ABSTRACT

An analysis of drug service provision needs for young people in Ilkeston and Cotmanhay

Linda Rose

The aim of this research is to examine **how the needs of young people in Ilkeston and Cotmanhay can be met regarding drug issues.**

I have used a variety of methodology in order to gain a wide base of quantitative data in the prevalence of drugs in Ilkeston and Cotmanhay, supplemented with qualitative data gained form focus groups. I have also triangulated this information using interview with some professional workers who work with young people who use drugs. I have used a sample of predominantly 14 to 16 year olds in Ilkeston and Cotmanhay in both secondary schools, the special school, and home tuition class totalling 437 questionnaires and 28 participants in focus groups, and therefore have consulted with virtually the whole of this age group in the locality.

I have studied the areas around the use of drugs including the motivations for use and the problems around young people's drug use in order to understand the issues which may need to be tackled by a service. I used case studies in order to encourage young people to think laterally about real issues requiring different responses.

Using contemporary published material and the research findings, I have come to understand the needs of young people to receive specialised young people's services rather than an attachment to adult services. I have discovered that young people consider the staff more important than the place. Young people prefer workers who may have had previously used and had problems with drugs, but more importantly, who understand young people and have their credibility and trust, such as youth workers. The research showed the necessity of the service which is safe, which goes beyond times and place, but includes a venue which does not stigmatise the users. This may be achieved by other services being on offer at the same agency.

An analysis of drug service provision needs for young people in Ilkeston and Cotmanhay

Linda Rose

Dissertation submitted in partial fulfilment for the requirements of MA Community Education

Length: 18,580 words

Faculty of Health and Community Studies
De Montfort University
October, 1998

CONTENTS

CHAPTER 1: INTRODUCTION 7

Aims and Objectives 8

Framework 9

Critical Discussion and Analysis 10

Methodology 10

CHAPTER 2: CRITICAL DISCUSSION OF CONTEMPORARY ISSUES 12

Prevalence, Trends and Normalisation 12

Models of Drug Use 16

Motivations For Use 20

Drug-related Problems 22

Service Provision Guidelines 25

Policing and Policy 28

The Future of Drug Services 31

CHAPTER 3: METHODOLOGY 33

Questionnaires 34

Focus Groups 36

Interviews 41

Summary 42

CHAPTER 4: FINDINGS 44

Questionnaire Findings 44

Drug Prevalence 44

Age of Known Drug-users 47

Concerns about Drug Use 47

Services Currently Used 47

Future Services 48

Focus Group Findings 49

Why do young people take drugs? 49

What problems can there be?....50

What stages might someone go through between their first time taking a drug and having real problems?....52

Case studies 53

What services might be useful to be set up in Ilkeston, and who do you think should staff them? 54

Interview Findings....57

Developing the Findings....59

CHAPTER 5: ANALYSIS AND DISCUSSION.... 60

Prevalence....60

Motivations for Use....62

Drug Related Problems....64

Stages/Models of Drug Use....66

Service Requirements 68

Service Provision....72

Lifestyles Youth Project....74

Summary....76

CHAPTER 6: THE WAY FORWARD.... 77

Improvements and Developments....78

Summary....83

Final Comments....84

APPENDIX A: QUESTIONNAIRE 86

APPENDIX B: FOCUS GROUP BRIEFING SHEET 89

APPENDIX C: PROFESSIONAL INTERVIEW PROMPT SHEET.... 91

APPENDIX D: QUESTIONNAIRE CODING SHEET.... 93

APPENDIX E: RAW DATA FROM QUESTIONNAIRE.... 95

APPENDIX F: RESPONSES TO SECTION OF QUESTIONNAIRE 96

REFERENCES 97

Government Advice/legislation.....98

Research Reports 99

Articles.....100

Acknowledgments

I would like to thank those without whom this would never have been completed. I owe a great debt of thanks to the Lifestyles Youth Project team; Marjolein, Dianne and particularly Jen, who dreamt of ‘1’s and ‘2’s for weeks entering the coded data onto the computer! Without the team support, this research could never have been as far reaching as it has been. Hopefully this research won’t end here, but will be useful for further funding and project development.

Most importantly and personally, I want to thank my family, David, Jason and Elliot, for their patience and support through this painful procedure. I hope they feel it was worth it in the end! I must also mention my debt to God who is my Inspiration and my Guide, and Who keeps me going when all else fails.

CHAPTER 1: INTRODUCTION

Drugs are a very serious problem in the UK. (Tackling Drugs to Build a Better Britain, 1998:4)

The use and misuse of drugs and alcohol by children and adolescents is a matter of increasing concern. (Health Advisory Service (HAS) Report 1996:7)

Thus begin two of the most recent Government guidance documents written on this subject, focusing immediately on the problems or 'threats' that drugs can bring into our society. Drugs have taken centre-stage in today's crusades against youthful 'deviant' behaviour, and are frequently looked at in an emotive fashion. Williamson (1997:1) talks about us living in a 'climate of fear' around drugs, being either scared of being caught, or scared of the drug-users. The approach towards drugs varies widely; some using battle-language talking about the 'war against drugs' (Emmett & Nice, 1996:5) to those who call for a debate around the legalisation of some or all drugs. If adults cannot agree on one universal stance towards this issue, it is no wonder that young people struggle to make sense of it, and learn to come to their own conclusions much to the dismay of the general public.

It is in this context that drugs work has become a major area of development with young people in the UK in recent years. Much funding (albeit mostly short term) has been put into various services for tackling this issue from law enforcement, prison drug testing, youth drugs projects, etc. Jack Cunningham

has made known that there will be some new money to fund appropriate new initiatives (http://www.nds.coi.gov.uk/coi/). The concern is whether any of these new or anticipated services have consulted with young people in order to verify the appropriateness for young people.

Aims and Objectives

As mentioned above, there is little point having a well funded service that is empty because it is providing services which are inappropriate for the local needs, and unsuitable for young people. The aim of this research, therefore, is to examine **how the needs of young people in Ilkeston and Cotmanhay can be met regarding drug issues.** This will be done by exploring the current trends, experiences and practical needs of young drug users in order to discover the kind of service young people in Ilkeston and Cotmanhay perceive needs to be set up for themselves and their friends.

This research is not purely an academic exercise for this dissertation, but is critical for the Lifestyles Youth Project. As leader of this project, which is a drugs information and support project for young people in Ilkeston and Cotmanhay, I am required to carry out research into setting up a service that will further the life of this project. I therefore am fortunate in having the support of the other Lifestyles' staff, and must match the rigours of carrying out workable research while meeting University requirements. While I have my

own opinions based on the experiences of working in this area for the last four years, during this research I have consciously tried to put aside my own thoughts in order to listen as objectively as possible to young people's thoughts and feelings.

The support of my colleagues enables me to undertake more ambitious research than I would otherwise be able to conduct with the knowledge that there is real potential for establishing a service which young people want and need.

Framework

An introduction to the community profile of this area is important in establishing the social context in which young people learn their social mores and develop their identities and self-worth. Using current research from the Erewash Youth Team and from the Erewash Business Partnership who have both independently researched the area, I have discovered that in the Cotmanhay and Ilkeston North area (which are considered areas of high deprivation) 99.1% of the residents are white, with only 0.9% of residents being of any other ethnic origin. Of a total of 9212 residents, there are 1096 young people aged 16 to 25.

Critical Discussion and Analysis

To place the local situation into its national context, I will discuss our findings with those of national studies, or studies carried out elsewhere in the country. I will also study the current thinking on issues around young people's drug taking, which may help us to understand the context in which young people's services will have to work.

The theories, research and responses to drugs are constantly changing, illustrated by the government's need to issue new legislation, and the variety of reports and research constantly being published. I have chosen to use only the most recent literature available and in particular several definitive sources which are guiding the current statutory plans and provision for young people around drugs. These will be referred to in the course of this dissertation particularly in Chapter Two.

Methodology

For this research I have identified a methodology which has a broad quantitative base and is complemented by further in-depth qualitative study. The discussion around methodology will be discussed in Chapter Three and examples of research tools can be found in the appendices. I will use questionnaires in the two main schools in the area, to establish substances taken

and patterns of use. This will be followed by several focus groups consisting of young people in a variety of different settings including those young people who are disaffected by the educational systems and are in a special school or home tuition. I also plan to gauge the views of other adults working with young people who use drugs to establish alternative views to the services needed.

CHAPTER 2: CRITICAL DISCUSSION OF CONTEMPORARY ISSUES

The identification of current issues and trends in drug use is crucial to discover the services required by young people. Using the most contemporary research and policies available, I will critically analyse the areas of this research in order to make comparisons and challenge or verify the findings.

Prevalence, Trends and Normalisation

> *"Drugs play an important part in the lives of every one of us. Drug taking is an almost universal phenomenon, and in the statistical sense of the term it is the person who does not take drugs who is abnormal" (Gossop, 1996:1)*

Plant & Plant (1992) agree with this statement, saying that even back in the early 1990s "*Illicit drug use is now a commonplace phenomenon amongst young people in Britain*" (p. 48). Statistically the information around drug use has been compared to a jigsaw with some pieces missing (Baker, 1997:7-8), particularly now that the Home Office's National Register of Addicts has been closed since 1996. However, in terms of young people's use the picture will always be patchy as some surveys have been carried out in particular areas, but the problem is so well integrated in people's lives that figures are hard to come by. Baker & Marsden, writing for ISDD (1995) claim that valid interpretations can still be made despite the 'blind spots' in the statistics.

The Institute for the Study of Drug Dependency (ISDD) collects the most highly regarded set of national statistics, updating them every two years. In their Summary of Findings they state:

- over one in four people of the general population (around 10 million) will have used drugs at some point in their lives; 5% (2 million) in the last month.
- over half of all young people aged 16-25 says they have taken drugs (3.5 million) and a third of these continued to use.
- among 12 year old school children one in twelve will have taken drugs, and for 14 year olds this rises to one in three. By 16, two in five will have taken a drug.
- only 11% of Indian people surveyed had ever taken drugs compared with 29% of white and African-Caribbean people; but of 16-29 year-olds, 34% of African-Caribbean had ever used drugs compared with 43% of white young people - *"hopefully scotching the myth once and for all that 'all blacks are drug users'"* (Baker, 1997:36)

Merchant and MacDonald's small scale research into ecstasy use in the North-east found that,

> *'the drug seems to be enjoyed by a large number of increasingly younger people. Nationwide it is estimated that hundreds of thousands, if not millions of young people use the drug.'* (Merchant and MacDonald, 1994:28)

However, the Home Office funded reports still try to deny the overwhelming evidence that drug use is normalised among young people. The Youth Awareness Project (YAP) evaluation consistently argues that prevalence does not mean acceptance, and that the contact with drugs may include very negative aspects which can deter drug use (Shiner and Newburn, 1996:71). Balding's studies of school children (Balding, 1998) do, however, show the process of introduction to drug use as pupils grow older suggesting that the awareness of drugs does become an important influence in the choice to use them. Even the HAS report (1995) considers that *"so many young people use or experiment with alcohol and illicit drugs that this behaviour cannot be justifiably described as abnormal"* (p.25). Various other research shows that drugs are considered by young people to be purely one part of their lives, equivalent to many other areas of leisure and work activities (Hirst & McCarmley-Finney 1994; and Parker et al. 1995 among others), and in this way I would argue that drugs have been normalised among young people. They are no longer a 'big deal' to young people, whatever their own choices may be. Parker (1995) states that *"the availability of drugs is a normal part of the leisure-pleasure landscape"* (p.25). This is the crucial difference with the view adults take of drug use where drugs can be seen as a nightmare situation (Dorn et al. 1994).

Whatever the conclusions of the normalisation debate, it is clear from all the recent surveys that the prevalence of drugs is on the increase. In every survey that I have read, and in my own experience talking with groups in my detached

and school work, young people - both users and non-users - consider drugs easily accessible, and know where to get them from.

