding and reconciling different approaches and work patterns, different perspectives, different levels of analysis and intervention, different use of language and much else, the latter to a very considerable degree.

There is a phrase which is used much in the United States but not so much in this country; 'transdisciplinary', which refers to the development and application of shared integrative concepts. Instead of working in partnership professionals collaborate to develop a comprehensive understanding of the problem at hand.

Such moves often encounter opposition and lack of willingness which is due to insecurities, work pressures, lack of resources and much else. In some cases where the actual merging of services has been directed as with Drug Action Teams and Community Safety teams this has often resulted in resentment at best and sometimes hostility at worst. Professionals complain of the gulf between strategic discussions and what is going on at ground

level, of a lack of communication and of the “massive upheaval” which results as in the transition of Local Education Authorities to Children’s Trusts.

On the other hand there may be considerable enthusiasm but insufficient guidance and training and management. Projects organised by Drugs Action Teams are sometimes examples of this. On the face of it, all of them have representatives from a wide range of disciplines and they point to these projects as being examples of multidisciplinary working. However there is an enormous difference between best and worst practice. In the best practice examples training is provided for those involved in order that they are better prepared for the experience. A lead professional provides management to ensure integration, co-operation and jointly-agreed outcomes, Plans are drawn up which clearly specify the roles of all concerned, the type of input required and the ways of joint working which will take place. In others an almost ad hoc pragmatic situation exists with few if any of these features. Between being able to say that many disciplines are involved and being able to say many disciplines are involved with effective collaborative outcomes which exceed the sum total of individual disciplinary inputs there is a vast chasm.

One can cite the difficulties in terminology as just one particular example in the drugs education prevention field - that is the use of the terms risk and need. These have very different connotations in education, youth work, health and the police and community groups. Just two examples in addition to all the other terms which are, as we have said earlier, much disputed among professionals from the same discipline, let alone by others coming in from other disciplines. So training is necessary not only in difficulties of terminology, but in problems of differing time constraints, integration of different philosophies, reporting structures, administrative systems, views and objectives and inter-professional relationships. Providing such can be an expensive use of resources. But there are many examples of

multidisciplinary drugs education and projects which have fallen short of expectations and of achievable outcomes or which have been counter-productive to young people and professionals because sufficient resources have not been devoted to the necessary groundwork and preparation.

We have purposely ended this research report with this discussion of the issues of multidisciplinary and cross-boundary approaches to drugs education. All the findings of our research which we have detailed above lead us to the conclusion that the only really effective response to the real needs of young people is through the broadest multi-faceted community-linked co-operative approaches. This will require levels of communication, partnership, sharing of resources, working together and above all effective planning and management which have previously been most rare. It will also require a much deeper and broader knowledge of the local situation and of the young people in it. It also requires levels of training above those currently employed. The Government has taken some steps in this direction and there is some evidence of the beginnings of this in some areas.

It is our strongly felt view as the result of all our research that it is only such a wide-scale approach, carried out with adequate resources, commitment, skill and care for young people that will result in their receiving something approaching what they need - at last and after so long.

7

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8

The Appendices

Questionnaire

This questionnaire is part of a research project being undertaken at Brunel University.

All responses are totally confidential.

You do not need to give your name and all the questionnaires will be read only by the researchers.

Please complete the questions by either circling or ticking your reply: (none) or none ✓

When you complete some of the questions you will need to follow the arrows (→)

What is your birthday month ? _____ How old are you?: 12 13 14 15 15+

Gender : Male Female

Are you at school: Full-time Part-time Left school

Are you in further education: Full-time Part-time not in further education

Do you work: Full-time Part-time Unemployed Do not work

Q1a. Have you ever smoked cigarettes? Never → go to **Q.2**

In the past → go to **Q.1b**

Yes, currently use → go to **Q.1c**

1b. How old were you when you started to smoke? Under 12 12 13 14 15 15+

For how long were you a smoker? Less than one month 1-2 months
2-3 months 3-6 months 6-12 months
18-24 months more than 24 months

Now please go to Question 2a

1c. How many cigarettes do you usually smoke per day at the weekend?

1 – 5 6 – 10 11 – 15 16 – 20 21 – 25 26 – 30 30 +

How many cigarettes do you usually smoke per day on weekdays?

