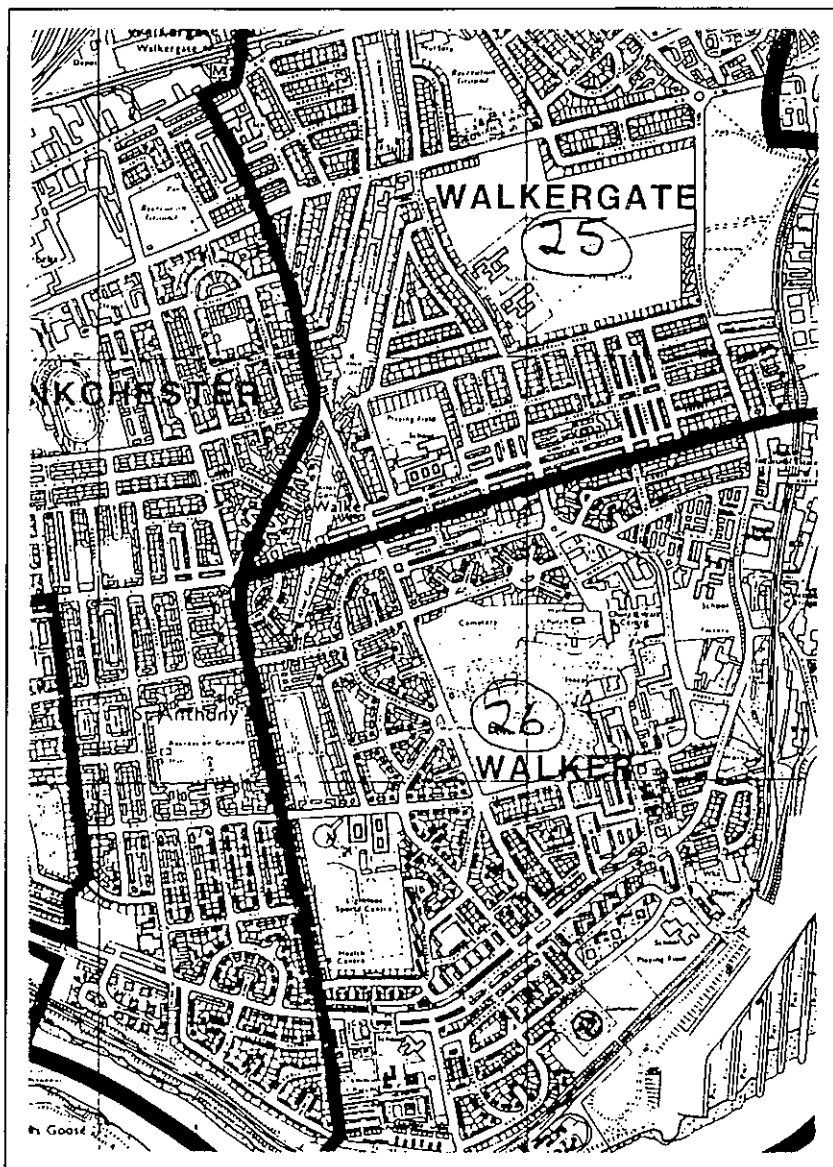


Our data suggest that most young people in their GCSE year know a drug user. Therefore, drugs are not 'someone else's problem'.

John Balding

Drugs: all our children are close to sources

Fig. 1. To clarify differences between the lifestyles of children living in different neighbourhoods, they may be asked to record their home location in the data, using numbers on a map as shown here.



I have divided this article into four sections. 1: How our 1994 drug data was collected. 2: Factors possibly contributing to drug use. 3: Some links between cannabis use and other lifestyle factors. 4: A modification to the Health Related Behaviour Questionnaire allowing schools to select particular areas, such as drugs, for special attention.

1. DRUG USE IN 1994

In the past four months the database from the 1279 surveys supported by SHEU across the UK and summarised in *Young People in 1994* has been the subject of particularly close scrutiny in connection with 'drug' use among 11–16 year old boys and girls.

The total sample size of over 48,000 was drawn from a population of approximately 120,000. The surveys were organised by 27 District Health Authorities and one Scottish Health Board. The total summary of these is presented in *Young People in 1994* together with an introduction to the history and use of the survey method across a period of nearly 20 years. Numerous links between behaviours are also presented in the text.