Another trend of the 1990s to emerge is poly-drug use. While adults and professional are usually concerned with one particular drug at a time, young people rarely take a single drug. Most drugs are mixed with alcohol, but there has emerged from the rave culture a cocktail of stimulants for the dance scene followed by depressants in order to sleep afterwards. My own experience working in the nightclub scene with harm-minimisation approaches was of many young people who would take a variety of drugs in one evening. The contra-indication effects of these were not considered, although Merchant and MacDonald (1994) consider that *"as drugs are 'stacked' together in a 'cocktail' the risks of physical and psychological harm are dramatically increased"* (p.26). The implications for services which often cater only for certain substances is enormous, and we bear this in mind when looking into the service needs of young people using drugs.

New research and experience working in this field and networking with other drug agencies both local and national, shed light on evidence that the 'post-heroin generation', as one article called today's young people, is actually becoming the heroin generation again. In its usual emotive style the newsletter of the Local Government Drugs Forum, *Drugs Forum Focus*, used the headline *'Heroin comeback hits the young'* in summer 1997, which compares with the

more balanced consideration of Druglink editor, Harry Shapiro (Druglink Vol. 11, Issue 3 1996:8) showing how long this 'new' drug has been on the rise. This is very concerning for all who have seen the heroin smoker of the seventies become the injecting user of the eighties and nineties. There is an estimation among drug agencies that in ten years time we will see a real problem with injecting users when it becomes too expensive to smoke the quantity of heroin needed at that time to maintain stability. If this is truly the case we have a decade to consider real responses to an impending crisis.

Models of Drug Use

There is much talked about the modern drug culture among young people as if this is a homogenic group with distinct characteristics. I tend to agree with Perri 6 et al. (1997) when they claim that:

> *"There is no such thing as a 'drug culture', nor even 'drug cultures'. Rather drugs play different roles in different youth cultures and sub-cultures."* (Perri 6 et al. 1997:7)

As mentioned above, the attitude towards drugs varies completely on which stance one takes, the extreme view of sinister, evil drugs corrupting our society and demonising young people is predominantly the view of the police. It is interesting that out of the variety of views on how to tackle drugs, the new UK Anti-Drugs Coordinator, or 'Drugs Czar' Keith Hellawell, has been chosen from a police background. It is ironic that a police chief who was seen to

advocate the legalisation of cannabis is now radically opposed to it, although he considers himself to have been misrepresented over the issue. (Druglink, 1998)

The internationally acclaimed educator Julian Cohen uses a useful model to describe the theories of drug use (Cohen et al. 1992), getting away from the traditional idea of the ‘slippery slope’ (discussed also by MacFarlane, 1996) where it was believed drug users automatically moved on to the ‘harder’ drugs seeking a more vivid experience. He explains the three stages of experimental use, recreational use, and dependent use, which is now a widely recognised model, and which assumes that people may remain in any one of these stages without progressing further.

There is also movement between these stages so that a recreational user who experiences problems in their life may become temporarily dependent on a substance, but when their life regains a balance they control their use and either stop or return to being recreational users - using only in specific settings and times. Most authors and drug specialists acknowledge that there is no assumption that young people will have problems because of their drug use (Gossop, 1996:13; Cohen, 1992; Plant and Plant, 1992; MacFarlane et al. 1996:9; Shapiro, 1995:7 among many others). The HAS report (1995) describes the other impacts on a young person’s life which can influence the potential problems, and the current discussion around disaffected young

people, particularly those out of ‘care’ recognises that it is the circumstances in a young person’s life rather than the substance itself which can cause problematic and dependent drug use. This is supported by Robin Burgess, the Chief Executive for the Council on Addiction in Northamptonshire, who is concerned with the issues surrounding the drug use as much as the pharmacology of the drug itself, saying:

> *“this is as true of cannabis and ecstasy as it is of crack and heroin: the personality and environmental state of the user matter just as much as the toxicology of the drug.”* (Druglink 11:2, 1996:15).

Burgess reasons that this is enough to promote the ‘say no’ campaign message as no-one can assume safety from the problems of drug use.

In addition to the normalisation theory, much thought has recently been given to the conflict in society’s messages for the young around drug use, where alcohol-induced accidents make up a far higher proportion of premature deaths. Tyler (1995) expresses our “bifocal attitude” perfectly, saying:

> *“here is a drug which can floor a full-grown man within half an hour; induces addiction, violence, disease, and suicide; exacerbates an already desperate homelessness situation; and yet is freely available, freely advertised and dressed up not as a ‘hard’ drug but as a happy social lubricant”* (Tyler, 1995:35)

For young people, the contradiction in adult attitudes to this potentially dangerous drug is baffling when they are deciding how to treat illegal drugs. Many will have personal experience of adults - frequently men - returning from

a drunken night out to inflict emotional and physical damage on to his family. This was a prime argument for ecstasy users who we spoke to in some Derby nightclubs where there had become a small but distinct anti-alcohol culture. Ecstasy was seen as a truly social drug, creating happy, social harmony as the serotonin was released in the brain, while many refused to partake of the aggression-inducing drug - alcohol. Gossop (1996) talks in-depth of the prescribing of tranquilisers to women as a major contradiction to how society expresses its fears of overindulgent drug use. Again, when so many people are being prescribed drugs for anxiety or stress relief, is it any wonder that young people self-prescribe drugs they consider appropriate for their own needs.

When the newspapers talk of drugs problems they are not talking of women struggling to get off drugs which they have been using for twenty years; and the Social Services 'at-risk' registers are not full of mothers using prescribed valium, but other less addictive drugs of their choice (ed. Butcher, 1997:50; and Parker, 1995:5). Indeed, many authors look at the contradictions in our society around drug taking, and Dean (1997) points out the crucial influences of the "*tradition of intoxication within the parent community*" (p. xiv) which is seen clearly in Ilkeston where the police are trying a new zero-tolerance approach on young people with alcohol, despite the fact that Ilkeston has historically had a very high alcohol intake. Tyler (1995) and Gossop (1996) consider the paradox of the stigma of illegal drug use as opposed to social approval of prescribed tranquilisers, or other legally given chemicals.

Parker (1995) studies the consumer choices young people make with drugs similar to other financial considerations they might make. This is no longer the shady dealing of the stereotypes, but consumer marketing through music, fashion, language and magazines. Parker describes young people's drug use as:

'a form of consumption, a choice in self-medication, based on a cost-benefit analysis of what the pleasure market and indeed the pain control market can offer.' (p.24)

I conclude, therefore, that the recent theories of drug use take on board that young people have their own thoughts and realisations about modern society, are not generally coerced into drug use by burly friends, but make their own intelligent and well considered consumer choices. The law may be preventative, but to many is only another adult oppression of youth culture, and therefore worth rebelling against.

Motivations For Use

How young people see drugs and their motivation for taking them is crucial in determining appropriate responses and services. If one perceives that boredom and lack of excitement is the reason, then one looks to provide diversionary activities. If one sees it as not realising the full extent of the dangers, then information is crucial. If it is due to peer pressure, then lifeskills training on 'how to say no' is important. All of the above have been considered in the past,

but now the research suggests that these alone are flawed. Plant and Plant (1992) look at the risk-taking choices of young people, which moves against the assumption that if young people know the dangers they will not take drugs. Young people actively seek out exciting activities, and our society exploits this search with the new rides at theme parks designed to thrill and be death-defying. Plant and Plant state that *"there is nothing inherently 'deviant' or 'abnormal' in the use of psychoactive drugs. Most people do use such substances."* (1992:113) They quote M.S. Jack (from the Journal of Paedriactic Nursing 4:1989) as saying that:

> *"' risk-taking and experimentation during adolescence are considered normal behaviour because they help adolescents achieve independence, identity and maturity.'"* (p.115).

This, I feel, is a common misconception by adults around drugs, and illustrates why so much money spent on advertising purely the dangers relating to drugs is wasted. It was acknowledged that the very dangers around solvents was one of the attractions of sniffing gas, and a decision by the British Aerosol Manufacturer's Association not to advertise the dangers on the bottles and cans was directly due to the concern it would act as an invitation for abuse as it was seen to be in the States (Cameron, 1988:23).

Emmett and Nice (1996) admit that *"drugs today are not so much pushed as pulled"* (p. 9) challenging the assumption that peer pressure plays a large role in the lives of drug users. Shiner and Newburn (1996) came to the conclusion

that peer selection - that of people congregating with like-minded people who are likely to make choices we approve of, rather than peer pressure to try drugs - was far more apparent. Dean (1997:xiv) considers that drug taking is a complicated mix of personality, community and peer group issues. Plant and Plant (1992) and Plant (from Shapiro, 1995:22) use categories for basically the same theories of motivation, including the environmental, individual and constitutional/biological factors which they break down into a comprehensive list of issues to explain the reasons why some people more easily become problem users than others.

The issues around both motivations of use and what constitutes problem use are both crucial in identifying services required for young people. When drugs are seen to be evil and corrupting then law enforcement seems more attractive; but when seen in the light of a majority issue which people have experimented with for millennia, and will continue to do so with very few real problems, then heavy prohibition seems unnecessary. After all, the most prohibitive stage of recent western history - the 1920's United States produced some of the most crime-ridden Mafia controlled terrorism the States has ever known.

Drug-related Problems

There is no doubt that while many young people continue into stable, independent lives, there are some who develop problems with drugs or drug

related issues. These problems have implications for what kinds of service young people may require in the future. In their study of ecstasy, Merchant and MacDonald (1994) agree with previous research findings that *"young people 'tend to dismiss any possible health risks because they bounce back so quickly and without apparent ill-effects'"*(p.26). This I have seen several times when, shortly after incidents requiring ambulances, I have met these young people embarking on the same activities.

The differences between short-term and long-term problems is one highlighted by Merchant and MacDonald in their research as young people cannot consider long-term issues as a cause for concern, and short-term consequences hold no fear. Health problems relating to young people are concerning through lack of research and real evidence. The information is patchy and, I believe, often politically motivated, such as the coverage of Leah Bett's death in 1995. The truth about her death did not leak out until much later after the press had fully blamed adulterants in the tablet. It was later to be discovered that it was lack of information around correct fluid levels which caused her to water-intoxicate and drown herself. Various conflicting programmes on television within the last two years have shown very one-sided arguments around cannabis, one citing the dangers and the argument that cannabis is far more carcinogenic than tobacco, while the other states that cannabis is almost without health risks and should be considered for legalisation. The truth as far as I can establish through the New Scientist report (N.S. No. 2122, 1998) is somewhere in between.

However, I believe there is a political intention to suppress any reports that do not exaggerate the dangers of drugs, as society fears encouraging young people to use more. Paradoxically, the film *Trainspotting* looked very honestly at the pros and cons of using heroin, with many of the unflattering aspects made clear, and yet the rise in heroin use since this film's release cannot be entirely unconnected.

There are, though, undeniable problems and risks associated with using legal or illegal drugs. Plant and Plant (1992) while warning us against using the stereotypes of 'junkies' or 'winos', do show their concern over various health and personal problems relating to drugs and alcohol, especially violence, both street and domestic, in addition to risky sexual behaviour. The concerns over unprotected sex, with subsequent spread of disease and/or pregnancy are well-founded as many of the illicit drugs enhance sexual behaviour and depress inhibitions. The HAS Report (1996) raises concerns over a number of general health issues relating to young people, including the suicide rate, mental health connections, behaviour disorders, nutrition, criminal and 'other delinquent behaviour', among others (p.25). The drug related concerns include accidents due to intoxication, mental health problems or disorders, crime and a high cost to the community, both financial and emotional.

