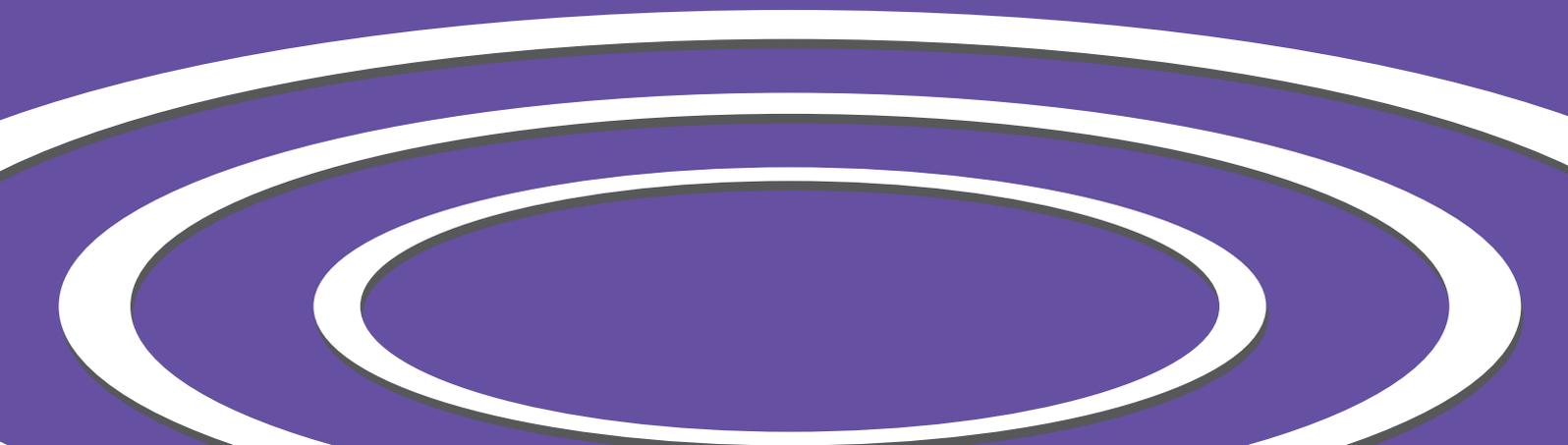




Executive Summary

Preteens and Illegal Drugs: Use, Offers, Exposure and Prevention

Report prepared by:
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Report prepared by:

Neil McKeganey, James McIntosh, Fiona MacDonald, Centre for Drug Misuse Research, University of Glasgow

Eilish Gilvarry, Paul McHardle, Steve McCarthy, Drug and Alcohol Service, Newcastle

Malcolm Hill, Glasgow Centre for the Study of the Child, University of Glasgow

Please address correspondence to:

n.mckeganey@socsci.gla.ac.uk

Disclaimer

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Introduction

In this report we outline the results of research into legal and illegal drug use and drug exposure amongst children aged 10 to 12 in Glasgow and Newcastle. Research carried out in the U.S. has indicated that the earlier the age at which young people start to use illegal drugs the greater is the likelihood of their developing problems associated with longer term drug use. The connection between early onset of illegal drug use and later drug problems is particularly strong where the drug use occurs alongside other behavioural problems. The research we carried out aimed to identify the extent to which 10 to 12 year olds in Glasgow and Newcastle had been exposed to legal and illegal drugs; the extent of such drug use and the individual and contextual factors associated with drug use and drug exposure. In addition the research also aimed to make recommendations for services in contact with preteen drug misusers.

Research Methods

This research involved a combination of qualitative and quantitative methods. We undertook a survey of 2318 children aged 10 to 12 in Glasgow and Newcastle. In addition we undertook qualitative, face to face, interviews with 216 children spread across three groups: 1) children who had already used illegal drugs, 2) children who have been exposed to illegal drugs (exposure was defined as having been in situations where people were using illegal drugs or having been offered illegal drugs), and 3) children who had neither been exposed to illegal drugs nor used illegal drugs. We also sought information from a range of service providers in both cities on their experiences and views of preteen drug misuse.