A service for Health Authorities and schools

Within each school the sample size is sufficient to measure reliably each behaviour in any year group selected, for boys and for girls. Differences between year groups, and between boys and girls, can then be assessed. However, Health Authorities sponsoring the surveys with-

Amphetamines	<i>Speed, stimulants, uppers</i>
Barbiturates	<i>Downers, barbies, sleepers</i>
Cannabis (leaf form)	<i>Grass, pot, marijuana, dope</i>
Cannabis (resin or oil)	<i>Hash, Leb black, moroccan</i>
Ecstasy	<i>MDMA, XTC, E</i>
Cocaine	<i>Snow, coke</i>
Hallucinogens (natural)	<i>Magic mushrooms</i>
Hallucinogens (synthetic)	<i>Acid, angel dust, LSD</i>
Heroin	<i>H, junk, skag, smack</i>
Crack	<i>Rock</i>
Solvents used as drugs	<i>Glue, gas refills, cleansing fluid</i>
Tranquillisers	<i>Librium, valium, temazepam</i>

Table 1. To assist the identification of individual drugs, the questionnaire list includes examples of street names. In the latest version these are presented as shown here.

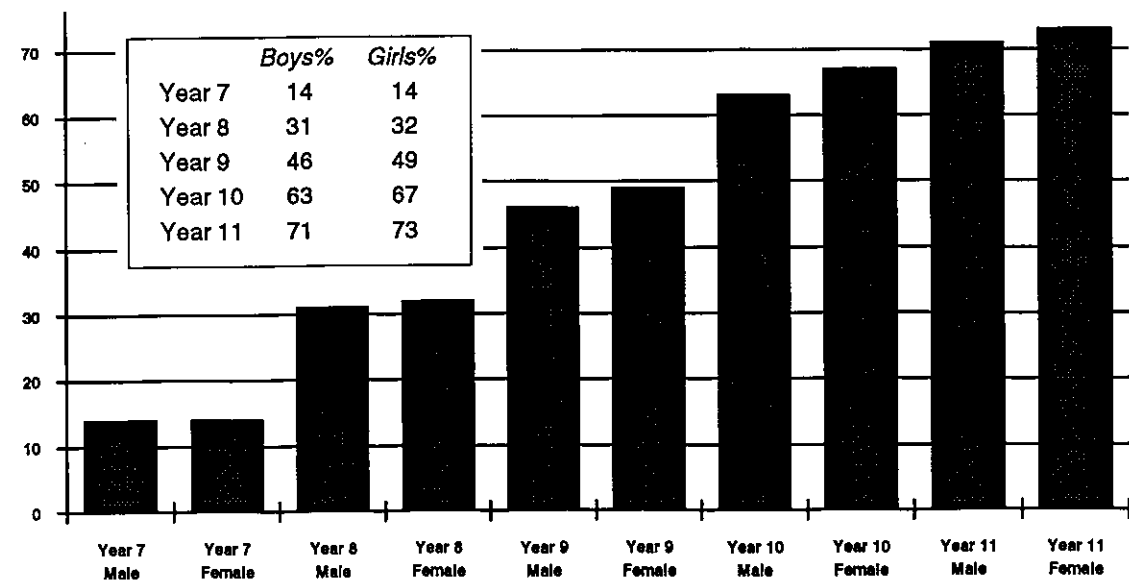
in their schools can also analyse the data by location of the children's homes. In Newcastle, for example, each school was provided with a map to assist the accurate identification of neighbourhood by the children (see Figure 1).

How is the 'drug' information collected?

The method and its evaluation is extensively described and discussed in *Young People in 1994*. The data collection is supervised by experienced teachers well known to the classes in schools. Anonymity and confidentiality issues are explained and assured. Prior positive agreement of governors, parents and staff is always gained during the preparatory stages for the survey (of which illegal drugs is a part).

In Table 1, attention is drawn to local practice in improving the accuracy of identification of drugs. It also draws attention to local ownership of the enquiry and intention to act locally upon the survey outcome.