There is conflicting evidence regarding young people's concerns over the problems of using drugs. Several authors write about the refusal to consider

negative effects, (e.g. Hirst & McCamley-Finney 1994:39), whereas Perri 6 (1997) discovered that 22 out of 34 recreational users put health risks either first or second out of ten possible worries. Perri 6 states that:

"despite expressing somewhat greater willingness to take some risks, both problem users and recreational users had personal concerns about drug taking, pre-eminent amongst which were health risks." (Perri 6 et al. 1997:30)

Service Provision Guidelines

The HAS report (HMSO, 1996) provides useful guidelines for the services which it believes should be set up for young people and makes recommendations about the settings and staffing requirements. This document is now established as the force majeur in service provision for young people around substance misuse, and any subsequent writings have taken the ideas presented therein as fact. The new provisions being currently set up in response to the new government guidelines must measure themselves against HAS report principles, in order to check good practice.

HAS has eight 'principles of good practice in the provision of intervention and treatment services for children and adolescents' (HMSO, 1996:156-7) which are further broken down into a check-list of twenty-eight challenging questions. These include issues over accessibility such as opening hours, transportation and publicity, in addition to questions about literacy and translation. HAS looks at the appropriateness of the provision to the age and maturity of the clients,

and checks that the service operates 'within the spirit and intentions of the law' recommending that staff have access to legal advice and that complaints procedures and case notes are available. The appropriateness of staff is raised, ensuring that staff are relevant to the client group of young people in experience, knowledge and ethnic or cultural background with access to regular, quality supervision.

HAS is concerned with written procedures for assessments and Child Protection to ensure that services are well equipped to deal with issues that arise, and require that collaboration and consultation with the young people involved so they can be part of the decision making processes that direct their lives. HAS believes that co-ordination among different agencies is crucial, particularly for complex cases which may need strategies to ensure multi-agency working is successful. Finally, HAS challenges the agencies to evaluate their services for young people to ensure a high standard of quality, and that it is effective in reaching its target population and meeting their needs.

According to The Standing Conference on Drug Abuse (SCODA) in its report *"Drug-related Early Interventions"* the crucial aspects needed in setting up young people's services in this area are "*the three C's*" which it quotes from the HAS report as "*child-centred; comprehensive; and competent*" (Owolade & Dale-Perera 1997:13) If these are met while being clear about their legal requirements, and maintaining the child's best interests then any agency will be

following good practice. SCODA goes on to explain its 'critical success factors' which include carrying out a needs assessment before developing a drugs service in order to set up a needed, responsive service that is more likely to be well used. SCODA continues the theme of staff and setting in order to maintain quality provision with appropriate staff who *'reflect the gender, ethnicity and locality of the targeted young people and parents.*' (p. 15) and which uses existing services where appropriate, including youth settings. Youth services should never simply be incorporated into existing adult services. Inter-agency work and the aim of using measurable *'explicit targets'* (p. 14) are the policies of the nineties and are now standard requirement in any external funding.

The aim of services is explained in SCODA's other recent publication for managers of services, "Enhancing Drug Services" (Child & Dale-Perera 1997), which studies the service requirements for all drug services in addition to particular issues around services for young people and children. The above issues are noted, specifically mentioning appropriate service for age and maturity - which connects by implication to the Gillick ruling - and states that the aims of a young people's service should include reducing the number of young drug misusers; giving the skills to say no to drugs; minimising the risks; providing accurate information and identifying support networks for young people (SCODA 1997b:26).

The quantity of new literature around service provision for young people is helpful in establishing good practice, but the supposed aims of these services may be controversial in the light of SCODA's new guidelines. Certainly I do not feel that it is appropriate any more purely to teach young people the skills to say no. This attitude has misunderstood all of the current research which indicates young people do not want to say no, but will frequently choose to take drugs. The issue for those of us working in these services now is that it will be harder to justify any work which does not comply with published national guidelines.

Policing and Policy

Leitner et al. (1993) speak about the need for policy to satisfy both public requirements and those for which it is designed to help (p.3). I find this a distressing concept which forces policy makers to respond to public prejudice rather than professional opinion. The zero-tolerance view comes from this public fear of young people gathered on the street, and frequent local policing policies are responsive to calls from the public voicing groundless fears fired by emotive, prejudiced articles in national and local media.

There are many ways to 'tackle drugs together in Britain' and the numerous government departments all have their own responses. These responses for those working across the board and not simply in law, or education or health,

are very confusing and do not dovetail comfortably together. The four-pronged attack in the new legislation aims:

- to help young people resist drug misuse
- to protect our communities
- to enable people with drug problems to overcome them
- to stifle the availability of illegal drugs

(HMSO 1998)

The indication is that harm-minimisation is now off the agenda - an issue which will concern many educationalists and researchers who understand the realism of harm reduction as opposed to drug resistance. Only those who have understood the modern theories of drug use, the normalisation and the issues around peer selection and different drug choices will realise that to prevent drug use will not work but only aggravate those choosing to use drugs, and those trying to work sensibly with them. The legislation is too recent to receive much written response, but the previous writings of many authors such as Cohen - a staunch advocate of the harm minimisation approach who has frequently written against the naiveté of 'just say no' and police campaigns such as DARE (Drugs and Resistance Education) give us a clue as to their potential response. Plant and Plant (1992) suggest that

> *"there is scant evidence that it is possible to prevent young people misusing alcohol, using illicit drugs or engaging in unprotected sex... There are some people who, for many different complex and powerful reasons, will continue to inject drugs or to engage in high levels of sexual activity. This obvious fact has prompted many concerned with*

> *these health issues to adopt strategies designed to minimize the harm associated with both drug use and sexual activity."* (p.131)

Unfortunately, the new policies do not accept that the above is obvious, and aim to move away from the more effective campaigns of minimizing harmful behaviour in order to focus on 'saying no'. Plant and Plant go on to argue that harm minimisation does not assume the condoning or encouragement of any activity, and that it is 'a good beginning' which could eventually work towards stopping drug use (p.134).

The new Home Office legislation compounds this problem, adding to the tough aspect of law enforcement by limiting cautions to one only before court proceeding must be used (Miller, 1998). The education guidelines state that drug education should be taught from an early age, the implication being to stop people using drugs at a later stage (HMSO 1998). The treatment side of issues has been covered clearly between the HAS report (1996) guidelines and the new white paper *'Tackling Drugs to Build a Better Britain'* (1998) which clearly expects the co-operation of all agencies working in this field, and demands the joint partnership under the strict guidance of the local DAT (Drugs Action Teams). This is currently being organised in Derbyshire, for whom I sit on a working party to look at responses to drug use by young people.

The Future of Drug Services

Drug services in the future will be faced with increasing numbers of young people using drugs, many of whom will consider that they do not have a problem. Young people are using many different types of drugs in many forms. Those working in prevention must understand that peer pressure should not be focused on exclusively, and that it is not realistic to teach about the risks and dangers expecting young people to take informed choices not to take drugs. Many will make an informed choice to take drugs.

The increase of new drugs coming into the market such as re-emergence of heroin as 'brown' are concerning for agencies awaiting an influx (and some already dealing with) an influx of young heroin users who request help and support coming off. There are virtually no residential detoxification or rehabilitation services for young people around the country, and housing services rarely support the needs for those coming off drugs to change housing in order to maintain a drug-free lifestyle.

In the light of the potential further funding announced recently by Jack Cunningham and the issues discussed above, this research is even more crucial in order to examine **how the needs of young people in Ilkeston and Cotmanhay can be met regarding drug issues**.

This will be done through identifying the prevalence of drugs in Ilkeston and Cotmanhay, studying young people's perceptions of why drugs are used and what problems can be experienced with drug use and, most importantly, what issues young people identify would be important in setting up an appropriate service.

CHAPTER 3: METHODOLOGY

I considered appropriate methodology for this research project very carefully, being mindful of the double needs of workplace and university. I have always had a clear picture of what was needed for this research to be viable and felt that a range of research methods would be helpful. While I used the skills and experience gained through my reading and involvement in De Montfort University to plan and lead the research, my colleagues worked with me to design appropriate materials and to administer the research.

In order to show the perceived needs of young people, I felt that it was important to establish a broad picture of the prevalence of drugs around the area. This is particularly important in deciding relevant services, as different drugs require very different responses, particularly between opiate substances which may require prescribing alternatives, to stimulant drugs which require other services. Following much discussion with my tutor, I kept to my original plan of using standardised questionnaires for a quantitative baseline picture. Subsequently, I wanted to look more into depth with young people who felt able to talk about their own or other's drug use and possible service requirements. I felt that focus groups would achieve this aim most effectively, because of the flexibility which would enable us to develop and follow-up interesting or unclear ideas.

I also felt it would be useful to compare the young people's perceptions of the prevalence of drugs with that of adults working in this area. I believe that the attitudes and beliefs of workers affect the experiences of young people, and I wanted to triangulate the research between young people's perceptions and adults perceptions of some of the same issues. In order to do this, the team (myself and two colleagues) planned interviews with a selected group of agencies who may be involved with young people and drugs, including police, social services and youth justice.

Questionnaires

Sarantakos (1993) discusses the advantages and limitations of using this *"popular"* research method. The main attractions of using questionnaires are the convenience of administration; the "*greater assurance of annonymity*"; the avoidance of the administrator biasing the results; and greater uniformity in and speed of results.

The limitations of this method which create the need for alternative methodologies in order to triangulate results are that the questions cannot be clarified or understanding verified; participants can opt out without the administrator being able to motivate participation; if left unsupervised, it is not guaranteed that the questionnaire is filled in appropriately by the right person (Sarantakos, 1993:159).

Oppenheim states that piloting is well worth the time and effort to reduce the discovery that *"a great deal of time and effort has been wasted on unintelligible questions producing unquantifiable responses and uninterpretable results"* (1992: 64). We, therefore, piloted the questionnaire in one class of Year 11 pupils and subsequently made a number of changes to the phrasing of the questions. Although Oppenheim recommends that experts should not be used as short-cuts (1992:62) we felt it was helpful to use current good practice in drugs surveys, and consulted with the educationalist and author, Julian Cohen. As a result we made changes to the structure of the questionnaire to include direct questioning in order to establish more accurate data. A copy of the final questionnaire can be found in Appendix A.

Confidentiality was a critical issue to address, as the honesty of the answers would be crucial to the validity of the research. In order to address this we took an assembly at each school, explaining both our project and the aims and processes of the research. We also provided envelopes for the questionnaires, in order to reassure the participants that the school would not see their responses. We also aimed to administer every questionnaire ourselves, although in the event this was not universally possible. The few exceptions to this showed a marked lack of trust, and in our attempt to target the 6th form of one school, only available through a teacher, only eight from around 35 questionnaires came back.

In total we administered 437 questionnaires to years 10 and 11 in the two comprehensive schools, the special school for learning and behavioural problems, and some home-tutor groups for disaffected young people. We approached Social Services Care Homes and were told that there was little interest, but actually worked with the same young people in other venues.

Focus Groups

I chose this method as it seemed to offer the most appropriate qualitative information in order to gain further insight into some of the more complex issues which could not be discovered accurately in the questionnaires. As Krueger states, this method is *'unique from ...other procedures; it allows for group interaction and greater insight into why certain opinions are held'* (1994: 3).

The positives of using this method are to enable us to gain the benefits from group interaction, which often stimulates people to further thoughts than they would have by themselves. We can gain an insight into their opinions, and the complexity of this in different situations, as people rarely have cut-and-dried feelings on every issue. As we were facilitating the group we can check understanding and ensure that we gain the information we needed. The study of body language and facial expression is difficult to record, but adds to the

impression of the statements given and provides a more in-depth, complex response than simply ‘yes’ or ‘no’. If an interesting point was raised we have the freedom to follow this up with further questions to ensure that we have fully understood the point being made. This ability to gain quality information in an accessible context was very attractive.

On the negative side, we needed to select groups which therefore raised concerns about gaining a representative sample. Friendship groups can often mean like-minded thinking which may restrict our research. We needed to ensure that we compiled the answers as faithfully as possible in order not to put a subjective slant on the information gained. It was crucial to have two administrators, one to observe and record, and the other to facilitate, thus being more time-consuming and costly to the project than some other methods. The facilitation of a focus group is crucial, as the recruitment, venue, time and administration are all important in creating a positive (or negative) atmosphere of trust and comfort.

