

# Use of 'illegal' drugs: some national statistics

John Balding

HEA Schools Health Education Unit  
University of Exeter

There is little reliable information on young people's levels of use, knowledge, and attitudes with respect to so-called 'illegal' drugs. The latest version of the Health Related Behaviour Questionnaire has introduced a set of questions about illegal drugs, and the first results from their use are discussed here.

For several years the anxiety amongst parents, teachers, health care professionals, the police and other bodies over the use of drugs by young people has been high. This anxiety is often heightened by reports through the media which typically draw attention to excess use, damage and disaster. In 1987 a new section on illegal drugs was added to the Health Related Behaviour Questionnaire, and a very large amount of information has now been gathered by combining all the survey data collected during that year.

Because of the anxiety raised by distorted media reporting, it is most important to be able to see this 'news' in perspective if appropriate education intervention programmes are to be planned.

This article, which has developed out of the presentation at the Sidmouth conference described on page 32, summarises some of the results obtained from the 'illegal' drugs questions. The reliability of the data is also discussed.

Many sections of the Questionnaire have been in use, and therefore subject to scrutiny and revision, for a number of years. Amendments to them have been made as necessary, arising out of prompts from supervising teachers and from those carrying out the systematic interview work which is practised periodically. It

is only to be expected that the newest components of the Questionnaire, including illegal drugs, will be in need of some revision, and the presence at this conference of researchers in related fields, together with nine Education Support Grant Drugs Advisory Teachers, enabled a critical yet highly constructive examination of the design and presentation of the new drugs questions, as well as the interpretation of the data arising from their initial use, to be carried out.

## Some drug-related behaviour

In Version 11D (the current version of the Questionnaire), the list of illegal drugs, which is included in Question 67, is presented as in Figure 1. The attempt is made in the parentheses to give 'street' names for the substances in order to assist in the accurate identification of the drugs. To accommodate local variation of slang names several co-ordinators of surveys have sensibly substituted names currently used in their locality at the time of their survey.

Table 1 displays the responses to Question 70 – *How many of your friends do you think take any of the drugs listed in Question 67?*: the results are modified to show only those who think they know one or more 'users'. Observers were

Fig. 1. The checklist of 'illegal' drugs in the Health Related Behaviour Questionnaire, Version 11D.

- |   |  |
|---|--|
| A | Amphetamines (e.g. speed, stimulants, uppers)                              |
| B | Barbiturates (e.g. barbies, bombers, downers, nembutal, seconal, sleepers) |
| C | Cannabis (leaf form, e.g. grass, hash, marijuana, pot)                     |
| D | Cannabis (oil or resin, e.g. Leb black)                                    |
| E | Cocaine (e.g. coke, crack, snow)   |
| F | Hallucinogens (natural, e.g. liberty cap, magic mushrooms)                 |
| G | Hallucinogens (synthetic, e.g. acid, angel dust, LSD)                      |
| H | Heroin (e.g. H, junk, skag, smack)   |
| I | Solvents (e.g. aerosols, cleansing fluid, gas, glue, lighter fuel)         |
| J | Tranquillisers (e.g. librium, valium)                                      |
|   | Any other ( <i>Please write the name below</i> )                           |

quick to point out that several respondents could know the same 'user', and therefore we should be careful not to misinterpret the data by regarding it as an indication of the number of users. However, it was also pointed out that this information was particularly useful in gauging the level of contact of boys and girls with the presence of illegal drugs. It might in fact be one of the most useful questions if honesty in reporting is a problem.

Table 1. Percentages of boys and girls who believe they know at least one drugs user. (Figures derived from responses to Question 70: 'How many of your friends do you think take any of the drugs listed in Question 67?')