Fig. 2. The percentage of boys and girls that are fairly sure or certain that they know a drug user. (1994 data.)



However, as street names change with time and also vary in different parts of the country, individual surveys provide additional local names to improve the understanding of these questions in the schools and hence the validity of the responses.

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

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

61 Has anyone ever offered or encouraged you to try any of the drugs listed in Question 60?

62 Have you ever taken any of the drugs listed in Question 60?

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

How 'close' are our children to drug sources?

In Fig. 2, the 1994 figures show that over 70% of both Year 11 boys and girls personally know someone using drugs. For a response to

be included in this statistic the boy or girl has indicated that they are certain or fairly sure that they know someone, and also think that they know the substance used.

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

2. WHAT INFLUENCES DRUG USE?

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

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

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

	Always unsafe		Know user		Been offered		Used	
	B	G	B	G	B	G	B	G
Cannabis	27.3	33.8	50.5	50.3	41.6	36.9	32.9	27.3
Ecstasy	59.2	68.5	27.5	33.2	14.3	15.1	5.3	3.2
Amphetamines	30.1	35.0	26.1	31.3	18.4	18.0	11.2	9.5
Synthetic hallucs.	47.8	52.5	25.7	26.0	19.5	19.2	12.8	11.1
Natural hallucs.	37.1	43.6	20.3	20.7	14.6	11.3	9.6	5.0
Solvents	70.4	74.0	14.6	17.4	11.0	10.8	6.3	6.4
Cocaine	63.7	66.6	6.3	9.3	3.2	3.0	1.7	0.7
Heroin	67.8	70.9	6.7	8.2	2.5	2.1	1.0	0.7
Crack	65.1	63.8	6.6	6.6	3.0	2.5	1.3	0.8
Barbiturates	22.3	21.6	6.3	6.1	3.4	3.0	2.0	1.5
Tranquillisers	29.0	23.9	5.3	7.1	2.6	3.1	1.0	1.8

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

It means that

Our children are close to sources. It is not someone else's problem.

All our schools should take this on board. One might also observe that the 30% of Year 11 pupils who do not know a user will, however, know some of the 70% that do.

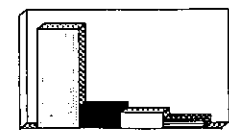
Perceived danger and availability

Table 2 shows detailed figures for the Year 11 boys and girls in the 1994 data. The pairs of columns show the percentages that consider each drug to be always unsafe, know a user of the drug in question, have been offered the drug, and have used the drug at least once. The drugs are listed in decreasing order of perceived risk.

Figure 3 displays the percentage levels for the first six drugs shown in Table 3, for the Year 11 boys only. Again, the groups of columns are arranged in descending order of the perceived danger of the drug. Although Figure 3 shows that more girls than boys in the same year group claim to know drug users, we know from other data that more boys than girls report actually using drugs. The fact that more girls than boys know a user could reflect the fact that they tend to socialise with boys older than themselves.

We offer brief comments upon each of these drugs, with its 'profile' extracted.