We planned the focus group structure as a team of workers, but travelled up to Leeds for a day with the Research and Service Development Centre (RSDC) who run many social action research projects similar to the one we were attempting, and consulted them on our work. We made many changes in the light of what they had said, including changing the structure of some of the questions to use more user-friendly language, and to ask more open questions

instead of giving initial information and asking for responses. We finalised a plan of a 75 minutes session ready to use in the groups, which can be found in Appendix B.

We aimed to provide as comfortable setting as possible, as Krueger (1994) explained the value of the setting in order to establish positive dynamics. As Krueger suggests we planned to use one facilitator to observe and take comprehensive notes, introducing themselves and pre-written ground-rules, while the other facilitator, which was myself, would lead the discussion, making fewer but more public notes. We felt the rules were necessary to stop the session getting out of control, and included positive rules such as “your views are important” as well as “only one person talking at a time”, which we explained was for us to be able to take notes easily. I would introduce pre-arranged questions which led from general drugs issues through to more in-depth issues. This process was less intimidating than launching straight into difficult issues.

We began by asking what the positives are about drugs, in order to encourage the young people to relax and to value their point of view, rather than to seem as if we condemned their view of drug-taking, by focusing on the bad effects. Their comments were written on large flip-charts, as we felt it was positive for them to be able to see their own words written down accurately in front of them. On several occasions we read back to them the notes taken by the

observer, for them to agree with. This was not always possible due to time-restrictions, but felt good practice when it was done. This was appreciated by the young people as they saw that we had taken great pains to represent them faithfully. We had also purchased a conference dictaphone, but this was never used as the young people felt uncomfortable with the idea of their voices on tape.

We aimed to use groups from a variety of settings, with a particular aim to work with young people in touch in some way with drug use. To use young people with no direct experience of drug use would not help with establishing realistic service needs for young people. We could only use our own experience of particular young people from our detached group who we knew were using drugs and knew that the other groups were probably not the most ideal young people to research. However, time and means were limited and by targeting a wide variety of venues we aimed to at least have a cross-section of different groups of young people.

As we were limited in ways to recruit groups, we had to rely on ready-made groups in different settings. Therefore, the first group was from one of the schools, primarily recruited by myself during teaching sessions. After discussion with RSDC, we kept to our original plan of bringing in a McDonalds' lunch for participants, to compensate for the loss of their lunch-time. We considered other times to hold the sessions, but felt that many

students would not stay at the end of a school day and additionally the issue of parental consent would arise, which would be covered during school hours by the school's role of 'parental responsibility'.

This first group was the most successful of all of the groups in terms of numbers and enthusiasm. The young people who had been recruited without their knowledge were extremely positive about the session, and all of the young people asked afterwards if there was to be another session as they had enjoyed it so much. We did establish that it was not only the McDonalds that made it so enjoyable. The young people were more in touch with drug use, especially those cleverly selected by the teacher. This meant that the information was more valuable and useful for our research.

Other groups included two different age groups from the local youth club; one from the home-tuition group; and one from the special school.

We noticed the difference in the recruitment method and the knock-on effect with the level of trust, particularly in the last group. This was all of years 9 and 10 (eight pupils) from the special school, which had been arranged by the Head teacher, who was keen to be involved. When we turned up, she realised that she had forgotten to talk to the class teacher - and therefore also omitted to talk to the class. While the teachers were extremely happy about having free time to write reports, and left quickly, we spent over half of the session reassuring the

young people that we could be trusted. We rushed through the session, but near the end one young man wanted us to slow down so that they could continue with us instead of returning to their lessons.

However, even with the difficulties that we encountered we felt this was extremely positive research methodology. A rewarding part of this research experience was to see young people previously used to being treated as an empty vessel, now feeling empowered by having their opinion actively sought. In the home tuition group it was a joy to see such disaffected young people realise how much work they had done in one hour, looking at five flip-chart papers completely packed with their own words and many sheets of A4 also covered with notes taken from what they said. Their pride was also ours, as we celebrated the wonderful sense of achievement in the group. The concern for us was how to collate the responses and to draw out accurate and relevant information from the quantity of notes taken. This was resolved by writing out all of the comments on flip-chart and studying them for themes or contradictions, which can be seen in the following chapter.

Interviews

While the most crucial part of the research was to reap young people's views about services, we felt it would be useful to triangulate this information with the view of professionals working in this area. We believe that young people

would be strongly affected by the views adults held, and therefore if we found the opinions incompatible with evidence we had discovered this would show the extent of difficulty we would face in trying to set up a service.

Interviews were chosen for this purpose as I wanted to use as little of the participants' time as possible and agree with Oppenheim's suggestion that I would be more able to motivate positive responses through direct contact than through postal questionnaires (1992:82). I did not want to be overwhelmed with information, so targeted a few key people who I felt would have something useful to say. The criteria for selection was that the participants should be currently working in an area where they frequently come across young people with drug issues. The interview was piloted with the Social Service's Young Person's Substance Misuse Officer, who considered that no changes were necessary.

The interviews were also carried out with a Community Policeman, Youth Justice Officer, and a Youth Worker by telephone or face-to-face and a sample of the interview prompts can be found in Appendix C.

Summary

The methodology was designed to gain a broad base of information through using questionnaires to a large number of young people, and then to follow this

up with in-depth focus groups targeted at a wide variety of groups in order to gain further insight into selected issues. I compared the young people's perceptions of what was needed with those of a few select people working in the area in order to triangulate the information.

The methodology we undertook proved satisfactory, and on reflection there are only a few issues that could have been improved as part of the research, such as the sections in the questionnaires, for example, the administration of the questionnaires by teachers on a couple of occasions, and the lack of introduction and explanation with the special school focus group. I am pleased with the methods used and the results that we achieved. I believe they were appropriate methods for our purpose and yielded reasonably accurate results.

CHAPTER 4: FINDINGS

As was to be expected the hard data from the questionnaires was easily collated, while the soft, qualitative data from the focus groups and the interviews was much harder to draw out and summarise. The quantitative data is additionally much easier to present, and using a table to illustrate the proliferation of varying drugs enables us to quickly identify the levels of drug use and availability (see Table 1).

Questionnaire Findings

Having had 437 questionnaires returned from the four separate sources, we decided that we would not separate these but would consider all the responses together mainly through concerns around exposing certain identifiable groups of young people. We have, however, coded these sources separately in the event of requiring comparisons between areas in the future. We believe that we have achieved contact with the vast majority of young people aged 14 to 16 in the Ilkeston area which adds credence to the study. The results of the drug profile from the questionnaires can be found in Table 1 on page 48.

Drug Prevalence

We concede that the margin of error must be upwards of 4%, as this percentage of young people marked that someone they knew took our bluff substance

petragamal. Conversely, only 76% and 77% admitted knowing someone smoking cigarettes or using alcohol, which also raises the question of the validity of responses.

It may be of no surprise that cannabis comes closely behind alcohol and cigarette use, although according to this study, there are only eighteen more people using alcohol than cannabis. Having realised too late that we had omitted crack and cocaine from the list, we cannot make full comparisons with these substances, except to say that the full range of drugs are freely available in the Ilkeston area, and almost one half of this age bracket admits to having been offered an illegal drug, with over a third having taken one. With the exception of alcohol and cannabis, the majority of drugs used by young people are stimulant drugs, with tranquilisers being least within their experience. This may be surprising if young people are including their families in this, as the prescription of tranquilisers is quite common, but the possible perception of a drugs questionnaire only looking at illegal substances may explain both the small amount of reported tranquiliser use, and the relatively low statistics for alcohol and cigarettes.

The high quantity of Nitrites, or Liquid Gold (L.G.), reported is interesting but, as during our drugs education work this substance is frequently mentioned, we were not surprised that it is the fourth most common substance to be used. It is surprising that solvents are admitted to less than L.G., and I personally believe

that there is more solvent use, but it is more socially acceptable for this age group to admit to other drug use and hence the lower figures.

Table 1: Patterns of drug prevalence among predominantly 14-16 year old young people in Ilkeston and Cotmanhay.

	Number (%) Of Respondents Ever Offered This Drug	Number (%) Of Respondents Ever Taken This Drug	Number (%) Of Respondents Who Know Someone Who Is Using Or Has Ever Used This Drug
Alcohol	308 (70%)	409 (94%)	335 (77%)
Amphetamine (Speed, Whiz)	61 (14%)	44 (10%)	129 (30%)
Cannabis (Draw)	200 (46%)	150 (34%)	318 (73%)
Cigarettes	300 (69%)	272 (62%)	334 (76%)
Ecstasy	34 (8%)	19 (4%)	128 (29%)
Heroin (Gear, Brown)	22 (5%)	13 (3%)	81 (19%)
L.S.D. (Acid)	56 (13%)	28 (6%)	141 (32%)
Magic Mushrooms	52 (12%)	22 (5%)	120 (27%)
Petragamal	11 (3%)	6 (1%)	18 (4%)
Poppers (Liquid Gold)	112 (26%)	89 (20%)	152 (35%)
Solvents (Glue, Gas)	126 (29%)	88 (20%)	206 (47%)
Steroids	28 (6%)	13 (3%)	130 (30%)
Tranquilisers (Valium, Tamazepam)	21 (5%)	12 (3%)	56 (13%)

Figures in brackets represent percentages of responses. Total sample - 437

The base knowledge that this information gives us, therefore, is that there is a high level of exposure to illegal drugs with, in nearly all cases, more than half of those offered a drug taking it.

Age of Known Drug-users

78% of respondents know someone in the 14 to 16 age bracket using drugs, which was closely followed by 63% of respondents who reported knowing 17 to 19 year-old drug-users. Twenty-three people (5%) knew at least one person under 10 using some kind of drug.

Concerns about Drug Use

We asked if the young people were concerned about their own drug or alcohol use, someone else's use in their home, or a friend's drug or alcohol use. While 131 young people were worried about a friend's use, and 78 expressed concern about the drug or alcohol use of someone in their home, only 32 young people were worried about their own use.

Services Currently Used

Young people were asked where they would go to if they currently needed advice or support. Top of the list were youth workers, under different names, mentioned by 25% of the respondents (108). Using a helpline came second with 20% of young people saying they would use this facility. Family and friends appeared in 16% and 15% of the cases respectively, and this was

followed closely with 14% choosing specifically to use our Lifestyles Youth Project. It may be the case that our administration of the questionnaire raised us to the forefront of people's consciousness while they were answering these questions, but in all cases we had also worked in other ways with these young people in order to raise their knowledge of our organisation.

It is worrying that 15 respondents said they did not know of anywhere to go or that there was "*nothing available*", and one commented that they would go to "*no-one, it's private*." The full range of responses can be found in Appendix F.

Future Services

76% of young people answering the questionnaires agreed that some kind of new service was required, and 70% said that they would be willing to travel into Ilkeston for it.

When given a choice regarding potential services 54% wanted a helpline; 43% requested youth workers; 32% wanted a health shop; 31% voted for a drop-in and only 8% thought an after-school club would be useful. We did have a problem with this question though, as some people misunderstood the question, and responded that "*there isn't one*" and therefore we feel that this result is not comprehensive. This section on the questionnaire was simply a fore-runner to the focus groups who looked at this area in more depth.

Focus Group Findings

The focus groups provided the qualitative data in this research, and proved to be much more difficult in compiling verifiable material from the raw data. We had however, been thorough in our preparation of a systematic process for the focus group sessions which facilitated the interpretation of results.

The aim of the focus groups was to look at the services required for young people. In order to do this we needed to understand young people's perceptions of the reasons and motivations behind their drug use and the problems linked therewith. We also looked at the process young people could move through from experimental to problematic use, and what services might be of use during these different stages. Finally we asked the young people to discuss what services they would like to see being set up locally, and who should be the appropriate people to staff them.

Why do young people take drugs?