1 – 5 6 – 10 11 – 15 16 – 20 21 – 25 26 – 30 30 +

Now please go to Question 2

now please go to **Q.3** →

Q.3 Have you ever used cannabis?

Never
In the past
Use currently

go to **Q.5** →
go to **Q.3b** →
go to **Q.4** →

Q.3b How old were you when you first tried cannabis?

10 years or under 11 12 13 14 15 16 16+

Q.3c How many times did you use cannabis?

Only once 2 3 4 5 6 7 8 9 10+

Q.3d How old were you the last time you used cannabis?

10 years or under 11 12 13 14 15 16 16+

go to **Q.6** →

Q.4 How old were when you first tried cannabis?

10 years or under 11 12 13 14 15 16 16+

How often do you use cannabis?

Very occasionally

Between 1 and 11 times a year

Monthly, or about 12 times a year

Every weekend

3 or 4 times a week

1 or 2 times a week

Once a week

Daily

go to **Q.7a** →

Q.5a

Could you please say in your own words why you have never used cannabis?

Q.5b

Apart from tobacco, alcohol or cannabis have you ever tried any other drug?

NO

YES please state which drug (s)

Q.6a Here are some of the reasons some young people give as to why they do not use drugs, or why they have stopped using drugs. Please tick or circle the number next to the statement if any of the statements apply to you. You can tick or circle as many as you wish.

I do not do drugs because:

1. They could be dangerous to my health
2. They are illegal
3. They can have unpleasant side-effects
4. My parents would disapprove
5. My friends don't do drugs
6. Drugs are not cool
7. Drugs are anti-social
8. Using cannabis could lead to using other drugs
9. Drugs are not exciting
10. Drugs are expensive
11. Drugs against my religious beliefs
12. They can have effects on memory
13. They do not relieve boredom
14. I have never been offered drugs
15. I would be afraid of being caught
16. I don't need drugs to have a good time
17. I am worth more than drugs
18. Drugs and do not provide a satisfactory escape from problems
19. Drugs could kill me
20. I like to stay in control
21. Using cannabis might affect my grades at school
22. I have ambitions and drugs could spoil my future

Q.6b Now please choose which of the above reasons were the three most important in helping you to stay drug free.

Numbers _____ _____ _____

go to **Q.9a** →

Q.7 Would you please say in your own words why you use cannabis

-

Q.7b Do you intend to continue using cannabis?

Yes No Don't know

Q.7c Do you think your consumption of cannabis will

Increase Decrease Don't know

Q.7d Apart from tobacco, alcohol and cannabis have you ever tried any other drugs?

NO

YES please say which drugs _____

now please go to **Q.8a** →

Q. 8

Here are some reasons which some other young people have given as to why they use cannabis. Please tickle or circle the number next to any statement which applies to you. You may tick as many as you wish.

I use cannabis because:

1. Most of my friends use
2. I like to get high
3. It helps me to relax
4. It makes me laugh
5. It's cheaper than booze
6. My parents don't really mind
7. Everyone does cannabis a bit
8. It's less harmful than alcohol or cigarettes
9. It's safe to use as it is used for medicine
10. It isn't dangerous like heroin or crack
11. My parents don't much care what I do
12. It's a good way to relieve stress
13. It helps me when I get bored
14. It's a sociable thing to do
15. I don't do well at school and cannabis helps me to feel good
16. It helps me to belong with the crowds
17. It must be safe as some people want to legalise it
18. It's cheap
19. I don't see why shouldn't have a bit of fun
20. I like the way it changes my perceptions of things

Q.8b

Now please choose which of the above reasons were the three most important reasons why you use cannabis

go to **Q.9a** →

Finally, these last questions are about the talks, lessons and presentations about drugs which you may have heard in school.

Q9a. What do you feel about the quantity of drugs education lessons You have experienced at school?

About the right amount Far too many Too many Not enough

Q.9b How interesting did you find them?

All were very interesting Some were very interesting
Most were average Some were not very interesting
Some were rather boring All were boring

Q.9c How much did you learn from the drug education lessons?

A great deal Quite a bit A little
Nothing that I did not already know

Q.9d Did you ever have outside speakers for any lessons?