Solvents



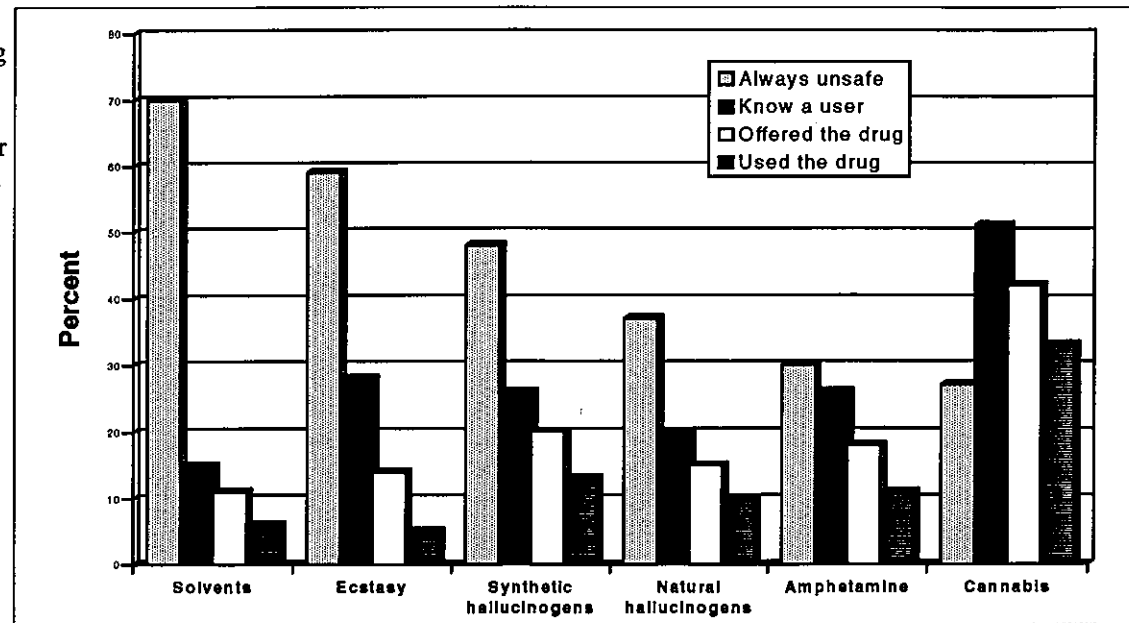
It may come as a surprise to discover that more of the boys perceive 'solvents' as being dangerous than any other of the listed drugs.

Ecstasy



This drug is also widely viewed as harmful. Only 5.3% have tried it, although 27.5% report knowing someone that uses it and 14.3% report having been offered it. This suggests that many young people have rejected the opportunity of trying it out.

Fig. 3. The Year 11 boys and the 1994 data, showing the percentages that consider these drugs to be always unsafe, know a user of them, have been offered them, and have used them at least once. (Taken from Table 3.)



Synthetic hallucinogens



As far as trialling or regular use is concerned, these are next in popularity to cannabis. The percentage knowing a user is similar for ecstasy and amphetamines.

Natural hallucinogens



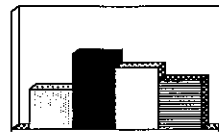
Fewer see these as dangerous compared with the synthetic variety, but fewer also report having tried them. Perhaps supplies are less readily available, as fewer report knowing a user.

Amphetamines



Only 30% of the young people perceive these as being unsafe, and the 'profile' of user awareness and personal use is similar to that for synthetic hallucinogens.

Cannabis



This has the lowest level of perceived danger, and the profile of exposure and use is much higher than that of any other drug.

How resistible are drugs?

In order to reflect upon these aspects, we have prepared Table 3, which shows the proportion of the Year 11 boys offered each drug that have tried it.

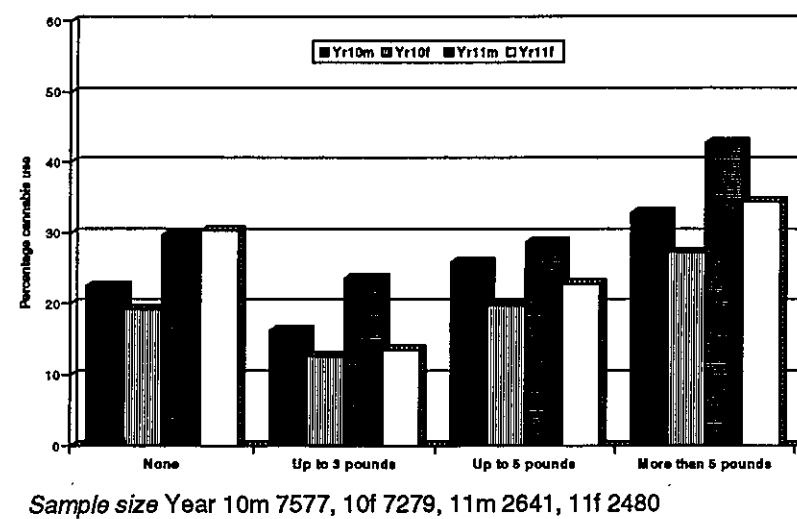
The proportion of these young people that have accepted an offer of a drug is lowest for ecstasy. If we seek an explanation for this, the high level of perceived danger seems the obvious one.