All of the groups identified similar reasons and motivations for young people to take drugs. From the 28 individuals taking part in the focus groups, the enjoyment or buzz was mentioned by almost everyone as a reason people want to take drugs. The concept of using drugs to relieve stress or anxiety was mentioned eleven times, and almost as many felt that friends, peer pressure and the worry of being left out might encourage people to use drugs.

Less people felt that experimentation was an important reason, although one thirteen year old young woman said "*My dad was going out and he hadn't finished his can so he gave it me. I thought 'cool - a can of beer'. So if someone gives it to you and you don't know what it's like, you try it."* Another recurring theme as a young woman put it is that *"they think they are big 'n' hard"* which was reflected in the next section with the concerns over violence. Several of the groups had perceptive discussions around personal crises that affect drug use, such as "*family pressure and problems"*, and *"family pressure - get away from stress"*. Several of the groups also mentioned the medical use of drugs, particularly the group from the special school.

What problems can there be?

It was interesting that with this question the groups who were predominantly recreational drug users (from their own admission, or my own knowledge from other youth work with them) were more likely to come up with the negative side of drug use, rather than respondents from other groups who were less involved, indeed, one young man said *"most lifestyle and physical things are bad*". The exception was the group of younger girls who had many stereotyped notions about all drugs killing you.

The greatest number of comments by far related to health issues, with only a few mentioning death or addiction. Several interesting themes emerged. One

was that of involving younger children in drug use, either accidentally with children having to go to hospital after swallowing substances looking like sweets, or deliberate targeting of children by older siblings or others. Getting in with the wrong crowd was also a theme that was raised in more than one group, and violence was mentioned several times in different groups. A real concern for young people was the breakdown in relationships because of drugs, either with family not understanding, or even throwing them out, or with friends after violence or arguments brought on by drug use. One young woman said "*you say something and you think you've said something else*", while another young woman was concerned that "*people take advantage especially if you're a girl - you get harassed"*.

Crime and financial problems were discussed by several groups. One young man expressed it as "*you forget your conscience*" and another said "*you beat up someone for a laugh"*. Others recounted stories of people who had woken up to discover stolen items on them which they didn't remember taking.

Another major concern to most of the groups was the emotional changes involved in drugs use. A young woman expressed it "*Your emotions go funny, one minute you're happy - next minute you're depressed."* One young man commented his experience as "*depression and bad moods and then you lose your mates"*.

A young man with an extensive drug career at fifteen shared about the downward spiral he has seen with drugs, saying *"You can become addicted to the wrong drugs - harder drugs. You end up nicking things, robbing sheds, houses - get into trouble with the police; jail; ruin your life. It all builds up."*

What stages might someone go through between their first time taking a drug and having real problems?

This section was the most difficult to facilitate without using leading questions. It was noticeable again that those with more experience, particularly of themselves or other's use that had become problematic were better equipped to understand and answer this question more fully.

One young man felt that there was *"no in-between. You're either addicted or you're not*" whereas a 17 year old young woman explained her perception of the stages saying *"First you take your first drug and you keep taking them, and then you try again. You get addicted. You move on to something bigger. You start needing them. You start mixing. Then dealing.*" Another young man explained that people moved on because they *"get addicted. People give you drugs at first, then you have to buy more."* A number of young people considered the actual drugs taken to be a progression, starting with cannabis, moving onto gas, then crack and eventually speed. A few comments were related to the other events in people's lives causing stress or depression which made people rely on drugs more.

Case studies

We gave five case studies which young people were requested to consider in order to decide on which part of the continuum of drug use the users were, and what services would be useful in their cases. The examples ranged from the need for information before using to problematic use both where it was recognized and where the user still enjoyed using drugs.

The aim of these case studies was to identify the services required for different levels of drug use, aiming to be realistic about the kinds of services young people in those situations might actually use. The discussions in this section were particularly useful for prompting people to think more laterally in the next part of the session, regarding what services might be required in diverse situations, rather than simply for those not using drugs, or those needing to come off and rehabilitate. We also challenged them about whether they felt the services they suggested would really be used by those in the case-studies or not. After some consideration most young people felt that those in need of drug services probably would not access them.

Friends were frequently first stops for young people to contact, and often well publicised services such as Drugline or Alcoholics Anonymous were mentioned, with no real idea about what these services offered. In all cases young people were not confident about what help was available, and kept to

familiar services such as a doctor or clinic. Young people were also quite strict with anyone else who was outside their own accepted drug use. For example, one lad offered to give the character "*a severe beating*" if they were contemplating sniffing gas. Youth workers were frequently mentioned as sources of help, as were "*you lot*" - talking about the Lifestyles Youth Project.

What services might be useful to be set up in Ilkeston, and who do you think should staff them?

This was the crux of the focus groups for us, which we endeavoured to lead up to systematically in order to encourage real consideration of this issue by the young people involved. The responses were fairly consistent in all groups, some more in depth than others.

All of the young people spoke in depth about the type of people they felt should staff the service, agreeing that *" a person to trust would be more important than the place"*. They wanted *"someone to talk to who can be understanding, wanting to hear why you started and not go on about what it will do to you."* The theme of trust and understanding was crucial to all groups. One group which we had worked extensively with as detached workers, and had to call an ambulance out for their friend, repeatedly called for "*more workers like you*". We asked them to define what it was about us that they liked, to which they replied *" If it wasn't for you our friend would have been in trouble. We need someone to rely on. People we can talk to confidentially. People who don't*

laugh at us when we make comments. People who won't tell pigs. People who will take us to hospital and will talk to us." Despite this support for our work, a major call was for ex-users to staff drug services because *"ex-users know what it's like and how it wrecks your life. They'd understand."* When we asked if it was impossible for someone without previous drugs experience to understand one young man stated that *"people who haven't can't help anyone"*.

Staff who were definitely unwelcome were teachers, social workers and police. There was much discussion on the police tactics in Ilkeston which included pouring away alcohol. One young woman expressed passionately, *"If police pour your drink away it only makes you get more. It doesn't help you. They don't talk to you. The pigs are calling it Operation Hot Spot. That's not right, they should listen to us instead of always telling us we're wrong. They should help us - not make us worse."* Youth workers were welcomed cautiously, as people had different experiences of them. One lad summed most people's feelings up saying *"Youth Worker? -depends what sort. Some youth workers pick all the bad points, and some will actually sit down and talk to you about it."*

Another main theme throughout this discussion was the safety of the place. This included being comfortable and not boring; being in a place "*where parent's won't mind you going. Don't want to get a reputation - like it's teaching our kids bad stuff"; "somewhere you can sneak off;" "somewhere*

close and easy to get to"; "somewhere where it's quiet and not a lot of grown-ups go"; "somewhere to hang out instead of hanging on the streets and getting into trouble." They even considered how to keep it anonymous with ideas to have it on the top floor with a chemist and Argos below *"so no-one knows where you're going"*. Most of the young people felt it should not only be for drugs, but also include other issues such as family problems, family planning, alcohol, bullying and sex. The service was also considered important for all young people not only those with problems. Several comments wanted a place just to *"hang out"* with *"advice leaflets and people giving advice, but you can go even if you don't have a problem."*

The universal agreement was to have it open in the evenings, particularly Friday nights, with one call for it to be open 24 hours a day. A lovely touch was one young woman's concern about the staff, saying it *"should be open from 7 - 11.30, but you have to think of the staff."*

Several of the groups felt strongly that young people would not go to services, and that the service would have to go to them. This came out in the appreciation of the detached work we do, having been out on several occasions when a crisis had happened. *"Young people wouldn't go to a service, you need to go to them*" said a young man firmly, and this idea was supported strongly in all of the discussions around case-studies.

The ideal service, therefore would be one staffed by people who have some experience, who are understanding, listen, approachable and offer more than just a drugs service, but also deal with other issues. Young people want to feel comfortable going to this place, and it needs to be open at times convenient for young people, particularly on Friday nights, where they could drop in for a chat, a leaflet or with some real problems to unpack. Ideally there needs to be an outreach service in addition for those young people who find it difficult to access building based services.

Interview Findings

The interviews were conducted with several professionals working in areas where they came across young people's drug use. We planned to have a cross section of the main professions that affect young people but unfortunately not all of the interviews took place. We were left with four interviews with a community policeman, and with Social Services, Health and Youth Justice workers.

The workers questioned were very positive and gave us much useful information about their own perceptions of the problems young people face and their relationship to drugs. The understanding of drug-related problems being far wider than the actual drugs, but being affected by housing, employment, relationships, money and family were expressed by all four. The youth justice

worker was most concerned about the wider impact of legislation and the structure within society which made life harder for some young people to achieve in society.

Some of the workers felt that there was not enough interagency support, and that more services were required to enable young people to deal with their problems without being labelled for life. Two workers who came into contact with more problem drug users spoke of the need for good young people orientated rehabilitation centres away from their local area where young people could learn how to come off drugs as well as be reintegrated into society. Supported accommodation was called for by the youth justice worker with a drugs specialist worker so that young people could be cared for and supported without being branded.

One common frustration was that young people do not often acknowledge a problem with drugs, and therefore any services would be hard to refer to. The policeman was concerned by young people seeing them as the ‘enemy’, and felt that many young people just went through the motions rather than listening or talking to them properly. The social services worker expressed concerns that young people in care are often left out of the education and support systems because they are frequently not part of mainstream education, and they are particularly vulnerable to the becoming problematic drug-users because of their other problems in life. Without appropriate support it is not a giant leap for

young people in care to become involved in prostitution to pay for their drugs - an issue raised by several of the young people themselves.

The services which these workers would like to see set up include a county wide service with satellite organisations to stop current geographical boundaries which damage work with young people; better support for parents; and a secure environment in which young people could be helped off drugs, as it is the environment which often puts people back on to drugs even when they have come off. The policeman wanted "*a unified approach*" to stop the confusion of mixed messages being put over to young people. He felt that young people wanted "*to be approached by their own generation at a local level*".

All of the services were concerned with the welfare of young people themselves, and the difficulties in providing an appropriate service which young people really would access.

Developing the Findings

In order to make these findings useful for the design of any services, it is helpful to compare this research with the national scene previously discussed in Chapter Two. Analysis and discussion of local and national issues will be undertaken in Chapter Five.

CHAPTER 5: ANALYSIS AND DISCUSSION

Although the findings provide a fuller understanding of the situation in Ilkeston and Cotmanhay as perceived by 14-16 year olds, it is important to analyse this alongside the national situation, trends and policies as previously mentioned in Chapter Two. Therefore, in order to make useful comparisons, this project's research follows the format of the relevant national research.

Prevalence

The situation in Ilkeston and Cotmanhay according to this research is comparable to findings in the rest of the country. In sensitive areas such as drugs it is difficult to gauge the accuracy of research, given the level of trust needed. The most recent figures are from Balding's 1998 survey which forms part of his long-term study in schools. Balding's figures for 1997 find that 25% of 14 to 15 year olds have some personal experience of drugs but Balding has no figures for 15 to 16 year olds. Almost 40% of our sample, predominantly ages 14 to 16, claimed some personal experience of drug use. The wider age group may account for some of the differential, but there may also be other factors. We conducted our survey with confidentiality and trust as prime considerations, whereas Balding's survey was conducted by class teachers of the participating schools which may not engender confidence in respondents. Additionally there may be local factors which if comprehensive, comparative

research were carried out would show that more young people in Ilkeston and Cotmanhay used drugs than other areas.

Almost a third of our respondents expressed concern about a friend's drug or alcohol use thus showing that while drug use may be normalised in young people's cultures, young people themselves recognise the dangers and risks involved and do not feel that all levels of drug use are positive. Almost a fifth of young people were worried about someone in their family's drug or alcohol usage, which I believe is probably an understatement given my earlier point about confidentiality. This data shows the necessity for a service which is not only for young drug-users but also for those concerned about them, including their families.