YES NO

Q.9e Did you find the outside speakers:

All were very good Some were very interesting
Not very interesting Boring

Q.10 Please would you say what you feel drugs education lessons should be trying to achieve

Q. 10a. Please say how you think drugs education could be improved.

Qualitative research schedule

In the initial briefing prior to the interviews we explain in detail to the young people:

- what the research is about
- why it is being done
- for whom it is being done
- the techniques which would be involved
- that it is confidential and that I do not wish to know the names of those participating
- that it would not be possible for them to be identified in any way subsequently
- how each interview will be conducted
- how the interviews would be tape-recorded
- that individual transcripts would not be made available to the school, so individual opinions and comments cannot be identified.

We are very keen to increase the amount of information that we have of young people's experience of drugs education in schools, in particular their attitudes expressed in their own words and also any personal experiences of or knowledge of drugs use..

It was felt that the best way to do this is through a number of tape-recorded qualitative in-depth interviews with a number of young people and for these to be transcribed and analysed. They would be encouraged to speak spontaneously about :

the sort of drugs education they have received

- how they feel about it
- what effect they think it has had on them
- whether they feel that it was appropriate for them
- whether it has changed their attitudes
- whether it has provided them with additional information they did not have.

The entire exercise has of course been undertaken scrupulously according to the codes of conduct of the university, the funding body and education authorities. I have been employed by a London Borough for over thirty years as a teacher, youth worker and Youth and Community Education Officer and currently as Deputy Superintendent Registrar. This research is not connected with that London Borough but it is partly sponsored by the National Drugs Prevention Alliance and is being undertaken through Brunel University as part of a doctorate in Education.

French Texts

Circular from the French Ministry of Education (2003):

“Apprendre à rejeter les drogues et les produits dangereux. La prévention face aux drogues est une priorité, nous la conduirons en étroit partenariat avec la Mission interministérielle de lutte contre la drogue et la toxicomanie. Face au développement des poly-consommations, la tendance à la banalisation du cannabis doit être enrayée. Les jeunes doivent également être sensibilisés aux dangers d'une auto-médication désordonnée et de la prise de produits supposés améliorer les performances physiques et/ou intellectuelles. Chaque élève doit recevoir, tout au long de sa scolarité, une éducation aux dangers des drogues. Cette démarche est commune à tous les enseignements et concerne tous les moments de la vie scolaire. Nous demandons à l'Inspection générale de l'Éducation nationale et à l'Inspection générale des affaires sociales d'évaluer le dispositif actuel et de formuler des propositions pour le rendre plus effectif et plus performant.”

The French Canadian experience is similar:

“Des études récentes donnent à penser que les enfants et les adolescents d'aujourd'hui commencent à consommer de l'alcool et des drogues à un âge plus précoce qu'il y a dix ans. Il leur arrive plus fréquemment d'ingérer ces substances au point de s'intoxiquer et ils ont accru leur consommation de drogues plus dangereuses. Des chercheurs de l'Université McGill, en collaboration avec le ministère de l'Éducation du Québec, sont de plus en plus appelés à concevoir des programmes de prévention précoce permettant d'identifier les enfants à risque de toxicomanie et de délinquance.” Research Conference at McGill University 1999.

Similarly in France:

La prévention et l'éducation contre les drogues doit pouvoir se poursuivre tout au long de la scolarité des élèves, de la maternelle jusqu'au secondaire. Ceci est d'autant plus important que les effets des actions éducatives tendent à s'estomper avec le temps. C'est pourquoi les programmes d'éducation pour la santé des jeunes doivent être mis en œuvre de manière progressive, en tenant compte des préoccupations liées à l'âge des élèves et de la présence ou non du risque.

”Nous recommandons que les interventions ponctuelles et isolées soient remplacées par de réels programmes, poursuivis sur plusieurs années. La continuité et la cohérence des programmes éducatifs doivent aussi s'établir entre l'école, les familles et tous ceux qui interviennent auprès des jeunes. La création des Comités d'éducation à la santé et à la citoyenneté (CESC) répond bien à ce type de besoin, à condition qu'on leur donne les moyens de remplir leurs missions. Nous préconisons de doter les CESC de coordinateurs qualifiés, afin de garantir le bon fonctionnement et la pérennité de ces dispositifs.”
(CANAM, Paris, 2001)

The situation for research funding in France is much the same:

“Les recherches de prévention se déclinent trop souvent en fonction des financements disponibles : précaires, parcellaires et insuffisants”.