Cannabis is the least resistible in this 'translation' of the statistics: can only 1 in 5 (20%) resist the offer?

Table 3. The percentage of Year 11 boys that have been offered and tried these drugs, and the proportion of those offered that have either tried or resisted, based on a simple offer and response model. (1994 data.)

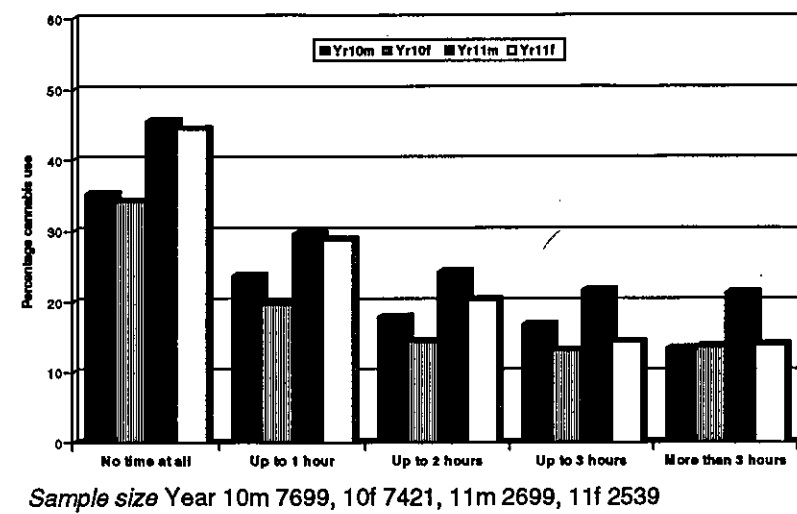
	Offered	Tried or used	Tried + offered	Resisted + offered
Solvents	11.0	6.3	0.57	0.43
Ecstasy	14.3	5.3	0.37	0.63
Synthetic hallucs.	19.5	12.8	0.66	0.34
Natural hallucs.	14.6	9.6	0.66	0.34
Amphetamines	18.4	11.2	0.61	0.39
Cannabis	41.6	32.9	0.79	0.21

Fig. 4. 'Cannabis' and pocket money.



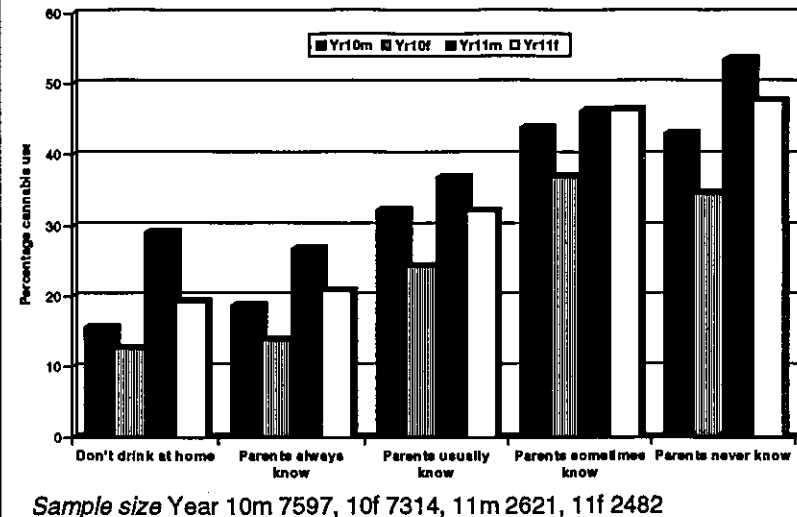
Sample size Year 10m 7577, 10f 7279, 11m 2641, 11f 2480

Fig. 5. 'Cannabis' and doing homework.



Sample size Year 10m 7699, 10f 7421, 11m 2699, 11f 2539

Fig. 6. 'Cannabis' and drinking alcohol at home.



Sample size Year 10m 7597, 10f 7314, 11m 2621, 11f 2482

3. CANNABIS: WAY OUT IN FRONT

In the following figures we have displayed the statistics connected with cannabis use for the Year 10 and Year 11 pupils in our 1994 data. The 'cannabis' category used here includes any boy or girl who reports trying it on at least one occasion, in either 'leaf' or 'resin' form. There is no measure of frequency of consumption.