When studying the age of users it is of particular interest to note that five percent of respondents knew people under ten years old who are using some kind of drug. This is in accord with national surveys which find that drug use is starting at a younger age. Young people in the survey showed that the vast majority (78%) of known users were between 14 and 16 years old. I believe, from our experience working with older groups, that this figure may not be accurate but may be biased by the age of the participants and their peer group. This demonstrates that all of the findings may be limited to the knowledge and experience of this age group, and will not accurately reflect the situation among the whole of the population. However, from this data, we can surmise that

virtually all young people come across drugs in their daily life either through personal contact or others known to them, and therefore they should be able to decipher “truth” from some of the fiction told under the guise of education. For example, I learnt of a prisoner from the police/prisoner programme who told young people that one quarter of all those who tried solvents for the first time would die. The teachers discussed with me the value of scaring young people off in this manner, but some felt that those who were dissuaded from trying solvents because of this fear would probably never have tried them in any case, whereas those who had already experimented knew that this was a blatant lie and would not listen to any other potentially valuable information.

Motivations for Use

When discussed in the focus groups, many of the reasons for drug use matched those discovered in the Sheffield Research (Hirst and McCamley-Finney 1994:35), including *boredom*, *experimentation*, *availability*, *stress management*, *seeking specific effects* and *normalisation*. They also found that availability played an important part but did not mean automatic use since in many of the groups they studied there were some non-users. In our research we found that young people considered relationships with others an important factor in why some people use drugs, either directly through peer pressure or the concern about being left out, which may be equated to Hirst and McCamley-Finney’s discussion around peer relationships. This may also be

related to the normalization theory, where young people feel as one lad said to us, drug use is *"good to get in with friends"*, or they *"might want to try it" "to see what it's like"*.

Parker et al. (1995) discuss that drug use is traditionally considered to be a rebellion against society, but that if drug use is now normalised to the extent that non-drug users may become the minority, then drug use can no longer be seen as rebellious, but actually part of the status quo. The only issue around rebellion mentioned in the focus groups as a reason for drug use was the "hard" image some young men sought after, whereas the problems caused by drugs in the home were mentioned frequently as a source of concern rather than a positive challenge to family authority.

As Plant and Plant (1992) discuss, the risk-taking element of drug use is part of the attraction for some young people. Young people acknowledged to us that it is the strange effects which they seek out for a unique experience that also constitute potential hazards. One girl explained to us, *"it's funny on gas, you trip when you have loads*". A lad from same group told us "*your face goes all red, you get headaches with liquid gold and you can hear your heart beating*." Others described the sensations relating to drugs, saying people take drugs *"so they don't drink and drive - they fly"*, and *"you can sit on the computer while you are buzzing"* and again *"you can try and fly - jump out of a church window*". While these comments may concern some people, they would be

welcomed by owners of theme parks who aim to give the most extreme and unusual experiences while minimising risk. The idea of excitement with safety is the argument of those seeking to legalise drug use in order to tackle some of the dangers around adulterants. Again, the pursuit of a buzz denies the 'just say no' campaign any place in valuable drugs education, as many young people actively want to 'say yes' to drugs.

Drug Related Problems

As mentioned in Chapter Four, I find it fascinating that in general the recreational users in the focus groups understood and acknowledged more fully the real risks involved with drug use than those who we understood were not personally involved. In the research that Perri 6 carried out, the conclusion was reached that health was at the top of the list of concerns and problems in the case of 22 out of 34 individuals (Perri 6 et al. 1997:30). In our focus group research with 28 young people, health issues were mentioned a total of 38 times, thus illustrating the high level of concern around health problems held by drug users.

Most of the groups who used drugs spoke openly about their own very specific problems with drugs, such as being sick, or passing out, 'throw(ing) a whitey' or having 'white death' which was a common experience with alcohol mixed with cannabis. This supports Merchant and MacDonald's (1994) view that

young people tend to forget short-term health issues, and not regard long-term problems as being relevant. We found young people seemed amused with their own health worries, except when there had been serious problems, such as a friend nearly dying, or long hospitalisation, but even in these cases - perhaps to deal with them sub-consciously - they sometimes laughed about them. The comments about the problems flowed so quickly and spontaneously that both the facilitator and observer had difficulty keeping up with the note-taking.

While most of the literature written about drugs and young people describes extensively the problems associated with drugs, there is an assumption that young people are ignorant, and therefore need to be educated in school to warn them off drug use. Young people are assumed to be naive about drug use, only seeing the benefits. In our experience, the reverse was true - the reasons why some people use drugs only trickled out from the participants whereas the problems poured out, and often we were asked to add some later on in the session when they thought of other examples.

This leads us to conclude that young people are aware of the risks and danger, and do not experience only the positive effects, even in recreational use, but alongside other bad life experiences, they learn to handle the negative effects, and prevent these from challenging their drug use. Sometimes specific incidents put young people off individual drugs, particularly the

hallucinogenics, but accidents involving alcohol seem to be seen as an initiation into handling the drug rather than a reason to stop.

The HAS report (HMSO, 1996: 25) mentions that underlying difficulties are crucial in creating depression and anxiety in drug users. The young people we spoke to mentioned emotional issues frequently, and discussed the additional impact of other issues such as home life and relationships on drug use. They saw that stressful family relationships could cause drug use, and conversely, the use of drugs could create strain within the family.

Those young people in the focus groups who were in non-mainstream education centres were more able to illustrate their experience of health and social problems with drug use, whereas the mainstream groups relied more on stereotypical, more publicised effects. This is supported by the HAS report (HMSO, 1996:10) which connects the multiple health and social problems of drug use with the disaffection of young people.

Stages/Models of Drug Use

In asking about the different stages of use, we wanted to see if the young people would come up with the same categories of experimental, recreational and dependent drug use as is commonly understood and promoted, and in particular by Julian Cohen. We found the young people to have varying views.

Some saw the stereotypical ‘slippery slope’ of different substances moving a person further into problematic drug use, as opposed to one view that there is *“no in-between - you’re either addicted or not”*. Several people in the focus groups made comments that supported the HAS document view that other social and background issues affect the level of problematic use (HMSO 1996:26-28). Examples given were family pressures, and trouble with the police. Some young people had a complex understanding of the cycles of use where more drugs are needed to help the come-down effect.

Our reasoning behind the use of the case study examples was to analyse whether the young people would recognise the variety of responses required in different situations. The responses to one scenario about a heavy drinker who was in court for assault, had lost his job and asked to borrow money that is never returned shows the level of maturity and understanding of complicated situations. The responses included *“He wouldn’t be able to help it. If he has been doing it for a long time he wouldn’t know how”* (to change or stop this behaviour). When considering services he might find useful the answers included *“wouldn’t go to any, need someone to go to him”*, *“might need his family, needs to know he is wanted”*, and he needs *“somewhere to go, where he can meet people like him but not a place with a name that people might know what it is.”* In this way the young people begin to explore the needs of service provision.

Service Requirements

This was the crux of the research and the main research question: **how can the needs of young people in Ilkeston and Cotmanhay be met regarding drug services?** The recent publication of the HAS report (HMSO, 1996) has contributed to an understanding of service requirements for young people, and this has been widely circulated and commented on by other influential, national bodies such as SCODA. The HAS report has clear issues that it regards as central for young people's services. It is interesting that many of these were also raised by our respondents as prime concerns. Some of the important criteria for young people's services as stated by HAS (HMSO, 1996) are discussed below with the relevant analysis from our research.

- **accessibility:** Young people in our research identified that they want "*somewhere close and easy to get to*", services which are open in the evenings, in friendly places where parents would not mind them going which would be "*free to get in*". However, accessibility not only speaks of the organisation of the venue and opening times, but implies the appreciation of the culture involved with young people, using images, language and venues that young people feel comfortable with. This is crucial in gaining credibility with young people, otherwise the service would not be used.

HAS identifies that using existing services is recommended, and SCODA agrees, suggesting that new services link in with existing networks, and concedes that "*the youth service provides unparalleled access to a range of young people. It can reach disaffected young people, and has led innovative and exciting drug prevention projects*" (Owolade & Dale-Perera 1997:11). Youth workers were mentioned as the most frequently used service in our questionnaire and, after helplines, were the most likely service to be used in the future. This means that the youth service has a responsibility to be an active part of developing drug services for young people in the future. Youth service provision was mentioned frequently as a positive model for a comfortable service, and somewhere appropriate for the drugs service - *"not on a popular night, but a special session"*.

Accessibility may also mean street work for those unable or unwilling to come to services. This is discussed below.

- **appropriateness:** The general understanding among all national guidance is that young people need a service which is not 'tagged on' to adult services but which is specifically a young people's service. We identified through our research a number of differences which are important to young people. They include "*somewhere to hang out where you can go to meet people and talk*" with "*comfy chairs"* where "*it's quiet and not a lot of grown ups go*". They also considered that in many cases a service was not

appropriate at all, and *"you would have to go to them*". This may be an important consideration in setting appropriate services for young people. Those who knew our work were far more in favour of street services than those who had not experienced such services. The general consensus was that both street workers and a drop-in agency were required for a comprehensive service. The focus group participants also showed their understanding of the different needs of drug users in their answers to the case studies, where they identified that different situations required appropriate responses. For example, the young people felt that the person using cannabis may only need some leaflets whereas the person who has problematic alcohol use would need a service to visit.

- **competence:** Young people do not use this word regarding services, rather they express their own definition of appropriate staff calling for ex-users saying *"people who have taken drugs can help"*, someone who can *"sit and talk with understanding - why you started, not what it can do*". They called for staff who *"understand"; "who's got experience"; "been a druggie"; "friendly"; "your own age;" "who's been addicted"* and frequently mentioned that they *"need someone to rely on"*.

- **respect and protection of children and adolescents:** As a worker there may be a challenge about how to meet two possibly contradictory ideals, that of respecting and protecting young people. If the request from young people is to have an unstaffed venue run by themselves, this may comply with the first aim, but not with the second. However, these are crucial issues for young people. They themselves identified what they liked about our work was that we did not laugh at them, we spoke their language, and made them feel safe. Safety included feeling anonymous when entering premises, with the possibility of having the agency as part of a larger complex, making it unidentifiable and "*somewhere you can sneak off to*".

- **collaboration:** Young people identified the need for the service to offer more than just drugs information but included other issues such as sexual health, family planning, bullying, family problems, alcohol, and even a disco on a Friday night. However, young people were very suspicious of other agencies, particularly police, teachers and social services. This was a crucial issue about the safety of the agency, and young people must be listened to in order to have a child-centred approach. A possible resolution to this dilemma is to use only agencies which are welcomed by young people, and to agree protocols of joint working practice with other agencies before using them in the service.

Service Provision

We must consider, then, what this accessible, friendly, appropriately run service would offer for young people. The new guidelines published by SCODA state that drug services must aim to reduce the number of people misusing drugs by

> *"enabling children or young people to make informed choices by increasing their knowledge, challenging their attitudes and practicing the skills needed to avoid drug misuse"* (Child & Dale-Perera, 1997: 26)

This makes an assumption that young people can be directed away from using drugs, simply through various educative methods and does not acknowledge that young people may use skills and knowledge to choose to use drugs. Perri 6 looks at the credibility that harm-minimisation methods have, saying that

> *"The credibility and trust needed by agencies involved in harm reduction for recreational drug users can only be gained if they are prepared to commit themselves to a message that is perceived as endorsing the validity of youth cultures and independence for young people, including commercial leisure and the value of pleasure-seeking lifestyles. When harm reduction messages have been heard by young people as denying any of these elements, they have lacked credibility and trustworthiness."* (Perri 6 et al., 1997:42)

This makes it clear that all educative methods must be consistent with young people's experiences. There is no point therefore having material which is scare-mongering and relies on extreme or false cases. A recent example is that of Leah Betts who died as a result of drinking too much water after using ecstasy. If Leah Betts had had accurate information around water and ecstasy,

there is little doubt that she would be here today. The propaganda around her death which proclaimed ecstasy as the 'killer drug' meant that many young people who had taken ecstasy suffering no ill effects did not listen to the crucial message around correct water consumption. In reality this is a more dangerous approach than harm minimisation messages indicating what is safer practise if you are planning to use this drug. This does not mean that we have to condone drug use, or allow young people to set the agenda. It is about integrity and credibility. Young people identified to us that accurate information is needed, not only about the risks and dangers, which many did mention, but also they need "*someone to talk to who can be understanding, wanting to hear why you started and not go on about what it will do to you"* as one girl said to us. Many young people admitted that those having problems with drugs "*wouldn't take notice of information*" or go to any services.