Drug	1st year		2nd year		3rd year		4th year		5th year	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Amphetamines . . . . .	0.3	0.1	0.3	0.1	0.7	0.8	1.3	1.9	3.4	4.4
Barbiturates . . . . .	0.1	0.0	0.4	0.0	0.6	0.1	0.4	0.4	0.8	0.3
Cannabis (leaf) . . . . .	0.4	0.3	1.1	0.5	2.6	2.7	6.0	6.3	8.1	12.3
Cannabis (oil or resin) . . . . .	0.1	0.1	0.2	0.1	1.5	1.1	2.9	2.2	5.6	4.3
Cocaine . . . . .	0.7	0.4	0.7	0.3	2.0	0.6	1.3	1.8	1.6	3.1
Hallucinogens (natural) . . . . .	0.3	0.1	0.2	0.1	1.0	1.4	3.0	3.4	3.2	5.1
Hallucinogens (synthetic) . . . . .	0.3	0.2	0.2	0.0	0.7	0.4	0.8	1.1	1.3	1.7
Heroin . . . . .	1.2	0.4	1.4	0.5	1.6	1.3	1.6	2.3	2.3	3.3
Solvents . . . . .	0.6	1.0	1.4	0.7	2.8	3.1	5.0	5.8	4.8	6.7
Tranquillisers . . . . .	0.1	0.0	0.3	0.0	0.5	0.2	0.6	0.5	0.5	0.8
No. of respondents . . . . .	1483	1253	1611	1551	2284	1864	3116	2831	1059	904

Table 2 displays responses to Question 69 - *Have you ever been offered any of the drugs listed in Question 67?*, while Table 3 displays responses to Question 68 - *Have you ever used any of the above drugs except on a doctor's prescription?* Table 4, which has been created by extracting detail from Tables 2 and 3, contains the data concerned with the drugs which is most frequently reported as a part of their experience, namely cannabis leaf.

Table 2. Percentages of boys and girls reporting that they had been offered drugs as presented in Fig. 1.

Drug	1st year		2nd year		3rd year		4th year		5th year	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Amphetamines . . . . .	0.1	0.1	0.0	0.0	0.5	0.5	1.2	1.2	3.3	3.4
Barbiturates . . . . .	0.0	0.0	0.0	0.1	0.2	0.1	0.3	0.5	0.5	0.8
Cannabis (leaf) . . . . .	0.3	0.2	1.3	0.6	2.2	1.6	4.5	4.6	8.6	8.3
Cannabis (oil or resin) . . . . .	0.4	0.2	0.6	0.1	1.3	0.9	2.4	2.1	4.8	1.7
Cocaine . . . . .	0.5	0.4	0.8	0.5	1.4	0.6	1.1	1.5	2.2	1.8
Hallucinogens (natural) . . . . .	0.1	0.0	0.4	0.0	0.6	0.7	1.5	2.0	1.9	2.4
Hallucinogens (synthetic) . . . . .	0.2	0.1	0.2	0.0	0.5	0.6	0.9	0.6	1.5	1.5
Heroin . . . . .	0.7	0.4	1.4	0.5	1.8	1.3	1.9	2.1	3.4	1.9
Solvents . . . . .	0.6	0.0	0.7	0.5	1.6	2.0	2.7	2.6	2.3	2.7
Tranquillisers . . . . .	0.0	0.0	0.3	0.0	0.2	0.2	0.4	0.5	0.8	0.4
No. of respondents . . . . .	1483	1253	1611	1551	2284	1864	3116	2831	1059	904

Table 3. Percentages of boys and girls reporting that they had used the drugs as presented in Fig. 1.

Drug	1st year		2nd year		3rd year		4th year		5th year	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Amphetamines . . . . .	0.2	0.1	0.1	0.0	0.4	0.1	0.6	0.6	1.2	0.7
Barbiturates . . . . .	0.0	0.0	0.1	0.1	0.4	0.2	0.2	0.3	0.1	0.2
Cannabis (leaf) . . . . .	0.0	0.0	0.3	0.1	0.8	0.8	1.7	1.7	3.9	3.3
Cannabis (oil or resin) . . . . .	0.0	0.0	0.1	0.0	0.5	0.3	1.0	0.9	3.6	1.0
Cocaine . . . . .	0.1	0.1	0.4	0.1	0.4	0.1	0.4	0.3	0.6	0.1
Hallucinogens (natural) . . . . .	0.1	0.0	0.1	0.0	0.4	0.2	1.1	0.5	1.3	0.8
Hallucinogens (synthetic) . . . . .	0.0	0.0	0.0	0.0	0.3	0.1	0.4	0.2	0.6	0.3
Heroin . . . . .	0.1	0.0	0.1	0.1	0.7	0.3	0.4	0.2	0.6	0.0
Solvents . . . . .	0.1	0.1	0.3	0.3	1.1	1.3	1.3	2.1	2.6	2.1
Tranquillisers . . . . .	0.1	0.2	0.2	0.3	0.6	0.5	0.6	1.1	0.3	1.0
No. of respondents . . . . .	1483	1253	1611	1551	2284	1864	3116	2831	1059	904