Drug Use

Overall 30.7% (711) of the 10 to 12 year olds had been exposed to illegal drugs and 9.2% (213) had been offered illegal drugs. 3.9% (91) of preteens had used illegal drugs in the past and 1.5% (34) had done so within the last month. Illegal drug use was more common amongst preteens in Glasgow (5.1% past use) than in Newcastle (2.7% past use). In both cities cannabis was the illegal drug most widely used: 1.8% of preteens in Newcastle reported having used cannabis in the past compared to 4.7% in Glasgow. Use of other illegal drugs was under one percent of preteens surveyed. On the basis of our results we would estimate there to be in the region of 621 10 to

12 year olds in Glasgow who have used illegal drugs in the past and 207 who have done so within the last month. In the case of heroin we would estimate that approximately 60 10 to 12 year olds in Glasgow will have used the drug in the past and 25 will have done so within the last month. In Newcastle we estimate that there are approximately 236 10 to 12 year olds who have used illegal drugs in the past and 113 who have done so within the last month. We also estimate that around 34 10 to 12 year olds in state schools in Newcastle will have used heroin in the past and 17 will have done so in the last month. The relatively low level of illegal drug use amongst preteens identified in this study was in stark contrast to the level of alcohol use amongst young people.

Factors Associated with Illegal Drug Use

Illegal drug use, and exposure to illegal drugs, was associated with gender (more common amongst boys than girls), age (more common amongst 12 year olds than ten year olds), deprivation, use of licit drugs, having someone in the family who had used illegal drugs, having run away from home on more than two occasions, living in a step family, living with parents who exercised a low level of supervision, having been involved in a range of problem behaviours, having friends who had initiated illegal drug use, having friends who were older than themselves and who also had been involved in a range of the problem behaviours.

Knowledge and Attitudes Towards Illegal Drugs

Almost all of the pupils articulated a negative view of illegal drugs as a whole. In particular, the anti-heroin messages of recent years seem to have been well absorbed by this age group. However, when invited to elaborate on their views, the majority revealed a knowledge of individual drugs that was vague, limited and frequently erroneous. A number of factors may lie behind the children's confused and restricted perceptions of drugs including: the amount of drug education received and its effectiveness; the perceived irrelevance of the topic for some children; the intellectual limits of the age group; and the fact that they are likely to hear about a wide array of drugs from a variety of sources, many of which may appear contradictory.

While around a quarter of our interviewees could make little or no distinction between different drugs in

terms of the severity of their effects, the rest were, to varying degrees, able to differentiate between different substances. In particular, a high proportion of the children distinguished between cannabis and other illicit drugs with the former commonly being regarded as relatively benign. This distinction was especially evident as far as those who had used cannabis were concerned, although a tolerant attitude towards the drug was by no means exclusive to this group. With the exception of cannabis, there were no substantial differences in the views expressed by users, exposed and non-exposed children in their general attitudes to drugs.

Drug Offers

Amongst survey participants just under 10% had been offered illegal drugs. Our study has shown that the closer the relationship between the child and the person making the offer, the more likely they were to accept it. There were two aspects to this. First, refusing an offer from a friend or relative was much more difficult than turning down offers from people with whom they had a more distant relationship. A prominent aspect of this was the young person's fear that rejecting friends in this way and distancing themselves from some of their activities could put a strain on the relationship and could even prove fatal to it. Second, offers from people to whom they were socially close had an enhanced authority because of the element of trust that is common in such relationships.

The most effective defence against an unwelcome offer was to have a good reason for not accepting it. The most effective reasons were those which were either able to point to the inherent dangers involved in taking a particular drug or which justified non-participation in terms of some valued activity or ambition. However, children frequently struggled to produce acceptable explanations for refusing an offer of drugs and the reasons they gave were often weak or inappropriate. Their difficulty was particularly evident in relation to 'softer' drugs such as cannabis. The fact that these drugs are generally perceived as being less dangerous than certain other drugs makes it much more difficult for a young person to justify their decision not to try them. These findings highlight the importance of providing children and young people with effective explanations for refusing an offer of drugs. In particular, they need to be provided with good arguments for why they should not take cannabis when it is being presented to them as being innocuous by people whom they trust.