(ANIT; National Association of Drugs Workers 2003)

Alcohol use:

L'alcool est le produit expérimenté le plus précocement (13,6 ans chez les filles, 13,1 chez les garçons). La première ivresse est postérieure à la première consommation d'alcool d'environ deux ans, quels que soient l'âge et le sexe : elle semble être une étape relativement tardive de l'apprentissage de l'alcool. Les filles déclarent avoir été ivres la première fois en moyenne environ cinq mois après les garçons de leur âge. Il est donc à noter que la plus grande précocité masculine de la consommation d'alcool est associée à une plus grande précocité de la première ivresse. (OFDT 2002)

Cannabis use:

Le cannabis est expérimenté peu avant, ou en même temps, que le cortège éventuel des autres substances plus rares. À âge et sexe donnés, après l'alcool et la cigarette, ce sont les produits à inhaler qui sont expérimentés le plus précocement (presque toujours avant 15 ans)..

Pour l'usage répété de cannabis (au moins dix fois au cours des douze derniers mois), l'augmentation apparaît à tous les âges et pour les deux sexes. Les enquêtes menées en France auprès des lycéens parisiens, confirment cette tendance à la banalisation de l'usage du cannabis (De Peretti *et al.*, 1999).

La proportion d'amis consommant du cannabis est très liée à la fréquence de l'usage du répondant. Ainsi, ceux qui ont un usage au moins répété ont toujours au moins quelques amis consommateurs, tandis que les autres ont très rarement leurs amis consommateurs. À 19 ans, environ la moitié des garçons a une majorité de ses amis qui fume du cannabis

Gender differences

Par ailleurs, moins du quart des garçons de 17 ans déclare fumer de façon au moins répétée alors qu'ils sont un tiers à 19 ans.

À 17 ans, l'expérimentation est plus masculine (50,1 % contre 40,9 % chez les filles), mais la différence entre les sexes est très inférieure à celle observée pour les autres substances illicites

Les profils de consommations dépendent grandement de l'âge et du sexe, notamment en ce qui concerne la consommation répétée (plus de dix épisodes de consommation déclarés au cours de l'année). À 17 ans, il y a autant de filles que de garçons parmi les « faibles » consommateurs (moins de dix fois par an) ; en revanche, elles sont nettement moins nombreuses parmi les consommateurs

« répétés ». Il y a ainsi plus de garçons de 17 ans qui déclarent avoir fumé plus de quarante fois du cannabis au cours de l'année que de garçons qui déclarent en avoir fumé une ou deux fois (13,5 % contre 11,7 %), alors qu'il y a trois fois moins de filles dans ce cas (4,5 % contre 13,4 %). Les comportements de consommation de cannabis au cours de l'année des garçons et des filles sont donc très différenciés

Il apparaît que fumer seul est un comportement rare chez les filles mais pas chez les garçons

La polyexpérimentation augmente avec l'âge, pour atteindre 83 % à 19 ans (et 57 % pour la combinaison tabac, alcool et cannabis). Il est très rare d'avoir déjà consommé du cannabis sans avoir expérimenté le tabac et l'alcool.

Tobacco use :

L'alcool est le produit psychoactif le plus fréquemment expérimenté et consommé de manière occasionnelle. Au niveau des consommations régulières, il est devancé par le tabac.

Alcohol use:

À 17 ans, 49,5 % des filles déclarent avoir déjà été ivres au cours de leur vie, contre 63,3 % des garçons. Chez ces derniers, la prévalence de l'ivresse augmente avec l'âge pour atteindre 74,8 % chez les 19 ans

L'alcool est le produit expérimenté le plus précocement (13,6 ans chez les filles, 13,1 chez les garçons). La première ivresse est postérieure à la première consommation d'alcool d'environ deux ans, quels que soient l'âge et le sexe : elle semble être une étape relativement tardive de l'apprentissage de l'alcool. Les filles déclarent avoir été ivres la première fois en moyenne environ cinq mois après les garçons de leur âge. Il est donc à noter que la plus grande précocité masculine de la consommation d'alcool est associée à une plus grande précocité de la première ivresse. (OFDT 2002)

Cannabis use

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