Table 4. Percentages of boys and girls reporting having been offered, or having used, the drug described as 'cannabis leaf'.

Exposure to cannabis	1st year		2nd year		3rd year		4th year		5th year	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Been offered . . . . .	0.3	0.2	1.3	0.6	2.2	1.6	4.5	4.6	8.6	8.3
Used . . . . .	0.0	0.0	0.3	0.1	0.8	0.8	1.7	1.7	3.9	3.3
No. of respondents . . . . .	1483	1253	1611	1551	2284	1864	3116	2831	1059	904

**Levels of drug use**

The low levels of reported use from these large samples of young people from many different parts of the country were the subject of lengthy debate on different occasions during the conference. Researchers drew attention to the possibility that the results from a few communities with high exposure to illegal drugs could be hidden amongst results from a majority of communities with minimal exposure to drugs.

To illustrate this, Table 5 displays differences between six schools in neighbouring communities in one District Health Authority. The percentages of 5th-year boys and girls (15-16 year-olds) reporting being offered and using the named drugs are shown, and the suggested differences between communities appear to be borne out, with School 4 exhibiting a much higher general level of drug-related behaviour.

**The post-16 group**

Another observation was that while the general level of use by the 11-16 age-range was quite low, it might change dramati-

cally beyond this age. We have tried to address this question, but we have decided not to present data from any surveys we have supported, since whereas in the under-16 surveys all boys and girls in the communities served by the schools are represented, in the post-16 surveys only those remaining in full-time education will normally be included. This precludes an adequate reflection of exposure to drugs in the communities being served by the school or FE college.

However, a general comment on the result of our searches is that the level of exposure of young people in post-16 education is higher than the 15-16 year-old levels portrayed in foregoing tables, and that this level is again higher for males than for females.

**Smoking and cannabis**

Some results presented to a meeting of ASH (Action on Smoking and Health) in April 1988, at the British Medical Association in London, are included here as Table 6. The responses to the question *Have you ever been offered cannabis leaf?* are displayed against the respon-

*Table 5. The Percentage of 5th-year boys and girls in six different suburban schools in one District Health Authority who had been offered drugs.*

Drug	School											
	1		2		3		4		5		6	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Amphetamines	2.0	2.0	2.2	3.9	9.3	7.6	20.9	12.5	12.1	2.7	2.2	8.8
Barbiturates	0.0	2.0	2.2	0.0	1.9	0.0	2.3	5.0	3.4	0.0	0.0	2.9
Cannabis (leaf)	8.0	2.0	6.5	13.7	7.4	3.0	32.6	12.5	13.8	2.7	8.7	8.8
Cannabis (oil or resin)	12.0	2.0	4.3	5.9	7.4	0.0	25.6	7.5	6.9	0.0	17.4	5.9
Cocaine	0.0	4.0	2.2	3.9	1.9	0.0	4.7	0.0	3.4	0.0	4.3	0.0
Hallucinogens (natural)	2.0	0.0	0.0	0.0	1.9	1.5	2.3	2.5	5.2	2.7	2.2	0.0
Hallucinogens (synthetic)	0.0	0.0	0.0	0.0	3.7	0.0	4.7	7.5	5.2	2.7	2.2	0.0
Heroin	2.0	0.0	0.0	3.9	7.4	1.5	0.0	5.0	5.2	0.0	0.0	0.0
Solvents	2.0	4.0	2.2	2.0	3.7	4.5	11.6	10.0	6.9	2.7	4.3	2.9
Tranquillisers	4.0	2.0	4.3	0.0	3.7	0.0	7.0	2.5	0.0	0.0	0.0	0.0
No. of respondents	50	50	46	51	54	66	43	40	58	37	46	34