Initial Use of Illegal Drugs

Individual choice and pressure are both involved in pre-teenage children's decisions to accept the offer of drugs. Based on our study the belief that drug use is very largely the product of peer pressure acting upon passive and compliant adolescents is almost certainly wrong. Rather there is a complex dynamic in operation whereby choice and different forms of pressure sometimes operate simultaneously in relation to the same individual. What this means is that acceptance of an offer can be the product of an intricate combination of curiosity, attempts at persuasion and the child's own desire to conform to the group.

Drug Use on the Part of Family Members

Overall, 13.8% (297) of the surveyed preteens reported having someone within their family who had used or was using illegal drugs. Preteens who reported having someone in their family using illegal drugs were more than five times more likely than their peers to have initiated illegal drug use themselves. Amongst the 216 pupils with whom we undertook semi-structured interviews, 43.9% (95) reported having someone within their family who had used or were using illegal drugs.

It was clear from our interviews that many of the preteens were concerned about their relatives' drug use. Whilst children were most concerned by a pattern of problematic drug use (drug injecting, use of heroin) on the part of adult relatives (particularly parents) some children were also very concerned about what appeared to be a pattern of more recreational drug use on the part of other family members. Children's concerns regarding their relative's drug use centred around three broad areas: concern as to the impact of the drug use on the person, concern over the impact of the drug use on the family, and finally concern over the reactions of other people outside of the family.

It seems likely that the impact of family drug use on preteens will be influenced by the nature of the drug use in question and the family relationship involved. In this respect it may be significant that whilst young people described illegal drug use on the part of their adult relatives in largely negative terms they were much more ambivalent about illegal drug use on the part of siblings and cousins. It may be that it is illegal drug use on the part of cousins and siblings rather

than their adult relatives that may be associated with an increased risk of illegal drug use on the part of some preteens.

Views of Drug Education

It was evident from our interviews that many preteens would have liked more information on certain topics and many of them had clear preferences in relation to the delivery of drug education. As far as their desire for additional information was concerned, the pupils wanted to know more about the effects of different drugs, how to recognise them and how to deal with situations in which they might be exposed to drugs or offered them. A number of the children expressed alarm at the prospect of being confronted by an offer of drugs and indicated that they felt ill equipped to deal with it. On the basis of this, there would seem to be a convincing case for including the development of appropriate life and refusal skills in the drug education which pre-teenage children receive in school.

A considerable number of the pupils expressed a preference for non-directive approaches. In other words, they wanted to be provided with information on which to base informed choices as opposed to a 'just say no' approach. Their preference for interactive methods was also pronounced. Those who had been involved in discussions had found them useful and some were critical of events where they had not been actively involved.

Those pupils who expressed a view over who should deliver drug education had a clear message on this topic. While teachers have a role to play, outsiders with more specialist or personal knowledge of drugs are also required for the task of improving children's awareness of the effects and seriousness of different substances. Real life tales of drug use and presentations by former users were especially valued. Most of the pupils who offered an opinion thought that drug education would be better delivered by someone they did not know, primarily to minimise feelings of inhibition.

The fact that teachers are regarded by some pupils as lacking in knowledge and experience of drugs or as potentially inhibiting certain discussions should not be taken as a criticism of the way in which teachers carry out the work of drug education. Indeed, many of the pupils commented favourably on their input. Instead, what this argues for is a need for a range of different people to be involved in drug education in schools.

Views of Service Providers

There was a clear view amongst the small number of service providers contacted in this research that preteen illegal drug use was on the increase. Despite this consensus very few service providers indicated that they were in contact with children of this age using illegal drugs. The sense in the majority of comments we received from service providers was of a problem that they felt was increasing but which they themselves were not directly engaging with.

There was a wide range of suggestions from service providers as to the sorts of things that they felt needed to be implemented to reduce the extent of preteen drug use. Suggestions included "better guidance and training for staff", "better awareness on the part of staff", "greater availability of projects for young people", "appropriately trained staff in schools", "more leisure facilities for young people", "clearer messages from government", "parenting skills classes", "better joint working between agencies", "family support services", "instilling a greater sense of belief in the future on the part of young people." The clear consensus in these comments was that developments on various fronts needed to be implemented if the level of illegal drug use amongst preteens is to be reduced.