Young people in our research clearly wanted more peer-education, and education by those experienced with drug use. Perri 6's research corroborated this fact giving examples of how young people are already supporting each other to minimise risks, regarding this as an important way forward. "*Although peer influence can spread misinformation if not channeled sensibly, it makes sense to inform and mobilise it wherever possible*" (Perri 6 et al. 1997: 43). I have seen young people's mutual support and care in my work as a detached youth worker, where they ensure that someone gets home if they are incapacitated, or keeps an eye on someone who is having a bad trip. It is rare

that someone who is part of a group is left to deal with the problems of drug use alone. Camaraderie seems to be an important social part of drug use for young people, bringing them closer together in the same way Outward Bound expeditions seek to. We have seen this in our street work where the setting up of bongs for cannabis use is a communal ritual and an important part of the drug use itself. Thus because key people in groups are looked to for advice and knowledge, and become peer educators, it is crucial that they receive accurate rather than false information.

Most writings, services, professions and young people agree on one issue: there are "*insufficient drug misuse services. Coverage across the country is patchy*" (Owolade & Dale-Perera 1997:7) According to research carried out by SCODA, only one third of local authorities currently had any services for young people, one third had any plans for young people's drug services in the near future, while the rest "*showed very little awareness of the need for specific drug services for young people*" and only one in ten had dedicated budgets for these services (Owolade & Dale-Perera 1997:7). With the new legislation demanding regional action plans with specific strategies for young people's services, there is a hope that this will be addressed.

Lifestyles Youth Project

This research was carried out by the Lifestyles Youth Project in Ilkeston to establish what future services need to be set up in this area, in order to develop

and provide a service appropriate for and valued by young people. This project meets much of the current government requirements by being an easily accessible, local organisation which is geared around young people and their needs.

Lifestyles Youth Project certainly has the credibility of young people, as was shown in Chapter Four. It has taken a great deal of planning and adaptation to reach young people with a service which they value. We work on the streets, understanding that they will not wish to access an unfamiliar service, offering a wide range of support from user-friendly leaflets to one-to-one support for young people to stop drug use. The crucial issue is that while our fundamental aim is to limit drug-related harm, it is not our aim to stop young people using drugs. We respect young people's autonomy, particularly as we are aware that we are working on their territory, and have no right to impose our own views. From the comments made to us in focus groups and on the street, we know that young people recognise that we work in their best interests and thereby respect the project.

Lifestyles Youth Project recognises the need for collaboration with other agencies, but also the disadvantage that young people have in facing powerful agencies and therefore offer to advocate on behalf of young people. One example of this is some successful work negotiating with the police to moderate their behaviour and expectations of young people on the streets.

Despite the positive work of the project, there is some room for improvement, and this will be dealt with in the next chapter.

Summary

Much of the research conducted nationally is supported by the findings in this research. Generally, young people are exposed to drug use, are concerned by friends and family using drugs but do not acknowledge their own problems, sometimes even finding them amusing, even though they are knowledgeable of the potential dangers.

It is understood in contemporary material that young people desire and need a place where they feel respected and understood, with people they can relate to, where they will not be labelled. Although it is not commonly acknowledged, young people have strong feelings about their own needs and the appropriateness of various services. When aiming to improve services these ideas should be listened to valued.

The next chapter looks at the improvement necessary for the Lifestyles Youth Project in the light of these discussions and analysis.

CHAPTER 6: THE WAY FORWARD

Many different agencies are keen to see the results of this research, including the Youth Service, Southern Derbyshire Drugs and Alcohol Action Team, the East Midlands Drugs Prevention Initiative, Erewash Single Regeneration Budget (SRB) Partnership, Ilkeston Youth Justice, Derbyshire Education Advisory Service and many others. They are not only interested in the prevalence of drugs amongst young people in Ilkeston and Cotmanhay, they are keen to know any way forward in this situation. At this time when regional strategies around drug services for young people are being proposed and new funding bids for SRB are being collated, any research which can present evidence of a need and responsive plan of action is critical. Whether this research can give definitive answers to these issues is debatable, though there are certainly some issues which have been identified in previous chapters about good practise in young people's services.

As this research was designed around the needs of young people in the Ilkeston area, and directly related to the Lifestyles Youth Project, it is appropriate to look at the way forward for this project in the light of the research findings and discussion. I have illustrated the success of the Lifestyles Youth Project in the previous chapter, but now it is important to study the shortfall and areas where development is required.

Improvements and Developments

Currently, Lifestyles Youth Project has only an office base with no centre for young people to visit. All of the face to face work is carried out away from the office. While the detached work has been identified as a crucial service, there has been an expressed need to supplement it with a drop-in centre where young people can pick up information, relax and if necessary speak to a worker privately. Choosing the venue for this is complicated. According to the research, a venue needs to be easily accessible, comfortable, known and supported by parents, yet somewhere which will not stigmatise people visiting it. The concept of parental approval poses various problems, as many young people do not deem credible a service designed for them of which parents approve, as this may seem to be a contradiction in terms. Perhaps this can be achieved by having a safe venue that adults are aware of which is made into a comfortable place by young people who claim ownership over it. It is undeniable that the development of this project should include the possibility of having a fixed venue which young people may access.

The opening times of this venue are also contentious, as they affect accessibility. Young people did not generally approve of an after school club when this was posed to them in the questionnaires. The majority of young people requested evening availability, particularly Friday evenings. This, however, is a continuing debate among service providers about offering

services which are taken over by a different agenda - having somewhere for young people to go. This was unclear from the focus groups, as during discussion the idea of having a place to relax overrode the issue that it would be an information and support centre.

Young people wanted it to be a venue that they managed themselves without adult interference, which would also be a problem for funding and maintenance. Some such projects which have been totally entrusted to young people have succeeded, such as one in the Liverpool area which has responsibility for the spending of half a million pounds, but the stress levels of the workers tied to these projects is also a major consideration. The issue of quality of service when considering a youth provision around the area of drugs, run by those known to be using drugs would be a serious concern.

The aim of the service is one for consideration. The new government guidance prefers that all agencies work to stop young people using drugs. I know from my experience that young people would not use a service with this aim. However, neither do young people want a service which tells all about the dangers, even though they acknowledge that these are serious. Young people laugh about health problems, and yet also want to be reassured that there is someone there if necessary. It is crucial for services to be realistic about the different levels of support that may be needed. In many cases, young people

simply need to know that a service is available if they should need to access it, which may feel frustrating for the service.

The issues raised by young people in the research around the life-experience of the workers are also contentious. Young people strongly called for those who have not only used drugs, but recovered from serious problematic use, even to the point of having been to prison. The police-prisoner project in Derbyshire, which forms the mainstay of police education projects, would appreciate this request. However, among drug services and educationalists there is concern over the quality of information given by using ex-offenders, as the examples given in the previous chapter suggest.

While acknowledging the benefits of having someone who immediately relates well to young people trying drugs, and can give inside information to some of the experiences of taking drugs, there are negative sides to this which young people do not perceive. As is seen with smoking campaigns, those who have struggled through a difficult problem themselves see all of the worst sides to this activity, and strive to protect anyone else form reliving their experiences. This makes ex-smokers some of the most avid campaigners against smoking. As we know that anti-drug messages do not work, this attitude is not sufficient in drug education work.

Ex-users may have their own agendas in working with young people, including ‘saving them’ from their own experiences, or healing themselves through their work. It is also almost certain that any one person’s experience is entirely unique to themselves, and therefore I believe having worked in this area for many years, that the experience of a user with personal experience is hardly more valid than a non-user who can listen and empathise with their client’s experiences.

There may also be the issue of when is an ex-user safe from the temptations of re-using drugs themselves. Turning Point ensures ex-users have to wait two years before they can work on behalf of the organisation, in order to preempt any such problems.

When presented with an approachable, eloquent, often attractive, usually a man, young people cannot identify this presentation with the pain and struggle that the ex-users describe. Indeed it may come across as romantic or fascinating, and the end result is not too traumatic. Perhaps if young people were presented with a body thawing out at a morgue (as one health promotion video depicts) they may not see the glamourous side. In Derbyshire one young prisoner was so handsome that the police stopped using him for fear that girls were encouraged to follow in his footsteps.

With young people calling so clearly for ex-users to be on the staff of these projects, I have considered if it is possible to do this while setting up strategies including training and support of these people in order to maximise the benefit while preempting any of the potential problems mentioned above. I do know that many of the young people who have been through personal crises with drugs wish to offer themselves in this type of work. Certainly their experience is valuable, and should be utilised if possible.

Lastly, funding is an issue which young people do not often identify themselves, but which is crucial in setting up credible long-term initiatives which have time to become well-known and also to evaluate, develop and improve. Too often at this time, projects are given at most a few years' funding, which gives time for setting up, publicising the project, and just when the fruits are ripening, the project has to close or seek other funding which may be tied to conditions which alter the project's nature. Perhaps the government guidance on funding young people's provision will change this to ensure that these services are funded properly. This again brings drug work into the realm of politics, where the methods and aims of the project are scrutinised by funders who may not appreciate the ethos of the work.

Frequently young people's services are attached to mainstream adult services which are understood by those with influence. This should be challenged by the guidelines that young people's services should be directed purely for young

people, and not following adult criteria. The reality, however, is that funders have to understand and appreciate an agency before they fund it. It is my hope that with the research of this project the credibility of the youth service to provide an appropriate service for young people will be raised.

Summary

There is no doubt that, while there is a valued and helpful service already at work for young people in Ilkeston, these services can and should be extended to take into account young people's expressed needs and interests.

Young people consider that the safety and comfort of a place is more important than what is offered, which predominantly includes the staff and their attitudes. Young people need to have a safe space that is apart from adult venues, takes into account their own culture and particularly the difference in young people's perceptions around drug use. Any service needs to allow young people to take real, accurate information and make an informed choice; one which the adults may not approve of but which the young people have a right to make.

Young people's services need to take into account the different needs that depend on what stage in their drug use they are in. Services must allow for the value of friendship groups, not only as a source of information - correct or not - but also as a frequent first stop when there is trouble. Friends can be the first

and sometimes only people to help with a problem, and they need to be able to access good support and literature.

Young people need somewhere that offers a range of information in different areas, in a venue which does not label or stigmatise them. Many young people do not wish to access any service at all, and therefore outreach and detached youth workers are useful for initial contact and easy accessibility.

As discussed in the previous chapter, promoting purely anti-drugs messages will damage credibility. Instead, services should offer a wide-range of good quality information which is appropriate for the age and interests of young people, not being either too complicated nor patronising.

Final Comments

This research project has taken me on a journey through the contemporary policies and research through to young people's concerns and their support, and sometimes disagreement, with the national views about what is needed for them. What is clear is that while the politics may vary, young people are capable of and should continually be involved in the planning and development of their own services if we want these services to be appropriate, relevant, and well-used by them.

The current lack of services for young people is worrying and needs to be addressed immediately. As Parker states, *"The general absence of user-friendly, age, drug and legal problem appropriate services is increasingly looking like a prevention opportunity lost and a harm reduction opportunity being missed."* (Parker et al. 1995:26). With the new government guidelines demanding DATs set up appropriate service plans, with funding to follow, there is hope that in the future this situation will be a topic for history rather than an issue for the present.

APPENDIX A: QUESTIONNAIRE

Lifestyles

This questionnaire is <u>confidential</u> and only the Lifestyles Youth Project will see your answers. Our aim is to set up a service for young people which you and your friends want and need. Please answer <u>honestly</u> to help us understand what drugs are around in this area.