*Table 6. Exposure to drugs for 4th-year boys and girls according to their 'smoking' status. These respondents stated that they had been offered cannabis in leaf form. (Answers in percentages.)*

'Smoking' status	Boys	Girls
Never started . . . . .	1.8	0.9
Tried just once or twice . . . . .	3.5	1.6
Given up . . . . .	8.9	5.7
Smoke and would like to stop . . . . .	15.8	14.7
Smoke and don't want to stop . . . . .	21.0	24.1
No. of respondents . . . . .	2873	2631

dent's smoking behaviour as indicated by Question 50 of the Health Related Behaviour Questionnaire (see Figure 2).

The data is from 4th-year boys and girls (14-15 years old). The differences in level of exposure to cannabis use across the five 'smoking' categories are clear: a greater percentage of the more positive smokers have been offered cannabis. It should also be noted that, in keeping with the findings of other surveys, there are more girls than boys smoking in this age group.

revising the Version 11D format, they expressed a preference for merging the 'illegal' drugs within the other questionnaire components. A summary of their group deliberation is as follows:

1. The group agreed that having information about the use of drugs was valuable, but were interested in the use of all types of drug, and suggested abandoning the 'legal/illegal' distinction implied in the present questionnaire structure.
2. The more embedded the 'drugs' questions were within the questionnaire, the better.
3. The present large number of drug-related questions gives the topic undue prominence in the questionnaire.
4. Abandoning the checklist would be beneficial.
5. Hostility to 'illegal drugs' questions could prejudice the use of the questionnaire in certain schools.

There is not room within this article to respond to these comments, but with

**Some comments from the Drugs Co-ordinators**

The Drugs Co-ordinators present at the conference were glad to have been able to use Version 11D of the Questionnaire in gaining information on drug use. However, their professional brief was far more than just illegal drugs, encompassing alcohol, tobacco, and prescribed and unprescribed medicines, in addition to 'substance abuse'. During the time they put into

*Fig. 2. One of the 'smoking' questions in the Health Related Behaviour Questionnaire, Version 11D.*

50. <b>Smoking.</b> Which of the following most nearly describes you?		
I have never smoked a cigarette . . . . .	0	Circle ONE number only
I have only ever tried smoking once or twice . .	1	
I used to smoke sometimes, but I don't now . .	2	
I smoke and I would like to give it up . . . . .	3	
I do not want to give up smoking . . . . .	4	

the authority of such a group behind them they are being given serious attention.

### Are we going to lose a national resource?

This particular group of Drugs Advisory Teachers has brought great vigour and purpose to an important aspect of health education and health promotion in schools, sixth-form colleges, and colleges of FE across the country. Therefore, concern must be expressed here that with the anticipated ending of the support funding the level of understanding and expertise that has been developed will be lost, even though the urgency of the problems being tackled will be present this year, next year, and in the foreseeable future. I have yet to meet one of their number who has a continuing appointment in the same post or has found one very similar to it.

During the conference, the group pointed out that Drugs Advisory Teachers have been instrumental in:

1. Bringing health education groups together.
2. Returning health education to the client (i.e., the young person).
3. Building a national team of highly-trained professionals working on a co-operative basis, both nationally and regionally, with a vigour and common philosophy.
4. Stimulating enthusiasm by encouraging an 'open door' approach linked to a high level of creativity.
5. Encouraging a national approach to drugs education within health education.
6. Irrespective of who does the work, the expertise now exists to support it.

The existence of the ESG has already created demands for insights and training in the light of social needs more broadly based than health alone. Is the country, therefore, about to lose a resource developed through the Education Support Grant now that the members of this resource have been trained and equipped?

## YOUNG PEOPLE IN 1986

*A report on 18,002 boys and girls  
between the ages of 11 and 16*

Second printing

*The most comprehensive nationwide study of young people's  
behaviour ever published. — New Home Economics.*

Price £12 from the HEA Schools Health Education Unit  
School of Education, University of Exeter  
Heavitree Road, Exeter EX1 2LU (Tel. 0392 264722)

## YOUNG PEOPLE IN 1986