Very few service providers were aware of joint protocols between children's services and drug treatment services in their area. Nevertheless service providers were roughly evenly split between those who felt that they were reasonably well equipped to respond to preteen drug misuse and those who felt that they were seriously under-equipped to meet the needs of preteen drug misusers. The majority of those who replied to our questionnaire felt that drug services in their area were however child friendly. In the main though such positive comments had to do with service providers' views as to how accessible drug services in their area were to young people rather than indicating that such services had clearly worked out procedures for dealing with children using illegal drugs.

Conclusions

This study has shown that by age 12 a small proportion of pupils will have already started to use illegal drugs and that whilst illegal drug use at this early age is principally confined to cannabis for some pupils this early age of onset of illegal drug use involves other drugs. Our research has also shown that early age

of onset of illegal drug use is often combined with involvement in a wide range of problem behaviours on the part of the young people involved. On the basis of our research there is a clear need to better equip young people better to deal with drug offers. Differences in the context in which offers take place and in the child's relationship with the person or persons making the offer require a range of strategies which are capable of dealing with that complexity. The child needs to be prepared for a variety of eventualities including; how to deal with pressure or other forms of encouragement, how to cope if they find themselves isolated in a group, what to do about the situation in which a friend or relative is making the offer and how to justify refusing an offer.

There may be a particular role here for life skills approaches to drug education. The life skills and values approach seeks to promote individuals' social skills, to inculcate positive values and to enhance their self-esteem. The life skills approach to drug education is focussed on enabling young people to resist the unwelcome entreaties on the part of other people. As we saw, however, drug use is as much, if not more, a matter of choice on the part of young people as it is about responding to external influences. To address the volitional element of preteens' drug use it will be necessary to do a range of things. There is a need, for example, to support children who are already declining drug offers and who are seeking to avoid using illegal drugs. There will need to be a conscious effort to present the choices these children are making in a positive light and to emphasise that there is nothing inevitable about young peoples' use of illegal drugs. This will require that illegal drugs are by no means seen to be the only "appealing", "exciting", "attractive" "fun filled" or "risky" activities open to young children. In this sense non-drug use must not be seen as boring by young people, rather we need to ensure that there are equally appealing alternatives to getting involved with illegal drugs.

In addition to ensuring that there are alternatives to illegal drugs there may also be a need to address issues to do with the morality of illegal drugs. If we are to address the volitional dimension of preteen illegal drug use it may be necessary to directly engage with issues to do with the morality of illegal drug use in much the same way as has been the case with sex education. The aim here would need to be one of imparting information about illegal drugs, their effects etc within a clear moral context in which the use of illegal drugs is seen as less morally sanctioned than the non use of illegal drugs.

It is evident from our research that even at this young age (10 to 12) children differ markedly in their knowledge, attitudes, interest in, exposure to, and use of legal and illegal drugs. The range of young people's views and experiences spans those young people who do not feel that illegal drugs have any relevance to them to those who have started to use heroin. One of the main challenges for drug education is to develop materials and approaches which are as relevant to those young people who do not have any interest in or knowledge about illegal drugs at the same time as meeting the rather different needs of those pupils who have already started to use illegal drugs. This will require an approach to drug education that is tailored to individual children's needs. This, however, raises the difficult problem of how one avoids stigmatising certain pupils in the process of providing individually tailored drug education. Whilst this will be a difficult challenge for school based drug education, the use of computer based learning may offer a way of developing individually such an approach to drug education that does not stigmatise certain pupils.

On the basis of our research there does not, at present at least, appear to be a need to develop specialist addiction based services for preteens. In most cases the illegal drug use which preteens are involved in is not of the addictive, chaotic type. What is needed is to ensure that more generally focussed support services can be provided to preteens where there are indications that they are at risk of initiating illegal drug use at a particularly young age or have already done so. Since illegal drug use on the part of preteens is often associated with illegal drug use on the part of peers and family members, there is clearly going to be a need to ensure that such support can encompass both peer and family relationships.

This research was carried out in a single city in England and a single city in Scotland. It is not possible to say whether the findings in this research would apply to other areas within England and Scotland although there are no clear indications why these findings would not have a wider applicability. ■