It is not possible to separate regular users from occasional users and from those who have tried the substance only once. However, it is reasonable to assume that any revealed characteristics of the amorphous 'drug-takers' group will be more sharply defined for the habitual users.

'Cannabis' and pocket money

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

'Cannabis' and doing homework

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

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

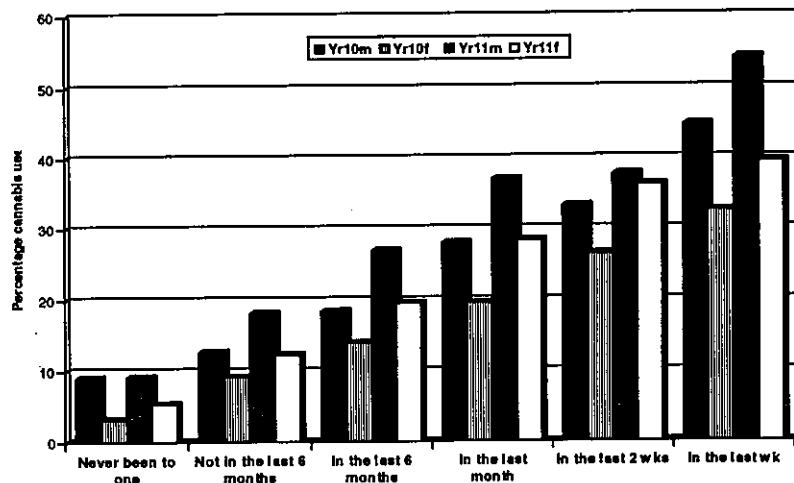
Homes and families that promote attention to school success influence so many other aspects of a young person's lifestyle. Also, at a statistical level, the less time spent out of the home, the less time there is to be in contact with drug sources.

'Cannabis' and home drinking

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

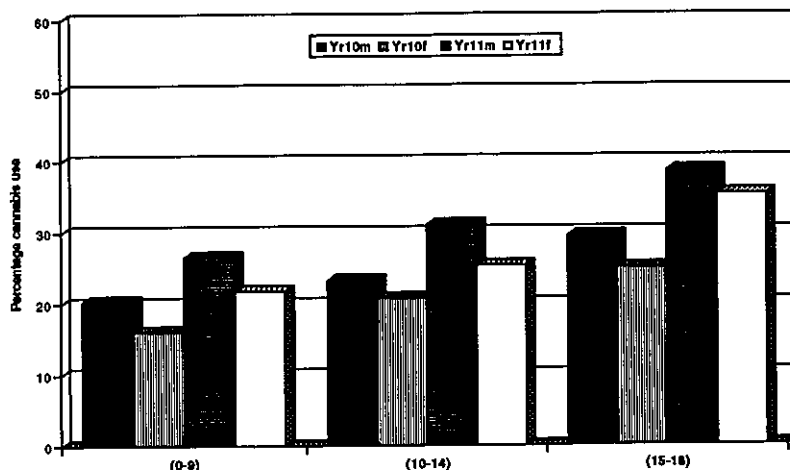
Elsewhere in *Young People in 1994* we report on the links with levels of consumption of alcohol by the boys and girls and parental awareness of home drinking. The less the parents know about what is going on, the more likely is it that alcohol is consumed, although not necessarily at home.

Fig. 7. 'Cannabis' and going to parties or discos.



Sample size Year 10m 7714, 10f 7440, 11m 2705, 11f 2538

Fig. 8. 'Cannabis' and self-esteem.



Sample size Year 10m 7440, 10f 7224, 11m 2619, 11f 2472

This climate of attention to alcohol use within the home shows a similar effect for 'cannabis'.

'Cannabis' and going to parties or discos

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

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

'Cannabis' and self-esteem

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

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

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

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

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

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

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

questionnaire information and support local needs. The cost reflects the options selected.

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

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

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

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

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

2 Drugs
Smoking
Alcohol
Drugs

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

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

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

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

7 Diet
Lunch & breakfast
Frequency of consumption of listed foods

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

9 Optional customised section
Contains questions suggested locally by schools or the survey organisers, in consultation with the Unit.