Thank you for your time.

Are You: Male Female

How old are you? _____

Which of the following drugs have you:

	a) ever been offered	b) ever taken	c) know someone who is using or has ever used
Cannabis, (Draw)			
L.S.D,(Acid)			
Ecstasy			
Petragamal			
Alcohol			
Steroids			
Poppers, (Liquid Gold)			
Cigarettes			
Amphetamine (Speed, Whiz)			
Heroin (Gear, Brown)			
Solvents, (Glue Gas)			
Magic Mushrooms			
Tranquillisers (Valium, Tamazepam)			

Please tick as many as you need to

How old are the people you know are using drugs?

under 10 11 - 13 14 - 16 17 - 19 20 - 25 26+
(you can circle more than one answer)

Are you worried about:

a)Your own drug or alcohol use YES NO

b) Someone else's drug or alcohol use at your home YES NO

c)Your friends drug or alcohol use YES NO

About services you could go to

Where/ who would you go to now if you wanted information or help about drugs or alcohol?

_____

_____

_____

Do you think young people need somewhere else local to go for drug/ alcohol information/ help? YES NO

Please circle any services which you or your friends might use:

Telephone Help Line Drop in Centre Health Shop

After School Information Club Youth Workers

Any other ideas?_____

Would you be willing to travel into Ilkeston town centre to use a service? YES NO

If you would like to talk to us about this information please ask for Linda at our office on 9445501.

Thanks!

APPENDIX B: FOCUS GROUP BRIEFING SHEET

Focus Groups

introduction *5 mins*

- confidentiality - ask permission to use recorder
- ground rules (previously written)
- aims of research into drugs *and alcohol* - their views are crucial; they are consultants
- our roles - not youth-workers, but researchers - can't give information or comment; any questions will be answered afterwards

questions

- **good things about drugs; why people take them** ***10 mins***

why do young people take drugs?

- **problems associated with drugs** ***10 mins***

what sorts of problems can people have with drugs or alcohol? (prompts = health, lifestyle, other people)

- **stages of use** ***15-20 mins for both***

how do people get from just starting to having problems? What things affect it? (what are the stages people go through to become problematic?)

- **how can we help?**

A - Case studies: what stage of drug use = what help? 3 or 4 examples.

B - Best service:

- what would make the best workers? (what kind of experience should they have?)
- drug service alone?
- only for young people?
- where?
- who pays?
- what kind of service?

If time, then ask about ideal service, letting imagination go!

Observer: introduce themselves at the beginning, then write circumstances, ages and genders, numbers etc., including recruitment methods while the rest if the introduction is happening.

Case Studies

The cases were typed in large font onto card, which was glued on to flip-chart paper.

1: Someone in your class has heard from friends about ‘brown’. She does not know much about it but fancies giving it a try.

2: Your mate’s boyfriend is feeling really low and his friend has suggested he tries sniffing gas to help him forget his problems. He has tried glue in the past but he was sick.

3: A friend uses cannabis at weekends. His mum and dad think it’s really dangerous and can kill you.

4: Your sister’s used speed at week-ends for a while and is starting to use it mid-week. She’s borrowed money and is shop-lifting. She’s missing school more often. She really enjoys taking speed.

5: Someone you know drinks loads of cans daily. He is aggressive and is in court next week for assault. He’s lost his job and he is always borrowing money and never pays back.

APPENDIX C: PROFESSIONAL INTERVIEW PROMPT SHEET

Worker Research Interview

Agency:_____

1. Could you tell me roughly how many young people you work with each year?

2. What age do you define as a 'young person'?

3. What kind of problems do you come across, in your area of work, in connection with drug and alcohol use?

4. How effective do you feel your service is in dealing with these problems?

5. What might be the frustrations and difficulties you experience when working with drug or alcohol users?

6. What do you see as the most commonly used drugs amongst the people you are involved with?

7. Do you have any statistics or research on drug or alcohol use in your area?

8. What kind of service do you feel would help young people who are drug users - In what way do the needs of young people differ from those of adults?

9. What would make your job easier in terms of drug and alcohol issues?

10. Were you aware of the Lifestyles Youth Project?

11. If so, have you ever referred to us? If not - would you see us as an appropriate referral service?

APPENDIX D: QUESTIONNAIRE CODING SHEET

0 is non-response or not valid throughout the questionnaire.

1. school 1=Bennerley
2=Ilkeston

2. sex 1= male
2= female

3. age

question 4 to 42: 1= yes
2= no

4. cannabis ever offered
5. cannabis ever taken
6. cannabis know someone
7. LSD offered
8. LSD taken
9 LSD know someone
10 Ecstasy offered
11 Ecstasy taken
12 Ecstasy know s.o.
13 petragamal offered
14 petragamal taken
15 petragamal know s.o.
16 alcohol offered
17 alcohol taken
18 alcohol know s.o.
19 steroids offered
20 steroids taken
21 steroid know s.o.
22 poppers offered
23 poppers taken
24 poppers know s.o.
25 cigarettes offered
26 cigarettes taken
27 cigarettes know s.o.
28 speed offered
29 speed taken
30 speed know s.o.
31 heroin offered
32 heroin taken
33 heroin know s.o.
34 solvents offered
35 solvents taken
36 solvents know s.o.
37 mushrooms offered
38 mushrooms taken
39 mushrooms know s.o.

40 trancs offered
41 trancs taken
42 trancs know s.o.

How old are the people using?

43 under 10 1= ticked
2= not

44 11-13 1= ticked
2= not

45 14-16 1= ticked
2= not

46 17-19 1= ticked
2-not

47 20-25 1= ticked
2= not

48 26+ 1= ticked
2= not

49 are you worried about your own use
1= yes
2= no

50 worried about s.o. else's use at home
1= yes
2= no

51 worried about friend's use
1= yes
2= no

52 need somewhere local to go
1= yes
2= no

Services you/friend might use:
1= circled
2= not

53 telephone help line
54 drop in
55 health shop
56 after school club
57 youth workers
58 are you willing to travel
1= yes
2= no

APPENDIX E: RAW DATA FROM QUESTIONNAIRE

APPENDIX F: RESPONSES TO SECTION OF QUESTIONNAIRE

Responses to the section “services you could go to”

	Total	%
Telephone Helpline	90	20%
Family	70	16%
Friends	64	15%
Lifestyles Youth Project	62*	14%
Doctors	43	10%
Health Centre / Drop in	43	10%
School / Teachers	28	6%
Youth Worker	14*	3%
Don’t know	14	3%
Youth Club	12*	3%
Stepping Stones	12*	3%
Cotmanhay Community Education & Youth Centre	8*	2%
Nowhere	8	2%
Off Licence	6	1%
Counsellor	5	1%
Police	5	1%
	Less than 1%	
Local dealer	4	
Pub	3	
Nothing available	3	
Someone you can trust	3	
I don't need to	2	
Don’t know what’s on offer	2	
Leaflets / information	2	
Wherever	2	
Streetlevel	2	
Alcoholics Anonymous	2	
Erewash Voluntary Action	2	
Alcohol Advice	1	
Ask someone	1	
Chemist	1	
Cotmanhay Enterprise Centre	1	
Rehab centre	1	
Boyfriend	1	
No-one, it’s private	1	
Help group	1	
Library	1	

* Youth Work Total = 108 comments- 25%

REFERENCES

Butcher ed. (1997) *Sort it out: Young People, youth culture and drugs.* Sutton YAP

Cameron J. (1988) *Solvent Abuse*. Kent: Croom Helm Ltd.

Child, P. & Dale-Perera, A. (1997) *Enhancing Drug Services - a management handbook for quality and effectiveness* London: SCODA

Cohen, J. & Kay, J. (1992) *Don't Panic - responding to incidents of young people's drug use.* Liverpool: Healthwise

Dean, A. (1997) *Chaos and Intoxication.* London: Routledge

Dorn, N. et al. (1994) *Coping with a Nightmare*. London: ADFAM/ISDD

Emmett, D. & Nice, G. (1996) *Understanding Drugs.* London: Jessica Kingsley Pubs.

Erewash Partnership (1997) *The Erewash Business Directory* Cheltenham: Centurion Publications

Gossop, (1996) *Living with Drugs: 4th edition.* Aldershot: Arena

Krueger, R. (1994) *Focus Groups: A Practical Guide for Applied Research*. London: Sage Publications

Macfarlane, A. et al. (1996*) The User.* Oxford: OUP

Oppenheim, A.N. (1992*) Questionnaire Design, Interviewing and Attitude Measurement.* London: Pinter Publishers

Owolade, M & Dale-Perera, A. (1997) *Drug-related Early Intervention - developing services for young people and families* London: SCODA

Perri 6 et al. (1997*) The Substance of Youth: the role of drugs in young people's lives today*. Joseph Rowntree Foundation

Plant, M. & Plant, M. (1992) *Risk-takers: alcohol, drugs sex and youth.* London: Routledge

Shapiro, H. & Coomber, R. (1995) *Drugs - your questions answered* London: ISDD

Tyler, A. (1995) *Street Drugs.* London: Hodder & Stoughton

Williamson, K. (1997) *Drugs and the Party Line.* Edinburgh: Rebel Inc.

Government Advice/legislation

Drugs Forum circular 08/97 *Drug Education in Schools* Factsheet No. 17 ISDD/ LGDF

Health Advisory Service (1996) *Children and Young People: substance misuse* (HAS report) London: HMSO

HMSO (1998) *Tackling Drugs to Build a Better Britain - the government's 10 year strategy for tackling drugs misuse.* London: HMSO

Miller, D. (1998) *No More Excuses - Summary of Proposals of the Crime and Disorder Paper.* unpublished

Cabinet Office (1 Sept. 1998) *Government's Largest-Ever Push to Tackle Drugs Menace; CAB 182/98 Office of Public Service* [Online]. Available from: http://www.nds.coi.gov.uk/coi/ [Accessed 5 Sept. 1998]

Research Reports

Baker, O. (1997) *Drug Misuse in Britain 1996* London: ISDD

Balding, J. (1998) *Health Related Questionnaire 19.1* Exeter University

Cornwell, A. & Cornwell C. (1993) *Drugs, Alcohol and Mental Health* Cambridge: Cambridge University Press

Cyster, R. & Gledhill, N. (1996) *Young People's Drug Knowledge and Attitudes - South Tyneside Survey 1995-6.* Leeds: RSDC

Dale-Perera, A. et.al. (1998*) Draft Policy Guidelines on Working with Young Drug Users.* London: SCODA & The Children's Legal Centre

Hirst, J. & McCamley-Finney, A. (1994) *The Place and Meaning of Drugs in the Lives of Young People* - Health Research Institute Report No. 7. Sheffield: Sheffield Hallam University

Leitner, M et al. (1993) *Drug Usage and Drugs Prevention.* London: HMSO

Parker, H. et al. (1995*) Drugs Futures: Changing Patterns of drug use amongst English Youth.* London: ISDD

Shiner, M. & Newburn, T. (1996) *Young People, drugs and peer education: an evaluation of the Youth Awareness Programme (YAP).* London: DPI Home Office Paper 13

the Zone Youth Project (1996) *Drugs Survey Results.* Nottingham: (unpublished)

Articles

Baker, O. (Jan/Feb 1998) 'Czar Czar Galore' in *Druglink* vol. 13: 1 London: ISDD

Chadwick, T. (1997) 'Heroin Comeback Hits the Young', in *The Newsletter of the local Government Drugs Forum* Number 13

Coggans N, and McKellow, S. (Dec. 1994) 'Peer Pressure - a convenient explanation' in *Druglink* London: ISDD

Merchant, J. & Macdonald, R. (1994) 'Youth and the Rave Culture, Ecstasy & Health' in *Youth & Policy* No. 45

Author unknown (21st Feb. 1998) 'Marijuana: special report' in *New Scientist* No.2122